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An Intersectional Analytical Critique of the Troubled Families Programme in Cornwall

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UNIVERSITY OF PLYMOUTH

**AN INTERSECTIONAL ANALYTICAL CRITIQUE
OF THE TROUBLED FAMILIES PROGRAMME
IN CORNWALL**

By Rebecca Carter Dillon

A thesis submitted to the University of Plymouth in partial fulfilment for

the degree of

DOCTOR OF PHILOSOPHY

School of Society and Culture

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Author's Declaration

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award without prior agreement of the Doctoral College Quality Sub-Committee. Work submitted for this research degree at the University of Plymouth has not formed part of any other degree either at the University of Plymouth or at another establishment. This study was financed with the aid of a studentship, joint funded by Cornwall Council and the University of Plymouth.

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Abstract

An Intersectional Analytical Critique of the Troubled Families Programme in Cornwall

This thesis provides an intersectional analytical critique of the Troubled Families (TF) Programme in Cornwall, a county which is amongst the most deprived in Northern Europe (ONS, 2017). The TF Programme was launched in England in 2012 in an effort to ‘turn around’ the lives of ‘troubled’ families, in response to the urban riots of August 2011 (RCVP, 2012). While interim evaluations of the Programme have recognised that many ‘troubled’ families are in income poverty (MHCLG, 2019c), the official TF policy documentation does not acknowledge how ‘troubled’ families’ abilities to achieve positive outcomes are impacted by the challenging socio-economic and service delivery context (DWP, 2017), but I found these to be very significant.

My intersectional analytical approach privileges the knowledge of those on the margins, for political, ethical as well as epistemological reasons (Hartsock, 2004); therefore, I prioritised the standpoint epistemologies and experiences of families framed as ‘troubled’ as the basis for meaningful critique of the TF Programme. I conducted semi structured interviews with six families and 38 Service Managers and TF Key Workers involved in the TF Programme in Cornwall. I critiqued how the ‘troubled’ families’ and TF Key Workers’ perspectives were ignored by those in power, leading to epistemic deficiency, where the conceptual framework of what it is to be ‘troubled’ was based on knowledge that was incomplete and therefore flawed, because these key perspectives were not included in the development of that framework.

Service Managers and TF Key Workers reported that the TF policy and Programme delivery context was disempowering; budget cuts to statutory and VCSE sector services under the austerity agenda had significantly impacted on their ability to provide a package of support to families. In terms of my contribution to the conceptual framework of what it is to be ‘troubled’ in the UK, I found that the families’ lives were characterised by myriad intersectional challenges. While there was some very important and impactful support work being done by very committed TF Key Workers, in real terms the TF Programme did very little to address the underlying intersectional causes of what it was to be ‘troubled’ and living in poverty in Cornwall. My conclusion was that instead of continuing to locate the problem within ‘troubled’ families, government efforts should focus on proactively engaging with the standpoint epistemologies of those experiencing ‘troubles’ and using this knowledge as the starting point for addressing the disempowering structures, processes and attitudes that make it very difficult for many families to achieve good outcomes.

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Glossary

| | |
|-------|---|
| ACEs | Adverse Childhood Experiences |
| ADHD | Attention Deficit Hyperactivity Disorder |
| APA | Alternative Provision Academy |
| ASB | Anti-Social Behaviour |
| BAME | Black, Asian and Minority Ethnic |
| CAMHS | Child and Adolescent Mental Health Services |
| CC | Cornwall Council |
| CHiN | Child in Need |
| CP | Child Protection |
| CPN | Community Psychiatric Nurse |
| DCLG | Department for Communities and Local Government |
| DLA | Disability Living Allowance |
| DWP | Department for Work and Pensions |
| EHCP | Education, Care and Health Plan |
| ESA | Employment and Support Allowance |
| EWO/S | Education Welfare Officer/ Service |
| FIP | Family Intervention Project |
| IAA | Intersectional Analytical Approach |
| IS | Income Support |
| JCP | Job Centre Plus |
| JSA | Job Seekers Allowance |
| LA/s | Local Authority/ Authorities |
| MHCLG | Ministry of Housing, Communities and Local Government |
| ONS | Office for National Statistics |
| PAC | Public Accounts Committee |
| PbR | Payment by Results |
| SEU | Social Exclusion Unit |
| TAC | Team Around the Child |
| TAF | Team Around the Family |
| TF | Troubled Families |
| TFEA | Together for Families/ Troubled Families Employment Advisor |
| UC | Universal Credit |
| VCSE | Voluntary Community Social Enterprise |

Chapter 1: Introduction

1.1 Introduction

The aim of this thesis is to provide an intersectional analytical critique of the Troubled Families (TF) Programme in Cornwall, and in this chapter, I cover the following: 1.2 Rationale for this Study, 1.3 Research Questions and 1.4 The Structure of the Thesis.

The TF Programme was launched in England in 2012 in an effort to 'turn around' the lives of families deemed to be both experiencing and causing 'troubles'. The TF Programme was a Coalition Government response to the urban riots of August 2011, which were triggered by the police killing of a man in Tottenham, North London (RCVP, 2012). Peaceful protests in a community where relations with the police were already tense developed into social unrest and rioting across the country, and within ten days more than 3000 people had been arrested, resulting in more than 1000 criminal charges, many relating to theft and criminal damage (Crossley, 2018). Then Prime Minister David Cameron referred to 'a culture of disruption and irresponsibility that cascades through generations' (2011); however, a number of critiques of the UK context point to the negative social consequences that are caused by high levels of poverty and inequality in society (Wilkinson and Pickett, 2009; Dorling, 2015), with the official Riots Communities and Victims Panel investigation into the riots acknowledging that poverty, very high youth unemployment, poor opportunities and budget cuts to support services in deprived communities were all contributing factors (RCVP, 2012).

The TF Programme was developed in an effort to respond to the issues exposed by the riots. The criteria by which to identify a 'troubled' family were that they were involved

in crime or anti-social behaviour, had children who were regularly truanting or not in school, had an adult on out of work benefits and/ or were families that caused high costs to public services. A family meeting three of these four criteria would qualify for a family intervention (DCLG, 2012b: pp.6-9). Local Authorities (LAs) could take their own particular approach to delivering the TF Programme, but the expectation was that the support provided would be very intensive, would consider the family's needs holistically and a Key Worker would build up a package of appropriate support around the whole family (Jones et al., 2015).

The first phase of the national TF Programme ran from April 2012- March 2015, with a budget of £448 million drawn from the budgets of six government departments. This was 40% of the total programme budget, with the remaining 60% coming from local budgets, so there was a requirement for LAs to reconfigure services and spending in order to provide the match funding (DCLG, 2015). The aim was that LAs would identify and work with 120 000 families in this time period. The second phase ran from 2015- March 2020 with a budget of £920 million, and an increased target of 400 000 families (Bate and Bellis, 2018), and an additional £165 million was announced recently to extend the Programme beyond March 2020, in response to LAs' concerns about the funding ending (BBC, 2020).

The terminology of 'troubled' families was considered problematic with critics arguing that the focus on anti-social behaviour within the Programme implied that efforts would be directed at 'troublesome' families, rather than those experiencing 'troubles' (Levitas, 2012). The focus of my research study is Cornwall in the South West of England, where

the TF Programme was badged as Together for Families in Cornwall. For the purposes of this thesis, I will refer to it as the TF Programme throughout.

1.2 Rationale for this Study

My rationale for critiquing the TF programme using an intersectional analytical approach (IAA) is that there are numerous issues of power and disempowerment at play which impact on families' experience of the TF Programme, and the outcomes they have been able to achieve. An Intersectional Analytical Approach (IAA) to social research questions the exercise of power and the experience of being empowered, or disempowered, on account of one's identity and personal characteristics, in a specific context. Intersectionality is both a post-modern theory of knowledge and a research method that prioritises the perspectives of those that are marginalised (Hancock, 2007; 2015). As an epistemological project, it seeks to question whose knowledge counts, whose knowledge is deemed authoritative, and whose is ignored or silenced (Code, 2014). An IAA is a way of understanding and analysing the complexity of the social world, social inequalities, identity and its relationship to power (Crenshaw, 2015). It argues that that marginalised people's perspectives are an authoritative and credible source of knowledge (Hill Collins, 2019).

While the government has heralded the TF Programme as an innovative approach, many aspects harked back to earlier efforts to define 'problem families' or the 'underclass' by means of a range of deviant behavioural traits (Murray, 1990). However, the voice and perspectives of the 'troubled' families the TF Programme is designed to support are notable in their absence from much of the central government documentation relating to the Programme (see DCLG, 2016c; DCLG, 2017). There have been efforts to redress

this balance in other academic research studies that critique the TF Programme (see for example Sykes, 2016) but the on-going government narrative is one which does not acknowledge the impact of austerity on the quality of services and the challenging socio-economic context on families' abilities to achieve and sustain positive changes. Instead, there has been the perpetuation of poorly evidenced arguments about the need for workless people to find employment and attend parenting classes (DWP, 2017b), without acknowledging the challenging employment context, the low income/ high cost of living conundrum or the financial stresses that impact on family life and parenting.

My argument is therefore that the TF policy and programme delivery context, and families' experiences of receiving support under the TF Programme are worthy of close critique from a position of drawing attention to the intersectional challenges that 'troubled' families experience (Cho, Crenshaw and McCall, 2013). I have taken an IAA in order to prioritise first the perspectives of 'troubled' families and secondly, those of professionals working to provide support to them, whilst acknowledging that the 'troubled' label is very problematic. Intersectionality draws attention to the structures, processes and attitudes that work knowingly and unknowingly to disempower and marginalise certain social groups, and privileges the knowledge of those on the margins, for political, ethical as well as epistemological reasons (Hartsock, 2004).

1.3 Research Questions

Main Research Question:

What has been Cornwall's experience of the TF Programme, critiqued through an intersectional analytical approach?

The sub research questions form the basis of Chapter 6: Findings, Discussion and Analysis:

Sub Research Questions (SRQs):

SRQ1: What is the significance of the TF policy and Programme delivery context in Cornwall?

SRQ2: What are the standpoint epistemologies and intersectional experiences of families as 'troubled' in Cornwall?

SRQ3: What has been 'troubled' families' experience of the TF Programme in Cornwall?

And my Chapter 7: Conclusions reflects on the following:

SRQ4: How has this study contributed to the conceptual framework of what it is to be 'troubled' in the UK?

1.4 The Structure of the Thesis

The structure of the remaining chapters of this thesis is set out below:

Chapter 2: Literature Review: The Social Policy Context and the Development of the TF Programme

This chapter covers the recent history of government interventions into the lives of 'troubled' families in the UK. It provides the social policy context to explain what led to the development of the TF Programme and looks at the evidence for the impact of the Programme to date.

Chapter 3: Literature Review: Poverty and the Experiences of ‘Troubled’ Families in the UK

This chapter covers the existing research evidence on the experiences of ‘troubled’ families in the UK, recognising that many are in poverty. It includes considerations of different measures and the intersectional nature of poverty, causes and consequences, the significance of socio-economic context and the particular challenges in Cornwall.

Chapter 4: Theoretical Framework

This chapter discusses how and why Intersectionality is an appropriate theoretical framework for accessing and prioritising the perspectives of ‘troubled’ families, and those working to provide support to them. I have set out the epistemological basis of Intersectionality and the notion of epistemic injustice, whereby marginalised people’s knowledge is not deemed to be credible or authoritative (Fricker, 2006). I have developed a notion of epistemic deficiency, which is where a conceptual framework around what it is to be ‘troubled’, for example, is based on knowledge that is incomplete and therefore flawed, because key perspectives are not included in the development of that framework. I have justified why an IAA is fit for critiquing the TF Programme policy and programme delivery context, families’ experiences of life as ‘troubled’ and the support they have received under the TF Programme.

Chapter 5: Research Methods

This chapter sets out the research methods that were used to conduct my study. This includes the approach to sampling participants, the characteristics of participants, and the ethical principles and processes which underpinned the study. I have discussed the

qualitative nature of the research and the methods used to collect my data, with reflection on the efficacy of this approach. I have also explained the use of grounded theory as the tool for the thematic coding of the data and data analysis.

Chapter 6: Findings, Discussion and Analysis

This chapter sets out my research findings with detailed discussion of the qualitative data I gathered. It covers the following key themes that emerged from the data.

6.1 The TF Policy and Programme Delivery Context

In this section, I focus largely on the Service Managers, TF Key Workers and the TF Programme team's view of the TF policy and Programme delivery context. From an intersectional perspective, I have looked at power issues and how certain types of knowledge have been privileged over others, how this was operationalised and what the impact was at the local level. I argue that the TF Programme is disempowering to the LA, service providers and 'troubled' families I have critiqued the TF Programme governance, the financial aspects including the payment by results (PbR) mechanism, the Programme criteria and outcomes, service transformation, data issues and language use.

6.2 The Standpoint Epistemologies and Intersectional Experiences of Families as 'Troubled'

In this section, I focus on families' experience of life as 'troubled' in the specific socio-economic and geographical context of Cornwall and the myriad intersectional challenges they faced. I have considered the attitudes that families have encountered, and the impact of any real or perceived stigma and micro-aggressions they experienced.

6.3 'Troubled' Families' Experiences of the TF Programme

In this section, I focus on the TF families' perceptions and experiences of the TF Programme, considering how they felt about the support they received and the approach that TF Key Workers took with families. I have critiqued whole family working and the ability of TF Key Workers to provide a package of support families.

Chapter 7: Conclusions

This final chapter pulls together the key threads of this research study with an intersectional analytical critique of how my findings have enabled me to address the research questions, questioning to what extent the TF Programme addresses the root causes of the intersectional challenges that 'troubled' families in Cornwall face. The key themes are the exercise of governmental power, disempowering structures, process and attitudes towards 'troubled' families, epistemic deficiency and the lived experience of being 'troubled' in the context of austerity. I have included a visualisation of the Intersectional Aspects of Power in a Family's Life which maps out the multiple empowering/ disempowering factors that impact on human well-being, with a view to moving from locating the problem with the individual or family to a more holistic, systemic and structural view of what it is to be 'troubled'. I propose that central government policy and LA efforts should focus on addressing the disempowering structures, processes and attitudes that make it very difficult for many families to achieve good outcomes.

Chapter 2: Literature Review: The Social Policy Context and the Development of the TF Programme

2.1 Introduction

In this chapter, I cover the following: 2.2 1979-1997 Rolling back the (Welfare) State, 2.3 New Labour, New Agenda 1997-2010, 2.4 Coalition Government 2010-2015 and Conservative Government 2015-2020, 2.5 The Development of the Troubled Families Programme, 2.6 The Evidence on the Impact of the Troubled Families Programme to Date, 2.7 The TF Programme Delivery at the Local Level in Cornwall and 2.8 Conclusion.

The Troubled Families (TF) Programme in England is the latest in a long line of social policy interventions in the lives of families with complex needs, which conflate poverty with an assumption of an inherent inadequacy within so called 'troubled' families. While the stated aim of social policy is to improve the well-being of the population, the difficulties that affect some families are rarely set in the context of poverty, inequality and power differentials within society, yet assessing social policy necessitates an appreciation of these factors (Jordan, 1996; Alcock, 2006). Policies that impact on families are an opportunity for government to exercise power and control over local service providers and citizens, and it is useful to track the policy agendas and underlying assumptions that have underpinned different approaches over time.

In considering definitions, 'family' is generally accepted to be a group of people sharing a household, blood or other kinship ties, who are mutually dependent (Giddens, 2013: p.384). In terms of family policy, there is an assumed model of adults caring for children under 18- other types of households, for example couples without children, are not

considered to be a family for the purposes of policy interventions. Young carers caring for dependent adults are also not recognised within this framework. They therefore risk being excluded from sources of support from which they may benefit. Social policy presumes a normative family model, rather than seeing family as a 'changing and evolving social institution' in which roles, functions and make-up shift over time (Williams, 2004). In UK there is a legal requirement and a strong social expectation that parents, or other designated carers care for their children, and the protection that children *should* enjoy both within the family home and in wider society is enshrined in key pieces of legislation such as the *Children Act 1989*, the *Children Act 2004* and the *Children and Families Act 2014*.

The *Children Act 1989*, influenced by the *UN Convention on the Rights of the Child* (United Nations, 1989), prioritises the welfare of children and states that children should be involved in any key decisions that are made about them, for example if they are subject to a statutory intervention (*Children Act 1989*). Adults are protected by legislation around giving consent to medical treatment or care if they do or do not have capacity, and everyone should enjoy protection from discrimination under the *Human Rights Act 1998*. However, there is a long history of materially disadvantaged and relatively powerless families being 'done to' by government to forward a particular policy agenda, as I will discuss.

Whilst acknowledging the importance of earlier developments such as the work of social reformer Robert Owen, who invested in the human and material well-being of his factory workers in the 19th Century (Simeon, 2017), Booth and Rowntree's work on the 'life cycle of poverty' as being determined by socio-economic factors (Glennister,

2004), the post WWII development of the modern welfare state to address the five giants of 'want, disease, ignorance, squalor and idleness' (Beveridge, 1942), and Townsend's (1979) influential 1970s research on relative poverty, for the purpose of this thesis, I will focus on the social policy developments of the past forty years, in order to set out the context for the TF Programme.

2.2 1979-1997 Rolling back the (Welfare) State

The socio-economic policies of the 1980s set in place an acceleration of relative poverty rates in the UK, with close to 1 in 3 children living in relative poverty by the end of the century, compared to 1 in 8 after WWII (Harker, 2006). This indicates rising inequality because incomes were much lower in real terms after WWII, than they were by the end of the century. Thatcher's election success in 1979 heralded an era of public spending constraint within a free market economic agenda, which entailed reducing welfare spending by bringing in more means-testing to tighten eligibility and reducing in real terms the value of benefits and investment in social welfare services, in relation to the wider economic context. Free-market thinking was that welfare spending was inherently wasteful and inefficient and should be reduced as much as practically possible (Bacon and Eltis, 1976; Jordan, 1996).

New Right rhetoric very much framed materially deprived families and communities as responsible for the position they were in, with terms such as 'welfare scrounger' entering the public lexicon (Ledwith, 2011), with those on benefits seen as 'gamers of the system' (Fletcher et al., 2016). The popular concept of the poor was divided into those who were 'deserving' or 'undeserving', a notion harking back to Victorian times, with little political sympathy for those negatively affected by social and economic

marginalisation and caught up in civil unrest such as the 1981 London and Handsworth riots. As Employment Secretary under Thatcher, Norman Tebbit's response to the riots given at the 1981 Conservative Party Conference was, 'I grew up in the '30s with an unemployed father. He didn't riot. He got on his bike and looked for work, and he kept looking till he found it' (The Guardian, 2010). This summed up the dominant political mind-set of the time- that people should pull themselves up by their own bootstraps and not rail against society or government for their misfortune.

This period saw the rise of the culture of individualism in the UK, with Thatcher's famous declaration of 'there is no such thing as society' (Keay, 1987), and with social unrest such as the 1984-85 Miners Strike being seen on the political right as indicative of the danger of collective action (Ledwith, 2011). Thatcher encouraged people to draw on the support of family, charity and private organisations rather than rely on the state (Jordan, 1996). Her 'victory' over the miners, which resulted in the closure of many collieries and dramatically reduced the power of the trade unions and increased levels of unemployment in mining communities, paved the way for other reforms such as the *Social Security Act 1986* which reduced welfare payments to the poorest in society, including removing the entitlement to benefits for 17-18 year olds altogether (JRF, 1994).

The relative value of unemployment benefits to average earnings dropped from 21% of the average in 1979 to 12% in 2002 (Glennerster, 2004). Unemployment rates remained high through the 1980s and 1990s, despite a belief that reducing benefits would act as an incentive to work. For many on benefits the financial incentive to work was very limited, particularly if their option was low paid and/ or part-time employment. To take

up these opportunities would mean losing benefits wholesale leaving people in many cases worse or no better off financially, thus resulting in people being caught in a 'benefits trap'. Access to affordable childcare, norms around gender roles and other factors have meant that tens of thousands more women than men have been in receipt of benefits in the UK, since 1990 (JRF, 2010), so are disproportionately affected by any changes. The development of a 'politics of enforcement' against those in the so-called 'underclass' with their 'dependency culture' was central to government and popular thinking throughout the 1980s and 1990s and there was an ever-tightening of the conditions people had to meet in order to receive welfare benefits. This approach was effective in forcing people into low-paid insecure employment or risk losing their benefits (Jordan, 1996).

The notion of the 'underclass' gathered popular support during this time, with behavioural rather than structural issues being seen as the cause of poor outcomes in such families, with an argument that people were poor because they were reluctant to take up opportunities (Mead, 1991). The 'underclass' was characterised by US Sociologist Charles Murray (1990) as poor people in difficult conditions, such as being long-term unemployed, who demonstrated 'deplorable behaviour' by not taking the support and opportunities offered to them, for example employment. He claimed that criminality and illegitimacy were inextricably linked and mutually reinforcing, with the underclass defined by dependency on welfare benefits, crime, teenage pregnancy, truancy, drug use and long-term worklessness. The implication was that people were materially deprived because of personal failings, and childbearing outside of wedlock constituted a personal failing. Blaming women who were single or young parents was

part of the underclass narrative, engaging in difference-as-explanation *per se*, without seeking to understand the societal changes that caused the phenomena (Shields, 2008).

In particular, the workfare system in the US which influenced the UK model assumed that most unemployment was voluntary and caused by individuals' inability to recognise and act on the inherent responsibility they had to work (Jordan, 1996). Part of Thatcher's government's argument was that over-generous welfare benefits actively encouraged and supported a culture of dependency and the welfare state should be reduced. This notion was central to the social policy agenda of the time, although the 'underclass' argument has since been discredited as indicative of class disgust (Tyler, 2008), rather than grounded in real evidence of a behavioural explanation for poverty (Gillies, 2014).

The moral panics around the behaviour of the 'underclass' including concerns about teenage pregnancy and criminality, fed into the 'Back to Basics' campaign launched by then PM John Major in 1993, who called for a return to a set of 'traditional family values' as the bedrock for a healthy society (Major, 1993); family breakdown and the rise in the numbers of single mothers were framed as the cause of all social problems. Critics argued that this focus failed to take into account the stress poverty placed on families, with low incomes, poor health, poor living environments and other factors impacting on the quality of relationships and life outcomes (Scott, O' Connor and Futh, 2006; Rodger, 2008). In addition, there was a contradiction between the government exercising power by coercing people into employment by threatening to remove welfare benefits, and the concern with protecting family values by ensuring children were well-cared for by stay-at-home mothers (Jordan, 1996). The gender dimension to the issue of who worked and

who provided care was not clearly acknowledged by government at this time. The Back to Basics campaign lacked a coherent policy framework beyond increasing spending on surveillance and a clamp down on criminal and anti-social behaviour which saw the prison population in the UK grow by 20% between 1993 and 1995 (ibid: 203). In a media-fuelled era of 'moral panics', the Major government was able to exploit the widespread fears that people had about the behaviours and threat posed by the 'underclass' to justify tougher enforcement measures and reduce personal freedoms (ibid: 213).

The range of public and voluntary sector services designed to address the issues facing families experiencing poverty was fragmented, uncoordinated and underfunded throughout the span of the Conservative rule 1979-1997 (Pugh, 2003). Within the New Right paradigm, the view was that efforts to coerce people into employment were needed to reduce social welfare spending in the future (Jordan, 1996), rather than because it was beneficial for individuals to be engaged in productive activity per se. The calls to introduce a basic income (minimum wage) at this time was not seen as politically viable, as Major's government believed that the those in the electorate who were materially comfortable would not agree to additional help for the working poor (Jordan, 1996).

2.3 New Labour, New Agenda 1997-2010

When Blair came to power in 1997 with the message of 'tough on crime, tough on the causes of crime' (Blair, 1995), his aim was to merge opportunity and personal responsibility and introduce policy initiatives designed to break cycles of deprivation by reforming public services and encouraging behaviour change. The New Labour Administration (1997-2010) brought in a range of initiatives to address child poverty,

which then Chancellor Gordon Brown termed the 'scar on Britain's soul' (Brown, 1999); the government pledged to halve child poverty by 2010 and end it by 2020. Central to New Labour's vision for how to achieve this was a 'Third Way' politics which brought centre-right economic thinking and a centre-left social policy agenda together (Giddens, 1998).

New Labour established the Social Exclusion Unit in 1998, part of the then Cabinet Office. Social exclusion was defined as what happens when individuals or communities experience interrelated problems such as unemployment, poor skills, low incomes, poor housing, crime, poor health and family breakdown (OPDM, 2004). This was the clearest articulation of the interrelated and complex nature of poverty within a government policy agenda up to that date. The Unit identified 3000 neighbourhoods with high levels of poverty and all the associated problems and developed a *National Strategy for Neighbourhood Renewal* in 2000 with a focus on regeneration, the idea being that people should not be disadvantaged by where they lived, and that local efforts to support families should be better co-ordinated (SEU, 2001).

Other initiatives included the New Deal and Welfare to Work Programmes, the introduction of the minimum wage and increases to child and working tax credits, the expansion of childcare provision and the development of the Sure Start programme, Education and Health Action Zones, Neighbourhood Renewal Programmes and Community Regeneration Programmes. The expansion of childcare provision recognised that access to affordable childcare presented a barrier to mothers of young children, in particular, being in employment (NESS, 2005). The Social Exclusion Unit (SEU) talked of partnership with communities, community cohesion, improving

participation, and reducing inequality but there was still an absence at the central government level of any acknowledgement or critical analysis of structural discrimination or poverty (Ledwith, 2011). Indeed, certain discriminatory structures became enshrined in law such as the right to pay younger workers lesser amounts than those over 21 years old. Critics such as the Joseph Rowntree Foundation (JRF) questioned the top-down highly bureaucratic agenda, short-term community funding initiatives and parallel funding streams, and the focus on service delivery rather than the root causes of poverty (JRF, 2000).

Despite Brown's apparent moral outrage at the injustice within UK society, throughout the New Labour period the structural causes of poverty still failed to really influence the debate; in terms of family policy significant emphasis was instead put on Sure Start Children's Centres to reduce child poverty by providing a range of services and support to families with young children, with a focus on mothers (NESS, 2005). These were a key tool of the social investment approach to supporting children in the early years in order that they may grow to be productive, healthy adults (DCSF, 2007; Lavelle, 2011). Sure Start represented an effort both to improve the quality of services and encourage behaviour change, particularly around parenting practices within families identified as in need of additional support (DCSF, 2007). The focus on joined up multi-agency working was very much influenced by the recommendations of Lord Laming's 2003 Report into the death of Victoria Climbié in 2001, in which he criticised agencies for failing to pass on crucial information about the abuse and neglect Victoria had been experiencing (Laming, 2003). The poverty agenda was therefore closely aligned with a child protection agenda; this added to an enduring public perception that conflated poverty with poor parenting and deviance (Chauhan and Foster, 2013).

This period saw an attempt to reconcile a centre-right paradigm of rights and responsibilities with policies that effectively micromanaged parenting and families, particularly those considered to be experiencing 'social exclusion'. Service reform focussed on 'joined up' multi-agency working, with key pieces of legislation such as the *Children Act 2004* and *Childcare Act 2006* coming into force on the back of Laming's recommendations; these established the frameworks for multi-agency working and put a requirement on LAs to 'narrow the gap' between advantaged and disadvantaged children (*Children Act 2004; Childcare Act 2006*). The *Every Child Matters* (HM Government, 2003) and *Think Family* agendas (Cabinet Office, 2008) reiterated the narrative of government 'making a difference' in the lives of disadvantaged children and families who were experiencing 'poor outcomes'. The *Think Family* agenda did not fully address the on-going issue of different services working on different issues with different family members, without these efforts being co-ordinated. Indeed, separate budgets, policy agendas and professional practices constrained multi-agency whole-family working despite the *Think Family* rhetoric (Morris et al., 2008).

'Every Child Matters' was the buzz phrase for this period of social policy, with its five stated outcomes for children of 'being healthy', 'staying safe', 'enjoying and achieving', 'making a positive contribution' and 'economic well-being' (HM Government, 2003). It impacted on children and family services across the board with an aim of co-ordinating efforts around these key principles. Explicit in the approach was the need for early intervention in children's lives both in terms of supporting them from a young age and intervening early before problems within families escalated to the point of requiring a statutory intervention. This early intervention approach, with targeted investment in human capital, was another key principle of the social investment state under the 'Third

Way' politics of New Labour (Giddens, 1998). The link between poverty, poor parental outcomes and poor outcomes for children- coming back to Rowntree's 'cycle of poverty'- were repeatedly debated in government policy documents and the work of campaigning organisations such as the Joseph Rowntree Foundation and the Child Poverty Action Group (JRF, 2010; CPAG, 2017). Critics were concerned, however, that the social investment approach to family policy was detracting from the need to enable happy childhoods in the here and now, and the UK was criticised for having low levels of child well-being and happiness compared to other European states (The Children's Society, 2012).

The moral panics of the Major years had developed for New Labour into a focus on anti-social behaviour, particularly amongst the urban poor. Urban areas of London and regional cities such as Manchester were plagued by gun crime, often gang-related and linked to the supply of drugs. New Labour brought in the *Anti-Social Behaviour Act 2003* which included new powers to impose penalties on parents who were not adequately controlling their parents (*Anti-Social Behaviour Act 2003*). This placed Blair's 'tough on the causes of crime' ideology firmly in the realm of parent-blaming, rather than considering socio-economic and other contextual factors. This Act constituted a clear message to citizens that the government saw control and coercion as a legitimate expression of their power, and in many cases the powers were used to criminalise already disenfranchised young people in deprived urban communities, with the unintended consequence that the receipt of an Anti-Social Behaviour Order (ASBO) became, in some cases, a badge of honour (Rahman, 2010).

In 2005 Blair launched the RESPECT Agenda, describing it as an effort to 'put the law-abiding majority back in charge of their communities' and to 'challenge problem families to accept support' (HM Government, 2005). Using the government's interpretation of street language in an effort to relate to young people, the RESPECT Programme aimed to bring different statutory and voluntary sector agencies, local communities and citizens together to address anti-social behaviour. The notion of coercing 'problem families' into behaviour change was nothing new, and again did little to address the underlying issues. Instead, an era of punitive action particularly against young people served to further stir up social unrest, racial divisions, and feelings of resentment towards authority, which developed in 2001 into rioting in Bradford, Burnley and Oldham (Bagguley and Hussain, 2019). The RESPECT programme closed in 2008 and was judged to have had little impact (Cooper, 2007).

A key piece of legislation developed by New Labour, with cross-party support, at the end of their time in power was the *Child Poverty Act 2010*, the main points of which were to address income poverty, with a target that only 10% children would be living in relative income poverty by 2020. Relative poverty was defined as a family living in a household with an income that was less than 60% of the median income, a measure that is common across Europe (EAPN, 2016). The aim was that the *Child Poverty Act 2010* would address persistent poverty and oblige all LAs to have a duty to address child poverty in their area. Persistent poverty was defined as families experiencing relative income poverty for at least three out of four years (*Child Poverty Act 2010*). This reiterated the government's concern with identifying those families in need of additional support: those to whom the *Child Poverty Act 2010* referred. The language used to label families had varied over time from 'problem' 'vulnerable', 'hard to reach', 'marginalised', and 'socially excluded'

and New Labour sustained the on-going narrative that ‘the primary responsibility for a family’s success or failure will always lie with parents’ (Cabinet Office, 2008: p.1).

Despite the range of area-based, universal and targeted schemes developed under New Labour, stark social and income inequalities remained in the UK by the time of the 2008 global financial crisis, which was triggered by unsustainable sub-prime mortgage lending and toxic asset trading in the US and led to public funds being used to bail out the banks and keep the financial services sector afloat (Cooper and Whyte, 2017). The resulting negative impact on the already significant budget deficit brought into focus the need to re-examine government spending. Opponents of the Labour government criticised them for over-spending on public services and not anticipating the financial crisis, although the counter to this was the argument that government should borrow money to invest in public services, if levels of debt could be kept at a sustainable level (Wren-Lewis, 2013).

In an effort to address in-work poverty the *National Minimum Wage Act 1998* had been introduced which set the minimum hourly wage employers could legally pay their staff. However, one impact of the 2008 global financial crisis was that the country saw a dramatic increase in the use of zero hours contracts, particularly in the service industry and social care sectors, which the legislation permitted (*Employment Rights Act 1996*). This allowed employers to employ workers without any guarantee of hours or income, and while it was heralded as being fit for purpose for business and for those employees such as students who wanted flexible working, it has created many workers who found themselves in a perpetual state of insecurity; this affected their ability to save or access credit at favourable rates and had a negative impact on their health (Henderson, 2017).

Zero hours contracts have worsened gender inequality in employment: Women in the UK are more likely to be on zero hours contracts than men, with BAME women being nearly twice as likely as White men are to be in this vulnerable position (TUC, 2021). The situation was exacerbated by the dramatic increase in UK house prices between 2000 and 2008, and an increase in related household debt, caused by inadequate investment in affordable and social housing and a shortage of housing stock in the UK (Stephens, 2012).

This new group of zero-hours workers was termed the 'precariat' by Guy Standing, Professor at the University of London, who pointed to the chronic insecurity of this powerless but growing minority. Standing (2014) argued that the 'right to work' should be the right to pursue the occupation of one's choice, but the legislation that allowed for zero hours contracts, and the employment schemes to move people into work rarely had these ambitions for their clients. Despite the ambitions of the Third Way approach, structural factors such as zero hours contracts and high levels of household debt were actively contributing towards moving more people into poverty and keeping them there (JRF, 2010). By the end of his tenure as Prime Minister, Brown's focus had necessarily shifted from the anti-poverty agenda to keeping the country from economic collapse, albeit dramatically increasing the national budget deficit as a result to £165 billion in 2010, which represented 12% of GDP (HM Treasury, 2011: 11) and set the scene for government spending for years to come.

2.4 Coalition Government 2010-2015 and Conservative Government 2015-2020

The 2010 Spending Review, under the Conservative/ Liberal Democrat Coalition Government who came into power in May 2010, spelled out the spending cuts across

government departments that would be implemented to address the budget deficit. Whilst health and schools' budgets were protected, social welfare benefits administered by the Department of Work and Pensions were not exempt from the austerity measures (HM Treasury, 2010). The programme of austerity can be understood to be both economic and ideological in its aims and execution; the Conservative element who were the majority in the Coalition government believed in reducing public spending as a financial necessity, to incentivise LAs to streamline and reconfigure services to improve efficiency; another aim was to reduce social welfare support in the belief that this would incentivise people to work and contribute and move away from a dependency on benefits (Wiggan, 2012).

Therefore, in terms of family policy the Coalition government were quick to put a stop to Labour's flagship Every Child Matters initiative, and Sure Start services were scaled back, with a requirement for centres to better target the most vulnerable families (Churchill, 2012). As women with young children made up the majority of Sure Start service users, they were disproportionately impacted by these cuts (Tepe-Belfrage, 2015). In addition, the *Equality Act 2010* which had been introduced by New Labour was revised, with the Coalition government acting to remove the duty on public sector organisations to address inequality of outcome caused by social disadvantage (EHRC, 2019). The focus instead would be on 'fairness' and 'equality of opportunity', with the then Home Secretary Teresa May stating that 'government will no longer dictate how people should behave', a reference to the perceived nanny statism of the previous administration (The Guardian, 2010).

A key theme for the Coalition Government in terms of social policy was that of 'social mobility'- the ability of people to achieve their potential regardless of their circumstances of birth. Indeed, Deputy PM Nick Clegg stated in the *Strategy for Social Mobility* that 'improving social mobility is the principal goal of the Coalition Government's Social Policy' (HM Government, 2011: p.3). This strategy recognised the levels of inequality in UK society, as demonstrated by indicators such as differences in educational attainment rates among different social groups, and advocated for 'a life cycle approach' whereby people would be supported throughout their lives to reach their potential (ibid: 6). As part of this agenda, which committed to a programme of work to enact social mobility through improving early years, education and employment opportunities, legislation was passed to establish the Social Mobility and Child Poverty Commission (*Welfare Reform Act 2012*).

In 2014 the Commission produced a report entitled *Elitist Britain* which pointed to the dramatic overrepresentation of people from privileged backgrounds (as determined by factors such as attendance at elitist schools and universities) in positions of power across politics, business, the law and other spheres of influence (SMCPC, 2014). Drawing heavily on the work of the social mobility charity The Sutton Trust, some of the statistics were stark- in 2014 75% of senior judges and 59% of the Cabinet went to Oxford or Cambridge, although there was acknowledgement that this was an imperfect measure (SMCPC, 2014: p.10). This report also highlighted the levels of gender inequality in the UK, with women far less likely to be in positions of power (SMCPC, 2014). Despite this evidence base, the Chair and the three other members of the Commission resigned in December 2017 in protest at a lack of government progress on the issues it was established to address, and a lack of willingness to staff the Commission effectively (ESC,

2018). Critics argued that the austerity context meant that the social mobility objectives were proving very difficult to achieve; It was telling that key aspects of the agenda, such as the National Scholarship Programme to provide financial support to young people from low-income households to attend university, had had funding reduced and then the scheme was cut altogether only a few years after being set up (IFS, 2014).

The other 'big' idea of Coalition social policy was that of The Big Society, an agenda which came and went with very little impact, but was the beginning of Cameron proposing the idea that intensive work with families was needed to 'turn around' their lives (Cabinet Office, 2010). The Big Society agenda was launched in May 2010, as soon as Cameron was in power, and focussed on putting power and responsibility back into the hands of communities to address issues that concerned them (Cabinet Office, 2010); this begged the question of what and where was this idealised normative form of cohesive 'community' with which to engage. The aim was to train up 5000 community organisers who would work to encourage others to take responsibility for addressing local issues. The government claimed that this represented a shift of power to local communities, but the agenda was criticized for failing to acknowledge the impact of wider issues of poverty and social inequalities on low-income communities' abilities to engage in this way (Kisby, 2010).

2.5 The Development of the Troubled Families Programme

Early in the Coalition era, the riots of August 2011 refocused popular awareness and political concern with 'troubled' families. The developing Big Society agenda and this period of social unrest opened up a 'policy window' for the government into which the TF Programme could neatly fit, the riots providing the impetus that was needed

(Crossley, 2018). The TF Programme was launched in England in 2012 in an effort to 'turn around' the lives of 'troubled' families (The Independent, 2015). It came about as a social policy response to the riots that started in Tottenham, North London, and were triggered by the police's fatal shooting of a man named Mark Duggan, for which an inquest in 2014 returned a verdict of lawful killing; the jury was satisfied with the Police's account that Duggan had been armed with a hand gun shortly before the incident (Cutler, 2014). Two days after the shooting, Duggan's friends and family held a peaceful protest in response to what they felt was a lack of information from the Police about the circumstances surrounding his death. Pre-existing tensions between Police and the local community were exacerbated by the incident and rioting broke out in Tottenham, spreading across London and then to regional cities across the country. Within ten days more than 3000 people had been arrested, resulting in more than 1000 criminal charges, most relating to looting, theft and criminal damage (Crossley, 2018).

Political and media responses to the riots varied according to political viewpoints; then Prime Minister David Cameron (2011) referred to 'a culture of disruption and irresponsibility that cascades through generations' and the apparent problem of 'children without fathers', implying that single mothers were inadequate as parents. However, as with the 2001 riots, these riots were instrumental in highlighting the significant social and economic marginalisation of some communities. A number of critiques of the UK situation pointed to the negative social consequences that are caused by high levels of poverty and inequality in society (Wilkinson and Pickett, 2009; Dorling, 2015), with the official Riots Communities and Victims Panel investigation into the riots acknowledging that poverty, very high youth unemployment, poor opportunities and budget cuts to support services in deprived communities were all contributing factors

(RCVP, 2012). However, for the Coalition Government of the day, and despite the rhetoric around understanding social mobility and the long-term impact of inequality, the answers instead lay in challenging the unacceptable behaviour of a 'feral underclass' (Clarke, 2011).

Cameron (2011) claimed that there were 120 000 'troubled' families in England who were responsible for the social problems that had led to the riots, and on the basis of this figure LAs in England were given a number of families to engage with and 'turn around' in their local area. However, this figure has been criticised as constituting a very problematic misuse use of data, which demonstrates a key assumption underpinning the TF Programme. The figure of 120 000 came from a repurposing of data produced some years earlier by the Social Exclusion Taskforce, part of New Labour's Social Exclusion Unit, who had looked the results of the national *Families and Children Study 2005*, a survey of some 7000 families (NCSR DWP, 2011). The Task Force scaled up the results to the UK population and concluded that 140 000 families in Britain had been experiencing at least five indicators of disadvantage between 2001 and 2004 (COSETF, 2007). The indicators of disadvantage were that there was no parent in the family in work, the family lived in poor-quality or overcrowded housing, no parent had any qualifications, the mother had mental health problems (interestingly, no data was collected about fathers' mental health), at least one parent had a long-standing limiting illness, disability or infirmity, the family was in relative poverty as measured by the household income being less than 60% of the national median, and the family couldn't afford a number of food and clothing items (COSETF, 2007). The figure of 140 000 was then scaled to England to reach 120 000.

The use of this data as the evidence base for the TF Programme was extremely problematic in a number of ways. It drew on families disclosing their experiences of disadvantage up to ten years earlier, when the socio-economic context was much less challenging, and a relatively small sample size was used to then extrapolate the results to the whole population. Of more concern, however, is that this information about families experiencing multiple disadvantages did not include any aspects around crime and anti-social behaviour, yet this data was used to drive a policy agenda which had addressing crime and anti-social behaviour as a key aim: At the TF Programme launch, the Government drew up criteria by which to identify a 'Troubled Family', these being those families who were involved in crime or anti-social behaviour, had children who were regularly truanting or not in school, had an adult on out of work benefits and/ or who caused high costs to public services. A family meeting three of these four criteria would qualify for a family intervention (DCLG, 2012c: pp.6-9). People who did not meet the TF Programme's definition of 'family'- a single adult or adult couple caring for children under 18 years old- were automatically excluded from receiving support under the TF Programme. This included single people or couples without children, or people whose children no longer lived at home, regardless of whether they otherwise met the criteria.

The inclusion of crime and anti-social behaviour as a key criterion for inclusion in the TF Programme demonstrated the government's assumption that families who were experiencing multiple disadvantages were the same families causing trouble in communities, in terms of being involved in criminal activity such as the riots, yet there was not the research evidence to support this assumption, nor did it reflect what communities impacted by the riots said about the contributing factor of 'inequality

between the haves and have-nots' (Slater, 2011: p.4). However, Cameron (2011) in his 'fightback against the riots' speech was clear in his view that:

These riots were not about poverty... No, this was about behaviour... people showing indifference to right and wrong... ...people with a twisted moral code... ...people with a complete absence of self-restraint.

Civil Servant Louise Casey, as then Head of newly established Troubled Families Team within the Department for Communities and Local Government (DCLG), did not acknowledge the practical or ethical flaws in conflating poverty and criminality in this way without a robust evidence base:

I could have said, let's get a university to spend the next three years studying, who is criminal, not in work, with kids not in school. I tell you what they will show – probably that a lot come from disadvantaged backgrounds.
(Gentleman, 2013).

Sociology Professor Ruth Levitas from the University of Bristol critiqued the claim of there being 120 000 'troubled families' as 'a factoid- something that takes the form of a fact, but is not' with the data being used to justify a policy agenda that 'in no way follows from the research on which the figure is based' (Levitas, 2012: p.13).

Despite the flaws in the evidence base, the Department for Communities and Local Government (DCLG) pressed on with developing the TF Programme as per the policy agenda of the day. The five core elements of the TF Programme would be the need for a dedicated worker, practical 'hands on' support, a persistent, assertive and challenging approach, whole family working and a common purpose and agreed action (DCLG, 2012c: p.15). LAs could take their own particular approach to delivering the TF Programme but the expectation was that the support provided would be very intensive, would consider the family's needs holistically and aim to build up a package of support

around the whole family (Jones et al., 2015). Working through existing Family Intervention Projects (FIPs), which provided holistic intensive support to families in six LA areas, Cameron's government drew upon a range of case studies to demonstrate the range of complex, intergenerational and long-lasting challenges facing so-called 'troubled' families (DCLG, 2012a). The terminology of 'troubled' families was considered problematic and almost all LAs dispensed with the term and adopted something more positive, with critics arguing that the focus on anti-social behaviour within the Programme implied that efforts would be directed at 'troublesome' families, rather than those experiencing 'troubles' (Levitas, 2012). Gregg (2010: p.8) has pointed to this issue in his critique of the FIP approach, claiming that rather than seeing 'families from hell' it was more accurate to consider them "families in hell' with little hope of escape'.

The evidence presented by case studies of 16 families was ethically questionable as Casey did not seek or receive consent from the families interviewed to include their testimonies in the key document *Listening to Troubled Families* (DCLG 2012a) that was used to justify the approach taken. Her presentation of the case studies was criticised for being full of 'spurious generalisations and dubious conclusions', such as drawing attention to young mothers as inherently 'troubled' (Talbot, 2012). The case study findings that were used to support the problematic statistical data pointed to factors such as the intergenerational transmission of poverty and disadvantage, family make up and functionality, the influence of 'anti-social' peers, abuse, neglect and violence, time spent in institutional care, teenage parenthood, poor educational experiences and mental health problems. Issues within families were often overlapping and long term and there was a recommendation for a long-term multi-agency approach to address these concerns. The 'listening' exercise appeared to be an effort to find evidence to

support a policy agenda that had already been formulated. Casey's view of the families was assessed by Bond-Taylor (2014) as promoting a narrative of 'troubled' families as dysfunctional, inadequate, irresponsible and anti-social rather than disadvantaged, excluded and vulnerable.

The family intervention approach was not a new feature in social policy, having been in play for at least as long as the Family Service Units which were established during WWII to support vulnerable families (Starkey, 2000), yet the approach gained an authority at this stage as the key mechanism for delivering the TF Programme across England. However, there have been questions over the efficacy of the whole-family intensive family intervention approach, and family intervention projects (FIPs) have been critiqued as a 'classic case of policy-based evidence', where data is manipulated to support a specific policy agenda (Gregg, 2010). New Labour and the Coalition government's positive regard for the FIP approach came from the claimed success of The Dundee Family Project which ran six FIP projects to support families experiencing anti-social behaviour and at risk of homelessness. The effectiveness of the project was assessed through an evaluation undertaken by academics at Glasgow University in 2001 (Dillane et al., 2001) which claimed the project was broadly a success.

However, critics point to the very small and biased sample, with families who did not engage not included in the study, and a tendency to focus support on families who were low risk in order to demonstrate that the project was a success, picking the so-called 'low-hanging fruit'. In addition, there was a lack of evidence for the sustainability of the positive outcomes achieved, and no measurable impact on the underlying causes impacting on families (Gregg, 2010). This position supported earlier research into the

efficacy of family intervention work that claimed that while efforts of improved service co-ordination and targeted support to 'high cost high harm household units' was central to New Labour's social policy agenda, there was a lack of empirical data to support any real claims to success (Newman et al., 2007).

A key driver for the TF Programme was the Coalition and latterly Conservative's government claim that there was a need to spend less on 'troubled' families accessing social welfare services, as part of their programme of austerity which was introduced at the 2010 June Budget. At the launch of the TF Programme in 2012, Cameron's Government estimated that the annual cost of the 120 000 'troubled' families to the public sector was £9 billion, £8 billion of which was spent reacting to their problems instead of solving them (HCCPA, 2016). Although despite scrutiny, it was not clear where this figure of £9 billion (£75 000 for 120 000 families) came from (Lister, 2014). £448 million was committed for the first phase of the Programme from 2012-2015, with a further £920 million for the second phase up to the end of March 2020 and an increased target for LAs to change the lives of 400 000 families (Bate and Bellis, 2018); an additional £165 million was announced in January 2020 to extend the TF Programme beyond March 2020, in response to LAs' concerns about the funding ending, given as many of them were using it to resource core services (BBC, 2020).

However, the TF Programme budget was a small proportion of the £80 billion in public spending cuts including £18 billion in welfare cuts that had been implemented from 2010, including up to 20% cuts to policing (Cooper and Whyte, 2017) and a 21% cut to LA budgets in the ten years up to 2019, with the most deprived areas being the most severely affected (Phillips, 2019). The initial £448 million TF Programme budget was

only 40% of the total programme budget, with the remaining 60% coming from local budgets, so there was a necessity for LAs to reconfigure services and spending locally in order to provide the match funding (DCLG, 2015), and an assumption that this was workable. The DCLG framed the 40% as a 'contribution' towards the actual cost of delivering the services needed, yet LAs were experiencing significant budget cuts under the austerity measures, so this an additional caused financial strain to them.

To put this into perspective, while Cornwall saw a £200m cut to LA services from 2010-2016, their TF Programme grant was between £1.3-1.9 million a year from 2012 to 2020, a total of £10 million (CC, 2020b). In 2019, the Housing, Communities and Local Government Committee expressed concern that there was inadequate funding of statutory Children's Services in many LAs, and the short-term nature of the Troubled Families Programme funding was not sufficient to compensate for this (HoC HCLGC, 2019). Cooper and Whyte termed the austerity measures 'institutional violence' that inflicted a 'slow deteriorative pain' onto public services and especially the vulnerable citizens who relied on them for support (2017: p.24).

The government's narrative on the necessity of reducing taxation and making cuts to public spending as reflecting the expectations of the population, drew on well-worn notions of 'hard working families' (Cameron, 2014) or 'strivers' set against so called 'skivers' (Coote and Lyall, 2013). However, the findings of the British Social Attitudes Survey 2017 found that the majority of the UK population, when asked about austerity measures, did not support them. In fact, more people (48%) wanted taxation to be increased to allow for more spending on public services, than the 42% who felt the level should stay the same. Just 10% said it should be reduced further. Furthermore, 42% of

people supported, while 28% opposed, the redistribution of wealth from the affluent to the less well-off in society (Clery, Curtice and Harding, 2017: p.3). This survey indicated that many people felt that reducing taxes and the budget cuts to public services had gone too far.

In addition, alongside the work of the Troubled Families Programme, the government tried to de-regulate and allow for 'innovation' in the delivery of social welfare services in the *Children and Social Work Bill 2016* by allowing LAs the 'power to test different ways of working' (2016: p.13). The plan was to allow LAs exemption from their statutory duty to provide care and protection to children, which had been set out in *the Local Authority Social Services Act 1970*. However, LAs were concerned that this 'innovation' would impact on the quality of services and the clause on innovation was dropped before the bill became the *Children and Social Work Act 2017* (LGA, 2017).

There was additional tension from the outset between existing services, such as children's social care services, and the new TF Programmes as local areas had to negotiate where the TF Programme would sit in relation to existing provision (Jones et al., 2015). Service transformation in terms of streamlining services was a key aim of the TF Programme, again coming from the Conservative's ideological commitment to small government. Furthermore, it has been an on-going stated aim of the TF Programme to reduce public spending on families with complex needs, indicative of the government position on reducing the cost of social welfare services, as part of their austerity drive (HM Treasury 2010; Cooper and Whyte, 2017).

The TF Programme was set up to operate on a payment by results (PBR) model, whereby the LA was given a proportion of the funding to 'engage' with an identified family, and the remaining allocation once a set quantifiable outcome had been achieved. For example, in the first phase of the Programme one outcome was that a young person who had not been attending school achieved 90% attendance for a period of three school terms; another was that an adult in receipt of out-of-work benefits achieved 13 weeks of consecutive employment (DCLG, 2012b). However, there was not scope within this approach to measure the qualitative value of these outcomes to the individual or family, or indeed to the wider community. The second phase, which began in April 2015, had a wider range of eligibility criteria and corresponding outcomes, to include children who needed help (defined as those in need or subject to safeguarding concerns), adults at risk of financial exclusion, young people at risk of worklessness, families affected by domestic violence and abuse, and parents or children with a range of health problems (DCLG, 2017). The TF Programme criteria did not cover any of the personal characteristics which make an individual or family more at risk of poverty, such as being from a BAME community, being a woman, having an adult or child with a disability in the family, or being a single parent headed household- factors I discuss in more detail in Chapter 3.

2.6 The Evidence on the Impact of the Troubled Families Programme to Date

While David Cameron claimed at the Conservative Party Conference in 2015 that the TF Programme was a great success, with 99% of 'troubled' families 'turned around' (The Independent, 2015), a range of evaluations have challenged this statement. The official national evaluation of the first phase of the Programme 2012-2015 certainly did not support Cameron's claim. An independent social research company, Ecorys, were

commissioned in 2013 by the DCLG to undertake an evaluation, looking at the process, impact and financial strands of the Programme (Day et al., 2016). In terms of process, there was interest in how different LAs had implemented the Programme, with key themes being service transformation in relation to efforts to improve multi-agency working and communication, and the financial aspect was concerned with the costs and any savings that could be attributed to the TF Programme.

With regards to the impact for families, the Ecorys evaluation included participatory research in the form of initial and follow-up interviews with 22 families over a 12-18 month period to assess their experience of the Programme- just 22 to provide families' perspectives on a national programme designed to target 120 000 families between 2012-2015 (Whitley, 2016). To the DCLG's chagrin the evaluation found that the TF Programme had had no statistically significant impact on families receiving support, perhaps explaining why it took the DCLG more than a year to release the evaluation report to the public, after it was leaked to BBC Newsnight (O'Carroll, 2016). This delay was criticised in the media and by the Public Accounts Committee (HCCPA, 2016) and interpreted as the DCLG looking to hide the findings of the evaluation.

The evaluation found that the TF Programme had had no statistically significant impact for families, when their outcomes were compared to a comparison group that were experiencing similar challenges but were not involved in the Programme. In addition, the 'troubled' families were receiving support from a range of agencies and informal sources such as family and friends, and therefore the evaluation team surmised that you could not, in good faith, attribute the positive outcomes families achieved to the TF intervention alone (DCLG, 2016b). Analysis of the available data also indicated that

many of the claimed outcomes would have been achieved anyway without the TF intervention (Day et al., 2016; Full Fact, 2019). The National Audit Office noted that figures around how many families had truly benefitted from the Programme needed to take account of this 'non-intervention rate' - the numbers who would have experienced positive changes regardless of the TF Programme (Bate and Bellis, 2018). This illustrates the need for a control group in policy evaluation, in order to provide a basis for comparison.

A further contradiction within the TF Programme was that the outcome for the individual was taken as the outcome for the whole family and a PbR claim could then be made, triggering the payment from the DCLG to the LA. The family, under the terms of the Programme, could then be said to one of the 99% of those engaged who had been 'turned around', as claimed by Cameron, but the evidence was that other problems within the family were often on-going (Day et al., 2016). Other criticisms of the TF Programme (see for example Levitas, 2012 and Crossley, 2018) pointed out that there was inadequate acknowledgement of the significance of the wider socio-economic context on materially disadvantaged families, and their ability to live happy, healthy, productive lives.

By 2016 the DCLG claimed that the TF Programme had made £1.2bn savings but were criticised for making this claim by the Public Accounts Committee because this figure did not include the cost of delivering the TF Programme, which came from a combination of existing local services and some new money (HCCPA, 2016). The DCLG's 2016 report on the costs and potential fiscal benefits of the TF Programme made the claim that there had been a gross saving of £2.11 for every £1 spent on families participating in the TF

Programme, however they acknowledged that these savings could not be attributed directly to the TF intervention (DCLG, 2016a); by 2019 the claim was that every £1 spent on the Programme delivered £1.51 of fiscal benefits, although these savings were not 'cashable' in terms of freeing up actual money which could be used elsewhere (MHCLG, 2019c). The PAC had challenged the DCLG to demonstrate that the Programme constituted 'value for money' without a clear steer on what this meant in real terms (HCCPA, 2016), but the assumption must be that it implied spending less on social welfare services, without an honest appraisal of what this meant in terms of the quality of services.

In addition, the claim that the TF Programme had saved £1.2bn across the country was challenged because this figure was reached by huge extrapolation of findings from just seven LA areas, out of a total of 152 in England (MHCLG, 2015). A further issue was that the evidence did not exist to support the government claim that thousands of families had been genuinely 'turned around' as the sustainability of any outcomes achieved was not being monitored (Bate and Bellis, 2018; Crossley, 2018). The PbR funding structure were designed to incentivise LAs to achieve results, with the unintended consequence that many over identified the numbers of families who met the criteria, in order that when they worked with their target number, they could then claim a 100% success rate (Levitas, 2014). At the end of this first phase critics questioned the validity of this seemingly 'perfect social policy' (Crossley, 2015). The funding framework also demonstrated the clear lines of power and accountability, with LAs only receiving funding if they achieved outcomes as per the DCLG's agenda, regardless of whether these fitted with families' priorities.

The Public Accounts Committee were concerned about the findings and proposed that an evaluation of the second phase of the Programme from 2015-2020 should involve looking at the longer-term sustainability of outcomes (Bate and Bellis, 2018). Again, the evaluation was to cover process, impact and economic aspects of the Programme, and included the collation of data from a number of sources, and input from the ONS and Ipsos Mori, an independent market and social research organisation. The impact and economic aspects of the evaluation meant that LAs were required to provide data on families engaged in the Programme to feed into a National Impact Study (NIS), and progress on families at six-month intervals for the Family Progress Data (FPD). A local costs savings calculator based on this data, then provided a cost benefit analysis of the Programme (MHCLG, 2019c). Ipsos Mori (2019a) conducted a Family Survey across 19 LAs in order to capture their experience of the Programme. They also led on the process evaluation, where case studies of five LAs were looked at to understand system transformation (reconfiguration of local services) and the impact on families. An online survey was also made available to TF Programme Staff in all LAs (MHCLG, 2019c).

The PAC Report (HCCCPA, 2016) found that the language used by Cameron and the DCLG had indeed overstated the success of the TF Programme. When the DCLG claimed that 99% of troubled families had been 'turned around', this implied that the Programme had all but fixed the country's social problems. The outcomes that had been claimed were actually related to largely short-term positive changes, in most cases for just one family member, and the PAC criticised the DCLG for claiming that the challenges faced by what they termed 'disadvantaged families' could be sorted out in a very short period of time. In addition, the PAC judged that taking the positive outcome of one family

member as a proxy for the whole family's successful transformation undermined the reality of whole-family working (HCCPA, 2016).

The findings from evaluations conducted to date acknowledge a range of issues with any claims for the TF Programme's impact on families. One point is that the data is incomplete as most health data is still not included because of patient confidentiality. There is also the on-going issue that families receiving support under the TF Programme are often also receiving support from other statutory and Voluntary, Community and Social Enterprise (VCSE) services, family and/or friends. The evaluation of phase two compared the outcomes of TF families, as reported by LAs through the NIS and FPD, to those who are not engaged in the Programme, a 'comparison group'. The Ministry of Housing, Communities and Local Government (MHCLG) did acknowledge, however, that the comparison group may also be receiving support from other sources. Therefore, impact cannot be clearly attributed to the Programme (MHCLG, 2019c: p.11).

Therefore, while the MHCLG claims that the findings indicate statistically significant improved outcomes across a number of criteria- children who need help, crime and anti-social behaviour, and worklessness- the limitations are recognised, and the long-term sustainability of outcomes is not known. The follow-up interviews with families highlight that, despite engagement with the TF Programme, they are continuing to experience multiple complex challenges, and indeed reported higher levels of sexual abuse and problematic drinking than at the time of the initial interviews. The proportion of families reporting that they are unable to manage financially stayed the same (Ipsos Mori, 2019b), which indicates the lack of positive impact the TF Programme has had on the root causes of poverty in England.

The evaluation findings set out what has happened in terms of changes to the numbers in employment and so on, but do not say how and why these changes have occurred; whether there have been significant changes in the local employment context or the introduction of new schemes for supporting people back into work. More importantly, the statistics do not explain anything about the qualitative improvements to people's lives; these are assumed. For example, a person may have found employment but there is no discussion around whether this work is paid at a rate that can afford them a good quality of living, which is a real issue given the numbers of working poor in the UK (JRF, 2010), an issue I discuss in more detail in Chapter 3. Nor do the findings reveal whether the work is permanent, with sufficient hours or good terms and conditions, or whether it is temporary and/or poorly paid, and without future prospects as per the experiences of many of the 'precariat' in insecure employment (Standing, 2014).

Ipsos Mori reported that the family survey 'was designed with the full involvement of MHCLG and through consultation with colleagues in other government departments' (2019b: 14). However, TF families were not included in the design of the survey or analysis of the data, and the MHCLG acknowledge that LAs controlled the sample of families to be included in the survey, impacting on the representativeness of the data, and the credibility of any claims on which these are made. Questions about income poverty were covered by asking families to disclose to what extent they were managing financially, and many reported that their household incomes were insufficient to cover the family's needs. Indeed, the MHCLG report stated that 66% of families on the TF Programme, who took part in the family survey, had a net household income below £12 500 a year (2019b: 17), although, this was framed as 'financial exclusion' rather than poverty.

There is no one clear definition for 'financial exclusion'; in economics it is defined as people being excluded from financial products, such as loans and savings, because of their insufficient income (Devlin, 2005), but in sociology it is understood as being an aspect of social exclusion, in that insufficient money means that people are excluded from opportunities in society and from affording some of the goods and services that are considered to be essential for a good quality of life (heating, winter clothing and so on) (Dermott and Main, 2018). The use of this term rather than 'poverty' appears to be a deliberate obfuscation of the reality of 'troubled' families' lives.

The question is, therefore, whether the indicators of apparent success were chosen in order to justify the continuation of the TF Programme; despite the criticisms highlighted in the national evaluation of Phase 1, the evaluation of Phase 2 to date appears to indicate a continuation of the practice of 'policy-based evidence', that is the manipulation of the data to support a specific policy agenda (Gregg, 2010). Alongside the official evaluations of the Programme, there have also been a number of academic critiques of the TF Programme (see for example Levitas, 2012; Ahmed et al., 2014; Crossley, 2018). The evidence is that social policy responses to supporting 'troubled' families are not based on the cumulative insight or the rational application of knowledge drawn from effective evaluation of different approaches, nor that there is enough robust evidence-based research into the efficacy of family intervention programmes (Ball, Batty and Flint, 2016).

2.7 The TF Programme Delivery at the Local Level in Cornwall

The TF Programme in Cornwall was called Together for Families in Cornwall and was delivered through a range of approaches from 2012-2017 (the point at which I

concluded my fieldwork). It was promoted as a multi-agency Programme (CC, 2015b), with the establishment of a Strategic TF Programme Management Board made up of Cornwall Council and other service providers, including representatives from statutory services and VCSE sector organisations who were commissioned to work directly with TF families. The membership of the Board was determined by Cornwall Council and they met monthly from 2012-2016 and every three months from 2017, to oversee the strategic direction and governance of the Programme. Neither TF Key Workers, who worked directly with families, nor 'troubled' families themselves, were represented on the TF Programme Board.

In 2013 a group of 12 TF Advocates were seconded from a number of statutory services, including Education Welfare and Housing, to provide intensive support to families. The local branch of a national charity was also contracted to deliver support to families through their FIP and Job Centre Plus (JCP) staff were contracted to work as TF Employment Advisors. Funding was also given to specialist services working in the areas of drug and alcohol abuse, domestic abuse, sexual abuse and mental health. From 2016 work was also done to contract Housing Associations to provide support to TF families, building on their existing tenancy support work.

The identification of 'troubled' families was done by data analysts that sat within the TF Programme Team in the LA. They worked to bring different data sets together from Education, the Police, the Anti-Social Behaviour Team and Children's Services, to identify families who met the Programme criteria. This data collection exercise did not include the recording of personal characteristics such as whether the family was from a BAME community, or a single parent headed household, or whether there was a person with

a disability in the family. It did not capture the gender dimension in terms of how many identified families were headed by single mothers or fathers. In Chapter 3, I detail why these factors are relevant. Once families had been identified as being eligible for support under the TF Programme, a professional from one of the agencies contracted to deliver the work would contact the family. The family were then informed of the TF Programme and invited to engage with it. Engagement was voluntary but in order to engage, families would have to consent to their data being shared with other services and provided to the DCLG.

The majority of the hands-on support to ‘troubled’ families in Cornwall was provided through the TF Key Workers within the FIP. This involved the TF Key Worker going into people’s homes to speak to them about the challenges they were experiencing, what changes they would like to see, and what solutions they could envisage. The TF Key Work was provided through an outreach model, which for the JCP was a new approach; previously service users would have to visit the Job Centre to access support. Once an outcome was achieved for one family member, the TF Key Worker would provide the evidence to the LA in order that they could make the PbR claim. The efficacy of the approach taken in Cornwall in terms of the governance, delivery and ‘troubled’ families’ experiences of the Programme is critiqued in detail in Chapter 6, based on the findings of my empirical research.

2.8 Conclusion

The TF Programme appears to be a continuation of a tradition of a particular set of assumptions and attitudes that have underpinned social policy interventions into the lives of ‘troubled’ families over time. These include the following: the normative

construction, for the purposes of social policy interventions, of a 'family' as a household comprising adults with children under 18 years old; the framing of families in poverty as anti-social/ criminal and responsible for the challenges they face; that a positive outcome for an individual can be taken as a proxy for a positive outcome for the whole family; that whole family working is effective in terms of having a positive impact on families, and this effectiveness is grounded in robust evidence; that whole family multi-agency working is cost-effective and workable within LAs, despite budget cuts to services; and that a LA is able to deliver effective support to 'troubled' families without taking their perspectives into account. It also assumes that personal characteristics such as ethnicity, gender and disability are not relevant. In Chapter 3, I will explain why they are.

In addition, further assumptions are that the TF Programme alone can account for positive outcomes that 'troubled' families achieve and that despite the very low household incomes of many 'troubled' families, that levels of poverty and social inequalities do not need to be explicitly acknowledged or addressed within the social policy agenda. I dispute many of these assumptions that underpin the TF Programme but must make the case for my position. In the next chapter I will therefore look at the existing evidence on poverty and the experiences of 'troubled' families in the UK.

Chapter 3: Literature Review

Poverty and the Experiences of 'Troubled' Families in the UK

3.1 Introduction

In this chapter, I cover the following: 3.2 Defining Poverty, 3.3 Other Measures of Poverty, 3.4 The Numbers Affected by Poverty in the UK, 3.5 The Causes/ Symptoms Debate, 3.6 The Lived Experience of Poverty- Intersectionality Writ Large, 3.7 The Significance of Socio-Economic Context, 3.8 The Cornish Context, 3.9 Studies of Families in Poverty in the UK, 3.10 Families' Experience of Whole-Family Interventions and 3.11 Conclusion.

The evidence base used as the justification for the TF Programme was that a significant proportion of families completing a government survey disclosed that they were experiencing a number of multiple, interrelated disadvantages including income poverty (COSETF, 2007). A recent interim evaluation stated that 66% of families on the TF Programme had a net household income below £12 500 a year (MHCLG, 2019c: p.17), although this was framed as 'financial exclusion'. Therefore, whilst the official government documentation relating to the TF Programme does not specifically name 'poverty', the policy interventions into the lives of low-income households outlined in the previous chapter indicated that the main issue affecting 'troubled' families in the UK is poverty, and most if not all challenges they experience can be attributed to this reality. There have been many studies undertaken into the experience of families affected by poverty in the UK, and for the purposes of this review of the literature I have focussed largely on the past ten years, in order to set the TF Programme in the context of the austerity measures of the current government.

3.2 Defining Poverty

There is an on-going debate around how poverty is measured and how it affects families in the UK. The official definition of poverty in the UK, in common with Organisation for Economic Co-operation and Development (OECD) countries, is taken as a measure of household income: If household income is less than 60% of the median income then they are said to be in relative poverty (DWP, 2019b). Given the variety in the cost of living in different parts of the UK, with housing costs being the single biggest expenditure item for most families (IFS, 2019), these figures are broken down into before housing costs (BHC) and after housing costs (AHC). However, this is far from a perfect measure. A non-working household, for example a retired couple, may have a low income which puts them well below the 60% of median income threshold, but may own their home outright, and have savings and other assets. The most recent census figures show that Cornwall's population of retired people makes up close to 20% of all economically inactive people in the county, compared to a national average of approximately 14% (CC, 2013: p.17). While the living costs of retired people may be relatively low, their wealth may be very significant (IFS, 2019).

To account for this type of scenario another measure that is used is the income/expenditure model. In order to better understand how people respond to poverty, it is useful to consider income and expenditure in combination, and particularly consumption patterns that impact on human well-being. In the UK context, household income is generally taken as a proxy for the resources available to a family, and this measure can be directly impacted by government policy in terms of welfare benefit levels, laws around minimum and living wages, changes in tax levels and so on. However, there is argument that there is a closer link between consumption and well-

being than there is between income and well-being (Lewis, Snape and Tonkin, 2014). A family's consumption is not solely determined by income, but also on assumed future income, and consumption and therefore well-being may stay fairly constant despite fluctuations in income. The benefits from goods purchased (such as household appliances) generally outlasts the timeframe of the expenditure, although there is the issue of low income households being tied into very expensive and exploitative 'rent to own' schemes whereby they pay far more than the real cost because the payments are spread out over a long period with high interest rates, an issue which was partly addressed by the introduction in April 2019 of a cap on the interest payable under such schemes (FCA, 2019).

A household may own an asset outright and if this is a very valuable asset, such as a house, they may have a very low income and still enjoy a very high quality of life because their household expenditure may be low. This is why expenditure after housing costs, rather than including housing costs, is a more accurate reflection of the resources that households have available to them and whether they are experiencing relative poverty. An issue with the reliability of expenditure and consumption as indicators of quality of life is that certain types of consumption tend to get underreported, such as spending on alcohol and cigarettes because of the stigma associated with real or perceived excessive spending on these goods (ONS, 2018a). In addition, low levels of expenditure and consumption are seen as indicative of a family not being able to participate fully in society, rather than as perhaps an ethical stance on consumption. The UK's Family Resources Survey (DWP, 2019a) and Living Costs and Food Survey (ONS, 2019b) provide useful data on patterns of expenditure and consumption in the UK.

There is evidence that the lowest income households are more likely than more affluent households to spend beyond their means, indicating a pattern of rising debt over time. The highest earners have the lowest expenditure as a proportion of income, generally as result of having to spend a lower proportion of income on housing costs (ONS, 2018a). This would be the case if people do own their homes outright. There is a correlation between age and expenditure, with older populations being more likely to own their own homes and have lower expenditure. However, low income pensioner households also have lower expenditure; one suggestion for this is that non-working older people have lower costs than people of working age, that there are costs associated with working such as travel (ONS, 2018a); also, there is perhaps a generational difference in terms of willingness to access credit for unnecessary expenditure, or indeed to access credit at all. The evidence is that older people do not have the same consumption and expenditure patterns as younger people (Pantazis, Gordon and Levitas, 2006).

The Department for Work and Pensions (DWP) also believe that certain types of income tend to be underreported in the Family Resources Survey, such as working tax credits, and this may account for some household incomes being reported as being particularly low in relation to expenditure (DWP, 2019b). Families with children are more likely to be in income and expenditure poverty than couples without dependent children, and this is likely to be because amending consumption when income levels fall is more challenging when a family has children to support. Single parent families are also more likely to be in income and expenditure poverty, indicating the challenges of meeting household needs on one income. 21% of families in England with dependent children are single parent families, and 85% of these are headed by women, so women are much more likely than men to face the financial challenges of single parenting (ONS, 2021).

People in expenditure poverty spend a disproportionate amount of their income on food (ONS, 2018a), again spending which is challenging to reduce beyond a certain level without a significant impact, particularly on child well-being. Those households that are income poor may not be expenditure poor, and vice-versa, but taking the two indicators together does provide a more complete picture (Stoyanova and Tonkin, 2018).

Relative poverty is the most common form of poverty in comparatively wealthy nations such as the UK, where some people are very poor in relation to what is required to have a happy, healthy, inclusive standard of living. Relative poverty is about being poor in relation to society's standards and is therefore very much context specific. To be in poverty generally means that individuals are not able to participate fully in all the opportunities that society has to offer, and their ability to reach their potential is largely determined by the family or community into which they have been born (Townsend, 1979). Office of National Statistics (ONS) data support the strong link between parental and child outcomes, indicating low levels of social mobility in the UK (ONS, 2019d and DWP, 2019b).

Persistent poverty relates to the proportion of people living in households where income is less than 60% of median household income before housing costs, for at least three out of the last four years (JRF, 2018). The Joseph Rowntree Foundation (JRF) calculate that 7% of people in the UK are in persistent poverty, a total of 4.6 million people. The highest rate of persistent poverty is among single parent families (24%), 85% of which are female-headed (ONS, 2021). Women are more likely than men to experience persistent or recurrent episodes of poverty and are often materially disadvantaged after the breakdown of a relationship (Bennet and Daly, 2014()).

However, the second highest cohort of people in persistent poverty are single men without children (12%) (JRF, 2018: p.4); these men are not catered for by social policy interventions such as the TF Programme that only targets families, and sees family in a normative frame of adults with dependent children. Single people or couples without children fall through the gap, even if they are in poverty. This illustrates that the way the TF policy problematises who is 'troubled' does not necessarily fit with the reality of who in society needs additional support or are experiencing difficulties.

3.3 Other Measures of Poverty

Most studies of poverty in the UK focus on the experiences of poverty rather than on impoverishing or disempowering structures, processes and attitudes although many acknowledge that structural issues need be addressed (See for example JRF's 2017 report proposing how to solve UK poverty). Low income plus high costs lead to poverty and solving poverty means increasing incomes but also reducing living costs, in particular the 'poverty premium' whereby poorer people pay more in real terms for goods and services (JRF 2017: p.12). For example, people often experience increased travel costs if they live in an isolated community, gas and electricity and other utilities are more expensive per unit when an individual has to use a pre-payment meter rather than by paying in monthly or yearly direct debits and paying in instalments for goods and thereby incurring interest adds additional expensive. A University of Bristol Study calculated that on average low-income households spent close to £500 more on essential goods and services than more affluent households (Davies, Finney and Hartfree, 2016).

Non-material indicators of poverty that impact strongly on well-being are very important such as time-poverty and work/life balance. There is a close correlation between people having adequate time and socio-psychological and physical well-being (Isaacs, 2016); constraints on time are often indicative of constraints on personal freedom to engage in rest and leisure activities. There is also a known impact of time poverty on family relationships. A recent survey by a charity supporting working parents, on the impact of working hours on family life, saw 32% of respondents report that they had neither enough time nor enough money for their family to thrive (BH and WF, 2019: p.16). The family being unable to 'thrive' was defined as parents reporting that their work meant that they could not get enough sleep, take enough exercise or eat healthily and that time and financial issues had a negative impact on their relationships with their partner and their children. The Social Metrics Commission have been working on a new measure of poverty which takes account of material and non-material factors. This takes account of not just income but other assets that families have, and looks at issues such as having a family member with a disability which put additional costs on a family; it also considers childcare and housing costs and assesses housing adequacy, so that homeless people are included in the poverty figures (SMC, 2019).

Many measures of poverty acknowledge the importance of context, including socio-economic and geographical context and personal and community characteristics. However, the multiple ways of measuring poverty perhaps help to explain why the solutions to this issue remain elusive. One criticism is that too narrow a measure of poverty, for example on household incomes, gives an incomplete picture of the experience of poverty and what other indicators are significant, for example well-being

indicators and, as such, policy responses are based on incomplete knowledge and are therefore inadequate in meeting people's real needs (Roelen and Notten, 2013).

3.4 The Numbers Affected by Poverty in the UK

The ONS's Labour Force Survey (2019b) and Wealth and Assets Survey (2019c) and the DWP's Family Resources Survey (2019a) and Households Below Average Income (HBAI) statistics (DWP, 2019b) provide robust data on the numbers of families in the UK experiencing relative poverty by the 60% of median income measure. In addition, longitudinal studies such as the Understanding Society Study (2019) and the work of the JRF provide academic and charitable perspectives. The JRF (2018) reported at the end of 2018 that 14.3 million people in the UK were living in income poverty, with eight million of these being in working households, constituting 22% of the total population. 500 000 more children are in poverty than in 2011; nearly half of children living in single parent households and 73% of children in workless households are in poverty, indicating low income levels and below subsistence levels of welfare benefits, coupled with high living costs (JRF, 2018). In 2018 welfare benefits provided 52% of the income needed for a workless single parent with three children to be above the poverty line; this was down from 78% in 2012 because of reductions in the real value of welfare benefits (Porter, 2018). Women on benefits have been particularly affected by their reduced value, as they are much more likely than men to be in receipt of benefits (JRF, 2010). 30% of children in the UK are living in relative poverty. At the most extreme end, 1.5 million people including 365 000 children are destitute, meaning that they do not have sufficient means to meet their basic needs in terms of food, clothing and shelter (JRF, 2018).

Four million workers in the UK are in income poverty, with over half of single parents, compared to 21% of main earners in two parent households (JRF, 2018). While recent statistics show employment levels in absolute terms to be at a record high (ONS, 2019e), rising in-work poverty rates tell a story of low paid, insecure employment. Single parents appear to be particularly disadvantaged by poor employment opportunities and experience higher living costs than those in couples, given that two adults can co-habit for less than twice the cost of a single person. However, the proportion of single parent families in poverty has reduced over time, from 58% in 1994/95 to 46% in 2016/17 (JRF, 2018). As housing costs have risen, families are more than twice as likely as they were in 2005 to need to top up their housing benefits with other income in order to pay their rent, thus reducing their disposable income after housing costs (JRF, 2018).

3.5 The Causes/ Symptoms Debate

While poverty is understood to be about a lack of resources including financial capital (both income and wealth), human capital (such as education and good health) and social capital (such as positive and trusting communities) (Bourdieu, 1986), a lack of adequate financial resources is the decisive characteristic of poverty, as it has such a direct impact on the other forms of capital. There are arguments that poverty is about aspiration, experience and non-material forms of well-being, as outlined above, and social policy interventions indicate that there is not a clear shared conceptual framework about which factors constitute the causes and which are symptoms of poverty. So, for example, some argue that substance abuse is a cause of poverty because of the impact it has on family life and people's ability to work and earn an income (CSJ, 2019), whereas others see substance abuse as a symptom of a life in poverty, used as a coping mechanism, often linked to an unresolved childhood trauma or other Adverse Childhood

Experiences (ACEs) (CDC, 2019). Both aspects could be partly accurate, if there is a vicious circle at work.

The Centre for Social Justice, a think tank close to the Conservative Government and set up by former Conservative Party Leader Iain Duncan Smith, offer a view of 'five pathways to poverty' which are 'family breakdown, educational failure, worklessness and dependency, addiction and serious personal debt' (CSJ, 2019). However, these 'pathways' do not occur in a vacuum and are symptomatic of people growing up in an environment where they are unable to reach their potential due to poverty- they are symptoms rather than the root causes. The JRF provided an extensive overview of what they see as the causes of poverty. These are the nature of the employment market (including underemployment and inadequate wages), a lack of the skills that would enable people to earn well (including numeracy, literacy and digital skills), an ineffective welfare benefits system, high living costs (including housing), and family problems (including mental health problems and domestic abuse) (JRF, 2017: pp.38-42). Again, I would argue that some of the family problems could be seen as symptoms rather than causes of poverty, or perhaps caused by and then exacerbating the situation, as families then find it more difficult to overcome their difficulties because they have snowballed.

3.6 The Lived Experience of Poverty- Intersectionality Writ Large

The evidence strongly suggests that different social groups in UK society experience different combinations of deprivations and disadvantages to greater and lesser extents (Roelen and Notten, 2013). Often people are disadvantaged because of how they are perceived or treated on account of their personal characteristics, and it is important to

consider the significance of the legally defined 'personal protected characteristics' in order to understand the subtleties of UK poverty. These characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) and sexual orientation (*Equality Act 2010*). While the Coalition government removed the specific requirement for public sector organisations to work to 'reduce the inequalities of outcome which result from socio-economic disadvantage' from the *Equality Act 2010*, analysis of UK poverty determines that social groups who are supposed to be protected under the terms of the Act are more likely to experience disadvantage than the majority population. In addition, the outcomes of the majority population are more determined by socio-economic status than any other factor (Dorling, 2015).

To illustrate the significance of protected characteristics, adults with disabilities and families with a dependent child with a disability are much more likely to be in poverty than the general population; the poverty rate (by household income measure) for disabled adults is 39%, compared to 18% for non-disabled adults and in non-working households the poverty rate for disabled adults is 67% (JRF, 2018). This indicates that adults with disabilities are much more likely to be unemployed than the general population, and if they are working they are more likely to be in poorly paid and/or part-time work. In addition, the welfare benefits paid to people who cannot work due to a disability are for many people inadequate to meet their financial needs, as they are often at below the less than 60% of median income poverty line. Disabled people have felt the impact of austerity sharply- the think tank Demos estimated that they lost £28 billion in income support between 2010 and 2018, a saving seen as false economy given that it enhances the likelihood of people needing additional support from health, social care

and other services (Cooper and Whyte, 2017). Furthermore, lone parents are a group that are most affected by disability related poverty, indicating that the two factors can be interlinked (Bennett and Daly, 2014).

Ethnicity is also a strong determinant of poverty in UK society. Poverty rates among Black, Asian and Minority Ethnic (BAME) communities are generally much higher than those amongst the White British population (JRF, 2018). 46% of adults in Bangladeshi households are in poverty, compared to 19% of the White British population, although the difference has narrowed significantly in 20 years. In 2018, the communities deemed most at risk of increasing levels of poverty are Black/ African/ Caribbean and Black British households. Bangladeshi children are most likely to be living in poverty amongst all BAME groups (JRF, 2018).

Poverty in the UK is also gendered, as is the global reality, with woman more likely than men to experience poverty. By taking an intersectional approach, and looking at gender and ethnicity in combination, the evidence is that in the UK BAME women are much more likely than White women to experience poverty (Bennet and Daly, 2014). Unemployment rates for Pakistani and Bangladeshi women are 20.5%, compared to 6.8% for White women (APPG, 2013), and BAME women are disproportionately more likely than other sections of society to be employed in low paid, precarious jobs (Emejulu and Bassel, 2017). Welfare reforms under austerity have been shown to negatively impact women, in particular. Austerity cuts have had a 'double-impact' on them as they are more likely to work in the public sector, and to have therefore lost their jobs or had their salaries frozen, to be in caring roles and be reliant on the social welfare services that have been scaled back since 2010 (Tepe-Belfrage, 2015). As previously mentioned,

women make up 85% of single parent families in England (ONS, 2021), 46% of which are in income poverty (JRF, 2018). They are much more likely to be in part-time, low paid work and to be underemployed in terms of the number of hours they work, compared to men, resulting in a 15.5% gender pay gap in 2020 (ONS, 2020a). This is often due to women, especially mothers of young children, taking on the majority of childcare and other domestic responsibilities, which impacts on their employment options (IPPR, 2013). Even in two parent families, there can be hidden poverty when gender discrimination means that women do not have equal access to the material resources within the household, and mothers will compromise their physical and mental health by going without to ensure that their children have enough, when resources such as food are limited (Bennet and Daly, 2014).

In terms of services targeted specifically at women experiencing difficulties, the austerity cuts had a sudden and dramatic impact on services supporting female victims of domestic abuse, who make up 74% of victims (ONS, 2020b). Between 2009/10 and 2010/11 there was a 31% cut in the LA funding for domestic and sexual violence support services, with an expectation that this would lead to an increase in the incidences and impact of violence against women if they did not have the support needed to leave an abusive relationship (Towers and Walby, 2012). Support services for refugee and asylum seeker women have also been subject to significant budget cuts, despite their often complex physical and mental health needs (Emejulu and Bassel, 2017). Women are generally less financially secure than men in the UK, and this is particularly the case for women in low-income households. A study by the Fawcett Society (2020) found that only 36% of women earning less than £20k a year reported that they would be financially independent in the event of their relationship breaking down, with most women in the

40% poorest households having no savings at all, making them financially very vulnerable.

The situation of women is impacted by both macroeconomic factors such as the local employment context and the cost of living, and microeconomic factors such as how responsibilities and resources are shared at the household level (Floro, 2014). The evidence is in order to understand the gendered nature of UK inequality, one needs to understand the complex gendered dimensions of these factors, in combination with gendered norms and expectations in UK society that keep many women, particularly those who are materially disadvantaged, in positions of relative powerlessness (Dunford and Perrons, 2014). Women are more likely to be in poverty for the reasons discussed and also, due to the austerity cuts, have poorer access to support services to improve their situation. There is evidence to show that the TF Programme is targeting disproportionate numbers of poor, white, single mothers and their children (Bond-Taylor, 2014 and Crossley, 2015), but the gender dimension is not acknowledged in the government policy documents pertaining to the Programme.

In terms of another important example of unequal outcomes, data from the wide-ranging longitudinal Understanding Society Study has been cross-referenced with that from the National Pupil Database for England, which contains information relating to children's educational attainment levels. The evidence is that children in workless households have much lower educational achievement levels than their peers in homes where at least one adult is in employment (Understanding Society, 2019), which has implications for their longer-term outcomes and likelihood of becoming working poor or workless adults, and therefore in poverty. There is also evidence to show that living

in poverty has important implications for children's subjective well-being and self-concept. Using the Understanding Society data, this is particularly significant for children from 13 years of age, when they become acutely aware of their family circumstances in relation to their peers (Knies, 2017). This is a useful addition to what is known about the impact of poverty on families, as the bulk of data is based on adults' experiences, yet the evidence is that children growing up in poverty are more likely to become adults in poverty and there appears to be a combination of practical and socio-psychological reasons for this trajectory.

There is good evidence to show that children's and young people's experience of poverty merits particular attention, with an understanding of the financial and other multidimensional indicators of poverty and recognising the overlaps in terms of the impact on children's day to day well-being and longer-term outcomes. A study looking at child poverty across Europe pointed to single parenthood, living in rented housing, unemployment or low levels of employment and commensurate low incomes to be the main risk factors for child poverty (Roelen and Notten, 2013). The reason for the specific focus on children is that they have different basic needs and are more badly affected than adults when their basic needs are not met, both physically and in terms of their socio-psychological development. Poverty in childhood is damaging for the child day to day but also increases the risk of them becoming adults in poverty (Alcock, 2006). There is therefore a strong moral as well as practical imperative for considering child poverty specifically, given that the effects have an impact on wider society in terms of pressure on services and other costs (Esping-Andersen and Sarasa, 2002). Given the particular vulnerability to poverty that people with protected personal characteristics experience, and the intersectional nature of different aspects of deprivation and disadvantage, a

policy response should consider how and why people who are supposed to be protected by the *Equality Act 2010* are still experiencing poor outcomes, compared to the majority population.

3.7 The Significance of Socio-Economic Context

For most people in relative poverty in the UK, theirs is a story of unemployment, underemployment and/or low wages. The introduction of the National Minimum Wage in 1999 had an overall positive effect on household incomes, despite concerns that a rational response for employers would be to reduce their workforce in order to keep their wage bill stable. Research shows that this did not happen to any statistically significant level (Stewart, 2004). Indeed, by the time of the global financial crash of 2008, the UK labour market was relatively healthy and employment rates had been increasing over time (McKnight, 2016). New Labour had introduced more conditionality to out-of-work benefits, requiring people to be actively seeking employment. This was coupled with the aim of 'making work pay' by increasing the financial benefit to workers of taking of low paid work through the tax credits system, and lower income tax levels (McKnight, 2016). There was recognition that too many people were experiencing long term unemployment or life-limiting illness and disabilities which precluded them from working. The other issue was that families with caring responsibilities, for example those with pre-school aged children, were excluded from the labour market by prohibitively high childcare costs (BH and WF, 2019), an issue of particular significance for mothers as the main providers of childcare.

Following the 2008 global financial crash, unemployment in the UK rose sharply but not as much as anticipated, and the Labour government funded a number of schemes for

workers who had been made redundant and additional support for the young unemployed (18-24 year olds) such as work placements and work-related skills training (HM Treasury, 2009). However, for the more than ten years since the financial crash real wages have stayed almost the same which has meant, as prices have risen, that average and low earners are worse off in real terms, whilst the highest earners have seen their incomes rise (ONS, 2018b). To demonstrate the extent of income inequality in the UK, by late 2014, the CEOs of the UK FTSE 100 firms were being paid, on average, 342 times more than their minimum wage employees (Dorling, 2015).

By late 2018, ONS statistics reported that 75% of working age people (16-64) in the UK were in employment, 4% (1.4m) of working age people were out of work but able to work, therefore deemed 'unemployed', and 21% were 'economically inactive', not able to work generally due to caring responsibilities or a life limiting illness or disability. In addition, nearly 2 million children in the UK live in households where no-one is in work (ONS, 2019f). There are many reasons why people do not work; in some cases people have a real or perceived notion that they will be better off on welfare benefits than in work; the in-work and out-of-work benefit systems are very complicated, and many benefits are interdependent so it is difficult for people to work out how much better off they will be in work. The CCSJ (2019) argues that the welfare benefits system as it is acts as a disincentive to work for some.

There are significant practical and personal reasons why people might choose not to work, and/or have limited work opportunities; there is a clear link between poor educational outcomes and poor employment opportunities and earning potential. The Institute for Fiscal Studies' analysis of the National Child Development Study (NCDS)

1958 Birth Cohort Study provides strong evidence of the link between educational achievement and earnings over the life course. Compared to leaving school at 16 years old without qualifications, those completing their O Levels/ GCSEs earned 18% more, A-levels 24% more and those completing a university degree earned 48% more in adulthood than unqualified contemporaries (Blundell, Dearden and Sianesi, 2004). However, men's increased earnings after completing a degree are on average 30% higher than women's, so the benefits of higher-level qualifications are not experienced equally (Britton et al, 2020).

People without any or with minimal qualifications are most likely to take up entry-level poorly paid jobs and those at the lowest end of the income spectrum have seen their real wages fall the most in relation to the cost of living (Hills and Stewart, 2016). In addition, those in precarious employment, for example in temporary work or with zero hours contracts, are most likely to be working poor, unable to earn enough to meet their needs. Women account for 70% of low earners (earning less than 60% of the median) and make up the majority of those experiencing involuntary part-time employment (54%) (i.e., underemployment), temporary employment (52%) and zero-hour contracts (53.6%) (WBG, 2018). In terms of the impact on household incomes, the IFS calculated that households' incomes fell by nearly 15% for the poorest 10% of households, but just 3% for the wealthiest 10% between 2007/08 and 2013/14 (Belfield et al., 2015), despite earnings for the poorest increasing steadily under New Labour prior to the 2008 financial crash. People with physical or mental health difficulties, physical or learning disabilities or issues with substance abuse face additional challenges in terms of finding and staying in employment and are much more likely than the general population to be unemployed and in poverty (CDC, 2019).

In addition, areas of the UK which have experienced deindustrialisation have been the most affected by economic decline. The mining and fisheries in Cornwall, which were once significant employers particularly for working-class men, have been in strong decline, with the last tin mine closing in the 1990s (Deacon, 2007). Deindustrialisation and low investment in rural and coastal communities, villages and small towns especially left a significant proportion of the population excluded from the economic growth and opportunities of the big cities. Deindustrialisation in Cornwall compounded a migration culture where from the 1960s onwards in particular, young people were leaving the country in large numbers in order to seek out higher education and employment opportunities elsewhere (Williams, 2003). Many more graduate level and professional jobs are available in the big cities rather than in smaller towns and communities, so these communities experience 'brain drain' and the economic benefits that come from having a well-paid population with a healthy disposable income (Centre for Towns, 2019).

There was a lag in the impact of welfare reform changes brought in since 2010, as the New Labour policies protected poorer families from the impact of the financial crash and the Coalition government's austerity budget of 2010 until 2011/2012. By 2013 poverty rates, in particular child poverty rates, began to rise again (Hills and Stewart, 2016), although it is acknowledged that the relative poverty measure is problematic in the context of an economic recession, such as was experienced in the UK following 2008. As incomes have remained very stagnant across the public and private sector since 2010, the data on to what extent the poorest families' incomes have dropped below the poverty line is not easily available (Hills and Stewart, 2016) and instead we rely on important information such as the increasing numbers of families accessing food banks

to appreciate the extent of the problem (Trussell Trust, 2020). The Trussell Trust is the biggest provider of food banks in the UK and distributes nearly 1.2 million emergency three-day food parcels a month (Loopstra and Lalor, 2017). While being unable to afford food items was one of the markers of disadvantage covered in the *Families and Children Study 2005* (COSETF, 2007), this was not one of the criteria included for a families' inclusion in the TF Programme at a national level, or in Cornwall, despite evidently being a huge issue for many families. Recent research carried out by Herriot-Watt University academics for the Trussell Trust has found that 32% of women referred to the charity due to being in food crisis are lone parents and 55% of lone parent families included someone with a disability, again indicating the link between disability, single parenthood and poverty (Bramley et al, 2021).

The employment context is a real problem; The Institute for Public Policy Research (IPPR) (2019) estimate that there are 4.6 unemployed people for every vacancy in the UK. There is also a mismatch between the skills needed by employers and the skills available in the workless population. For many people work has become more precarious with short term temporary contracts, zero hours contracts, minimum and below-minimum wage pay, exploitation, and a lack of power to challenge unfair practices, terms and conditions. Some people who are on welfare benefits will go back into well-paid secure work but a large proportion of the poorest people in society are reliant on entry-level poorly paid work. Wages are so low and work so precarious that many people rely on benefits to cover their costs. This makes it very difficult for people to save, and to access credit on favourable terms, for example a mortgage to buy their own home.

The cost of living has been going up much more quickly than wages since 2010 (ONS, 2019b). This has been alongside the freeze on public sector pay from 2010-2012, and since 2012 there has been a 1% Public Sector Pay Cap, which is now being loosened in some sectors but in real terms wages have fallen well behind inflation. There have also been stagnant wages in the private sector over the same time period (IPPR, 2019). The *Welfare Reform and Work Act 2016* reduced the welfare benefits cap further, to £20 000/ £13 000 outside London (for families with/ without children), with then Culture Secretary Jeremy Hunt's justification being that 'the state cannot be expected to finance people who decide to have more children than they can afford... people have to take responsibility for their choices' (The Telegraph, 2010). The socio-economic context has therefore become more challenging for many, both in work and those on benefits.

In recent years there has also been the introduction of Universal Credit (UC), which aims to bring out-of-work and housing benefits and tax credits together into a single system. It comprises of a single payment that reduces as earnings increase, with the aim that people will always be better off working than not (DWP, 2017a). The amount of the payment is based on amount of earnings and savings on a household basis. While the idea was to streamline the welfare benefits system, there are complex eligibility criteria for claimants and lots of exemptions: People cannot receive UC if they are entitled to Employment and Support Allowance, Income Support, Incapacity Benefit, Disability Living Allowance or Personal Independence Payments (CAB, 2019). So, in real terms there are still lots of parallel systems running, and it is complex to establish what people are entitled to. The idea behind giving recipients one monthly payment was so they would learn to budget effectively, although this is likely to be challenging for people with

limited financial literacy. This implies another policy assumption, that people are in poverty because they do not budget effectively (Winnet, 2011).

Under UC, housing costs no are longer paid directly to landlords, so there is concern that this might make them less willing to take on social tenants. There have been a number of unintended negative impacts, most noticeably the delay to receiving a payment that a significant proportion of claimants have experienced; this has been directly linked to increased levels of hardship (NAO, 2018b). Benefit Changes including the introduction of the 'bedroom tax' whereby people no longer receive full housing benefit if they are deemed to have excess space and have to make up the shortfall, delays to benefits payments, and reduction in real household incomes are held up as the main contributing factors to increasing numbers of people coming to Foodbanks for support (Loopstra and Lalor, 2017).

While the issue of in-work poverty is well researched (see for example JRF, 2019), there is less known of why unemployed people may be reluctant to take up temporary employment, but studies show that people fear losing out of work benefits and get caught in the 'poverty trap' whereby it is not financially worthwhile to work (Townsend, 1979). The UC scheme was supposed to deal with this issue, and the government claimed that it was successful on the basis that there were 3.3 million more people in employment in 2018, than there had been in 2010 (McVee, 2018). However, this was shown to be misleading as the population of people over the age of 16 had also risen by 3 million in the same period and there was no evidence to show that it was UC specifically that could account for any increase in employment figures (NAO, 2018b).

A recent study by the LSE Centre for Analysis of Social Exclusion, entitled 'Does money affect children's outcomes?' found a strong causal effect between household income and outcomes (Cooper and Stewart, 2017). This was a large-scale review that looked at a large number of studies from across OECD countries to evaluate how a change in income (both an increase and decrease) affects a child's outcomes. It included a study in the US where families in different states were eligible for different levels of welfare benefits and therefore, they were able to study how increasing household incomes impacted on child outcomes over time, compared to children in households that did not have that increase (the control group). The main findings were that income poverty affects parents' ability to invest in goods and services that contribute to healthy child development and good outcomes- books and toys, adequate space to study at home, enriching activities, a healthy diet, good quality housing and so on (the investment model). In addition, the study looked at the emotional impact of financial problems for families and how these impact on stress within the family, parental mental health which can impact on parenting practices and so on (the family stress model) (Cooper and Stewart, 2017). Being from a materially deprived socio-economic background and living in poverty is not, of course, a protected characteristic under the *Equality Act 2010*. Yet geographical and financial inequality, stagnation in wages and poor opportunities in some areas, combined with much faster growth in incomes at the top end of the income ladder, causes some people to feel resentment, in communities that feel underrepresented and deprived in relation to those in power (Wren-Lewis, 2018).

3.8 The Cornish Context

In Cornwall, the Index of Multiple of Deprivation (IMD) demonstrates that there are pockets of serious deprivation in the towns of Camborne, Penzance, Redruth and St

Austell in particular, with 5% of neighbourhoods in Cornwall being in the 10% most deprived in England. An additional 13.5% are in the 20% most deprived, up from 10% in 2010, so relative poverty rates are increasing (CC, 2019b; MHCLG, 2019b). The IMD shows that the 17 most deprived Lower Super Output Areas (LSOAs) in the county are experiencing persistent poverty, and these were also the areas with the highest levels of crime and anti-social behaviour (CC, 2019b). 29% of children in Cornwall live in households that are in income poverty, after housing costs, rising to 41% in parts of Camborne and Bodmin (End Child Poverty, 2019). By the Gross Value Added (GVA) measure of economic productivity, in 2000 Cornwall was below 75% of the EU Average. By this measure Cornwall was one of the most deprived areas of Northern Europe (ONS, 2017), and as such, eligible for European Union Objective One Funding for infrastructure, employment and other projects.

ONS figures show that at 80.1% the number of people who are economically active in Cornwall is higher than the UK average of 77.8% and an unemployment rate of 4.1% is lower than the UK average of 4.8%. However, self-employment rates are more than 50% higher in Cornwall than the UK average (ONS, 2017), so there is a potential vulnerability in terms of unpredictable income streams for self-employed individuals, although the income levels for self-employed individuals vary by levels of education and skills and self-employment does not necessarily mean someone has a low income (Williams et al., 2017). Also, at 29.9% the proportion of people who are economically inactive due to long term sickness is significantly higher than the UK average of 22.3%, and the percentage of workless households is higher than the UK average (ONS, 2017).

In addition, at £22 000 per annum, average income levels in Cornwall are more than 13% lower than the UK average (ONS, 2017), and the main employers by some way are retail and associated trades (20%) and accommodation and food service activities (13.5%) (ONS, 2017). These are both seasonal and closely tied to the tourism industry, and often involve temporary and zero hours contracts of employment, minimum wages and irregular working hours. There is an argument that tourism provides important opportunities for Cornwall; it is badged as an 'opportunity sector' as the numbers of visitors are increasing year on year, however the Local Government Association (LGA) recognises that there are challenges inherent in this situation. For example, there is a reducing pool of labour from the EU, largely due to Brexit uncertainty and issues of low productivity and low pay. The tourism sector is, by definition, seasonal and therefore jobs reliant on tourism are often insecure and wages are insufficient to support people outside of the tourist season (LGA, 2019).

The government-commissioned Taylor Review on modern working practices highlighted the need for better employment terms and opportunities, particularly for those on low incomes and on temporary contracts (Taylor, 2017). 40% of employees in Cornwall fall below the 'Low Pay Threshold' (the amount needed to have an adequate standard of living), and the situation of being 'working poor' is linked to a higher than average prevalence of harmful lifestyle behaviours such as smoking, poor diet and alcohol abuse (Britain Thinks, 2016). Mental health problems disproportionately affect people living in poverty and the unemployed (Marmot, 2010; CC and PHE, 2016). Furthermore, if average incomes in Cornwall are 13% lower than UK averages, but 40% of employees fall below low pay threshold, that average masks a high level of inequality in the county.

The percentage of people in Cornwall with high-level qualifications is nearly 15% below the UK average, so this is also significant in terms of earning potential (ONS, 2017).

There are also important demographic factors that impact on service delivery and well-being in Cornwall. The population of the county is just over 565 000 people, an aging population with an on-going issue of high levels of working age migration (CC, 2020a), due to real or perceived limited opportunities for professional or well-paid employment in the county. The development of educational, training and employment opportunities, for example Further and Higher Education opportunities and apprenticeships have helped to slow this trend down over time. The population increases four-fold in the summer, putting pressure on infrastructure and health, social care and police services in particular (CC and PHE, 2016). In addition, Cornwall has significant numbers of homeless young people aged 16-24 who are not living with or under the care of family members. In 2017-2018 354 young people aged 16-24 approached Cornwall Council for support due to being homeless or at risk of homelessness (Centrepoin, 2019). These are vulnerable young people who are very likely to be at risk of financial exclusion, but are not eligible for support under the terms of the TF Programme.

Cornwall's size and geography, with its largely remote rural areas interspersed with small urban centres and limited public transport makes service accessibility a significant challenge for the health and social care system, and other services (CC and PHE, 2016). A Citizen's Advice Bureau (CAB) report into rural isolation and access to services demonstrates how inadequate rural infrastructure makes life especially difficult for isolated communities, and access to key services such as healthcare, banks and grocery shops and other markers of well-being has got worse since 2010 (CAB, 2018). One

measure of marginalisation is the time taken to travel to hospital on public transport, with one example being the five hours and twenty-two minutes it would take to travel, on public transport, the twenty-nine miles from Cadgwith on the Lizard peninsula, in the far South of the county, to the closest hospital in Truro (CAB, 2018: 11). Many of the most sparsely populated communities do not have any public transport in place at all. In addition, the employment context and high cost of living, particularly in coastal communities, is such that it was prohibitively expensive for many young people to live independently of their families. Rural and coastal poverty, of which there is much in Cornwall, is often experienced as being in proximity to affluence, and children have reported feeling isolated and excluded within their own locality, without access to many picturesque but privately-owned rural spaces (Ridge, 2011).

Good quality, affordable housing is a real issue in Cornwall for many local people. The average income is just over £22 000 a year but average house prices are £234 000 in Cornwall (UK Land Registry, 2019), so this makes them unaffordable for low and average earners. The shortage of affordable homes in the UK has seen the private rented sector double since 2000 (Whitehead and Williams, 2018). A recently published Social Mobility Commission Report indicates that most 'low cost' home ownership schemes are still out of reach of low and average earners. For example, first time buyers on the government's Help to Buy scheme have an average income of £41 000, only a few thousand less than first time buyers on the open market (Provan et al., 2017). There is a debate about the negative impact of second homeowners on local communities and services and constraining the purchase of second homes is a policy that has been successfully introduced in a number of countries to try to manage this situation (Hilber and Schöni, 2016). 83% of residents of St Ives voted in 2016 to ban second homeowners from

buying any new build homes in the town which shows that tensions are significant, because of local people being priced out of some communities. Unfortunately, this had the effect of pushing the price of both existing and new build properties even higher, as the rate of new home building slowed, and the sales of second homes actually increased from 16% of all sales in 2016, to 29% in 2018 (Narwan, 2019).

The TF Programme does not collect data about the housing tenure of identified families. This lack of data at a national or local level on this issue is an important omission because housing tenure and the inability to buy a property says a great deal about families' financial assets and the likely perpetuation of poverty over time. A study of the link between housing tenure and wealth across ten European countries found that homeowners accumulate more wealth over their lifetime than those in rented accommodation. The smallest tenure wealth gaps occur in countries with more affordable rental housing, allowing those who rent to save money (Wind and Dewilde, 2019). The most recent 2011 census data reports that 68.8% of properties in Cornwall are owned, 16.8% are privately rented and 12% are social rented, with 1.7% of people living rent free and 0.8% in shared ownership properties. In 2017 there were close to 20 000 people on the social housing waiting list (CC, 2017), indicating that demand for affordable social housing in Cornwall far outstrips supply.

The numbers in shared ownership properties will have increased since 2011 as a number of Housing Associations in Cornwall have engaged in house building schemes with shared ownership options (see for example Coastline Housing, 2019). However, while families in Housing Association properties tend to pay much more affordable rents than those in private sector properties, with Housing Association rents being less than 60%

of those for a comparable private rented property (CC, 2017), housing providers have seen welfare reforms impact on families' abilities to pay their rent. The situation in Cornwall fits with the national picture, in terms of the impact of the 'bedroom tax' and benefits cap on disposable incomes, with low-income families being priced out of more expensive areas (HoC WPC, 2019).

While Housing Association rents are on average a lower percentage of household income than private sector rents, as yet there has not been the introduction of controls on private sector rents to address this. Under the *Welfare Reform and Work Act 2016*, Housing Associations were subject to a 1% reduction in rents every year for four years from 2016 (*Welfare Reform and Work Act 2016*). Critics have said that unaffordable housing leads to the social cleansing of low and medium earner families from wealthier areas, and there is evidence from other countries that rent controls and regulations around tenancy security can work well to ensure good supply of housing to low income households (Whitehead and Williams, 2018). Therefore, as in many other parts of the country, Cornwall has a housing situation that needs reform if more people are able to live within their means, without getting into debt to meet everyday costs. Indeed, the numbers of second homeowners, and the numbers of properties rented out as holiday homes, puts additional pressure on housing stock in the county. In many of the most popular coastal communities in Cornwall such as Fowey, Polzeath and St Ives low and median earners have been almost entirely priced out.

Another factor which is significant for the county is the Cornish identity¹ and the impact this has on both people's proud sense of place but also, for some, on their reluctance to leave the county in search of other opportunities. Many people born and brought up in the county see themselves first and foremost as Cornish, rather than English. Or Cornish, then English or British, although this is generally seen as a layered rather than oppositional identity. A 2008 study found that 24% of the population self-identified as Cornish not English, 18% as more Cornish than English and 24% as Equally Cornish and English (Willet, 2008). This strong sense of place impacts on some people's willingness to leave Cornwall to seek out employment and other opportunities, despite the difficulties they may be experiencing.

Many Cornish residents feel that there is something distinct and special about the county, that appeals enough to tourists and in-migrants (termed 'grockles' and 'emmetts') who visit and/or move to the county in vast numbers each year. The population of Cornwall increases four-fold in the summer months (CC and PHE, 2016) as testament to its appeal, which seems to be based on a combination of the county's natural beauty, booming food and drink culture, and nostalgia for an idealised slow-paced, sunny summer of childhood. Significantly, many people who are born and

¹ The Cornish identity has its roots in the county's Celtic connections in Brittany, Ireland and Wales, forged through trade and cultural links spanning many centuries. There is debate around how one can legitimately claim to be Cornish. For some it is enough to have been born in the county, for others both parents need to have also been born in the county, for 'to be born in an oven does not make a kitten a pasty' (Deacon, 2013: p.5). For purists, it requires the ability to trace one's lineage to the population of Britons that were pushed back into Wales and Cornwall during the Roman invasion; Cornwall maintained de facto self-rule until the establishment of the Duchy in the 14th Century. The Cornish language is a Celtic language closest to Breton and Welsh, which although the last native speaker died in the 18th Century, is now enjoying a determined revival with efforts in public signage and other markers to revive its use. The industrial heritage in mining and fishing is very significant, although deindustrialisation in the 19th Century saw mass emigration of the population, and immigration from other parts of England and more recently EU countries had changed the ethnic and cultural character of Cornwall. Cornish has had protected minority status since 2014, equal to that of Welsh and Scottish.

brought up in Cornwall and leave as young adults to study and work elsewhere (anywhere over the Tamar Bridge which links Cornwall to Devon being 'up country') then return when they start families of their own. Cornwall is therefore, in many ways, a county of real contrast, with high levels of poverty and inequality but also huge appeal to people who have the resources to enjoy a good quality of life in one of the many beautiful locations.

3.9 Studies of Families in Poverty in the UK

There are limited numbers of large-scale studies that directly access and articulate the perspectives of families living in poverty in the UK. Participatory approaches to community development and social research have a long history and are considered good practice in international development (see for example Brock, 2002). The view is that participatory approaches enhance policy makers' understanding of the lived experience of poverty, and therefore if the knowledge gained is used as the basis for designing and delivering interventions, these will be better able to effectively address the needs and priorities of people in poverty. Efforts to engage proactively with people living in poverty in the UK include the JRF's work with Britain Thinks, whereby they ran a series of workshops with people on low incomes in order to feed into the JRF's strategy on addressing poverty (Britain Thinks, 2016; JRF, 2016).

Save the Children have also undertaken a number of participatory research studies with children living in poverty including their *Bread is Free* (Willow, 2001) and *Listen Up!* (Crowley and Vulliamy, 2007) work. These used creative methods with children from infant school to 16 years old, including puppet, storytelling, board games and focus group discussions to garner children and young people's views on what life was like,

living in poverty in Wales. Findings from the *Listen Up!* work included children reporting feeling that they were treated differently by others, were excluded from some of the opportunities their friends experienced, and that financial stress within the family was a cause of tension between parents and affected parenting practices. They also stated that teachers had lower expectations of them because they came from poor families, that they had poor diets and were often in poor health, that their parents felt sadness and shame and that they felt sad and angry about their situation. They felt that achieving well at school was the best route out of poverty, but that their chances of doing so were not good (Crowley and Vulliamy, 2007). This study illustrated that children and young people are extremely insightful and are well able to articulate the lived experience of living in poverty. It also demonstrates the intersectional nature of disadvantage.

There have also been a number of interesting ethnographic studies of life in very materially disadvantaged communities in the UK, such as Rahman's (2010) study of urban regeneration and socio-economic marginalisation in Moss Side, Manchester, Slater and Anderson's (2012) consideration of the stigmatisation of the community of St Paul's, Bristol and McKenzie's (2015) reflections on 'getting by' on the St Ann's Estate in Nottingham. Some accounts have taken the form of personal life histories, such as McGarvey's *Poverty Safari* (2018), which focusses on the causes and manifestations of anger in 'Britain's Underclass'. Each of these provide very useful, rich and detailed data on how life in poverty feels for individuals and impacts on family life and society, and all refer to protective factors and positive aspects of life in these communities, such as the importance of social connections.

One aspect which has been researched is the stigma and shame associated with living in poverty. Tyler (2008; 2013; 2020) has written extensively about the discrimination and stigma faced by the ‘undeserving poor’. She sees stigma as a political practice designed to preserve the interests of the powerful and exacerbate marginalisation and social injustice. Walker (2014) argues that the ‘shame’ of poverty is a global phenomenon with those who are stigmatised on account of their material circumstances being subject to prejudice and ‘indiscriminate labelling’. Stigmatisation is possible because those in power categorise those in positions of relative powerlessness and frame them as a homogenous group, failing to acknowledge the individual characteristics or strengths of those within the group (Walker, 2014). O’Hara (2020) terms the pernicious framing of people in poverty, their behaviours and lives as a ‘toxic poverty narrative’ which perpetuates shame and stigma, and this narrative was evident in the documentation that was produced to launch the TF Programme. In her *Listening to Troubled Families* exercise, Casey made the claim:

Parents often don’t connect their own problems and their own subsequent behaviour with then the problems and behaviour of their children. They have very low aspirations for themselves and their kids... Many have large families and keep having children, often with different fathers, even if they are struggling to cope with the children they already have.
(DCLG, 2012a: 2)

These value judgements were based on interviews with just sixteen families, and yet were used to make huge stigmatising generalisations about ‘troubled’ families, with a particular focus on the perceived feckless behaviour of women. Inequality and prejudice on the basis of individual or group characteristics are considered to be the root cause of discrimination in society. Discrimination on the basis of protected personal characteristics is illegal under UK law (*Equality Act 2010*), however legislation cannot, in

itself, change attitudes towards people on the basis of their personal characteristics and does not prevent the pernicious micro-aggressions that characterise some marginalised people's lives (Sue, 2010). Being discriminated against by virtue of one's difficult socio-economic circumstances is not illegal in the UK, as it is not a protected characteristic (EHRC, 2019); this is despite the stigmatising of those in poverty being rife in UK society and having a real impact on well-being (Tyler, 2008; JRF, 2018). Walker (2014) argues that policies that impose stigma work to reinforce and sustain poverty in the UK.

3.10 Families' Experience of Whole-Family Interventions

There have been a range of whole-family interventions and approaches over recent years. Within mental health work, there is often an ecological or family systems view of the individual's experience of mental ill-health, considering the significance of context, and the impact on other family members (Morris et al., 2008). Similarly, within drug and alcohol work, approaches such as social behaviour and network therapy assesses and treats the person with substance abuse problems in the context of wider family and community networks, an approach which is particularly important where substance abuse is a contributing factor in domestic abuse (Galvani, 2007). Work with young carers has included a whole-family approach that considers the interrelated needs of different family members, including the young carer and the person who is being cared for, with a recognition that young carers are particularly vulnerable to being very isolated (Becker, 2000).

In youth offending services, which tend to be a multi-agency model, there is good recognition of the need to see the young person in the context of family and community, both in terms of the impact of context on his/her likelihood of offending, and the impact

of his/her offending on those around them. In addition, whole-family engagement with the youth justice intervention is very important in terms of how well the young person then engages with it (YJB, 2010). The Families Leading Planning model promoted a person-centred planning approach for people with learning disabilities, to ensure that they had more involvement in decisions that affect them, and that families were better included in discussions with professionals (DoH, 2001).

In 2008 a University of Birmingham research team produced a comprehensive critique of whole family approaches for the Cabinet Office's Social Exclusion Task Force (Morris et al., 2008). This set out the range of work that was being done across multiple services areas to support families with complex needs, and stated that poverty and economic disadvantage were 'core to any consideration of the needs of families with multiple and enduring difficulties' (Morris et al., 2008: p.2). While there was evidence of efforts to practice whole-family working in many front-line services, there was also recognition that whole-family working was not always appropriate and did not necessarily meet the needs of individuals within families with specific needs. For example, a whole-family approach within domestic abuse services may not be appropriate if it compromises the safety of the victim and/ or children in the family (Burford and Pennell, 2000).

The review called for the need for families' perspectives to be considered alongside professional perspectives in order to better understand their lived experience, and that the pathologizing of materially deprived mothers in particular impacted negatively on professional practice. It was recognised that there was a shortage of empirical data regarding the lived experience of families with complex needs, and that this had implications for the efficacy of policy. Furthermore, the tendency to see families in

terms of the sum of their difficulties, as opposed to promoting a strengths-based framework for working with families, impacted on the relationships between families and service providers, and also contradicted the approach that many professionals chose to take (Morris et al., 2008).

Other approaches that have been running in recent years include the Family Group Conferencing model, where the family is supported by an enabler to talk through and find solutions to any identified issues (CC, 2019a), and the Family Nurse Partnership model, which is a whole-family early intervention approach, run by specialist family nurses, to support first-time and especially young mothers and their babies (FNP, 2020). These models engage in co-production and treat the family as having agency and being very important in the process of identifying areas in which they may need support. In addition, some professional disciplines, such as drug and alcohol services, mental health services and social work, have a tradition of accessing the perspectives and learning from service users in order to feed into programme design and delivery. In some cases, service users are seen to be experts in their own field, to the extent that their perspectives are seen to have sufficient epistemic authority to then be used for training service providers (see for example, Tew, Gell and Foster, 2004).

However, a review of the TF Programme documentation indicates that neither the professional knowledge from these disciplines nor families' perspectives on whole-family interventions have been fed into the TF policy, despite the government's stated commitment to establishing better links with academic and VCSE sector research (MHCLG, 2018). The evidence is that there is a significant amount of knowledge within different service areas around providing whole-family, person-centred support, which

could provide a useful resource for the TF Programme. Yet, the TF Programme does not appear to have accessed this knowledge.

3.11 Conclusion

There are a range of ways of measuring poverty in the UK context, with the household income measure being the one commonly used in government policy documentation, although the TF Programme documentation does not acknowledge poverty by name. The focus on defining and measuring poverty is only a part of the job of addressing it effectively. There has been a great deal of evidence gathered on the lived experience of poverty, and there appears to be agreement on the intersectionality of disadvantage and how disempowering poverty is to families. Protected personal characteristics such as ethnicity, gender and disability are relevant in terms of how vulnerable people are to poverty. As the latest in a long-line of whole-family programmes, it is useful to gauge if the TF Programme in Cornwall has anything new to add to the debate about the significance of socio-economic context and the experiences and support needs of 'troubled' families.

Chapter 4: Theoretical Framework

4.1 Introduction

This chapter sets out my choice of Intersectionality as the theoretical framework for critiquing the TF Programme. I cover the following: 4.2 Defining Intersectionality and an Intersectional Analytical Approach (IAA), 4.3 The Development and Epistemology of Intersectionality, 4.4 False or Privileged Consciousness, 4.5 Epistemic Injustice and Deficiency, 4.6 Criticisms and Limitations of Intersectionality, 4.7 Applicability of Intersectionality for a Critique of the TF Programme, and 4.8 Conclusion.

4.2 Defining Intersectionality and an Intersectional Analytical Approach (IAA)

Intersectionality is both a post-modern theory of knowledge and a research method that prioritises the perspectives of those that are marginalised (Hancock, 2007; 2015). As an epistemological project, it seeks to question whose knowledge counts, whose knowledge is deemed authoritative, and whose is ignored or silenced (Code, 2014). It is a way of understanding and analysing the complexity of the social world, social inequalities, identity and its relationship to power (Crenshaw, 2015). An Intersectional Analytical Approach (IAA) to social research questions the exercise of power and the experience of being empowered, or disempowered, on account of one's identity and personal characteristics, in a specific context. It looks at how structures, processes and attitudes combine to empower some and marginalise other social groups. Rather than focusing on one aspect of a person's identity or experience, an IAA encourages the researcher to 'ask another question' (Davis, 2008), for example about the impact of gender on racial inequality, the impact of social class on gender inequality, or the impact

of race on social inequality. An IAA therefore encourages the researcher to interrogate his or her own epistemic shortcomings (Maj, 2013). No single facet of inequality (e.g. racial inequality) can be used to explain the full experience of multiple and intersecting dimensions of inequality or oppression that a person or community may be experiencing (McCall, 2005). While it is a feminist approach, one key contribution that Intersectionality has made to social theory is to demonstrate the limitations of looking just at gender, or any other single aspect of a person's identity, when analysing their lives (McCall, 2005). Intersectionality has brought together social issues that have previously been studied separately (Hill Collins, 2019). An IAA can therefore be used to critique social phenomena beyond those characterised by gender inequality, and it also looks at how aspects of identity and context can be empowering for individuals. Intersectionality cannot only be used to consider marginalisation (Hancock, 2015), it can be used to critique privilege in society (Hill Collins, 2019), although a critique of oppression is usually Intersectionality's main priority (Liasidou, 2016).

People's identities and experiences are shaped by a variety of factors that are mutually influencing (Hill Collins and Bilge, 2016) and Intersectionality considers the way that multiple identities combine and are subject to cumulative and intersecting forms of oppression and privilege (Liasidou, 2016). Intersectionality claims that identities and experiences, particularly those framed as problematic, should not be reduced to a single category or label, but understood as socially constructed in a particular socio-political and temporal context (Garcia and Ortiz, 2013). Single category thinking marginalises (the vast majority of) people who do not align themselves solely with being of one identity, and looking at just one category masks the significance of others (Hill Collins,

2019). An intersectional perspective embraces multidimensionality and the complex and dynamic relationships between different aspects of identity and experience (Shields, 2008). Intersectionality is more than just moving from single category to multi-category analysis, in doing so it seeks to understand the identities, experiences and perspectives of people who are multiply oppressed or marginalised (Hancock, 2015). An IAA enables researchers to move beyond looking at social inequality through race-only, gender-only or class-only lenses, for example, but instead to understand the interactions between different categories (Hill Collins and Bilge, 2016). It also argues that we need to move past deficit-orientated perspectives on social problems (Liasidou, 2016). Indeed, a heightened appreciation of intersectionality can enhance positive views of difference as a valuable source of learning (Shields, 2008).

An IAA recognises that a person's experience of racism is also determined by how the perpetrator feels about their gender, and a person's experience of sexism is also determined by how the perpetrator feels about their race. The categories are not mutually exclusive, but mutually constitutive (Walby, 2007), and the person's experience is also determined by the structures, processes and attitudes they encounter. So, to be a White woman in poverty in Cornwall is not the same as to be a Black woman in poverty in London in terms of the specific challenges that both face. The experiences of women in poverty exist in the space between the material struggles of impoverished men, and the gender equality struggles of affluent women (Hancock, 2015), and this experience of falling between the gaps of other struggles is what motivated Crenshaw (1989) to coin the term 'Intersectionality'.

For an effective IAA, social inequalities, relationality and power relations need to be scrutinised in a particular social context (Hill Collins and Bilge, 2016). To understand the experience of multiple overlapping challenges for someone with a particular identity, an IAA to research prioritises the voice of the marginalised individual or social group (Liasidou, 2016), looking for their standpoint epistemologies as the valid starting point for any knowledge project concerning their experiences. A feminist approach to research emphasises the legitimacy of personal experience (Ferree and Hess, 1994) and Intersectionality is about representation, enabling people to say who they are and what is important to them, for themselves (Hancock, 2015). An IAA recognises the authority of experience, and the integrity of individuals to interpret and articulate their experience- to hear the story that is told by, not about a subordinated people (Hill Collins, 2019).

Intersectionality is also a 'heuristic device', a problem solving or analytical tool (Hill Collins and Bilge, 2016: p.13), which allows one to understand and assess the complexity of 'troubled' families' lives, and to 'think across difference and intersecting identities' (Capper and Young, 2014 cited in Liasidou, 2016: p. 234). Furthermore, Intersectionality rejects the use of homogenous characterisations that reflect an essentialist view of a social group (McCall, 2005; Hancock, 2015), such as 'troubled' families. Cho, Crenshaw and McCall (2013: p.795) argue that it is an applied tool, as much as a theory, and the focus should be on 'what Intersectionality does rather than what Intersectionality is.' The notion of praxis- applying theory to action- is therefore key to Intersectionality research, as I discuss in my next chapter on methodology.

4.3 The Development and Epistemology of Intersectionality

Intersectionality is a relatively new term to look at the enduring question of how different forms of inequality or oppression interact. As an analytical framework, it draws on a range of theoretical traditions that have the common aim of challenging oppression and misrepresentation. Intersectionality developed as a way for marginalised people to challenge the notions that people in positions of power had of them, and the power relations that produced such viewpoints (Hill Collins, 2019). In 1851, freed slave Sojourner Truth gave her 'Ain't I a Woman?' speech, pointing to the specific oppression she had experienced on account of her race and her gender within the US system of slavery. She was committed to 'knowing and being known' in a society which considered her, and people like her, not worthy of being listened to or treated fairly, and she worked to draw attention to how differently White and Black women were treated at the time (Painter, 1994). Her argument that her experiences rendered her testimony authoritative, and her resistance to her oppressive treatment, were an early example of what modern intersectional feminism continues to challenge.

Intersectionality is a critical social theory. Modern Western social theory originated at the Frankfurt School from the late 1920s onwards, with Horkheimer, Habermas and their contemporaries' development of Critical Theory (Wiggershaus, 1994). They argued that this was distinct from traditional social theory because it had the specific aim of liberating those that Horkheimer (1972) saw as being enslaved within society. Critical Theory was and is about critiquing and transforming the rules and structures in society that disempower people and, as such, has a commitment to praxis and the need for social change (Hill Collins, 2019). Post-colonial theory has a similar commitment and

challenges the misrepresentation of colonial subjects and post-colonial communities by colonial and neo-colonial powers. For example, Said's (1978) *Orientalism* argued that the West's representation of the East represented Western priorities and attitudes, rather than the realities of the East. Similarly, Spivak's (1987) *Can the Subaltern Speak?* challenged the tendency of those in power to ignore the perspectives of those in positions of relative powerlessness in society, and to 'other' them with essentialist framings. Intersectionality references these theoretical traditions, by challenging the essentialist misrepresentation of subordinated or marginalised groups, and the tendency to universalise their experience or even render them invisible (Maj, 2013). It recognises that a narrative about a marginalised group often takes an individual's experience and uses this to make claims about the whole group (McCall, 2005). This tendency minimises the complexity of human experience that my IAA to understanding 'troubled' families seeks to explore.

Another key precursor to Intersectionality, Critical Race Theory (CRT) was developed in the 1980s by African American legal scholars Bell, Delgado and Lawrence, marrying critical legal studies and critical theory, as a means of pushing back against White scholars theorising Black disadvantage from a White perspective (Hill Collins, 2019), further developing Said's argument. CRT was useful for drawing attention to the structural racism within racially unequal societies, the overt hostility and also the micro-aggressions experienced by Black and other People of Colour day to day, for example in the attitudes they encountered. Feminist theory drew on CRT and grew out of the second wave of feminism of the 1960s onwards (Hill Collins, 2019), which sought to challenge oppressive attitudes and structures which disadvantaged women and girls in

society; When second wave feminism drew attention to women's experiences, soon the question was '*which* women's experiences?' (Shields, 2008: 302), setting the scene for an intersectional framework which recognised that different women were impacted differently, depending on other aspects of their identity. In 1977, the Combahee River Collective, a Black Lesbian feminist activist organisation from Boston, Massachusetts, argued that it was futile to privilege one aspect of a person's experience as if it represented their whole life, arguing that the oppressions they were experiencing were interconnected (Brah and Phoenix, 2004).

African American academic and social activist bell hooks (2000) argued that the economic and political gains of affluent White women garnered by the mainstream feminist movement had little positive impact on the lives of poor Black women. From the 1960s and 1970s onwards African American working-class women had been articulating that their needs were not being met by the civil rights, feminist or workers' rights movements, because no one of these movements was focusing on the specific cumulative discrimination that they were experiencing (Hill Collins and Bilge, 2016). Race was prioritised by the civil rights movement and gender inequality was prioritised by the feminist movement, but Black women were experiencing specific discrimination on account of being both Black and women, and had valuable knowledge borne out of this experience. Feminists' argument that women produced epistemically privileged and authoritative knowledge, not only on issues affecting them directly but on whole-society issues, developed as part of the wider civil rights activism of the time that was highlighting different oppressions based on race, gender, sexuality and other issues. This is where Crenshaw (1989) coined the term 'Intersectionality' as a metaphor for

what the intersections of race and gender meant for Black women, with specific reference to being denied employment opportunities.

Intersectionality understands disadvantage as multifaceted and interconnected and human lives as complex. Feminist theory historically concerns itself with gender issues, and in particular the relatively powerless and subordinated position of women and girls in society. However, an IAA is also directly relevant to the issues that impact on other marginalised or subordinated individuals or groups. Indeed, bell hooks (1984), who positions herself outside of the dominant white middle-class feminist paradigm, argues that gender inequality must be taken as just one factor in a system of interrelated oppressive factors. As discussed in Chapter 3 on the risk factors for poverty in the UK, consideration should also be given to the impact of race, disability and other personal characteristics on 'troubled' families' lives. This notion of Intersectionality argues that you cannot meaningfully separate these different factors; in some people's lives gender is not the most significant oppressive factor, racial prejudice or poverty may be more so (Cho, Crenshaw and McCall, 2013). Where feminist theory provides a method for articulating the lived experience of oppression grounded in the 'truth of women's lives' (Hekman, 2004: p.233), Intersectionality is about an inclusive feminism, which does not privilege certain women's experiences over others (Knapp, 2005), and which is not restricted to critiquing gender issues.

Intersectional feminism also has its roots in the Marxist tradition of challenging dominant discourses and critiquing structural discrimination and unequal power relations in society, but it constitutes a departure from Marxist theory in a number of

ways, being essentially a relativist position. Marx (1954) argued that in capitalist societies those in positions of economic power make the false claim that their interests and those of the much less powerful workers, from whose labour their wealth is generated, are one and the same. In terms of relevance to modern day social policy, this notion that the interests and priorities of policy makers and policy recipients (in this case, 'troubled' families) are one and the same is worthy of critique. My research questions if there is evidence of service providers' and families' interests and priorities feeding into the TF Programme design and delivery and, if not, what the impact is.

Marx was anti-relativist in that he claimed that tolerance of normative differences in different social contexts was not a valid justification for exploitation; Anti-relativism 'rejects an it's-all-how-you-look-at-it approach to knowledge and a when-in-Rome approach to morality' (Geertz, 1984: p.276). Anti-relativism argues that tolerance must have a limit, for example that it is unacceptable to tolerate harmful cultural practices or economic or other forms of exploitation. For feminists arguing for social justice from both a pragmatic and ethical point of view, unequal and disempowering economic and social structures are unacceptable, and Intersectionality is commonly concerned with social justice issues (Hill Collins, 2019). Marx (1954) proposed that there needed to be a challenge to accepted unequal social structures, and that there *were* objective universal truths about the world and the experience of subordinated social groups within capitalist, materially unequal societies. He also argued that a person's position within society introduced a bias in their beliefs into how the world worked, whether, for example, it was a fair or unfair society. Using an IAA involves putting social justice at the centre, rather than seeing it as a peripheral issue (Hill Collins and Bilge, 2016), but unlike

Marx's position Intersectionality does not argue that there are universal truths about human experience, instead seeing such knowledge as subjective and situated (Haraway, 1988).

Intersectionality also draws on Mannheim's (1968) argument that a social group's worldview is shaped by their position, or standpoint, in society and that all beliefs are a product of the context in which they are created. This notion of the standpoint epistemology as an authoritative basis for knowledge creation is an important aspect of feminist theory and is central to an IAA. Mannheim's view is close to Lukács' (1971) work on class consciousness and the collective experience of people who are disempowered within capitalist society- the 'proletariat'- and have a collective standpoint on this experience of disempowerment. Unlike Marx, Mannheim argued against the notion of any objective knowledge or universal truth, instead seeing knowledge as relative and socially constructed by people in specific contexts. Mannheim (1986: p.60) also recognized the link between power and knowledge, arguing that the aim of the sociology of knowledge was 'to observe how and in what form intellectual life at a given historical moment is related to the existing social and political forces.' In addition, he argued that those in positions of power become so committed to preserving their own interests that they are no longer able to understand any perspectives that would undermine their position (Mannheim, 1968). My discussion of the governance of the TF Programme, in Chapter 6.1, reflects on this point.

Jameson (2004: p.144) claims that an approach which prioritises the perspectives of the marginalised is a form of 'principled relativism' that argues that while all knowledge has an equal *claim* to truth, some specific standpoints offer an epistemic advantage or privilege to understanding particular social issues and human experiences (Hekman, 1997). This goes against one of the key tenets of relativism (that all claims to truth are equally valid), so my research will consider if evidence exists to support the position that 'troubled' families have epistemic privilege in relation to their experiences of life as 'troubled'. Haraway (1988) proposes that the focus of feminist research should not be on pinpointing truth or reality but on providing 'another story' to enhance understanding of the social world. Hill Collins (2019: p.288) notes that because of the rules that govern what counts as truth, 'some truths count more than others', and the question is, whose are believed and whose are dismissed? Therefore, my research sets out to provide this other story by setting out the families' narratives that have been neglected in other accounts of the TF Programme, for example in the government policy documents relating to the development and evaluation of the Programme, discussed in Chapter 2.

My question is whether marginalised social groups have distinct epistemic privilege and are in a stronger position than others to understand and articulate a social phenomenon, because of their specific personal experience of being marginalised within society. The marginalisation has generally been imposed on them by disempowering intersecting structures, processes and attitudes, rather than something they have actively shaped and wished for. One argument for this notion of epistemic privilege is that marginalised social groups' views of their position in society are not motivated by a desire to maintain

their own privileged social position (Bubeck, 2000), but rather their testimonies are likely to be authentic in an effort to draw attention to and challenge their marginalisation. However, this does not mean that they are exempt from critical consideration. While the marginalised perspective is preferred in principle, all perspectives should still be assessed for accuracy and inspected for their 'truth content' (Jameson, 2004: p. 144). In addition, epistemic privilege only has power if the social group is able to make its standpoint prevail over equally, or what are perceived as more authoritative, perspectives (Hill Collins, 2004) and for this to lead to changes to how power is used- to empower, rather than disempower others.

Epistemic privilege is not powerful in itself, nor is it automatic (Dotson, 2014). It comes from having the ability and information needed to fully understand one's situation (Harding, 2004). To make the case for this notion of epistemic privilege, Elliot offers the metaphor of comparing the experiences of an able-bodied person and a person in a wheelchair trying to access a building which has lots of steps leading up to the entrance, to which no one has thought to provide a ramp. For the first person, access poses no practical difficulties, for the second it is very problematic, if not impossible. For communities whose lives are characterised by numerous intersecting disempowering factors, whether intentionally or unintentionally applied, the privileges enjoyed by others are not easily accessed, and for those whom access is no problem, they may not be aware of how others experience the same environment, feeling that their normal surely applies to everyone (Elliot, 1994).

Intersectionality rejects essentialisms based on physiological characteristics, seeing identity as nuanced (Nash, 2008), but acknowledges that there may well be collective experiences and perspectives based on social determinants of what it means to be in a specific social group. It also acknowledges that there are potentially many differences in the lives and perspectives of people *within* a given social group; however, collectively their knowledge is useful and valuable to those who seek to enhance to understand the group, its experiences, perspectives, priorities and behaviours. Dill and Zambrana (2009) argue that intersectional analysis should address the diversity within groups. In terms of 'troubled' families, it is the position of relative powerlessness within a materially unequal society that creates the social group, and the perpetuation of inequality through intersecting disempowering structures, processes and attitudes, that makes it stable as a distinct group, rather than that the members of the group necessarily have exactly the same experiences (Hill Collins, 2004).

In this study, the perspective is close to Lukács' (1971) view on the collective experience and perspectives of people who are disempowered within society. Furthermore, even when there are common experiences, these may be expressed differently (Hill Collins, 2004). While the daily experience of material and other forms of marginalisation, such as encountering stigmatising attitudes which lead to overt hostility and/or micro-aggressions, gives people an acute awareness of their difficulties, they will not necessarily perceive the underlying causes or see or articulate the context and their experiences as oppressive or disempowering (Jaggar, 2004). What an IAA does is look at both the experiences of marginalisation and the structures, processes and attitudes that create and exacerbate these (Jameson, 2004). In terms of stigma, a feminist

approach to social research should challenge classism (bell hooks, 2000) and, where relevant, an IAA should also identify and address povertyism (Hancock, 2015), if these factors are impacting on people's experience of being disempowered.

Mackinnon (1988) proposes that the ideal of objectivity has been instrumentalised in positivist epistemology to assert the dominant point of view in political discourse as universal. This denies the existence or potency of inequality and works to construct a metanarrative about society from this position. Intersectionality seeks to question and challenge dominant views which do not represent the experiences and perspectives of those to whom the narrative refers. It challenges the 'view from nowhere' inherent in positivist approaches to understanding social issues, which presents an apparently value-neutral agenda (Hancock, 2015). Instead, an IAA acknowledges that there is an agenda and looks to give voice to marginalised or subordinated people (Liasidou, 2016) and, in doing so, helps enhance the understanding of the links between different disempowering and challenging experiences (Crenshaw, 1989).

Williams (2015) argues that in sociology objectivity is not 'value free' but is socially constructed, as it is situated in the beliefs and values of particular social groups. Letherby, Scott and Williams (2012) claim that all social research is subjective, and theorising should recognise and start with the subjective, rather than searching for the objective. In terms of the TF Programme, the way that the criteria and outcomes were designed worked on an assumption that there were objective universals in the behaviours and perspectives of the social group identified by externally imposed criteria as 'troubled'. As discussed in Chapters 2, at the launch of the TF Programme, the

government policy narrative assumed that the challenges that the TF Programme deemed to be the most significant matched those of families, and that families would respond in predictable ways to the TF intervention to achieve prescribed, quantifiable outcomes. The criteria for inclusion in the TF Programme in Cornwall are available at Table 1, p.161.

It is difficult to assess if government documentation around the TF Programme is taking a position of 'assumed objectivity' in relation to 'troubled' families, but given the flawed evidence base, the repurposing of data (COSETF, 2007) and the very small number of family case studies undertaken at the planning stage of the Programme (DCLG, 2012a), I challenge any claim to objectivity. Haslanger (1993) argues that any claims to 'assumed' or 'pretended' objectivity should be rejected because they are built on false assumptions about the nature of the object, or assumptions that are unjustified, and are therefore epistemically unsound. CRT, feminist theory and Intersectionality argue that the world is epistemically more complex and nuanced than just how those in positions of power understand it (Nash, 2008). Objectivity about social issues is not possible (Letherby, 2015).

An IAA also questions how knowledge is produced and how and why different knowledge is presented as authoritative in, for example, government policy documents. It considers if particular epistemological and ontological perspectives are presented as universal, and if so, what the significance of this is. Intersectionality rejects the objective/ relativist dichotomy, instead seeing knowledge as being on a spectrum, created and understood by people in a particular context. What Intersectionality points

out is that conflicting viewpoints are not credited with the same epistemic authority, and some are not heard, or are heard but ignored by those in power: Jaggar (2004) argues that in an unequal society, different social groups have unequal opportunities to speak out and be heard. She claims that in any historical and social context, the accepted world view will reflect the interests and values of those in power, therefore establishing a more accurate world view that reflects a wider range of interests and perspectives requires challenging the manifestations of unequal power in society. In addition, the relative visibility or invisibility of a social group influences the conceptualisation of the policy problem and which policy interventions are seen to be a legitimate use of government resources and power (Hancock, 2015).

The accepted world view and realities in society are mutually reinforcing, so as one changes so will the other. Hill Collins (1990: p.237) argues that understanding of social issues is best reached through dialogue between different social actors who are differently situated, 'dialogue is critical to the success of this epistemological approach'. So, I am not arguing that we should dismiss the views of those in power or those that hold a particular view, but to see them as only one part of the wider story. Relationality is a key theme within Intersectionality, with dialogue between different actors being important for understanding social inequalities and the significance of categories, personal characteristics/identity and power relations (Hill Collins and Bilge, 2016). Conceptual frameworks based on human knowledge and experience are never complete, particularly if key perspectives are omitted, and there is always more to learn (Hill Collins, 2004). This justifies the need to privilege the perspectives of 'troubled' families as essential for understanding the TF Programme,

and to set these in context of the perspectives of those working to provide support to families, in order to understand the phenomena of 'troubled' lives in Cornwall from different angles.

In terms of its theoretical heritage and development, Intersectionality draws on what Hill Collins (2019) terms the 'resistance knowledge' traditions of Marxism, critical theory, post-colonial theory, and other strands of feminist theory in terms of the commitment to challenging misrepresentation and oppression, social transformation, rendering the invisible visible, and giving voice to marginalised and subordinated individuals and social groups in society. Epistemologically it takes a stance of principled relativism, understanding subjective experience as an authoritative basis for knowledge creation, and it rejects the silencing strategies of testimonial quieting and smothering (Hill Collins, 2019).

4.4 False or Privileged Consciousness

A challenge for social theory to reconcile is the notion of people having false or privileged consciousness. Marxist critics have argued that rather than being privileged, people who accept their oppressed position without question are actually experiencing a 'false consciousness', which prohibits them from challenging unequal and exploitative power imbalances (Eyerman, 1981). Conversely, Harding (1987) argues that those in marginalised positions *do* understand both their own reality, and the reality of the dominant culture in which they strive to succeed- thus creating a 'double consciousness'. I argue that being open to acknowledging and valuing different

perspectives on an issue is advantageous to the project of inquiry, as it allows for an enhanced conceptual framework, which is particularly significant in terms of arguing that research participants from marginalised social groups are credible and authoritative knowledge producers (Rolin, 2006). However, this double consciousness should not be idealised or seen as compensating for the material deprivations that people experience (Harding, 2004). While those in positions of power only understand their own vantage point, the marginalised experience and understand the way the powerful see and treat them, as well as having their own experience and knowledge of marginalisation. It is this double consciousness that provides a fuller, more comprehensive picture and what makes this knowledge from the margins more authoritative. By neglecting the experience and knowledge of the ‘troubled’ families themselves, official government policy is epistemologically poorer.

Hartsock (1996) claims that marginalised social groups *do* have a distinctive perspective on the issues that affect them and that only by accessing these perspectives can the lived reality of people’s (difficult) lives be revealed. The standpoint epistemology of the marginalised social group is rooted in a ‘reality’ that is potentially at odds with the abstract concepts and pejorative language that those in power use to label them. My discussion of the standpoint epistemologies and experiences of the ‘troubled’ families I interviewed, in Chapter 6, will help demonstrate if this mismatch was the case for the TF Programme in Cornwall. Intersectionality argues that the marginalised social position of an individual or family in society influences what is actually known, and limits what others are able to know about them, and this causes barriers to ensuring that people have their needs met effectively (Harding, 2009).

One question I consider is whether people experience both privileged *and* false consciousness simultaneously, being knowledgeable about some aspects of their lives, for example the lived experience of the challenges they face, whilst at the same time being unaware of some of the real causes of these. bell hooks (1984, 1994) writes about the importance of the development of a critical consciousness in order to challenge inequities, particularly for those marginalised and discriminated against in society. The question is whether TF families have a critical consciousness with regards to the root causes of the difficulties that they are experiencing; what are the alternative narratives with regards to what it is to be a 'troubled' family in this particular context? In this study, I assess if families' standpoint epistemologies differ from the official narrative about their lives that the TF Programme offers.

If there are barriers to knowledge, because families are excluded from contributing to the conceptual framework of what being 'troubled' means, or barriers to recognising the credibility of the 'knowledge from the margins', does the TF Programme work to build or reduce these barriers? Fricker (1999) argues that the remedy is to remove the barriers to credibility in order that all perspectives are deemed to have authority but acknowledges that people must have 'rational authority' as knowers for this to be possible. She claims that in many cases the authority of the counter-hegemonic perspectives of the powerless is 'diminished by the cynical insouciance of the powerful' (Fricker, 2000: p.151). Hekman (2004) proposes that this is because a counter-hegemonic discourse can work to destabilise the hegemonic discourse, and this can be unsettling for those in power.

4.5 Epistemic Injustice and Deficiency

An IAA challenges accepted ways of knowing, and whose knowledge is deemed to be credible and authoritative. Intersectionality focuses on the link between knowledge and power relations, and is an exercise in epistemic resistance, that is an IAA challenges the accepted rules around what counts as credible knowledge (Hill Collins, 1990). The issue of whose knowledge counts, how it is accessed and by whom, how it is used or misused is a dominant theme in feminist research (Olesen, 2018). When an individual or social group's knowledge is not seen as credible by those in power, for example policy makers, and there are inadequate mechanisms for feeding their insight and perspectives into the pool of knowledge around a given phenomenon, this constitutes epistemic injustice (Fricker, 2006), or what I term 'epistemic deficiency'. The conceptual frameworks used to articulate the lives of families identified as 'troubled' are epistemically deficient because they are incomplete and therefore flawed. This belief stems from my review of the policy documents relating to the TF Programme, in which the perspectives of 'troubled' families are notable in their absence (see for example, DCLG, 2012c; DCLG, 2017; MHCLG, 2019a). Epistemic deficiency impacts most profoundly on those people who go unheard, but it also constitutes a lost opportunity for those who occupy a position of power but *do* seek to understand the perspectives of those who are marginalised, for they will only ever have a partial understanding of, in this case, the social problems they are trying to address.

Epistemic injustice can take two forms- testimonial injustice, where people's knowledge is dismissed by others, and hermeneutical injustice, where people are unable to understand or articulate their own experience (Fricker, 2006). Testimonial injustice

occurs where people's contributions are not considered to be credible and authoritative by others and are dismissed, intentionally or because of conscious or unconscious bias or prejudice. They may also be dismissed because policy makers do not have the resources or political will to address people's real needs. Epistemic deficiency tends to impact negatively on people in positions of relative powerlessness, the dismissal and exclusion of their perspectives being one instrument in their disempowerment. My research seeks to explore the idea that poverty is about powerlessness (Hancock, 2015). An important aspect of feminist epistemology has been to draw attention to the way that women's contribution to knowledge has been left out, and how knowledge has been used to disempower them (Langton, 2000). By applying an IAA to issues beyond gender inequalities, it is my contention that families experiencing poverty in the UK are disempowered by policy makers, who develop policies that feed into family intervention services that are not formulated from a needs-led or strengths-based starting point, grounded in families' perspectives and experiences, but instead seek to support a 'policy-based evidence' agenda (Gregg, 2010).

Prejudice and negative stereotyping wrong people in their capacity as knowers (Fricker, 2006), and their knowledge and testimonies are granted different degrees of credibility depending on how they are perceived by others. Women in poverty are often stereotyped as feckless mothers (Hancock, 2015). Another example was the Stephen Lawrence murder case that demonstrated that truth and credibility do not always align. The police response indicated the lack of credibility they attributed to the testimony of Stephen's friend Duwayne Brooks, who was with him at the time of the attack because, as a young Black man, their racial bias impacted negatively on their view of him (Fricker,

2006). His experience illustrates that it is not that marginalised or 'troubled' people are not knowers, but it is that they are 'failing to be counted as knowers' (Langton, 2000: p.132). Others do not believe that they know, or acknowledge what they know, or believe them to be credible as knowers. Therefore, people are affected by testimonial injustice to a greater or lesser extent depending on who it is they are interacting with. The 'prejudicial credibility deficit' (Fricker, 2006) depends on the extent of the prejudice held, either consciously or unconsciously by the different parties.

Hermeneutical injustice refers to the inadequate understanding of a given phenomenon which occurs where people have inadequate access to the resources such as education, information and relevant advice they need to understand and articulate their own experience (Fricker, 2006). If people do not have the vocabulary and commonly understood and shared conceptual frameworks to articulate their experience, then this will impact on their ability to reflect on and challenge their treatment. Freidan (1964) wrote of the 'problem that has no name' whereby (materially privileged) women keenly felt the oppressive nature of being confined in the home as housewives, but lacked the conceptual resources or cultural capital (Bourdieu, 1986) to articulate it. So, it was only with the MacPherson report into the death of Stephen Lawrence that the Lawrence family and Duwayne Brooks' experiences were understood as being symptomatic of 'institutional racism' within the Metropolitan Police (MacPherson, 1999). Whilst not a new concept, this clear label enabled people who were experiencing racial stereotyping and maltreatment to put a name to their experiences and therefore articulate them in a way that was accessible to those who did not have such experiences. Naming a problem helps to make it visible (Hancock, 2015).

Testimonial injustice takes two forms- testimonial quieting and testimonial smothering (Fricker, 2006). Testimonial quieting occurs where some knowledge producers are quietened by the processes and people around them. For example, where authoritative knowledge is seen as the preserve of professionals working with families, rather than the families themselves, families may lack the intellectual courage and mechanisms for communicating what they know. I will assess if the way that the TF Programme in Cornwall was governed and delivered, during the time period of my research study, led to testimonial quieting and which stakeholders were seen to be holders of authoritative knowledge with regards to how best to run the Programme. When testimonial quieting occurs, there is a real danger that (potentially important) knowledge is lost to the conceptual framework- for example what the actual experiences, perspectives and priorities of families are, and how these align with the TF Programme's stated priorities. Hill Collins (2019) notes that silencing less powerful people, by ignoring what they have to say, harms the quality of knowledge itself.

Testimonial smothering is the issue of people choosing not to share their experiences and perspectives because they feel they will be misinterpreted by people who, by virtue of not occupying their standpoint, will not be able to understand or accept them as credible (Fricker, 2006). An example of this is families not wanting to disclose that they need additional support because they fear that social services will perceive that they cannot parent adequately, with potentially serious consequences. Families being apprehensive with regards to contact with social services is common (Spratt and Callan, 2004) and is a powerful motivator for testimonial smothering. A common disempowering mechanism is the practice of service providers discussing people's lives

and work that should be done to intervene where things are considered problematic, without inviting them to take part in those discussions. This constitutes a pre-emptive hermeneutical injustice- an assumption that people do not have anything useful or valuable to contribute (Fricker, 2006). I will consider if there is a pre-emptive hermeneutical injustice built into the TF Programme governance and delivery and, if so, what the impact is. As Intersectionality is concerned with invisibility and the impact of silencing marginalised voices, the challenge is to look for instances of epistemic injustice in its various forms in my data- addressing invisibility is central to Intersectionality (Hancock, 2015).

Feminist theory questions if marginalised people have a strong sense of their right to have their interests heard (Smith, 2004). Living in poverty and/or with complex personal challenges or 'troubles' has not been reframed as positive point of pride, in say the way being Black has been by activists such as Hill Collins (1990, 2004). Smith's work (1987) to refocus the feminist agenda on the reality of people's everyday lives is in part an effort to look at how systematic structural oppression, supported by accepted ideologies of the inherent inferiority of marginalised social groups, impact on people in real ways. In particular, she argues that public administrators and the budgets they control frame social issues as discrete phenomena, e.g. having a mental health problem or living in poor quality housing. However, I maintain that people do not experience these issues as discrete, but as intersectional challenges (Cho, Crenshaw and McCall, 2013); taking an IAA to accessing people's perspectives will allow me to explore if this is the case.

As the TF Programme policy documentation discussed in Chapter 2 illustrates (see for example DCLG 2012a; DWP, 2017b), narratives about social problems in the UK are taken for granted as commonly accepted and accurate, without questioning how these came to be and by whom were they formulated. Smith argues that a 'governing conceptual mode' is assumed by those in power (2004: p.26) and their understanding of reality is imposed on those in positions of relative powerlessness. In real terms, this means that services are delivered based on what people in power think is needed and/or can be reasonably delivered with the resources that are available. I will consider the reality of what it is to be a 'troubled' family in the Cornish context in relation to this 'governing conceptual mode' as articulated in the TF Programme policy documents and by local TF Programme staff. Unlike 'institutional racism' as yet there is no readily available conceptual framework to articulate how people experiencing poverty are disempowered by personal experiences and contextual factors, so I have developed one and it is available in Chapter 7, where I present my conclusions.

I propose that the habit of people in power to not listen and if they do attempt to listen, to not act on what they hear, may produce poor outcomes for 'troubled' families and wider society, and explore if this is the case in Chapter 6. To fully understand people's experiences, they need to be framed as credible and authoritative knowledge producers, and to be given the opportunity to contribute to the development of common shared conceptual frameworks of what it is, in this example, to be living as 'troubled'. Otherwise, this is a missed opportunity for enhancing participation and improving outcomes for 'troubled' families. An IAA sees the main obligation of social research to be one of inclusiveness, and rendering the invisible visible, rather than

empirical accuracy, but to include marginalised people is not enough. Knowledge should be used to challenge and change discriminatory and disempowering structures, processes and attitudes (bell hooks, 1994; Freire, 1996; Fricker, 2000).

4.6 Criticisms and Limitations of Intersectionality

Hill Collins (2004) challenges the assumption that marginalised communities necessarily have commonalities, and she argues that feminist theory does not recognise diverse perceptions and experiences within social groups, as it is too concerned with the differences that exist between the marginalised and the dominant social groups in society. The challenge is that in exploring the difference in experiences between ‘troubled’ families and the rest of society, an appreciation of the variance within the group identified as ‘troubled’ is then lost. The original framing of ‘troubled’ families by Cameron in 2011 (see Chapter 2) sets them in opposition to the rest of society, but an IAA needs to be able to recognise, value and make sense of issues of difference within the social group in question (Hekman, 1997). A criticism of the TF Programme, however, is that it does not see ‘troubled’ families as heterogenous, or in relation to context (See for example, MHCLG, 2019a); therefore, a research design which augments understanding of context and the difference between families is crucial.

By using an intersectional framework, one gets drawn into the mess of ‘intracategorical complexity’ which argues that there are a range of diverse experiences within what some would consider to be the same social category, for example, working-class men and working-class women (McCall, 2005). Yuval-Davis (2012) argues that researchers

should think across categories, rather than focus on them individually. What is important is how people experience intersectional challenges on account of their identity, rather than the identity category itself. Indeed, Intersectionality has been criticised for not looking closely enough at class issues (Hancock, 2015). This is perhaps because social class is so subjective and is about context-specific social positioning, everyday practices, expectations and a sense of entitlement or lack thereof (Brah and Phoenix, 2004). The 'troubled' families in the UK were categorised as a 'feral underclass' at the time of 2011 riots (Clarke, 2011), with the implication that if social class was a factor in people's 'troubled' lives, then the 'underclass' were themselves to blame, because of the narrative of irresponsibility that is implicit in the term. Given the use of such loaded terminology, an IAA to critiquing the TF Programme inevitably is going to be considering social justice issues. There is a further criticism that having social justice as a key principle of an IAA could impact on the kind of critical reflection needed for effective theoretical analysis (Hill Collins, 2019), so I am mindful of this in my data analysis.

Imposing categories, e.g. 'troubled', is always problematic, and you risk ending up with a great many categories within categories; the challenge is to unpick if this is an issue within the TF Programme and what, if anything, is the impact for families whose difficult experiences are subject to a simplistic framing. There is the danger that if you keep adding endless categories to the analytical framework, it will become meaningless (Hill Collins, 2019). One aspect of Intersectionality is the argument that you should resist simplifications and generalisations in understanding human experience. Hill Collins and Bilge (2016) acknowledge that because Intersectionality is about understanding complexity, taking an IAA to research is difficult and complex, particularly as it is

ambiguous as a methodology, although Davis (2008) argues that the ambiguity within Intersectionality is a strength because it encourages criticality, and a process of on-going intellectual discovery (Maj, 2013). Hill Collins (2004) argues that there is a tendency to categorise social groups in terms of their differences from one another, rather than to look at a specific group and analyse it holistically; perhaps this is because to do so is more straightforward in terms of having simpler units of analysis to work with. Another criticism is that an IAA loses the power that a single-issue struggle conveys, for example the civil rights movement's focus on racial equality (Hancock, 2015).

The fragmentation in feminist theory struggles to reconcile the need for both universality and particularity (Cattien, 2017), or how to draw attention to the collective issues impacting on a specific marginalised social group, whilst still being mindful of the differences between the individuals within the group. Wittgenstein's 'family resemblance concept' (1958) states that the people in a social group are understood as individual but linked in important and irrefutable ways, by virtue of their shared, overlapping personal characteristics. Understanding that not all people in the group, or family, will have the same experiences, perspectives and characteristics allows for appreciation of differences, rather than perceiving them as an unmanageable nuisance. Furthermore, this view allows for the focus to be on the marginalised individual rather than that individual as necessarily representative of the whole group (Bubeck, 2000). One individual's experiences should not be taken as a proxy for the whole group, so I have assessed if the TF Programme is guilty of this.

One criticism of an IAA is that it promotes an additive view of social disadvantage, whereby the more socially marginalised categories that a person is seen to belong to, the greater the oppression they experience (Shields, 2008). This generates the nonsensical idea of an 'oppression Olympics' which argues that marginalised people are trying to outdo each other in terms of how difficult their lives are (Yuval-Davis, 2012). However, this view does not appreciate context, and the material and symbolic resources people have access to in different spaces. In some cases, being White is an advantage, in terms of receiving preferential treatment. In other cases, it is not. Shields (2008) argues it is far too simplistic to say that a Black woman is twice as disadvantaged as a Black man, for of course in some scenarios being a woman is an advantage. Being a woman is not a stable, unchanging category that means the same thing in different contexts (Butler, 1990). Therefore, Intersectionality is not about a competitive notion of who in society is most oppressed, based on the highest number of marginalised identities or oppressions they are experiencing (Hancock, 2015). However, Intersectionality does recognise that intersecting challenges can create difficulties that are greater than the sum of their parts for an individual, and the experience of one oppressive factor can amplify the experience of another, for example experiencing domestic abuse and mental health difficulties concurrently (Corus et al, 2016).

It is important to state that personal characteristics are not disempowering *per se* but because of how people are perceived and treated if others hold a prejudiced or inaccurate perspective in relation to one or more of these characteristics. For example, a person may be sexist but not racist, disablist but not sexist and so on. Intersectionality is concerned with how society frames and responds to difference, but a criticism of this

notion is that a focus on oppressive factors downplays the agency of the individual who is being disempowered, and their personal response to this (Bhavnani, 2007). Furthermore, intersections of different social categories create both oppression and opportunity, and an intersectional position may be disadvantaged relative to one group, but advantaged relative to another (Shields, 2008).

Another possible limitation to an IAA is that it is a fallacy that people enjoy 'automatic epistemic privilege' (Harding, 2004) by virtue of experiencing multiple intersecting disadvantages or, in this case, being a member of a 'troubled' social group. Counter to this criticism is the idea that all knowledge is situated (Haraway, 1988), yet different individuals will have different understandings of the same phenomena depending on their own values, beliefs and experiences; therefore even without a clear critical consciousness an individual in the social group in question is likely to have useful insights into their lived experience which are worth capturing *per se*, even if they are disinterested or unaware of the marginalised nature of their position in society (Wylie, 2004). The question is whether there needs to be a significant degree of self-reflexivity at play for a research participant's contribution to be considered reliable evidence? If 'troubled' families do lack knowledge of their own lives, and the causes of their difficulties, the argument is that talking supports 'consciousness raising' in a useful way (Langton, 2000: p.132). I reflect on whether my research usefully contributes to this process.

Cattien (2017) claims that the marginalised themselves may participate in the production of knowledge that serves to sustain the position of dominant groups; one

must not assume that those on the margins are necessarily aware or challenging of disempowering factors. My research proposes that the intersectional challenges faced by many of the families involved in the TF Programme leave, in many cases, little time for pontification on the wider structural issues, but that people are likely to be aware of the 'problem that has no name' in terms of how difficult their lives are (Freidan, 1964), because poverty has real material and emotional impacts on well-being. While Freidan's feminism focussed on the dissatisfaction experienced by materially wealthy women stuck at home, working class women who work long hours and do not have the luxury of being able to afford not to work, and stay at home, or are desperate to find work but face many barriers to doing so, will be experiencing very different problems (bell hooks, 2000).

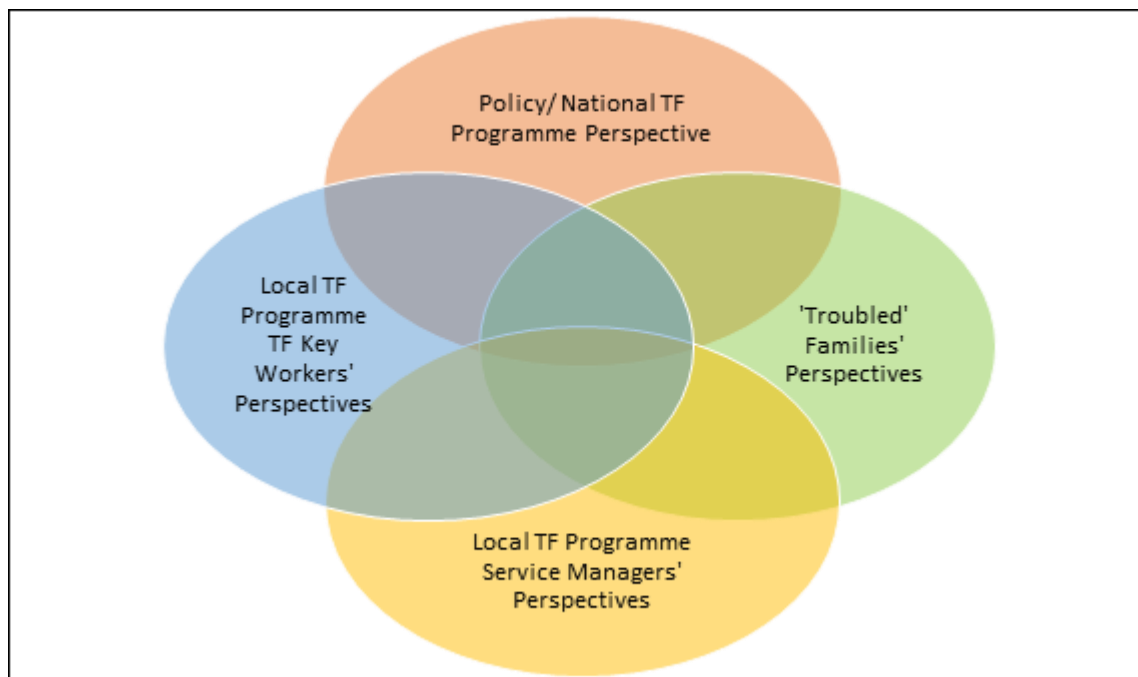
Pinnick (1994) claims that there is little evidence to support the thesis of epistemic privilege, and questions what commonly accepted standards exist by which to judge one set of socially grounded perspectives as more credible than other (Rolin, 2006). Experience as a way of knowing is dismissed, by some, as mere self-serving opinion, with people unable to see beyond their own standpoint (Hill Collins, 2019). If Intersectionality argues that all perspectives and experiences are a valuable site for situated knowledge, then the risk is that manifold human perspectives and experiences makes it impossible to draw together meaningful conclusions as to the nature of the issue in question. However, Harding (2001: p.518) acknowledges the subjective nature of data generated through this type of research, and argues that if the traditional starting point for knowledge is that of the dominant social group, then the subjective reality of the marginalised social group represents at least a less distorted version of

reality; a preferable 'neo-modern' view of the world which comes closer to the truth of the matter.

There is a danger of course that an IAA to research will result in 'multiple and incompatible knowledge positions' (Alcoff and Potter, 1993), and my challenge as a researcher is to accept this possibility and organise and analyse my data accordingly. Haraway (2004) writes of the 'tension of holding incompatible things together because all are necessary and true' (cited in Fricker, 2000: p.152). The incompatibility of different knowledge positions is a key part of understanding the nature and impact of the TF Programme- the tensions between the government/ policy view, the implementation of the Programme at the local level by Service Managers and the TF Key Workers providing support to families, and the families' perspectives on life as 'troubled'. To be successful as a knowledge project, there is a need to engage with an array of people and perspectives (Hill Collins, 2019). The aim is to recognise the subjective and contextual nature of the data, yet to still look for common themes that can form the basis of meaningful discussion and critique.

I present a simple Venn diagram of these different knowledge positions/ perspectives to conceptualise this situation, whereby different perspectives overlap or diverge:

Figure 1: A Venn Diagram of Different Perspectives Relating to 'Troubled' Families



Another issue with Intersectionality as a methodology is that it has been criticised for being too focussed on oppression and too concerned with the experiences and perspectives of people in marginalised social groups- women, Black people, poor people- and that it is therefore inherently biased as a framework (Hill Collins, 2019), and indeed fetishizes disadvantage (Hancock, 2015). I do not accept this criticism because it implies that these experiences and perspectives are not valuable, and instead argue that this criticism actually provides evidence for the need for an IAA that prioritises these perspectives. Indeed, McCall (2005) argues that prior to the development of Intersectionality there was little research into the lives of people experiencing multiple forms of oppression.

My final concern is whether an IAA can be usefully applied to critiquing social issues that do not necessarily have gender inequality or gender discrimination as the main focus. Modern intersectional feminism has in my view moved beyond seeing gender as the necessarily the primary issue, but rather gender discrimination is but one form of potential disadvantage, with Intersectionality an appropriate framework for understanding how different aspects interlink and compound one another (Hill Collins, 1990). Harding (2004) argues that feminist critique is not restricted to 'women's issues' but makes an important contribution to improving understanding of what counts as credible knowledge, claims to objectivity and good research methods. What Nicholson terms 'a feminist postmodernism', which Intersectionality is, replaces 'unitary notions... with complexly constructed notions of social identity, treating gender as one relevant strand among others' (1990: p.34). People should not have to make a choice between different aspects of their identity in order for their perspectives to be deemed important (Hancock, 2015).

4.7 Applicability of Intersectionality to a Critique of the TF Programme

An IAA to critiquing a policy intervention should be able to identify how and why an initiative such as the TF Programme has or has not been effective, in terms of improving the lives of the targeted families (Corus et al, 2016). My view is that the TF Programme is largely about power, including the exercise of government power to disempower others and disempowering structures, processes and attitudes that make it very challenging for 'troubled' families to experience a good quality of life. An IAA is applicable to a critique of the TF Programme because it goes beyond reductionist views of social phenomena, but instead considers the effects that aspects of personal

difference have on individuals in the context of unequal power relations and unequal socio-economic opportunities (Liasidou, 2016). An IAA looks not to just identify difference, for example in terms of material wealth, or to focus on difference-as-explanation *per se*, but to seek to understand the structures and processes that cause and perpetuate difference (Shields, 2008). Intersectionality is about considering both micro-level experiences and macro-level factors in order to understand people's lives (Corus et al, 2016). So, when used to analyse government policy, an IAA looks at whether policy responses maintain or exacerbate inequities (Hankivsky et al, 2012), which is one of the aims of my research. It does this by looking at different aspects of a person's identity (e.g. being in poverty, being female, being a single parent), and how these multiple factors are shaped by and influence professional practices (e.g. referrals to support services, being listened to) (Garcia and Ortiz, 2013). Many social policies focus on what are seen as the negative aspects of a person's identity and behaviour, and looking to rectify these, but an IAA recognises that stigmatising labels are socially mediated and highly subjective (Liasidou, 2016). Labelling someone as 'troubled' does not explain why they are so, and indeed, says more about the person or institution that has come up with the label, in terms of their attitude.

The TF Programme documentation demonstrates a partial and selective understanding at the policy level of the intersections of interrelated disadvantages experienced by families (see Chapter 2). Ideas around the interconnectedness of discrimination and domination and the notion of the Intersectionality of disempowering factors (Crenshaw, 1991), the significance of which are particular to a family's specific circumstances, are therefore very pertinent to my study. For specific people in a specific social context,

some disempowering factors are more significant and have a greater impact than others; therefore, one could argue that there is rarely an adequate 'one size fits all' policy response (Dill and Zambrana, 2009). Corus et al (2016) argue that vulnerable people's needs are not met when policy interventions take a single category approach to understanding their needs, and offer single category solutions. I will critique whether the TF Programme takes such an approach.

Intersectionality can be a useful tool for promoting equity, because instead of focusing on one aspect of a person's identity or experience, it understands the impact of challenges as cumulative, and people's support needs as very individual depending on their particular circumstances. For example, I assess if 'troubled' families have support needs that relate to being in poverty, experiencing mental health problems and/or having a child with additional learning needs. It recognises that the effects of economic inequality, such as labour market discrimination and inequity, impact on social groups differently (Hill Collins and Bilge, 2016: p.20), for example those who are reliant on poorly paid, seasonal and temporary employment. An IAA draws attention to the cumulative effects of external factors (such as the local employment context), vested interests, narratives and value-laden assumptions that contribute to the construction of a disordered identity (Liasidou, 2016), in this case being framed as 'troubled'.

The wealth gap in the UK is scrutinised in terms of gender and region, but government data such as that collated by the ONS rarely looks at the two factors together, in order to understand how working class and unemployed women in Cornwall, for example, fare in relation to men in urban centres. Intersectionality requires us to look at factors

through a 'both/ and' lens rather than in terms of 'either/or' (Hill Collins and Bilge, 2016: p.20). Using an IAA allows me to look beyond class-only explanations for 'troubled families' 'troubles'- that they are simply a 'feral underclass' (Clarke, 2011)- but instead to consider the impact of the context, so a consideration of what it is about the Cornish context that helps to explain why families are experiencing particular challenges. bell hooks (2000) argues that public policy is often influenced by unacknowledged class privilege, in terms of who designs a programme, how it is controlled at the local level, and who in society is considered to need to change their behaviour. Because it looks at people's experiences holistically, Intersectionality is useful for critiquing the efficacy of the TF Programme's multi-agency approach to addressing needs (Liasidou, 2016), whilst recognising what social class and financial circumstances mean for people's life experiences and opportunities in what is a materially unequal society (bell hooks, 2000).

Intersectionality looks to give voice to marginalised people (Liasidou, 2016), and the TF Programme focuses on people who are marginalised within UK society. It also argues that when intersecting challenges work together to disempower individuals, it can be very difficult for them to reframe and contest how they have been defined (Skinner, 2011). My interpretation of an IAA is inspired by Freire's (1996) theories of power, oppression and critical pedagogy and bell hooks' (1994: p.2) work on the role of education in freeing people to understand and critique their own circumstances and learning as a 'counter-hegemonic act'. Freire's work draws on Gramsci's theories on political and cultural dominance and hegemony, the system of attitudes, beliefs and social norms that support the status quo of power relations within a given society (Gramsci, 1977). Hegemony is defined as an 'organising principle' that is diffused by the

process of socialisation into every area of daily life and is internalised by the population to the extent that it becomes accepted 'common sense' (Boggs, 1976). In Chapter 6, I have scrutinised the TF Programme for hegemonic narratives.

An IAA is concerned with disrupting hegemony and questions how power differentials impact on knowledge production and the authority attributed to different perspectives (Crasnow, 2009); it argues that those in power often seek to downplay experiential and perspectival differences to promote simplistic explanations for social phenomena such as why families are 'troubled'. As shown in Chapter 2, the TF Programme documentation certainly employs simplistic or even false narratives to frame these families as a homogenous group (DCLG, 2012a). Intersectionality critiques unequal power relations in society and the impact of these on relatively powerless and therefore marginalised social groups. Intersectionality is about not only speaking truth to power but also questioning and challenging the validity of accepted forms and manifestations of power in society. An IAA recognises that marginalised social groups, such as 'troubled' families, often do not have clear pathways or mechanisms for speaking truth to power (Hancock, 2015). Hekman (2004) argues that rather than allowing those on the periphery into the centre, the centre should be transformed, for example by allowing for different people with a whole range of personal characteristics and standpoint epistemologies to be in positions of power, and to change how that power is enacted as an enabling rather than dominating force.

In critiquing power within the TF Programme, an IAA understands power as being divided into Power Over (P>) and Power to Be or Do (P To), the latter of which

constitutes human agency (Giddens, 1984). P> becomes problematic for the dominated when it is used by an individual, social group or institution to dominate another, to the latter's detriment. Where oppression is understood as the absence of choice (Freire, 1996), P> is the ability of an individual, social group or institution within society to constrain the choices available to others. An IAA argues that those with P> often rely on assumptions and simplistic narratives to justify their domination and they discount any 'counter-hegemonic' evidence of the objects of the domination (bell hooks, 1994). P> is not necessarily about the conscious actions of individuals, but the institutional entrenched domination over marginalised social groups within society. Hill Collins (2004) argues that oppressive structures, processes and attitudes not only reduce people's choices, or agency, but also can give them a particularly negative view of themselves which makes it more difficult to challenge these. Although, for some individuals, being marginalised, materially or by other means, can be a strong motivator to make changes to their personal circumstances. Hancock (2015) notes that Intersectionality is not just about identifying problematic contextual issues, because the agency of the individual will also determine how they respond to challenges. An IAA seeks to treat people as having agency, rather than being objects in a knowledge project (Hill Collins, 2019).

Luke's (1974) work on the three-dimensional view of power is also very significant for a critique of the TF Programme. He understood power as, firstly, a person having the ability to exert control over another, for example by making decisions for them, secondly, the power to control the agenda and dismiss other perspectives and thirdly, the ideological power to dominate and influence how people think. The disempowered

may acquiesce in this domination and experience a false consciousness in relation to how they are being treated (Lukes, 1974; Dowding, 2006). In addition, in Lukes' (1974) view of power, one aspect is that people may knowingly or unknowingly acquiesce in their own disempowerment. A knowingly acquiescence, where people believe in and perpetuate structures, processes or attitudes that work to disempower them, is what Scott (1990) terms a 'thick' form, as opposed to a 'thin' form of acquiescence whereby the dominated do not believe in the factors that serve to disempower them, but are resigned to them. Certainly, the evidence is that any supposition that the UK is a meritocracy is false, as the outcomes of people from different social groups demonstrate (ST and SMC, 2019). Indeed, Hill Collins and Bilge (2016) claim that social divisions of class, race and gender in society mean that we are not, in the UK, on a level playing field, because different social groups have better resources that enable them to access and make better use of opportunities.

Power differentials and their effects are often hidden because there is a conflict of interest between different parties. One form of the exertion of P> ensures certain interests are not acknowledged or discussed, and certain individuals or social groups are not allowed to take part in decision-making regarding issues that impact directly on them. Power is therefore often about who controls the agenda (Lukes, 1974) and given the top-down very prescriptive nature of the TF Programme, it is relevant to consider this aspect, in terms of how the TF Programme has been governed and delivered at a local level. P> is also used to ensure compliance to the agenda, to ensure that non-compliant perspectives are not articulated. Lukes (1974) argues that this form of power, which seeks to provide incomplete or misleading information on an issue is what

really accounts for false consciousness; people do not have the full information they need to articulate and challenge their disempowerment and therefore they experience hermeneutical injustice (Fricker, 2006).

Another consideration is that people in positions of power often have a vested interest in presenting a distorted view of the reality of marginalised people's lives. They are convinced by their own ideology- a recent example was former Work and Pensions Minister Esther McVey's claim that the UC system of welfare benefits was working well and should be extended (Sparrow, 2018), despite the National Audit Office's appraisal of the scheme as causing hardship for many claimants (NAO, 2018b). To preserve the vested interest, in this case of a particular government policy, any hardship caused by oppressive systems is framed as freely chosen, deserved or inevitable (Jaggar, 2004). I believe that people in positions of power have a responsibility to engage in critical self-examination to assess if they actively generate and perpetuate knowledge, structures and processes that marginalise others (Harding, 2004). However, this critical self-examination cannot be effectively produced without research that provides the perspectives of those that are marginalised. My view of the TF Programme is that the development of a policy intervention which did not engage effectively with the target families' perspectives from the outset and did not do so as the Programme progressed, can only ever reflect a 'partial and perverse' version of their reality (Hartsock, 2004: p.162). An IAA focus on people's lives, as articulated by them, allows for an alternative and more accurate understanding of a social phenomenon (Hill Collins and Bilge, 2016), in this case what it is to be 'troubled' in Cornwall.

4.8 Conclusion

This chapter has set out the development and epistemology of Intersectionality and its applicability to a study of power and disempowerment within the TF Programme. Acknowledging its criticisms and limitations, I have explained why Intersectionality is an appropriate theoretical framework for a critique of the TF Programme and this has guided my choice of research methods and the approach to data collection and analysis, to be discussed in the next chapter.

Chapter 5: Research Methods

5.1 Introduction

In this chapter, I cover the following: 5.2 Research Paradigm, 5.3 Research Standpoint, 5.4 Sampling and Access to Participants, 5.5. Nature of Research Participants, 5.6 Ethical Considerations, 5.7 Critique of the Data Collection Methods, 5.8 Grounded Theory for Data Analysis and 5.9 Conclusion.

In order to conduct my empirical study, I developed a qualitative Intersectional Analytical Approach (IAA) to my research, which focused on families' and, to a lesser extent, service providers' perspectives. My main foci being the issues of power and disempowerment at play within the TF Programme. I believed those directly involved in the TF Programme would be best able to articulate the challenges and opportunities therein, and I privileged the knowledge of those on the margins, for political, ethical as well and epistemological reasons (Hartsock, 2004).

5.2 Research Paradigm

Social research which seeks to prioritise the perspectives of a marginalised group lends itself to a qualitative research design which focusses on what they have to say about their experiences. Meaningful social research should not just be 'an attempt to learn about the people, but to come to know with them the reality which challenges them' (Freire, 1996: p.91). Freire (1996) contends that communities are most like to engage in dialogue if the conversation relates directly to their needs and I wanted to ensure that my research was relevant and interesting to my participants. Qualitative methods are

compatible with an IAA because the qualitative researcher is open to examining processes, perspectives and behaviours in an iterative way (Shields, 2008).

In terms of methodology, the small number of studies that have given valuable insight into the lives of people in marginalised communities have often been ethnographies (See for example Rahman, 2010; Slater and Anderson, 2012; McKenzie, 2015). However, I was not sufficiently embedded in a community to take this approach, and indeed there is no specific identifiable community of 'troubled' families occupying a specific location, but rather they were spread across what is a largely rural and sparsely populated county. I therefore decided on using the data collection methods of informal semi-structured interviews with 'troubled' families, TF Key Workers (who provided direct support to families), Service Managers (from organisations/ agencies involved in the Programme) and the TF Programme Team, who managed the Programme within the LA. Taking an approach to data collection which suits the participants and the subject matter is essential for high quality social research (Denscombe, 2007; Christensen and James, 2008; Bryman, 2016), therefore, I will reflect on the strengths and limitations of these preferred methods.

5.3 Research Standpoint

In terms of my position as a feminist researcher I was an outsider looking in, from a position of relative privilege, a professional background and a specific political bias, with a belief in social justice. I believe that the function of the state is to enable all citizens to have equal access to opportunities, to reduce structural discrimination, protect the vulnerable and minimise power and wealth differentials through progressive social policy and a progressive public sector spending agenda, defined as an approach which

promotes equality and equity (McInroy, 2013). This position inevitably coloured how I saw the TF Programme and the thoughts I had about its likely efficacy; therefore, I was aware of having a personal challenge to critique the Programme as objectively as I could. Furthermore, taking an IAA necessitates an effort to see things from the worldview of others, and not just from my standpoint, to be open to having my worldview challenged (Shields, 2008).

It was important to acknowledge my positionality and understand that the interactions I had with participants, particularly the families, were influenced by complex power dynamics. I introduced myself as a university research student with a community development background and experience in family support work, in order to position myself as their ally and I aimed to develop the rapport needed for the interaction to be a success (Duncombe and Jessop, 2020). However, I acknowledge that the interviews did reflect an 'asymmetrical power relation' as my research interests, as the interviewer, set the agenda (Brinkmann, 2018: p.588). I hoped by spending time with families, and establishing trust, I was able to develop a 'non-dominant positionality' that enabled them to engage with the research on their own terms and share their stories with me willingly (McGarry, 2016). My previous experience in family support and community development work, and research with people framed as 'vulnerable', meant that I was able to develop a good rapport with the women I interviewed, and I took an empathetic and consciously respectful approach in an effort to access their perspectives.

I therefore recognised that while I empathized with the families, I was not able to locate myself within their social group, although they all communicated that they enjoyed being interviewed and valued being able to share their life stories and thoughts on their

experience of the TF Programme. This supported my argument that people do have valid perspectives and it is important and empowering to enable these to be voiced, as well being useful for enhancing the 'knowledge project' of understanding their lives (Harding, 2004: p.131). I found it straightforward to build a strong rapport with the TF Key Workers, as I had worked in similar roles myself for many years and recognised the tensions inherent in their practice, in terms of the values and ethics that underpin social and community work (Beckett, Maynard and Jordan, 2017). Many of the TF Key Workers were very positive about my stated commitment to accessing the perspectives of families, indicating that they felt that families were credible and authoritative knowledge producers (Rolin, 2006), and that the TF Programme should access their views.

5.4 Sampling and Access to Participants

The data collection was conducted over an extended period between the Autumn of 2014 and the Summer of 2017, due to an interruption to my research study that arose from changes in personal circumstances (poor health and maternity leave) and several changes to my doctoral supervisory team. The biggest challenges to data collection, however, were on-going changes to the TF Programme delivery in Cornwall, which meant that different professional agencies became involved in and left the TF Programme at different stages. The instability in terms of the TF Programme delivery, and other issues around the TF Programme governance that I cover in Chapter 6, had a negative impact on some professionals' willingness to engage in the study, both as participants and in terms of supporting my efforts to negotiate access to families.

Despite this, in many ways I had privileged access to my participants, particularly the professionals involved with the TF Programme. As I was part-funded by the LA (Cornwall Council) to conduct an evaluation of the TF Programme (a separate but complimentary endeavour to the PhD thesis), they invited me to attend the monthly TF Programme Board Meetings (made up of senior LA staff and Service Managers from services involved in the Programme) and TF Programme Team Meetings (attended by the TF Key Workers) and, as such, I was able to glean useful insight into the governance of the TF Programme and build relationships with key stakeholders who I wanted to access for the purpose of my study. I therefore undertook a purposive sampling approach and invited key people to be interviewed. Purposive sampling involves identifying and selecting research participants that are especially knowledgeable about or experienced in one's area of interest (Creswell and Plano Clark, 2011).

My justification for taking this purposive approach to sampling was that I felt that the services directly involved in the TF Programme would be 'information-rich', with the experience needed to make a useful contribution to the study (Taylor, Killick and McGlade, 2015). I was also mindful that I was looking at the TF Programme in a particular context, and I was aiming to justify privileging individual narratives as valuable in their own right; I was not looking to generalise my findings to the wider population, rather to generate theoretical insights which would enhance understanding of people's lives as 'troubled'. A purposive sampling approach was fit for purpose for this type of small-scale qualitative study (Becker, Bryman and Ferguson, 2012).

My aim was to include families who had received support and continued to do so, families who had received support but had subsequently disengaged and families who had not been willing to engage, as I felt these would all have valuable perspectives. I felt that the final group would certainly be worth speaking to but hard to reach and this proved to be the case, despite my efforts. The ethical specifications of my study (See Appendices 3-6 for information, ethics protocol and consent forms for my research participants) and the rules governing consent in the LA meant that I was unable to approach families directly, but needed to contact them through the TF Key Workers that were engaged with them, to facilitate an introduction.

My TF Key Worker contacts were confident that they would be able to find families willing to participate in the research; trust between the potential participants, the gatekeepers and the researcher is essential to facilitate a study such as this (Emmel et al., 2007). Therefore, in order to access families, I approached the TF Key Workers to contact the families they were working with and ask them if they would be willing to be interviewed. A number of these gatekeepers communicated to me that they felt that their families would not be willing or able to participate in the research as their lives were too difficult, or they did not have the confidence to speak to someone they did not know. This was, in itself, quite telling, in terms of how some of the TF Key Workers were well-meaning in wanting to protect the families they were working with, but also feeling that they could speak for and make this choice for them- denying them their agency.

When I went through these gatekeepers, who approached families they worked with on my behalf, a total of fourteen families indicated a willingness to be contacted. However,

of these, only six then agreed to be interviewed. Five families did not respond to the repeated efforts I made to contact them, and three cancelled the interview at short notice, giving the reason that it was a not a convenient time for the family due to challenges they were experiencing. Accessing families with complex needs to take part in social research is a common challenge and has been experienced by others trying to critique the TF Programme in other parts of the country (See for example Bond-Taylor and Somerville, 2013; Ahmad et al., 2014). I felt that my experience of trying to access families demonstrated that many families whose lives are characterised by multiple interventions from statutory agencies become frustrated by professionals constantly asking them to retell their stories, plus many were wary about sharing personal information with a stranger, a common issue with researching sensitive subject matters (Dickson-Swift, James and Liamputtong, 2010). I also felt that their reluctance perhaps was a result of families with a history of being 'done to' are not accustomed to being asked to provide frank feedback on their experience of support services.

Despite the challenges, I was able to conduct informal semi-structured interviews with a purposive sample of six 'troubled' families in their homes. I acknowledge that these families had been proactively engaging with their TF Key Workers and the support that had been offered to them and therefore their experiences and perspectives could not be taken as typical of all those who had been engaged by the TF Programme; their stories were of course still very interesting and a valuable source of detailed, qualitative data. I had to be mindful that researching with potentially vulnerable people about potentially distressing issues carried ethical risks. A study of this nature requires the researcher to balance the benefits of families participating against the potential risks (Becker, Bryman and Ferguson, 2012), and I had to be prepared to respond to any

concerns they had, by ensuring I was able to signpost them to relevant sources of support for any issues raised. I achieved this by conducting most of the family interviews after I had interviewed most of the Service Managers and TF Key Workers and had built up a very good understanding of the range of support services in the local area.

While this was not the original intention of the research, all of my interviews were with women. This reflects the gendered nature of poverty in the UK and the TF Programme, which is not acknowledged by the official documentation. The TF Programme is targeting disproportionate numbers of poor, white, single mothers and their children (Bond-Taylor, 2014 and Crossley, 2015). Therefore, I acknowledge that these women were acting as a spokesperson for the whole family and therefore the points that were made by each was her particular interpretation of the family's experiences, and the support they had received. This was of course problematic in that the children and young people in the families' experiences were filtered through their mother's narrative. I also did not access the perspectives of any men engaged with the TF Programme in Cornwall. Because of the very personal nature of the issues being discussed none of the mothers were willing to let me to speak to their children. Despite planning to include children and young people's voices in the study at the outset, my inability to do so as part of this study perhaps reinforced the assumption that children cannot be asked about sensitive issues, a notion which researchers have successfully challenged by using innovative methods (See for example Willow, 2001 and Leeson, 2014). Given that vulnerable children and young people are routinely excluded from participating in research that affects them and involvement shows positive outcomes in terms of self-esteem (Percy-Smith and Thomas 2010, UoS CSCY 2011), I feel the lack of the child's voice is a notable

shortcoming of my study. I also acknowledge that men within 'troubled' families may have not different perspectives which I have not accessed.

5.5 Nature of Research Participants

5.5.1 Service Managers

12 Service Managers from the range of services involved in the TF Programme were interviewed. This included people from Devon and Cornwall Police, the Anti-Social Behaviour Team, the Education Welfare Service, Early Help Services, Children's Services, Job Centre Plus, Community Safety, Domestic Abuse Services, Sexual Violence Services, Drug and Alcohol Services and the Family Intervention Project. These represented all of the key agencies involved in the TF Programme in Cornwall, with the notable exception of the Children and Adolescent Mental Health Service (CAMHS) who were unable to participate due to time pressures. In face-to-face semi-structured interviews that lasted between 45 minutes and 1 hour 20 minutes, Service Managers were asked for their thoughts on the TF Programme governance and delivery, the impact of the TF Programme on services, multi-agency working, communication, and data issues. They were also asked about the main issues affecting TF families and the root causes of these, and to discuss any other relevant points. These interviews were all recorded and transcribed. While the perspectives of Service Managers were not the main foci of my study, it was very useful to have this insight in order to understand the local TF Programme governance and delivery and help place families' and TF Key Workers' perspectives in context. The Interview Schedule for the interviews with the Service Managers can be found at Appendix 8.

5.5.2 The TF Programme Team

Four members of the LA's TF Programme Team were interviewed, including the TF Programme Co-ordinator, the TF Programme Service Manager (who coordinated the work of the some of the TF Key Workers- the TF Advocates) the TF Programme Commissioning Manager and a TF Data Analyst. This represented 4/6 of the TF Programme Team, as two additional Data Analysts were not interviewed. These were semi-structured interviews, two of which were face to face and two of which were telephone interviews. These interviews were all recorded and transcribed. The Interview Schedule for the interviews with the TF Programme Team members can be found at Appendix 9.

5.5.3 TF Key Workers

22 TF Key Workers from a range of statutory services and VCSE sector organisations also took part in semi-structured interviews, bringing the total number of interviews with professionals to 38. These included the TF Advocates (TF Key Workers who had been seconded from a range of organisations to the Programme, to provide support to families), TF Key Workers from the local Family Intervention Project (which was delivered by a national charity), and TF Key Workers from a range of other specialist VCSE sector organisations, who had been commissioned to provide direct support to families.

One of these was a telephone interview and the rest were face to face, and these were all recorded and transcribed. Interviewees were asked about their specific role and the approach they took when working with TF families, the efficacy of the TF Programme, whole-family and multi-agency working, the wider service context, the

main challenges facing 'troubled' families and the underlying issues in Cornwall. The Interview Schedule for the interviews with the TF Key Workers can be found at Appendix 10.

5.5.4 'Troubled' Families

Informal semi-structured interviews took place with the purposive sample of six women in their homes, access to whom had been negotiated with the TF Key Worker working closely with them. Each lasted between one and two hours. I asked the women about the challenges they had been experiencing, and their experience of the TF Programme and other sources of support they had access to. The questions that formed the informal semi-structured interviews with the families can be found at Appendix 11. In addition, detailed case studies of the families that were interviewed are provided at Appendix 12, with synopses of these available in Table 2, p.162 in Chapter 6. I acknowledge that is very small sample of families and the data generated in interviewing them is not generalisable to a wider population.

When interviewing the families, I made the judgement that, in all but one case, asking to record the discussion would seem intrusive, so I asked and was allowed to take detailed notes, which I then wrote up and sent to the women for them to check. I did not have existing relationships with the families and I wanted to avoid putting people in a position where they felt that they had to consent to having their interview recorded; I did not want to add to their experience of being 'done to'. For the family interview which was recorded, I transcribed this and also sent it to the participant to check. One participant had very limited literacy asked me to send the notes to her TF Key Worker to read to her, so I did this for her. I copied down

what the interviewees said ad verbatim as much as possible and have therefore been able to include these quotes in my discussion and analysis in Chapter 6. In some cases, I just took very detailed notes, so the point made is communicated in my words, rather than presented as a quote.

A table of all the empirical research activity can be found at Appendix 7.

5.6 Ethical Considerations

An IAA to research should include an explicit commitment to ethics, in particular protecting marginalised participants (Hill Collins, 2019). Before starting my data collection, I gained ethics approval from the University of Plymouth's Faculty of Health and Human Science's Ethics Committee and Cornwall Council's Research Governance Committee. I was awarded Ethics Approval in September 2014 to conduct fieldwork for up to three years; both letters of ethical approval are available in Appendices 1 and 2. I based my approach to ethics on the guidance provided by the British Sociological Association's *Statement of Ethical Practice* in terms of ensuring I protected my research participants and interpreted and reported my findings accurately (BSA, 2017). In order to fulfil the requirements of the Ethics Committee and prepare myself for my fieldwork I produced Information Sheets, Ethics Protocols and Consent forms for my research participants. I prepared one set for the professionals and one for families, and these can be found at Appendices 3-6. However, preparing the required paperwork was only the start of the process. I needed to ensure that I adhered to the necessary ethical principles whilst conducting my fieldwork and gave participants the information they needed to give informed consent; this requirement is particularly important when

researching with potentially vulnerable individuals, discussing personal issues (Becker, Bryman and Ferguson, 2012; Silverman, 2013).

Furthermore, whilst conducting the research I had to be continually attentive to any signs that participants felt unhappy or uncomfortable and/or did not want to continue to participate, and to respond as necessary. Having this awareness was important to ensure that I conducted myself ethically; I was also mindful that reluctant co-operation of research participants can impact on the quality of the data collected (Pole and Hillyard, 2016). In the event, none of the participants wanted to withdraw from the research, although two of the women from the families interviewed did become upset whilst disclosing their experiences to me and I had to respond with empathy and compassion, and signpost them to relevant support services. I therefore had to consider the relational ethics at play in my study and my need to recognize and act on ethically important moments within these interactions (Guillemin and Gillam, 2004). I went beyond asking for informed consent at the beginning of the interaction and engaged with process consent; this involved checking a number of times with participants that they were willing to continue participating, both in terms of the content of the discussion and the impact on their time.

In terms of confidentiality and anonymity, Cornwall had a relatively small number of professionals working on the TF Programme and I therefore have not named the specific locations or services that interviewees worked in, in this thesis, in order to protect my participants from possibly being identified. All participants were asked to check the interview notes for accuracy and to let me know if they wanted to withdraw any part of their contribution. Only one professional asked for a section of her interview

transcript to be removed, a wish that I respected. The time to transcribe all the recorded interviews and write up all the notes was substantial and took many weeks to complete, a common challenge associated with qualitative research of this kind (Becker, Bryman and Ferguson, 2012). I produced clean rather than ad verbatim transcriptions as I was concerned with what was said rather than how it was said. I was able to generate many tens of thousands of words of data, and I took out identifying features such as people and place names before any of the participants' contributions were included in this thesis. When discussing the families, I have used pseudonyms throughout. Protecting participants by ensuring confidentiality and anonymity is essential for social research looking at sensitive issues (Becker Bryman and Ferguson, 2012).

There were also ethical considerations in terms of what I asked the families about. I did not tell them that they were part of a national Troubled Families Programme, which had been renamed locally as Together for Families, and I did not ask them how they felt about the 'troubled' term or how they felt about having their data shared with other agencies and central government. I also did not use the term 'poverty' when I asked them about their situation and the challenges that they were experiencing. I did not feel that there was anything to gain from discussing these issues with the families, and that using stigmatising terminology would potentially make them distressed. As Lister (2015: 154) points out, people in poverty may be very aware of their circumstances, but "Proud to be poor' is not a banner under which many are likely to march'. So, while there were clear signs that families were in poverty- two of the houses that I visited did not have carpets in the downstairs rooms- it would have been very insensitive to draw

attention to such markers of material deprivation and to use stigmatising language, asking families how it felt to be 'troubled' or in poverty.

5.7 Critique of the Data Collection Methods

As anticipated, the semi-structured interviews with the professionals and families proved an effective method for gaining detailed, qualitative data (Pole and Hillyard, 2016). Arksey and Knight (1999) argue that establishing rapport and trust is key to ensuring the success of interviews of this nature, and in some cases I sensed this rapport develop tangibly as the interaction progressed. I asked all professionals one set of questions and all the families another set in order to be able to draw out key themes and make comparisons across their responses. This approach is key to ensuring that qualitative research has a useful structure to allow for interpretation of the data (Bryman, 2016), whilst also allowing for flexibility in the responses. The focus on the specific subject matter and the nature of the open questions asked provided a clear structure, but I ensured I allowed my interviewees to speak for themselves in their own words, in order to get detailed insight into their experiences and perspectives, from their specific standpoint. Detailed data is needed for qualitative research (Becker, Bryman and Ferguson, 2012). I therefore altered the order and wording of the questions at times to fit with the interviewee's train of thought, just ensuring at the end that I had covered all the issues I wanted, plus any others that they chose to share with me.

It was of course very important to engage in active listening in order to constantly think of additional lines of enquiry to pursue, where to probe and where to pull back from a line of questioning if the interviewee did not seem happy to pursue the issue. I therefore had to focus on both the content and the tone and respond as needed. Maintaining this

'double attention' (Wengraf, 2001) was particularly challenging during the family interviews as, in all but one case, I was also taking detailed handwritten notes as my interviewee was talking. It was important to maintain a degree of distance between myself and the research participants, to avoid the common pitfall of 'getting too close' and potentially impacting on the data collection (Pole and Hillyard, 2016); this was a challenge because I cared very much about the subject matter and the individuals impacted by the TF Programme.

5.8 Grounded Theory for Data Analysis

Grounded Theory was developed in 1967 by Glaser and Strauss and is a common framework for analysing qualitative data, whilst recognising that this approach may allow for multiple interpretations (Pole and Hillyard, 2016). Grounded theory is a suitable approach to data analysis in a qualitative study such as this because it is looking for detail and subtleties within the data that can only be drawn out through close scrutiny (Creswell and Plano Clark, 2011). Grounded theory prioritises socially situated knowledge and allows the data that emanates from participants to speak for itself.

When used in my study, grounded theory brings microanalysis into the foreground in order to demonstrate how discriminatory or disempowering structures and processes impact on marginalised individuals (Charmaz, Thornberg and Keane, 2018), seeing their knowledge as valid and authoritative (Harstock, 2004). Data analysis using a grounded theory approach looks to generate meanings in an inductive manner, within a broadly

defined research design, in this case a study of power and disempowerment within the TF Programme and the perspectives and experiences of 'troubled' families.

For the qualitative data analysis, a thematic analytical approach was therefore adopted, as is generally most appropriate for a study of this nature (Braun and Clarke, 2006). All interview notes were transcribed into MS Word documents, and all identifying features were anonymised. This data was then put into NVivo for coding purposes. Grounded theory required a careful and systematic scrutiny of data, line by line, in order to sort the data into different codes and these codes were then brought together into themes, reflecting a close attention to understanding participants' meanings (Charmaz, Thornberg and Keane, 2018). I have provided the coding framework for the family data in Appendix 13. The thematic organisation of the data then lent itself to thematic content analysis, using Intersectionality as the theoretical lens through which I drew out meaning, focussing specifically on the participants' knowledge and perceptions. As is common with grounded theory, the coding was not a linear process (Charmaz, Thornberg and Keane, 2018), as I revisited and moved data around a number of times in order to form coherent themes.

Grounded Theory posits that the data, in this case the perspectives of the participants, should be allowed to speak for itself: 'Grounded theory methods consist of systematic, yet flexible guidelines for collecting and analysing qualitative data to construct theories from the data themselves' (Charmaz, 2006: p.2). Grounded theory data analysis requires a conscious reflexivity, therefore I had to look at my data objectively and to be

open to having to rethink the main themes of my research to fit with what my data actually revealed. I was also aware that the data analysis did not all take place at the end of the fieldwork period, but was an on-going process as I wrote up each interview, read through the notes, and looked at what useful themes were emerging that I could feed into future interviews in the form of additional or different questions. Pole and Hillyard (2016) argue that data analysis should not be seen as a separate part of the research study, but should be integrated into the developing study in this way.

5.9 Conclusion

The IAA that I took to this study, and the chosen research methods, can therefore be justified in terms providing a sound ethical and epistemological basis for accessing the perspectives of 'troubled' families, and those working closely with them in Cornwall. In terms of the ethical and political aspects of my research, this study seeks to disrupt accepted hegemony, to challenge the dominance of one form of knowledge over another, for example, in this case, that central and LA government officials are experts on 'troubled' families in Cornwall. My research aim, by collating and analysing detailed, qualitative data on the lives of 'troubled' families, and those that work closely with them, is to expose the epistemic deficiency on which I believe that this social policy intervention is premised. The chosen research methods generated a very good amount of detailed, qualitative data, and these form the basis of the following Chapter.

Chapter 6: Findings, Discussion and Analysis

In this chapter, I present my research findings from my interviews and discuss and analyse the main themes that emerged. There are three sections: 6.1 The TF Policy and Programme Delivery Context, 6.2 The Standpoint Epistemologies and Intersectional Experiences of Families as 'Troubled' and 6.3 'Troubled' Families' Experiences of the TF Programme. To support my discussion, I have included the criteria for inclusion in the TF Programme in Cornwall in Table 1 (p.161), and synopses of the case study families in Table 2 (p. 162), with full case studies available at Appendix 12.

6.1 The TF Policy and Programme Delivery Context

6.1.1 Introduction

This section is focussed on addressing my sub research question **1: What is the significance of the TF policy and Programme delivery context in Cornwall?** Therefore, in this section I focus largely on the Service Managers, TF Key Workers and TF Programme Team's view of this context, with the view that while there are multiple valid perspectives on any given social phenomena, some specific standpoints offer an epistemic advantage to understanding particular issues (Hekman, 1997). The discussion is based on the analysis of the findings from the interviews with these professionals and the sub-headings reflect the key themes that were raised. These are 6.1.2 TF Programme Governance at the Local Level, 6.1.3 Participation and Co-production of Solutions, 6.1.4 The TF Programme Delivery, 6.1.5 Financial Aspects and Reduced Capacity in Services, 6.1.6 The Payment by Results (PbR) Mechanism and the TF Programme Outcomes, 6.1.7 Data Management, Quality and Sharing, 6.1.8 Service

Transformation, 6.1.9 The Impact of Multiple Service Interventions on Families, 6.1.10 Language Use and Framing of Families and 6.1.11 Conclusion.

The 'troubled' families' perspectives on the TF policy and Programme delivery context are largely absent as they did not comment on these; I will discuss how they were excluded from the local governance structures that would have allowed them to have a better understanding of this context. Taking an intersectional analytical approach (IAA), I have looked at power issues and how certain types of knowledge have been privileged over others, how this was operationalised and what the impact was. As there were a number of different organisations providing direct support to 'troubled' families, including professionals from statutory and VCSE sector organisations, for the purposes of this discussion, I have used the term TF Key Worker to refer to these people, and protect the identity of individuals.

Table 1: Criteria for Inclusion in the TF Programme in CornwallSource: Cornwall Council (2016) *Family Outcome Plan*.

| Area | Specific Eligibility Criteria |
|--|---|
| 1. Parents or children involved in crime or anti-social behaviour | 1.1 An adult or child with a proven offence in the previous 12 months 1.2 An adult or child who has received an anti-social behaviour intervention in the previous 12 months 1.3 An adult prisoner less than 6 months from release who will have parenting responsibilities 1.4 An adult subject to licence or supervision in the community and has parenting responsibilities 1.5 An adult serving a community order or suspended sentence, who has parenting responsibilities |
| 2. Children who have not been attending school regularly | 2.1 A child whose school attendance is <90% across the last 3 terms 2.2 A child with at least 3 fixed term exclusions in the last 3 terms 2.3 A child who has been permanently excluded in the last 3 school terms 2.4 A child who is in an alternative provision academy for behavioural problems (not SEN pupils) 2.5 A child who is known to the Education Welfare Service as a 'Child Not In School' (CNIS) |
| 3. Children who need help | 3.1 A child with a 'Common Assessment Framework' or 'Early Help Assessment' 3.2 A 'Child In Need' under section 17 of The Children Act 1989 3.3 A child subject to a 'Child Protection Plan' 3.4 A child which has been listed as missing from home 3.5 A child who has been identified as being at risk of sexual exploitation 3.6 A young person aged 18 or under who became a parent in the last 12 months 3.7 A child under the age of 3 who has not taken up their 2 or 3 year old funding entitlement 3.8 A child who is a young carer |
| 4. Adults out of work or at risk of financial exclusion, or young people at risk of worklessness | 4.1 An adult in receipt of out-of-work benefits (or Universal Credit, if relevant) 4.2 A young person aged 16-19 who are Not in Employment Education or Training (NEET) 4.3 A child due to leave school with no/few qualifications and expected to be NEET 4.4 A family that are in at least 2 months arrears on their council tax |
| 5. Families affected by domestic violence and abuse | 5.1 An individual who has experienced in the last 12 months, is experiencing, or is at risk of experiencing, domestic violence or abuse 5.2 An individual who perpetrated an incident of domestic violence or abuse in the last 12 months |
| 6. Parents or children with a range of health problems | 6.1 An adult or child who has been referred to CAMHS in the previous 12 months 6.2 An individual screened and identified with a drug & alcohol issue in the last 12 months 6.3 An individual currently undergoing or who has undergone structured treatment for a drug & alcohol issue in the last 12 months |

Table 2: Synopses of Case Study Families

Eligibility Criteria taken from Cornwall Council (2016) *Family Outcome Plan* (Table 1). All names have been changed to protect identities.

| |
|---|
| Family Case Study 1 |
| Family Make-up |
| Anna and her three children |
| Reasons for referral to and engagement with the TF Programme |
| TF Eligibility Criteria: |
| 2. Children who have not been attending school regularly: A child whose school attendance is <90% across the last 3 terms. |
| 3. Children who need help: A child with a 'Common Assessment Framework' or 'Early Help Assessment'. |
| 4. Adults out of work or at risk of financial exclusion, or young people at risk of worklessness: An adult in receipt of out-of-work benefits (or Universal Credit, if relevant); A child due to leave school with no/few qualifications and expected to be NEET. |
| 6. Parents or children with a range of health problems: An adult or child who has been referred to CAMHS in the previous 12 months. |
| Other Significant Issues: |
| – Housing needs. |
| – Poor maternal physical health. |
| – Poor maternal mental health. |
| – Child with additional learning and behavioural needs. |

| |
|---|
| Family Case Study 2 |
| Family Make-up |
| Bernadette and her three children |
| Reasons for referral to and engagement with the TF Programme |
| TF Eligibility Criteria: |
| 4. Adults out of work or at risk of financial exclusion, or young people at risk of worklessness: An adult in receipt of out-of-work benefits (or Universal Credit, if relevant). |
| 6. Parents or children with a range of health problems: An adult or child who has been referred to CAMHS in the previous 12 months. |
| Other Significant Issues: |
| – Housing needs. |
| – Poor maternal mental health. |
| – Child with additional learning and behavioural needs. |

| |
|---|
| Family Case Study 3 |
| Family Make-up |
| Cassie and her two children |
| Reasons for referral to and engagement with the TF Programme |
| <p>TF Eligibility Criteria:</p> <ol style="list-style-type: none"> 2. Children who have not been attending school regularly: A child who has been permanently excluded in the last 3 school terms; A child who is in an alternative provision academy for behavioural problems (not SEN pupils) 3. Children who need help: A 'Child In Need' under section 17 of The Children Act 1989 4. Adults out of work or at risk of financial exclusion, or young people at risk of worklessness: An adult in receipt of out-of-work benefits (or Universal Credit, if relevant); A child due to leave school with no/few qualifications and expected to be NEET. 5. Families affected by domestic violence and abuse: An individual who has experienced in the last 12 months, is experiencing, or is at risk of experiencing, domestic violence or abuse. 6. Parents or children with a range of health problems: An adult or child who has been referred to CAMHS in the previous 12 months. <p>Other Significant Issues:</p> <ul style="list-style-type: none"> – Housing Needs. – Poor maternal mental health. |

| |
|--|
| Family Case Study 4 |
| Family Make-up |
| Diane and her four children |
| Reasons for referral to and engagement with the TF Programme |
| <p>TF Eligibility Criteria:</p> <ol style="list-style-type: none"> 2. Children who have not been attending school regularly: A child whose school attendance is <90% across the last 3 terms. 3. Children who need help: A child subject to a 'Child Protection Plan' 4. Adults out of work or at risk of financial exclusion, or young people at risk of worklessness: A child due to leave school with no/few qualifications and expected to be NEET. 5. Families affected by domestic violence and abuse: An individual who has experienced in the last 12 months, is experiencing, or is at risk of experiencing, domestic violence or abuse. <p>Other Significant Issues:</p> <ul style="list-style-type: none"> – Housing Needs. – Poor maternal physical health. – Poor maternal mental health. – Mother with learning needs. – Child with additional emotional and behavioural needs. – Child with a range of physical health problems. |

| |
|--|
| Family Case Study 5 |
| Family Make-up |
| Emma and her daughter |
| Reasons for referral to and engagement with the TF Programme |
| <p>TF Eligibility Criteria:</p> <ol style="list-style-type: none"> 2. Children who have not been attending school regularly: A child whose school attendance is <90% across the last 3 terms. 3. Children who need help: A child who is a young carer. 4. Adults out of work or at risk of financial exclusion, or young people at risk of worklessness: An adult in receipt of out-of-work benefits (or Universal Credit, if relevant). <p>Other Significant Issues:</p> <ul style="list-style-type: none"> – Housing Needs. – Poor maternal physical health. – Poor maternal mental health. – Child with additional emotional and behavioural needs. |

| |
|--|
| Family Case Study 6 |
| Family Make-up |
| Fiona and her four children |
| Reasons for referral to and engagement with the TF Programme |
| <p>TF Eligibility Criteria:</p> <ol style="list-style-type: none"> 2. Children who have not been attending school regularly: A child who has been permanently excluded in the last 3 school terms; A child who is in an alternative provision academy for behavioural problems (not SEN pupils) 5. Families affected by domestic violence and abuse: An individual who has experienced in the last 12 months, is experiencing, or is at risk of experiencing, domestic violence or abuse. 6. Parents or children with a range of health problems: An adult or child who has been referred to CAMHS in the previous 12 months. <p>Other Significant Issues:</p> <ul style="list-style-type: none"> – Housing Needs. – Poor maternal mental health. – Child with additional emotional and behavioural needs. |

6.1.2 TF Programme Governance at the Local Level

My data reveals that the TF Programme governance demonstrated a deliberate operationalisation of power that was both caused by and led to epistemic deficiency on multiple levels, that is knowledge that was incomplete and therefore flawed. There were very disempowering structures and processes and a largely unchallenged unequal power dynamic that negatively impacted on service providers and the families they were trying to work with. I will set out how the TF Programme in Cornwall typified the exercise of power in order to disempower others, supported by the TF Programme documentation that employed unsophisticated narratives to frame these 'troubled' families as a homogenous group (DCLG, 2012a).

The DCLG imposed the TF Programme on the LA, Cornwall Council, with nationally determined criteria based on the flawed evidence base, without considering if these were suitable for the local context. There was a selective use of the evidence base, for example although the *Families and Children Study 2005* asked about housing issues and food poverty (COSETF, 2007), these factors were not included in the development of the TF Programme criteria in Cornwall (See Table 1). For Cornwall this was particularly an issue because the markers of deprivation in urban areas are in many cases different to those in the largely rural and coastal communities of Cornwall, but there is a false assumption that the nature of urban and rural problems are the same (Commins, 2004). The LA then established Programme governance structures and processes, which did not consider the perspectives of TF Key Workers or the families they were working with. Dotson (2014) terms this form of persistent exclusion of particular perspectives, which hinders people's contribution to knowledge production, 'epistemic oppression' (2014). I believe that this exclusion was oppressive and disempowering in terms of the impact

it had on Service Managers' and TF Key Workers' views of their agency in relation to central government and the LA, as I will discuss, with reference to the relevant interview data.

The TF Programme Management Board was made up of Cornwall Council and other service providers, including representatives from statutory services and VCSE sector organisations who were commissioned to work directly with TF families. However, it was not a partnership of equals and at the local level the real power sat with Cornwall Council, as the budget had been devolved from the DCLG to them, and they then controlled and made the key decisions about how the budget was distributed across different service areas and organisations. Many of these budgetary decisions were in fact made by senior Cornwall Council staff outside of the TF Programme Board (Interview with SM5, April 2017). This demonstrated how power was operationalised in this case to further entrench a dominant position, and to marginalise less powerful stakeholders. Lukes argues that power is often about who controls the agenda and power is used to ensure compliance to the agenda and to ensure that non-compliant perspectives are not articulated (1974).

One member of the TF Programme Team felt that the budget issue was a distraction for senior council managers:

We've all come into this business at some point in our careers because we care about what happens to people but I think as you get further up the ladder you get caught up in the budget controls and all of that, maybe you lost [sic] sight a little bit of the people on the ground.
(Interview with TFPT1, June 2016).

I argue that those in positions of power within the public and VCSE sectors have an ethical responsibility to engage in critical self-examination to assess if they are

marginalising others, however there was no evidence of this happening in Cornwall. A

Service Manager who sat on the Programme Board felt that:

It was all about control and budgets and nothing about the service. I remember lots of meetings just going along bickering about who was in charge, and what they were in charge of... None of it was about getting something done.

(Interview with SM2, Nov 2016).

The governance of the TF Programme in Cornwall demonstrated a mechanistic rather than systematic view of public service delivery, with a focus on the structures and processes rather than the behaviours of governance (Chapman, 2004). The LA and key service providers came together to look at delivering the TF Programme in a linear, top-down way. A systematic approach to the governance would have considered and included at least some of the very many other agencies and sources of support that families in Cornwall drew on. It would have built in and acted on feedback loops from service providers and service recipients at each stage of the TF Programme development and delivery, seeing these stakeholders as having epistemic privilege or authority. These stakeholders would not be motivated by a desire to maintain their own privileged social position because this did not apply (Bubeck, 2000), but rather their testimonies would be likely to be authentic in an effort to draw attention to and challenge any practices that were not effective. One Service Manager noted that for the TF Programme to move forward there needed to a mechanism for bringing the TF Key Workers' perspectives in, based on their reflective practice of what was working well with families (Interview with SM3, Jan 2017). He saw TF Key Workers as having an epistemic authority that the Board members lacked because they were not working directly with families. An IAA draws attention to this tendency to dismiss perspectives that may challenge those of people in positions of power, leading to epistemic injustice (Fricker, 2006).

Chapman (2004) argues that public bodies take a mechanistic approach to service delivery in order to try to minimise unpredictable elements which may arise if other stakeholders are allowed to control or partially control the process and certainly Cornwall Council maintained control. One Service Manager stated, 'I really think it's about power. I think it's about who owns the Programme' (Interview with SM2 Nov 2016), which, again, reflects Lukes' view on power (1974). Another saw the LA's position as indicative of low trust across public services in Cornwall (Interview with SM9, Oct 2014). This was one of a number of signs of Service Managers having a critical understanding of their own position and relative powerlessness in relation to central government and the LA, but they did not appreciate having their expertise discounted: 'It was like being ignored, shut up, put off to a corner' (Interview with SM2, Nov 2016). There was an 'engaged consciousness' (Harding, 2004) there of how those in positions of power thought of, and therefore justified their treatment of service providers and, by extension, the families they were working with.

Cornwall Council's governance of the TF Programme indicated a commitment to the New Public Management model of ensuring 'value for money' (Ferlie, 2017) (apparently defined as spending as little as possible) and imposing a managerialism on the process which typified this approach, with a focus on monitoring and reporting on quantifiable outcomes which met the DCLG targets. Cornwall Council's approach to running the TF Programme at the local level reinforced the top-down nature of the national programme, and the context of austerity exacerbated this. 'They wanted the ownership of the Programme, because of the money attached [to it]' (Interview with SM9, Oct 2014). There was no evidence that Cornwall had developed a new way of solving the problem (of some families experiencing very poor outcomes) by taking a new approach,

despite the DCLG narrative that rather than any need for additional resourcing of services for 'troubled' families, doing things differently in terms of service transformation was enough to ensure better outcomes (DCLG, 2016d). Walsh (2004: p. 306) terms this a 'single loop behaviour' in which an approach to solving a problem is introduced 'without examining or changing [the] underlying governing values', as opposed to a 'double loop' process whereby those in power are willing to alter their values, and therefore their approach. In this case, the underlying assumption and governing value was that Cornwall Council, as the LA, had the knowledge and expertise to administer the TF Programme as they saw fit. bell hooks (1994) argues that people in power often rely on assumptions and simplistic narratives to justify their position and discount any 'counter-hegemonic' evidence of the objects of the domination.

The devolution of the TF Programme budget was a key tool in the exercise of central government power over the LA, in keeping with Foucault's (2008) notion of 'governmentality' and the exercise of 'control from a distance' in order to ensure adherence to the agenda (McKinlay, Carter and Pezet, 2012). In the context of significant cuts to LA services from 2012, local staff expressed frustration that the TF Programme monies did not do enough to compensate for the austerity measures. One Service Manager suggested that it would have been better to refuse to engage with the Programme as he felt from the outset that it would be impossible to achieve the set targets given the cuts to LA and other public services, and by agreeing to run the Programme the LA were effectively accepting the government cuts as legitimate and workable (Interview with SM3, Jan 2017).

LA, Health, Police and other leaders have voiced their concerns about the impact of austerity on their services in different parts of the county (Bulman, 2018), but in Cornwall there was no vocal opposition to austerity at a senior level. Instead, one Service Manager reasoned that the TF Programme offered at least some money to work with at the local level, and in real terms there was very little opportunity to challenge or change the situation (Interview with SM5, April 2017). The TINA (There is No Alternative) narrative around small government and economic policy, in this case austerity, which Cameron and Osborne borrowed from Thatcher (1993) appeared to be very effective in closing down any potentially dissenting voices.

The TF Programme budget was determined by the DCLG based on the number of 'troubled' families they felt Cornwall could identify (a crude measure based on Cornwall's population as a proportion of the total in England). The interviewees did not express the view that there was any real mechanism to challenge the amount received and there was a frustrated acceptance that the budget reflected the money that central government were willing to spend on the TF Programme, rather than the real amount needed to deliver good quality support to families (Interview with SM7, Feb 2017). This inability to challenge the inadequacy of the resource reflected the power differential built into this type of national programme imposed on local areas. The narrative is always about what government are willing to spend rather than the actual amount required to meet needs. A number of Service Providers spoke of the negative impact on the quality of services, that they had reached and surpassed the 'tipping point' which the JRF had identified in their report on the impact of cuts to services on the poorest communities in society (2015: p.3).

Service Managers had a strong sense of the authority of their services' knowledge that had come from working with families over an extended period of time and were not willing to be dictated to without questioning the LA's discourse around how the TF Programme should be delivered (Interviews with SM5, April 2017; SM7, Feb 2017). Hekman (2004) proposes that a counter-hegemonic discourse can work to destabilise the hegemonic discourse, however Fricker argues that counter-hegemonic perspectives of the powerless are often diminished by the 'cynical insouciance' of the powerful (2000: p.151). There was certainly a tension between services that articulated that their priority was working with families in way that responded to their needs, and the LA who wanted them to focus on achieving the measurable outcomes as prescribed by the DCLG.

Many service providers looked for strategic direction for a TF Programme of work, and this strategy was generally top down and imposed, rather than created through co-production with those who were impacted by it. A number of interviewees were concerned that the time it took to develop a clear operational framework for the Programme delayed and restricted the reach of actual support to TF families (Interviews with SM9, Oct 2014; TFKW3, Feb 2017). Between 2014-17 there were a number of changes in terms of which service area the TF Programme sat within the LA, which strategic body it was accountable to, and what the strategic direction was. These changes affected the TF Programme delivery, for example by delaying contracts being awarded to the organisations that were doing the actual front-line work with families. These slow, bureaucratic and disempowering processes perpetuated a feeling of uncertainty and frustration amongst service providers hoping to receive some of the TF Programme budget to deliver their work. One Service Manager felt that there was a power struggle going on amongst different parts of the LA who wanted 'to grab' and

take control of the TF Programme (Interview with SM5, April 2017). Another stated, 'it became very political about who runs what' (Interview with SM2, Nov 2016), and for another 'we got stuck in a war of governance' (Interview with SM1, Nov 2016).

These views made an extra point about power and accountability- Service Managers communicated that the LA were more concerned with being accountable to the strategic body and the DCLG than there were to families and the TF Key Workers working closely with them, and members of the TF Programme Team were also frustrated by the bureaucracy. bell hooks (1984, 1994) argues that there needs to be the development of a critical consciousness in those marginalised by those in power, however while there was awareness of these issues, Service Providers seemed powerless to challenge them. The Programme's requirement for TF Key Workers to provide evidence for prescribed outcomes, was used as legitimisation for reducing the contracts for their services over the timescale of the Programme, as only these were seen to have value, not other work being done (Interview with TFPT2, July 2016). As Lipsky (2000) notes in his work on street-level bureaucracy, if public sector workers cannot demonstrate accountability, this provides the justification for reducing their resources, even if it very difficult to evidence the qualitative value of the work they undertake.

Several Service Managers had an expectation that the TF Programme would be run as a Partnership Programme with the TF Programme Board making decisions over how the Programme resources would be allocated (Interviews with SM1, Nov 2016; SM2, Nov 2016; SM9, Oct 2014), however the Board had a scrutinising rather than a decision-making function. They felt that there needed to be more transparency around how and why decisions were made, and what different partners' contribution to this process

would be. Denying other services decision-making control over the TF Programme budget was an effective way of the LA maintaining their position of relative power, but it undermined the partnership working: 'You can't have a partnership programme that has an individual agency [Cornwall Council] that can overturn a partnership decision' (Interview with SM1, Nov 2016). Denying stakeholders the ability to participate in decision-making regarding issues that impacted directly on them is another example of the use of power to disempower others (Lukes, 1974).

The implication was that the LA had the epistemic as well as legal authority to make these decisions effectively on their own. There was a denial of the epistemic authority of other stakeholders, and therefore a lack of a shared conceptual framework around the best use of the limited financial resource. Dotson (2014) argues that if a community of knowledge producers are enabled to participate in knowledge production, this can form a strong impetus for revising such a framework, with implications for the decisions that are then made. A few key partners, notably Health, did not come fully on board with the local Programme, in part due to this issue. One Service Manager stated:

If you've done partnership work, you understand partnership and you understand programmes, you know what you have to do to get people to the table, and you have to have agreements around which people develop a shared understanding... we all move from our positions to have a common language and that process hasn't happened. So, what you've got is a lot of people going 'this doesn't feel right but I don't know why.' It felt like the emperor's new clothes for a long time. (Interview with SM2, Nov 2016).

There was no on-going representation of commissioned service providers or TF Key Workers on the TF Programme Board, so services felt that they were often not fully aware of the decisions that the LA had been making. Service Managers felt it was their role to protect their TF Key Workers from decision making and policy changes that were being imposed from above, to enable them to just get on with their job- 'they need to

be protected from the political crap!’ (Interview with SM9, Oct 2014). However, this revealed a hierarchy which excluded those on the front-line from participation in the TF Programme governance, with others deciding that this was in their best interest. Many Service Managers and TF Key Workers felt that the perspectives and expertise of TF Key Workers should be fed into the development of the TF Programme because it was they who understood what was happening on the ground for families and the services working with them (Interviews with TFKW1, Feb 2017; TFKW2, April 2017; TFKW3, Feb 2017; TFKW4, Feb 2017; TFKW7, Oct 2014; TFKW16, Sept 2015; SM1, Nov 2016; SM5, April 2017; SM7, Feb 2017 and SM8, April 2017). The TF Programme governance at the local level was hegemonic, in that it reinforced the system of attitudes, beliefs and social norms that supported the status quo of power relations (Gramsci, 1977) and, as such, did not allow for new perspectives to influence the management of what was supposed to be a new approach to supporting ‘troubled’ families.

6.1.3 Participation and Co-production of Solutions

There was also concern from some Service Managers that families’ perspectives were not represented at the TF Programme Board, yet while this was voiced there was no real mechanism to challenge this exclusion. One Service Manager asked, ‘Where are the people who understand what's happening, where's their voice, the family's voice?’ (Interview with SM5, April 2017). Another stated that, ‘You need buy in from the people you are planning for, the families’ (Interview with SM9, Oct 2014), supporting the argument that it would have been valuable to have regular feedback from families as to how the TF Programme was working for them, and to build a mechanism for feeding ‘troubled’ families’ standpoint epistemologies into the governance structure. This co-production model is seen as very good practice in evidence-based or informed

commissioning, but the TF Programme Board did not make good use of local expertise in this area. Despite the legislation relating to the participation of children in decisions that affect them (*Children Act 1989, Children Act 2004, Children Act 2014*), there is no evidence to show that families identified as in need of support from the TF Programme in Cornwall were invited to participate in the Programme governance. The LA did not appear to be interested in accessing the 'knowledge from the margins'. Hartsock (1996) claims that marginalised social groups have a distinctive perspective on the issues that affect them, and an IAA sees people as having agency and argues that they should be included in decision-making that affects them (Hill Collins, 2019).

By building families' perspectives in, this would have been an opportunity to gather intelligence around what worked, and why. As one Service Manager said:

If it doesn't work, why are we doing it? And if we don't know whether it works, we need to do some proper evaluation, then we can all collectively learn, and don't keep doing the same things that don't work.
(Interview with SM3, Jan 2017).

The MHCLG (2019) acknowledged that they could not determine which factors were driving the results they were claiming to see, in terms of family outcomes, which indicates that important knowledge from families was not being adequately captured at the local or the national level. This, again, highlights the epistemic deficiency underpinning the Programme.

The TF Programme was entirely prescriptive, from central government to the LA and to significant extent from the LA to other local stakeholders. Co-production in public service design and delivery, in order to develop services that are responsive to needs, is built on the principle of professionals and those receiving services working together to

develop workable solutions. Local services facilitate and enable rather than just deliver support and there is a focus on people's assets and capabilities (Boyle and Harris, 2009). Liasidou (2016) argues that we need to move past deficit-orientated perspectives on social problems. Some service providers in Cornwall had started co-production in commissioning services with professionals in other service areas, and with the input of service users, but as a whole the TF Programme had not taken this approach. Co-production in commissioning in Cornwall was happening outside of the Programme and came out of a recognition of the inter-related nature of the challenges that families faced, for example being homeless and a problematic drug user (Interview with SM2, Nov 2016).

One Service Manager felt the mutually respectful communication channels across services, and between service providers and service users, was key to co-production (Interview with SM2, Nov 2016). A number of Service Managers and Key Workers spoke of the need for services working with families to come together regularly to plan and reflect on interventions (Interviews with SM1, Nov 2016; SM6, April 2017; SM7, Feb 2017; SM8, April 2017; SM11, Nov 2016; TFKW16, Sept 2015; TFKW19, Feb 2017). This model was imbedded in other areas running family intervention programmes, for example through regular Multi-Agency Support Team (MAST) meetings of professionals working with families (Ball, Batty and Flint, 2016). However, some 5 years into the TF Programme, Cornwall did not have anything like this in place although one Service Manager reported that he had experience of this type of structure working well in other LAs, and on other Programmes (Interview with SM11, Nov 2016).

The TF Programme required TF Key Workers to work with families, to indeed ‘manage’ their problems (DCLG, 2016c: p.19) but also to enhance self-efficacy for families, for them to take responsibility and be proactive in seeking solutions to the issues they were experiencing. Hancock (2015) argues that an individual’s agency has a big part to play in how they respond to challenges, and an IAA challenges the idea that marginalised people do not have agency (Hill Collins, 2019). However, the TF Programme at the national or local level did not appear to recognise the contradiction inherent in requiring TF Key Workers to ‘manage families and their problems’ whilst at the same time expecting them to take personal responsibility for improving their lives. Towards the end of phase two the MHCLG were still arguing that the Programme was about ‘delivering better outcomes for families’ (2019: p.4) framing families as being devoid of agency. Section 6.3 of this chapter, on families’ perspectives and experiences of the TF Programme in Cornwall, discussing the work that was done to enable families’ agency.

So, the TF Programme in Cornwall did not practice co-production in a meaningful way, as it did not take TF Key Workers’ expertise into account in terms of how the TF Programme was designed or delivered. Likewise, there was no clear mechanism for taking families’ perspectives or experiences into account. The TF Programme was built on a range of assumptions about families and the most effective way of working with them, and there was no systematic review of these assumptions to check if they were a good basis for the TF Programme. Therefore, as the Programme progressed, those running it at the local level could only ever have a ‘partial and perverse’ understanding of the reality of ‘troubled’ families’ lives (Hartsock, 2004: p.162). The official measure of success was the quantifiable outcome, and the TF Programme took credit for this outcome, rather than giving credit to the family for any progress they had made. Given

that some other LAs were claiming a 100% success rate, in Cornwall there appeared to be an unwillingness to give voice to any perspectives that might question the validity of this seemingly 'perfect social policy' (Crossley, 2015).

6.1.4 The TF Programme Delivery

In terms of how the support to families worked on the ground, Service Managers and TF Key Workers felt positive that families' participation in the TF Programme was voluntary and felt that the numbers that did engage and stayed on board reflected well on the Programme: 'They don't have to co-operate with us. The fact that they do is testament to how good the workers are' (Interview with SM7, Feb 2017). However, Cornwall did not make data available as to what proportion of families that were invited to engage with the TF Programme declined the offer. The success of TF Key Worker approach was in part down to the long-term nature of the intervention, at times up to 12 months, as this allowed the TF Key Worker to build a good, trusting relationship with the family. An assessment of families' experience of this support is given in section 6.3 of this chapter.

The TF key work was an outreach model, and some services felt very positive that the TF Programme had engendered new ways of working with 'troubled' families. For example, the traditional mode of people engaging with the Job Centre Plus (JCP) was for them to come in and attend appointments. The TF Employment Advisors (TFEAs) recognised that this was very challenging for some people, such as those with agoraphobia or physical disabilities that impacted on mobility (Interviews with TFKW18, Feb 2017; TFKW19, Feb 2017) or, as in two of the interviewed women's cases, a child with very challenging behaviour. Therefore, visiting people at home was very helpful in

building trust and seeing the reality of people's lives and what was making things difficult for them.

Therefore, for the TFEAs this outreach model had been a new and valued way of working. One TF Key Worker described this practice as a 'luxury' because she felt it had really enabled her to develop a deep understanding of what was really going on in families (Interview with TFKW1, Feb 2017). Another talked of how much she enjoyed the home visits and what she was able to pick up from being in the family home and just 'watching, listening, watching the interactions' (Interview with TFKW2, Feb 2017). These TF Key Workers' perspectives contradict the negative framing of 'troubled' families and the difficulties inherent in working with them, whereas the literature suggests that the work of supporting families with complex needs can be very challenging but equally, very rewarding (Beckett, Maynard and Jordan, 2017). Furthermore, Shields (2008) argues that a heightened appreciation of the intersectional challenges that people experience can enhance positive views of difference and be a valuable source of learning.

However, one Service Manager, who was involved in hands on work with very vulnerable children, was concerned that TF Key Workers were expected to be experts in all aspects of a family's life, and this was unrealistic and could potentially impact on the quality of support the TF Key Worker was able to provide (Interview with SM5, April 2017). This view challenged the official narrative that a TF Key Worker can 'manage the family and their problems' (DCLG, 2016c: p.19). The discussion on whole-family working, in section 6.3 of this Chapter, illustrates why it was very difficult for TF Key Workers to do

this effectively in every case. Additionally, these workers were not involved in the development of the TF Programme delivery policy, that placed this expectation on them. Again, this illustrates the epistemic deficiency that pervades the Programme- a policy built on incomplete knowledge that ignored front-line workers' perspectives and professional expertise.

A number of services involved in the TF Programme already took a whole-family and/or a family systems approach to understanding the impact of difficult experiences on the whole family (Interviews with TFKW3, Feb 2017; SM5, April 2017; SM7, Feb 2017). Family systems theory suggests that the emotional needs and challenges faced by individual family members are interrelated and should be addressed as such (Kerr and Bowen, 1988). TF Key Workers appeared to have an intuitive understanding of this reality, unlike the individual issue-based view of people's needs that has often been presented by services that are constrained by budgets and professional expertise to focus on a single issue. Garcia and Ortiz (2013) argue that experiences or situations that are seen as problematic should not be reduced to a single category or label, but understood as socially constructed in a particular socio-political and temporal context (Garcia and Ortiz, 2013). Furthermore, looking at just one category or issue masks the significance of others (Hill Collins, 2019). The TF Key Workers looked to identify whole-family needs and provide a holistic package of support, based on these needs. However, while the TF Key Worker may have had a sympathetic understanding of the challenges the family were facing, they didn't necessarily have the specialist skills and knowledge to address all of them and still needed to refer families to specialist services for support with issues such as child sexual abuse and domestic abuse.

Some TF Key Workers were concerned that they may miss or misdiagnose an issue such as a mental health disorder, because it sat outside of their area of expertise (Interview with TFPT1, June 2016). One Service Manager quoted examples of families being referred to an agency for a support with one issue, when actually they were not in a place to engage with that intervention because they were in crisis with another issue, for example housing (Interview with SM7, Feb 2017). The policy directive was for key workers to 'think whole-family' but this did not recognise that this required an extremely broad knowledge of support services in order for them to make appropriate referrals for the family. When TF Key Workers felt that they were dealing with sensitive issues that were outside of their particular area of expertise, this risked compromising their professionalism and the family would not get the quality of support they needed.

Service Managers recognised that the TF Key Workers needed to be multi-skilled in terms of being able to perform basic counselling, offer good advice, mediate, advocate, resolve practical problems, provide emotional support, make appropriate referrals and work with children, young people and adults (Interviews with SM5, April 2017; SM6 April 2017). They needed to be able to develop a deep knowledge of the specific family they were working with *and* have an understanding of how families function. TF Key Workers aimed to understand how and why problematic habits were formed in order to help families break them. They not only performed a range of important functions for and with families, they were also an important source of expertise in terms of *how* to perform these functions effectively. Therefore, they were a very important source of epistemic authority on 'troubled' families and my intersectional analytical view of why the TF Programme did not make use of their knowledge is that the power differentials, in this case within the local TF Programme hierarchy, impacted on the authority

attributed to their perspectives (Crasnow, 2009). An IAA questions how power differentials impact on knowledge production and the authority attributed to different perspectives (Crasnow, 2009), and it recognises the authority of experience, and the integrity of individuals, in this case the TF Key Workers, to interpret and articulate their experience (Hill Collins, 2019).

6.1.5 Financial Aspects and Reduced Capacity in Services

While saving money to the public purse was a key driver for TF Programme policy, it was one which Service Managers and TF Key Workers in Cornwall found problematic. Many in Cornwall felt that the cuts had been too deep (Interview with SM3, Jan 2017; SM7, Feb 2017; SM8, April 2017). They were keenly aware that the TF Programme was being delivered in a context of significant cuts to local services and referred to it as a 'sticking plaster on a gaping wound' (Interview with SM9, Oct 2014). A cost calculator was introduced by the DCLG in 2015 (DCLG, 2016a) to try to calculate the financial value of the TF Programme, however this just created a significant additional administrative burden on the TF Programme Team, who questioned its effectiveness and purpose (Interview with TFPT2, July 2016). Members of the TF Programme Team were concerned that they were spending far more time providing the data to the DCLG, than supporting the TF Key Workers working directly with families (Interviews with TFPT2, July 2016 and TFPT3, Sept 2016).

The Public Accounts Committee (PAC), set up to look at the TF Programme after the controversial outcome of the official evaluation of phase one (Day et al., 2016), had challenged the DCLG to demonstrate that the TF Programme constituted 'value for

money' without a clear steer on what this meant (HCCPA, 2016). Service Providers felt that 'value for money' meant having to constantly 'do more for less' and they noted the significant detrimental impact on service quality that this had, 'there aren't many resources... everything's stretched. They want more for less' (Interview with SM6, April 2017). This point was interesting in terms of a shared conceptual framework around what 'value for money' really meant for service providers. There was evidence of a 'double consciousness' (Harding, 1987) on the part of some service providers, who were well aware of the difficulties they were experiencing trying to deliver high quality services with reduced budgets, and how this contradicted the narrative that those in power were imposing on them, that this could be achieved if only they reconfigured services effectively (DCLG, 2016d). This reinforces Jaggar's (2004) point that in an unequal society, different social groups have unequal opportunities to speak out and be heard.

A number of TF Programme Team members and Service Managers noted that the TF Programme did not include new money for services in Cornwall, in particular when budget cuts through the austerity budgets from 2010 onwards were taken into account. The TF Programme grant in Cornwall of between £1.3-1.9 million a year from 2012 to 2020, a total of £10 million, was a small fraction of the amount lost through austerity (CC, 2020b). An interesting view from one Service Manager was that LAs were actually spending less on 'troubled' families because reduced budgets and service capacity meant that they were able to work with fewer families, rather than because there were actually fewer 'troubled' families (Interview with SM7, Feb 2017). Of the many Service Managers who mentioned budget cuts, none of the interviewees felt that spending less on 'troubled' families could be justified, from an economic position, as they felt that it

would only have negative longer-term impacts and therefore future implications for 'troubled' families and communities and increased costs for service provision in Cornwall. When discussing the impact of reducing support for families, one Service Manager noted,

For me it's the analogy of it's like a tube of toothpaste, so we're squeezing it in one part then we're really surprised when it pops up somewhere else.
(Interview with SM1, Nov 2016).

Another Service Manager felt that it would be better to use the TF funding to support what was already working well within services, rather than try new approaches. However, others felt that the TF budget should not be used to plug funding gaps in services, as this was not a sustainable approach, but should be used to try innovative new approaches to supporting families. One Service Manager felt that:

It would be brilliant if we got some TF money for activities and actually could do positive stuff. If children wanted to... have new experiences and we can help them. Sign them into a really positive experience and support them and go with them. That would be fantastic.
(Interview with SM5, April 2017).

In reality, in 2016 £400 000 of Cornwall's £1.6 million TF Programme grant for the year was moved over to statutory children's services to resource front-line children's social work posts; it was used to plug a funding gap (Interview with SM1, Nov 2016). This undermined the narrative that the TF Programme which 'is backed by £920 million of government investment' (MHCLG, 2019a: 7) constituted an additional resource for local areas.

The main issue that concerned TF Key Workers was the cuts to funding and services over the years that the TF Programme had been running, which meant that there were fewer sources of support to refer families to, and higher thresholds to access services. There was a concern that statutory social care services and CAMHS were under a lot of

pressure, with the latter having very long waiting lists which caused delays in vulnerable young people being assessed and receiving support. This perception matched the national picture. In the government's recent analysis of the impact of the TF Programme, 89% of key workers surveyed identified long waiting lists for specialist services such as CAMHS as being a significant barrier to providing effective support to families (MHCLG, 2019c: p.23).

In Cornwall, some TF Key Workers felt that while the service was very good if you could access it, it was not worth making a referral to CAMHS because the delay was actively damaging to the young person and affected their willingness to ask for help again (Interview with SM6, April 2017). To maintain a good working relationship with an individual or family in need of support, professionals needed to be able to deliver on promises made and to meet reasonable expectations for support, as 'building trusting relationships is a central part of effective practice with clients' (Jones and Sherr, 2014: p.143). Being unable to provide the support that a vulnerable people needed in a timely fashion was therefore extremely disempowering, both to the person whose needs were not met, and the TF Key Worker trying to provide a high-quality service. One Service Manager dealing with a reduced budget noted, 'sometimes it just feels like you're pushing deckchairs around a sinking ship' (Interview with SM11, Nov 2016).

The reduction in and access to mental health services was a particular problem as all the TF Key Workers interviewed said that mental health problems were a key issue in families that they worked with, and all the families that I interviewed disclosed mental health issues, as I discuss in section 6.2 of this Chapter. Mental health services were so stretched that people needed to be a crisis point before they met the threshold for an

intervention. There was a shortage in capacity in all parts of mental health services, but particularly for people in crisis, with not enough suitable safe spaces in Cornwall for people detained under the *Mental Health Act 1983*, which meant they often ended up being held in police custody, a practice considered to be unacceptable (Interview with SM3, Jan 2017). This reflected the national picture in terms of the inadequate funding and capacity of mental health services (NAO, 2018a). Service Managers and TF Key Workers were concerned that there were higher thresholds for accessing services than ever before and some young people had had to wait 18 months for a CAMHS assessment. 'What we're seeing is everything is a longer time to wait, and then it's a shorter intervention when you get there' (Interview with SM7, Feb 2017).

A number of Service Managers believed that it would have been a better use of the budget just to fund existing services to do what they were already doing well, particularly as budget cuts depleted their resources. An example was the cuts to the Devon and Cornwall Police budget which had meant the loss of 500 police officers across the force in the past 5 years and that most of the Police Community Support Officers (PCSOs) had been taken out of communities, meaning a serious reduction in the preventative work being done with young people at risk of being drawn into anti-social behaviour (Interview with SM3, Jan 2017). Similarly, with domestic abuse services- victims had be in danger of death before they could access support (Interview with TFKW20, March 2017). This reflects the view that had been highlighted by researchers in 2012, that the significant cuts to LA funding for domestic and sexual violence support services from 2010 onwards, would lead to an increase in the incidences and impact of violence against women (Towers and Walby, 2012).

Service Managers and TF Key Workers felt keenly that this was not the best use of resources- constantly firefighting rather than working to prevent difficulties from escalating, but with budget cuts they had to concentrate their resources on dealing with the highest risk scenarios (Interview with SM3, Jan 2017). In addition, there were gaps in service provision, such as very limited support for male victims of domestic abuse and no programmes aimed at engaging perpetrators of domestic abuse in behaviour change (Interview with TFKW20, March 2017). TF Key Workers felt that if families had to wait for an extended period to receive support, or if the specialised support just was not available, this undermined the relationship between families and those working with them and left the family increasingly vulnerable.

Budget cuts made statutory and VCSE services more precious about protecting their diminishing resources. In some cases, this meant being creative about use of new technologies, for example, to communicate with families. However, in most cases it just made providing the holistic package of support to families more difficult, especially as the funding per family engaged reduced over time, and the percentage of the payment received upfront reduced from 80% to 40% between 2012 and 2015 (CC, 2014: p.17). One Service Manager stated 'unfortunately that reduction in funding, per case, came along at the same time as huge cuts to services' which meant it was difficult to get other organisations on board to work with a family (Interview with SM7, Feb 2017).

In terms of working intensively with families, one main concern for TF Key Workers within the FIP was that increasing caseloads over time had affected the quality of the work they were able to do. The FIP approach was supposed to involve extended work with a small number of families, but as the TF FIP team reduced in size over time, Service

Managers reported that this had a negative impact on families and workers (Interview with SM7, Feb 2017). They felt that there were not enough TF Key Workers in the FIP to meet the needs of the families that had been identified as being eligible for support under the TF Programme across Cornwall. They reported doing paperwork in their own time and regularly working over their contracted hours (Interviews with TFKW1, Feb 2017). Some were concerned that being able to devote less time to each family meant that something serious could potentially get missed (Interview with SM7, Feb 2017). While working with families for too long was not sustainable, being under pressure to close cases before the time was right and without issues fully resolved, ran the risk of in families coming back into the system at another point in the future. As one Service Manager noted:

We've cut all the prevention; what we're seeing now is a greater surge to crisis intervention, but we haven't got the resources to respond to that either. And what we know about domestic abuse is that it's a revolving door.
(Interview with SM1, Nov 2016).

A pure FIP model, such as was running in Cornwall before the TF Programme started, would have Key Workers with low caseloads of up to six families, whom they would visit multiple times a day if necessary, and work with for an extended period of time. This enabled workers to develop a very good understanding of the intersectional challenges that families were experiencing. Reducing funding for the TF FIP work over time had not fitted well with the on-going need to support existing and new families coming through, as the real cost of doing this work well had not reduced. The aim of prioritising referrals to ensure that the TF FIP targeted those most in need was hampered by cuts to other services, as there are fewer other sources of support to refer families to (Interview with SM7, Feb 2017). The austerity context was extremely disempowering in this respect, with materially disadvantaged women being particularly at risk (Tepe-Belfrage, 2015).

6.1.6 The Payment by Results (PbR) Mechanism and the TF Programme Outcomes

The PbR mechanism that was used for the TF Programme provided a perverse incentive to LAs to make claims for outcomes that would have been achieved anyway, without the TF intervention; the PbR system did not have a mechanism in place for ensuring that this was not the case, nor were claims independently assessed to check if this was taking place (DCLG 2016b). Following this concern by the official evaluation of phase one of the Programme (Day et al., 2016), in phase two the DCLG increased spot checks to LAs and looked more closely at local data systems to ensure that claims were not being made for outcomes that could not be directly attributed to the TF Intervention. The DCLG visited Cornwall in July 2017 to undertake this check. One Service Manager felt that claiming for pre-existing outcomes had happened in Cornwall and he was not happy with this:

The way it was working was a data-led thing... very little or no understanding that wasn't already there before and matching the data to results in order they can claim payment by results. That sort of thing, I'm uncomfortable with.
(Interview with SM3, Jan 2017).

The other issue was that the PbR system acted as a disincentive for TF Key Workers to engage with families who were unlikely to achieve an outcome against which a PbR claim could be made, as their performance was judged in part on this basis. The Service Managers involved in the Programme were well aware of how they could boost numbers by 'picking the low-hanging fruit' to ensure that quick wins were made by working with families who only needed a minimal intervention in order to achieve a positive outcome (Interview with SM9, Oct 2014). One Service Manager jokingly noted that the best way to achieve positive outcomes for crime and anti-social behaviour was to issue cautions

to well-behaved young people, who would then stick to the conditions of their caution and be considered to have achieved a positive outcome! (Interview with SM9, Oct 2014).

The PAC Report into the TF Programme in 2016 had recognised that the PbR system had led to LAs encouraging TF Key Workers to work quickly with a family to achieve an outcome, against which a PbR claim could be made, and then move on without necessarily working on more difficult and entrenched challenges the family may be facing (HCCPA, 2016). Service Managers and TF Key Workers reported that this went against good practice in supporting 'troubled' families and was not in reality how the majority of TF Key Workers were engaging with families; stopping support to families before issues are resolved did not fit with the ethics and values that underpin family support work (Beckett, Maynard and Jordan, 2017). An IAA argues that you should not misrepresent the reality of a marginalised group or takes an individual's experience and use this to make claims about the whole group (McCall, 2005), in this case the 'troubled' family, yet this is what the TF Key Workers were being required to do.

The FIP approach had been undermined by the requirements of the TF Programme, as the FIP TF Key Workers were required to work with a greater number of families, for a shorter period of time than is the norm under the FIP approach, in order to meet the targets for the PbR claims. Previously the FIP project, which had run in Cornwall before the TF Programme started, saw staff working with up to six families a week, but under the TF Programme caseloads had increased to up to fifteen families. A Service Manager was concerned that:

The longer-term outcomes are affected... but when you get so much money per case, you can't do that level of intensive support, so something has to give.

She felt that the quality of support had been affected and was concerned about the sustainability of outcomes:

It has meant that interventions are shortened, and they are not as intensive. I think where we could have kept cases open for a lot longer in the past, right through until the family were pretty self-sufficient, we've had to close a lot earlier and leaving families really making do with less support than they would have had.

(Interview with SM7, Feb 2017).

The DCLG-commissioned evaluation, PAC report and Service Managers all criticised the 'tick-box' nature of the Programme, with the criticism that the approach diminished accountability in terms of the qualitative impact of the intervention. Lipsky (2010) argues that, in order to be truly accountable, professionals working directly with families have a responsibility to work in a way that meets the service user's specific circumstances and needs, and an IAA states that in order to do this, the perspectives of the service users should be prioritised, as they are the experts in their own lives (Hancock, 2007). One Service Manager felt that the need to provide evidence of an outcome so that the PbR claim could be made was seen as more important than the actual work that was being done with families:

It's almost like being told to go and get some money and go and do something 'family' with it and we don't care if you do or you don't so long as you tell us what your outcomes are. And that's what left us with that sort of feeling of 'is it worth it? What's the value?'

(Interview with SM2, Nov 2016).

Another aspect that both Service Managers and TF Key Workers found problematic was the expectation within the TF Programme delivery that once a PbR claim had been made for a family, a worker should not continue to work with them even if there were multiple other issues that the family wanted support with. One Service Manager explained:

We do a follow-up a couple of months after we've withdrawn, just to see how they're going and the only trouble is of course, if we do get in touch with them and it's all gone horribly wrong, we can't have them back because once we've been paid for it, that's it. That's quite a frustration.
(Interview with SM6, April 2017).

The PbR system did not lend itself to looking at the sustainability of any positive outcomes that were achieved, another concern flagged up by the PAC in 2016. This illustrates the fallacy of Cameron claiming in 2015 that so many families had been 'turned around' (The Independent, 2015). There was a need for a mechanism to track whether TF families who had been deemed to have achieved a positive outcome in one domain, had popped up elsewhere within the system because of another issue (the toothpaste analogy). Cornwall did not have this mechanism in place:

Because we cannot take re-referrals to the service, once a family's had support through TF they can't get it again; you don't actually know how many of those are re-entering the system, so you don't actual know longer-term what the outcomes have been.
(Interview with SM7, Feb 2017).

The main issue was that the PbR mechanism lent itself to working towards and making claims for short-term outcomes, such as a workless person no longer being in receipt of out-of-work benefits. In addition to long-term sustainability, the quality of the outcome for the individual were not assessed- so a person could be no longer claiming benefits because they had taken up short-term, insecure and poorly paid employment with few prospects, as was the nature of the employment market in Cornwall for many of the 'precariat' (Standing, 2014).

One member of the TF Programme Team noted that for many of the education outcomes claims, young people were no longer being flagged up as low attenders simply

because they had 'aged out' and were no longer statutory school age (Interview with TFPT2, July 2016). PbR Claims were made for such young people, despite the fact that many would now be classed as not in education, employment or training (NEET) in the 16-24 age bracket. The JCP were aware that many NEET young people came from TF families and would work with them to try to stop them becoming an adult on out of work benefits (Interview with SM4, April 2016). This illustrated the flaw with the education outcome, if a PbR claim can be made just because a child is no longer statutory school age.

That LAs were required to monitor and report on their data themselves was flagged up by the 2016 national evaluation as a key reason why these perverse outcomes became so problematic (Day et al., 2016). LAs were able to claim 100% success in phase one of the TF Programme by dramatically over identifying families who met the Programme criteria, engaging and working with the prescribed number, and then legitimately claiming 100% success (Interview with TFPT2, July 2016). Cornwall were unable to do this because many of the employment outcomes were already being claimed as European Social Fund (ESF) outcomes, as many employment and training initiatives were funded through an ESF grant (CloSGP, 2020), although one Service Manager felt that the 6500 families that her specialist service had worked with in the previous year would all meet the TF Programme criteria (Interview with SM1, Nov 2016), indicating that over-identification would have been possible. Largely as a result of the issue with the ESF funding, and an unwillingness to double-count the employment outcomes, Cornwall had the lowest success rate in the country at the end of phase one, with an 85.4% success rate against a national average of 97% (CC, 2015a). However, the LA were comfortable

with this position because, to their credit, they were not willing to manipulate the data to improve the official success rate.

The main issue was that the PbR mechanism necessitated a data-led approach to the TF Programme in local areas, in order that they could continue to receive funding for essential services. This contradicted the needs-led approaches that local services wanted to take in relation to 'troubled' families: 'You can't be data led when we're working with chaotic families' (Interview with SM7, Feb 2017). This Service Manager noted that her staff members had had cases where they had 'troubled' families who, because they did not meet the TF Programme criteria, they could not support them, which undermined the trust that families had in her organisation. The TF Programme criteria excluded some families who, in real terms, did need support and, less often, identified families who did not need support. This scenario undermined the work that had been done in Cornwall to delivery services in an evidence-based way. As one member of the TF Programme Team noted:

We're here for families and I know there's the whole reducing the cost to the public purse and all of that but actually at the centre of this are real people... and you need real people to help real people. It's not a data exercise... it is about relationship-building and really making a difference.
(Interview with TFPT1, June 2016).

The language used in the national TF Programme policy documentation and the Service Managers and TF Key Workers in Cornwall's views of the PbR system were contradictory. The PbR system allowed for LAs to legitimately claim that a family, under the terms of the TF Programme, was one of the 99% of those engaged who had been 'turned around', as claimed by Cameron at the 2015 Conservative Conference (The Independent, 2015). During the early years of the TF Programme the government repeatedly used the phrase

'turned around' to refer to families who had achieved positive outcomes on the TF Programme. However, this phrase was criticised as misleading (Stone, 2016). Service Managers and TF Key Workers recognised that for many 'troubled' families, it was disingenuous to claim that one positive outcome for the family in one area had solved all of the families' issues. The 'turned around' tag also implied that the family's trajectory had been permanently altered from 'troubled' to another, much more positive but unnamed course when, in many cases, this had not actually happened (Interview with SM3, Jan 2017).

As recognised by the PAC Report (2016), the term 'turned around' was far too simplistic and Service Managers and TF Key Workers interviewed felt that it did not reflect what was really happening within families, even those that had had positive experiences of the Programme. One TF Key Worker noted, 'I don't care that I haven't turned around families- I see success as when families take control and get their power back' (Interview with TFKW8, Oct 2014). This was very interesting in terms of this Key TF Worker seeing the families as being disempowered by their circumstances and the challenges they were experiencing, linking to the idea that poverty is about powerlessness (Hancock, 2015). Notably, the term 'turned around' was not included in government policy documents for phase two of the TF Programme, from 2015 onwards, presumably because of the controversy.

While Service Providers felt that, on the whole, the TF Programme criteria aligned well with the real issues families were experiencing, there were important omissions. The core TF Programme criteria were developed by the DCLG based on the SEU survey of families facing multiple disadvantages (COSETF, 2007) and Cornwall, like all LAs, then

had the option to develop additional criteria based on local priorities. Cornwall included what they termed the 'toxic trio' of mental health, drug and alcohol abuse and domestic abuse as their local criteria (CC, 2014). This language pathologized people experiencing these as deviant even if, in the case of domestic abuse, they were victims. Service Providers were involved in the development of the local criteria, by virtue of being invited to an event in 2012 to discuss local issues (Interview with TFKW22, May 2017). 'Troubled' families in Cornwall, however, were not asked what they considered to be the most significant issues affecting them.

Acknowledging Cornwall's efforts to pinpoint relevant local criteria, Intersectionality recognises that intersecting challenges can create difficulties that are greater than the sum of their parts for an individual, and the experience of one oppressive factor can amplify the experience of another, for example experiencing domestic abuse and mental health difficulties concurrently (Corus et al, 2016). However, in developing the TF Programme at the local level, there was no evidence that the planning or delivery was influenced by any theory as to why some families were experiencing poor outcomes, nor how best to transform the structures, processes or attitudes in society that disempowered them. I did not see any commitment to praxis, drawing on knowledge gleaned from accessing 'troubled' families' perspectives, which an IAA argues is needed for to enable positive social change (Hill Collins, 2019).

By 2015 housing as an issue had been flagged up by members of the TF Programme Board as a very significant omission in the TF Programme criteria, to include affordability, access, quality and security of tenure. As housing was and is fundamental

to family well-being (Maslow, 1943), the omission of the sector from the Cornwall TF Programme indicated a lack of understanding of this at the strategic level. Although from 2016, Social Housing providers were asked to provide TF Key Worker support through their existing tenant support programmes, housing outcomes were not included in Cornwall's Family Outcome Plan for phase 2 (see Table 1), despite all of the women I interviewed having housing needs (See Table 2 and Appendix 12).

In terms of the tick-box nature of the TF Programme outcomes, one particular challenge was finding a suitable 'tick-box' for more problematic criteria such as domestic abuse and mental health, where a meaningful quantifiable outcome was more difficult to pin down. Cornwall Council decided that for domestic abuse cases a positive outcome could be claimed if there had been a reduction in risk over 12 months (CC, 2016: p.8). Yet two of the women that I interviewed, Diane and Fiona, revealed that they had experienced multiple abusive relationships over many years, and domestic abuse charities note that survivors are likely to return to or enter into new abusive relationships if they are not adequately supported (Women's Aid, 2019). Therefore, making a judgement based on what happened over 12 months did not ensure that it had been a sustainable outcome. In addition, the eligibility criteria and outcomes did not include anything about the impact of domestic abuse on children, despite it being internationally recognised that children who grow up in violent households are much more likely to display aggressive behaviours in adolescence (Baldry, 2003) and grow up to become vulnerable adults (UNICEF, 2006; PHW, 2015).

In some service areas, such as Anti-Social Behaviour (ASB), the impact of an intervention could be quantified, because they are able to monitor what happened after an individual

had been issued with a police warning, in terms of whether they went on to offend or not. However, where the impact of an intervention could not be so easily measured; workers felt that you needed buy in from the family to look at what positive outcomes looked and felt like for them, in relation to the challenges they were experiencing, 'You want the family to be able to say, "I can see the change"' (Interview with SM11, Nov 2016). TF Key Workers saw families as having epistemic privilege in relation to what their priorities were and which outcomes they wanted to achieve, and that it was not that 'troubled' people are not knowers, but it is that they were 'failing to be counted as knowers' (Langton, 2000: p.132) by those in authority.

6.1.7 Data Management, Quality and Sharing

A key aspect of the TF Programme was service transformation, and the idea was that this would be in part achieved through improved sharing of data in order to reduce duplication and improve the holistic response to families. However, Cornwall, like many LAs, struggled with this aspect for a range of reasons. In the early stages of the TF Programme, TF Programme Team Data Analysts undertook a data-matching exercise, drawing together a number of databases of information from Education, Police and other sources, to identify families who met the Programme criteria. However, there was an on-going issue with accessing some relevant data, for example health data, because of confidentiality and data protection. Also pulling together a list of families that met the TF criteria was problematic for some service providers in terms of how then to approach the family:

Those families didn't know that they were on a list at that time, so how do you approach a family to say 'by the way we're the Local Authority, we'd like to work with you on the [TF] Programme' and it was like 'well why are you calling me out of the blue?' Then trying to tell them they had been identified, for some families that would really hack them off to be honest.

(Interview with SM11, Nov 2016).

One TF Key Worker questioned the ethics of identifying families, compiling a list and approaching them without their consent, imagining that families might ask:

What list? What list am I on? Why am I on it? And actually, have you got authority for wanting to put me on it, without my consent?

(Interview with TFKW20, March 2017)

This aspect of the TF Programme demonstrates the government's tendency towards 'dataveillance' as a problematic use of power, if it does not include specific instruments to safeguard people's rights in relation to the data that is held about them (Lupton and Williamson, 2017).

As highlighted in Chapter 2, people who did not meet the TF Programme's definition of family- a single adult or adult couple caring for children under 18 years old- were automatically excluded from receiving support under the TF Programme. This included single people or couples without children, or people whose children no longer lived at home. It also included any of the 3.4 million young people nationally aged 20-34 (one in four of this age group) who were living with their parents in Cornwall as adults, due to factors such as high living costs, and were often financially and otherwise dependent on their parent or parents (ONS, 2018c). One Service Manager felt that as the cost of living was so high in Cornwall it made leaving home prohibitively expensive for young people; this made some of them less aspirational and liable to stay at home and not work and they were very much under the radar (Interview with SM8, April 2017). They could have significant support needs but would not be eligible for TF support, again indicating the flaw in the TF Programme design in terms of the criteria for inclusion. Using a definition of family as parents or carers with young dependent children living in the same household was an imperfect way of ensuring that all 'troubled' individuals in

Cornwall were able to be identified and offered supported through the TF Programme. Interviewees highlighted that they knew that some people really needed support but were not receiving it because they did not meet the TF Programme criteria and were not picked up through the data-matching exercise (Interview with SM1, Nov 2016).

There was also the question of services and professionals sharing data about families, without their consent, and a number of Service Managers and TF Key Workers questioned the ethics of this, with acknowledgement that the misuse of the TF Key Worker's (real or perceived) power over a family can undermine the quality of their relationship (Beckett and Maynard, 2013). The Police had a pragmatic view of data sharing, feeling that if data had to be shared in order to go any way towards reducing, preventing or solving a crime then this could be done within their professional code: 'it's about risk assessing, understanding risk... sharing that risk with other agencies' (Interview with SM3, Jan 2017). However, families were not included in the discussions around how and why their data would be used by the Programme, and the data-matching process by which 'troubled' families were identified was done without their consent (Interview with SM1, Nov 2016). This contradicts the IAA argument that marginalised people do have agency, and should be treated as such (Hill Collins, 2019).

The quality of data was a problem for Cornwall and many other LAs. One issue that was flagged up by members of the TF Programme Team was that data was often out-of-date by the time TF Key Workers made contact with a family (Interview with TFPT3, Sept 2016). For example, education data about school non-attendance was provided by schools to the LA each term and there therefore could be a number of months between a child being identified as having low attendance and the family being identified as

'troubled' on the basis of this as one of the criteria. TF Key Workers noted that it was difficult to build trust and work effectively with families when the information about their situation was out of date or otherwise inaccurate. This reinforced the flaw in a data-led programme, that does not recognise or treat people as 'experts in the reality of their own personal lives' (Harding, 1987). One of the aims of improving data-sharing was to stop families having to retell their stories to multiple professional agencies, however TK Key Workers reported still asking families to give them an account of the challenges they were facing, because they did not have confidence in the data (Interviews with TFKW11, Oct 2014; TFKW12, Sept 2015). This then undermined this aspect of the Programme. This example demonstrates the validity of Intersectionality's claim that it is important to give voice to marginalised people (Liasidou, 2016), because you are less likely to have these inaccuracies.

The TF Programme was a clear example of 'policy-based evidence' (Gregg, 2010), whereby the underpinning policy assumptions and the political commitment to ensuring that it was seen to be a success, determined the way evidence (in this case the data on family outcomes) was collated and presented to justify the policy. So, the TF Programme was both based on discredited evidence, and collated problematic 'evidence' in the form of the prescribed outcomes, to further the TF Programme aims. Nevo and Slonim-Nevo (2011) argue that evidence-based practice is problematic because there isn't a straightforward relationship between evidence and practice. In a view that is supported by an IAA, Nevo and Slonim-Nevo (2011) argue that what they term 'evidence-informed practice' should consider the range of evidence of what works in other contexts but apply this with the specific local context in mind and see the interaction between service provider and service recipient as key to the development of effective local

solutions. This constructivist view of meaning-making understands knowledge as socially constructed through the interactions between different actors, who occupy different standpoints (Charmaz, Thornberg and Keane, 2018).

One aim of the TF Programme Team in Cornwall was to develop an ICT based data system which would enable accurate data about families to be shared across different professional agencies as needed. Unable to develop this in-house, efforts were made for an extended period to procure a purpose-built data system. However, this was not ever concluded as there were a number of issues that could not be resolved. Being able to access and share confidential information, in particular from the health service, was never agreed on by professionals in this sector (Interview with TFPT2, July 2016). This created a situation where the TF Programme just made the best use of data that they could access and using this as a proxy for the outcome they were supposed to achieve. In terms of mental health outcomes, one Service Manager found this very problematic:

Mental health will not share information. So, we either have to say 'we can't measure that' as opposed to creating some other measure because that information happens to be available.
(Interview with SM1, Nov 2016).

In this case, engagement with and successful completion of a structured drug and alcohol treatment was taken as the positive outcome for adult mental health (CC, 2016: 9), although not all people with mental health difficulties would have been problematic drug and alcohol users, and not all drug and alcohol users would have had mental health difficulties. This again demonstrated the epistemic deficiency in terms of incomplete and flawed knowledge permeating the TF Programme.

To further complicate things, the TF Programme Team recognised that there were already a range of incompatible data systems, for example within education, social care, and the Police, and it would be a real challenge to develop one that would meet the needs of all of these (Interview with TFPT2, July 2016). There needed to be a system whereby data about families and the outcomes that had been achieved was fed back to services that had worked with them, in order for services to have a clear understanding of what was working. During the timescale of the data collection phase of this research study, from 2014-2017, there was not a mechanism to track if families were re-entering the system at a different point or because an issue had emerged for a different family member, or to assess if the claimed outcome had been sustained. The TF Programme Team felt that a secure data system, which allowed different services to access and update information as needed, would have helped overcome many of these issues (Interviews with TFPT2, July 2016; TFPT3, Sept 2016).

Service Managers felt that families did understand and expect their data to be shared, especially if there is a child protection concern, and that families trusted the TF Key Worker to do this because of the trusting relationship that had been built up. However, in terms of referrals being made to the TF Programme on the basis of a data-matching exercise, this was not felt to be the best approach; a needs-led approach would have been much more appropriate especially as there had been cases where families had complex needs but had not met the criteria for support through the TF Programme. When this happened the TF Key Worker had to go back to the referrer to see if there was another way the family could be supported, and this type of situation led to families feeling that they were being moved around the system (Interview with SM7, Feb2017), exacerbating their feelings of powerlessness.

One Service Manager felt that there needed to be a route into services for people who do not give consent for their data to be shared and did not want to engage with the TF Programme but were still 'troubled'; she felt that they should still have the option to access the support services they needed, but the TF Programme documentation did not provide clear guidance on this scenario (Interview with SM2, Nov 2016). Families were not required to engage with the TF Programme, but if they did not, they essentially forfeited their right to support. This was telling in terms of the multi-layered issues of power within the TF Programme and illustrates Freire's (1996) point about oppression being about the absence of choice. If families did not want to engage with the TF Programme in the way that was prescribed to them by those in authority, for example that they would give consent for their data to be shared with other agencies and national government, their right to support was lost. This was an extremely disempowering aspect of the Programme design, especially as there is evidence that the families with the most complex needs are often those that will not engage with support services. For example, the evaluations of large-scale early intervention programmes such as Sure Start and the Children's Fund identified poor take up of the offer of support by the families most at risk of social and economic marginalisation (NHS, 2005; Edwards et al., 2006).

There is limited research evidence about service refusal at the national level and neither the TF Programme Team in Cornwall nor individual service providers kept data of how many families who had been identified as 'troubled' as per the TF Programme criteria had refused to engage with the support that was offered, or why this was the case. They also did not have the information as to how many families had engaged and had subsequently withdrawn from the Programme, and the reasons therein. The TF

Programme Team acknowledged that these were likely to be some of the families with the most complex needs (Interview with TFPT3, Sept 2016); the families' choice to exclude themselves could be seen as indicative of the lack of faith they had in such interventions, or any number of other factors. Not having this information reinforces Intersectionality's position that marginalised people are silenced by exclusionary structures and processes and may engage in testimonial smothering in order to self-exclude (Fricker, 2006).

Families who were identified as meeting the criteria for receiving support under the TF Programme may not have wanted to engage because they did not want to disclose that they needed additional support, because they feared that statutory services would perceive that they could not parent adequately, with potentially serious consequences in terms of their children being taken into care. Families being apprehensive with regards to contact with social services is common (Spratt and Callan, 2004) and can be a powerful motivator for testimonial smothering. The fact that the TF Programme Team did not have the data as to why some families did not engage, nor was this data collected and scrutinised at a national level, created an important gap in the knowledge with regards to the support needs of what may be the families most in need of additional support; more research is needed with service refusers to better understand this issue.

6.1.8 Service Transformation

Partly as a result of the shortcomings of the TF Programme that were highlighted in the evaluation of phase one (Day et al., 2016), in phase two from 2015 onwards there was an enhanced focus on service transformation through systems change. For Cornwall, this became a key priority, and some interviewees felt this took precedence over actual

work with families. In order for systems change to be effective, the LA's own self-assessment indicated that data sharing and multi-agency working needed to improve but the on-going reduction in budgets across statutory and VCSE sector services made this extremely challenging. The DCLG had produced a Troubled Families Service Transformation Maturity Model (TFSTMM) in 2016 to provide guidance to LAs on these issues, and this included a self-assessment tool (DCLG, 2016d).

VCSE sector service providers felt that the LA were pursuing a particular version of systems change which involved bringing services that had sat outside of the Council into LA control (Interview with SM7, Feb 2017), in a move that Lukes (1974) would argue was about controlling the agenda, in order to consolidate power. The most notable example of this was the FIP work that was delivered by the local branch of a national charity, which saw its contract to delivery this work reduced over time and eventually cut altogether, with the few remaining staff being then expected to join the statutory Children's Services in one of the six locality offices in the county. Tellingly, many of the workers opted out of doing this as they felt that one of the key strengths of the work they were doing with families was that the TF FIP was outside of statutory services, and therefore TF Key Workers were able to challenge and question these as needed (Interview with SM7, Feb 2017). One Service Manager felt that Children's Services wanted to keep close control of work with families:

I think if I'm honest I really think Children's Services... there's a culture there about 'we do it better, it's all our business' and keep everybody else out, because if we can't control it all we won't get to excellent... we've got to keep focussed to getting to excellent.... fetishing OFSTED stuff rather than what's really in the interests in families.

(Interview with SM2, Nov 2016)

This demonstrates a view of the power differential between statutory and non-statutory services, with the professional relationship being shaped by the disempowering structure of the statutory body controlling the resources of the VCSE organisation.

In terms of multi-agency working, some felt that sitting on the TF Programme Management Board, which met monthly and then less often as the Programme progressed, had enabled them to build up good working relationships with and knowledge of other local services (Interview with SM4, April 2016). However, in order to be useful to families, this networking also needed to be done by TF Key Workers, especially as the geography of Cornwall meant that many operated in real isolation. Service Managers and TF Key Workers felt that more work needed to be done to sort out referral mechanisms between different services (Interviews with TFKW1, Feb 2017; TFKW2, April 2017; TFKW11, Oct 2014; SM1, Nov 2016; SM7, Feb 2017).

New Labour's *Think Family* agenda had not adequately addressed the issue of different services working with different family members, without effective co-ordination of these interventions; separate budgets, policy agendas and professional practices constrained multi-agency whole-family working (Morris et al., 2008). One Service Manager felt that there had been some progress on this with the TF Programme, and that there were some good examples of the TF Programme allowing services to work in innovative and creative ways with colleagues in other agencies in order to provide an effective package of support for a family (Interview with SM4, April 2016). However, many of the issues around multi-agency working remained and this was exacerbated by the reduced resources available for support services in Cornwall.

Service Managers articulated the need to services to make changes regardless of the TF Programme, because they recognised that there was a need for more effective multi-agency working, better information sharing and targeting of support to those with the most complex needs (Interviews with SM3, Jan 2017; SM9, Oct 2014). The call for more effective multi-agency working goes back at least as far back as the *Every Child Matters* agenda under New Labour (HM Government, 2003), however in Cornwall this approach was not imbedded. One issue was the different priorities and approaches of different service areas, and this made multi-agency working challenging at times. Service Managers and TF Key Workers felt that existing structures such as Team Around the Child (TAC) meetings should continue to be the forum for looking at families' needs because they worked well in terms of multi-agency working (Interviews with SM6, April 2017; SM7, Feb 2017; SM8, April 2017; TFKW7, Oct 2014; TFKW13, Sept 2015; TFKW 14, Sept 2015) although families sometimes found them intimidating (Interview with TFKW10, Oct 2014). In terms of whole-family working, however, Team Around the Family (TAF) meetings were rare, so if there were concerns about more than one child in a family, there would usually be a TAC meeting for each one of them, which was very resource-intensive (Interview with SM6, April 2017). Looking at this through the lens of an IAA, the limited use of the TAF process was a missed opportunity for service providers to access and prioritise families' perspectives in a holistic way.

Service Managers felt that existing structures to support whole family working, such as the TAF process, could be used more routinely by Key Workers within the TF Programme, but this approach would need buy-in from other partners. There were existing multi-agency structures operating such as the Multi-Agency Risk Assessment Conference (MARAC) and a multi-agency group run by a local community centre. In both

cases, services would come together every month to discuss the work they were doing with families, and to engage in what was co-production of potential solutions (Boyle and Harris, 2009), although tellingly families were not present. This meant that there was a risk that 'troubled' families' lives and needs would be misrepresented, or their experiences rendered invisible, issues Intersectionality aims to challenge (Maj, 2013). However, the LA were not willing to use either of these existing structures for the TF Programme, to enable different agencies to discuss and plan work being done with TF families. This reluctance left the community centre staff 'disappointed' as they felt that it was a missed opportunity to make good use of existing productive professional relationships (Interview with SM8, April 2017). This was indicative of Cornwall Council's exercise of power and unwillingness to relinquish any aspects of the Programme governance to other stakeholders.

By working closely with the family, the TF Key Worker was able to share their in-depth understanding of the family's issues with other services; this was especially important where professionals in statutory social care services had a high caseload that could make gathering this level of detail difficult. Services were aware that building trust and establishing rapport with families was essential to accessing their stories (Arksey and Knight, 1999). Where other agencies did not have a clear understanding of the root causes of a family's issues and just saw the presenting issue, for example that the child was not attending school, the TF Key Worker was able to put this into context by relaying the back story that the family had articulated to them. This was also important for recognising that looking at just one issue that a person or family is experiencing masks the significance of others (Hill Collins, 2019).

Therefore, for multi-agency whole-family working to be successful, at least one agency working with the family would have to be willing to access and promote their standpoint epistemology. Smith's (1987) work to refocus the feminist agenda on the reality of people's everyday lives is in part an effort to look at how systematic structural oppression, supported by accepted ideologies of the inherent inferiority of marginalised social groups, impacts on people in real ways. In this case, the question would be if the incomplete or flawed knowledge that services had about families hindered the suitability of the response to them. Only by routinely including feedback from service users into the evaluation of services, can the suitability of interventions be assessed, but this approach was not imbedded in Cornwall at the time of this research.

Another key aspect of service transformation was that the TF Programme was supposed to be about early intervention, in keeping with many other earlier programmes such as Sure Start, which had taken this approach. However, when the Coalition government came into power in 2010, they pulled together several funding streams for early intervention work into the Early Intervention Grant (Powell, 2019). This included support for children's centres, careers services for young people, teenage pregnancy and substance misuse services, youth offending services, family support services and the funding for early years and children's social care workforce development. The total funding of £3.2 billion was reduced to £1.5 billion by 2015, with plans to reduce it further to £900 million by 2020, a total reduction of more than 70% in real terms (NCB, 2015). For Cornwall, this meant a dramatic scaling down of youth services in the county (Interview with TFPT4, Nov 2016), which demonstrated young people's real powerlessness and the lack of influence. Looking at this through an IAA, age can be seen as a personal characteristic which increases vulnerability.

Many LAs responded to these cuts by reducing or closing all non-statutory services for children and young people, but many acknowledged that the short-term savings made would not enable good quality medium- and longer-term outcomes (NCB, 2015), an issue picked up by the Housing, Communities and Local Government Committee when they expressed concern that there was inadequate funding of statutory Children's Services in many LAs, and the short-term nature of the Troubled Families Programme funding was not sufficient to compensate for this (HoC HCLGC, 2019). Research into youth activities run by The Children's Fund demonstrated that young people felt unhappy about the time-limited nature of what were highly valued activities, which then stopped altogether as they got older (Pinnock and Evans, 2008). This powerlessness in the face of government policy and cuts to services was a key theme in this study. Inequality is perpetuated through intersecting disempowering structures and processes, such as decisions to stop funding much needed support services, and there is a clear link between poverty and powerlessness (Hancock, 2015).

In Cornwall, Service Managers reported having fewer and fewer resources to do preventative and early intervention work, despite the expectation that this would be focus of the TF Programme and instead they had to focus their reduced resources on supporting those in crisis. One Service Manager noted, 'We haven't got enough resources to go to a domestic [abuse incident] never mind all this prevention stuff' (Interview with SM3, Jan 2017). Services reported that this meant that families became known to them at a point where they already required a significant intervention, rather than at an earlier stage when the issues would have been easier and less resource-intensive to resolve. This Service Manager described 'troubled' families as being 'on a conveyor belt', having to regularly access services as successive interventions failed to

achieve sustainable improvements (Interview with SM3, Jan 2017). There was also the issue that there was not necessarily a shared conceptual framework in the county around what early intervention actually meant. One Service Manager noted, 'we've now got strategic commitment to do something about early intervention... they [the TF Programme Board] have said yes but they've no idea what that means' (Interview with SM3, Jan 2017). This links to Friedan's notion of the 'problem that has no name' whereby people do not have the vocabulary and commonly understood and shared conceptual frameworks to articulate the problem clearly (1964).

Service Managers recognised how challenging the funding landscape was under austerity and prioritised resourcing the front-line as much as possible and this was where they felt there was the greatest impact for families. However, on-going funding cuts meant that managers were aware that some front-line posts were in danger of being discontinued, and this risked undermining the sustainability of the work being done with families. They were concerned that this would damage the trust that families had in services. The aim was to move towards better integration of services, but services had been chronically under resourced and had become increasingly fractured in many cases. The reduction in service quality provides the justification for privatising or otherwise contracting out key public services and moving towards an 'Alternative Delivery Model' (ADM) for the delivery of what have historically been LA services, the movement towards which has been happening across the country since 2010 (Grant Thornton, 2014).

By September 2019 the TF Programme had ceased to be a standalone programme in Cornwall and instead had morphed into a body of work within Cornwall Council which

saw services for children and families come together- children's community health, children's social care and education- under a 'One Vision Partnership Plan' (CC, 2019c). This was in recognition that the TF Programme as a standalone entity was not financially sustainable, but that there were aspects, such as the foci on whole-family multi-agency working and early intervention, that were useful and could be applied to the work being done with families across different service areas (Interview with SM3, Jan 2017). A number of Service Managers felt that the TF Programme did not reach a level of maturity to be successful as a standalone programme of work, because the governance structures and processes and the issues around effective referral pathways and data sharing were never resolved. One of the underlying and most misleading assumptions behind service transformation is that it is achievable in a context of dramatically reduced budgets.

6.1.9 The Impact of Multiple Service Interventions on Families

One aspect of improved multi-agency working was that it should reduce families experiencing multiple service interventions. One Service Manager felt that multiple service interventions depleted families' capacity to support themselves over time, with some going from crisis to crisis:

A family will get to crisis point. All the services will go in and they'll be hoisted up and then get in a really good place. The services pull out and they'll go along quite nicely for a little while and then another crisis... it could be anything... a husband leaves or a wife leaves, anything significant in their life, can set it off... maybe the death of a parent and they just can't quite cope with it.
(Interview with Service Manager, April 2017).

So, the latest government policy documents on the TF Programme talk about 'building resilient families' (MHCLG, 2019a) but the very support services that are in place are caught between supporting people in crisis and trying to empower them to support themselves, an irreconcilable position.

Service Managers and TF Key Workers reported that many families had experienced multiple interventions, in some cases these had been more harmful than supportive, and they were often wary of the TF Key Worker at first due to these past experiences. For Cassie, Diane and Fiona, who had experienced domestic abuse, they had experienced serious breaches of trust in their close relationships so establishing trust with their TF Key Worker was additionally challenging and also, once achieved, particularly important to them. Research with survivors of trauma shows that they can find it very hard to trust others (Burns Jager and Carolan, 2010: p.272). All the women interviewed had extensive prior and on-going experience of statutory service and VSCE sector interventions into their family's lives. Some of these had been positive but there had also been challenges. Anna said, 'we've had a whole spectrum of agencies working with us before... but nothing helped.' Fiona described how with her children in three different schools and with a Health Visitor and a Social Worker being involved in the family she felt that she was constantly having to repeat herself, in terms of telling different professionals about the challenges the family were facing. Fiona's experience makes an important point about epistemic privilege. It only has power if the individual or social group is able to make their standpoint prevail over what are perceived as more authoritative perspectives and for this to lead to positive change (Hill Collins, 2004).

TF Key Workers noted that some TF families were very fearful of the suggested intervention, particularly if they viewed the TF Programme as part of or linked to social care services; 'the minute you say social services people panic, and understandably' (Interview with TFKW6, Aug 2017). Where families had a bad experience of services in the past, TF Key Workers found that it was real challenge to encourage them to engage with the TF Programme, especially in cases where they had a perception that they have

been reported rather than referred to it. One TF Key Worker felt that some families with a history of multiple service interventions became very disempowered and compliant and did not challenge decisions that were made about them. She felt that, for some families, 'superficial engagement can become a habit' (Interview with TFKW11, Oct 2014). Another felt that families developed negative learned behaviours and became used to having a support worker who did things for them, so then could find it difficult to take responsibility for making positive changes themselves (Interview with TFKW4, Feb 2017). Hill Collins (2004) argues that oppressive experiences can give people a negative view of themselves, which makes it more difficult to challenge them. On the other hand, some TF Key Workers felt that some families were too proud to ask for or accept help and therefore were also difficult to engage. The families could be practising testimonial smothering caused by pride and/or fear (Fricker, 2006). These examples illustrate that you cannot have a 'one size fits all' approach to family support work.

6.1.10 Language Use and Framing of Families

In her *Listening to Troubled Families* exercise, Casey stated that in December 2010 Cameron had said that he wanted troubled families' lives to be turned around by the end of that Parliament (DCLG, 2012a), and the term 'turned around' was used frequently in the early TF Programme policy documents. However, this language was universally dismissed by the Service Managers and TF Key Workers I interviewed as misleading and unhelpful:

It's so problematic and the language that's come out about the Programme and the way it was set up was very much 'you will sort these families out, you will manage these families, you will turn them around.' You know, it is as if these families have no agency, they no control, they have no ideas about their needs and priorities.

(Interview with SM2, Nov 2016)

Another TF Key Worker also noted that ‘the term ‘troubled’ is not a good door opener!’ (Interview with TFKW15, Sept 2015). An IAA recognises that stigmatising labels such as ‘troubled’ are socially mediated and highly subjective (Liasidou, 2016). However, Louise Casey had a particular view of the TF Programme:

We are not running some cuddly social workers' programme...we should be talking about things like shame and guilt. And not being afraid to call a criminal a criminal.

(Winnet and Kirkup, 2012)

She was also reported as being against evidence-based policy and credited with saying of Cameron’s Nudge Unit (Behavioural Insights Team) that there should be a ‘Shove Unit’, presumably seeing the legitimate role of government as one of ‘coercive paternalism and behavioural regulation’ (Oliver, 2015: p.2). However, such language undermined what services were trying to do with families, and high-profile criticisms around the language use and overstated claims of the Programme’s success were also a distraction. The LA felt that the central government documentation and media reports relating to the Programme, for example those that said it was ‘misleading’ to say that ‘troubled’ families had been ‘turned around’ (Stone, 2016), hampered efforts to promote the Programme positively to families.

My review, in Chapter 2, of the TF Programme policy documents illustrated whose knowledge counted in terms of how families and their ‘troubles’ were framed within the official narrative. One Service Manager said of the language used, ‘it was like going back to the dark ages!’ (Interview with SM2, Nov 2016). At both national and local level, there was a distinct lack of family voice- people actually articulating their experiences and this being incorporated into the TF Programme design or delivery. My intersectional analytical critique of the Programme sees this as a policy that does not take front line

workers and families' perspectives fully into account, and the knowledge that policy makers have about their experiences is therefore epistemically deficient, being incomplete and flawed, reflecting the government's partial view of those in poverty. The knowledge of those in positions of relative power is considered authoritative and families' knowledge to be of little value. As an epistemological project, Intersectionality seeks to question whose knowledge counts, whose knowledge is deemed authoritative, and whose is ignored or silenced (Code, 2014), and the TF Programme is an example of what this means in practice. Academics have challenged Casey's pathologizing of those families she 'listened to' in 2012, and the flaws in the approach she took (see for example Crossley, 2015).

One Service Manager said that was unlikely, even if families had heard of the TF Programme in the media, that they would see themselves as 'troubled' (Interview with SM11, Nov 2016). These perspectives illustrated the disconnect between government making bold claims about the impact of the TF Programme on families, and families' own sense of what was making a difference to them; The standpoint epistemology of the marginalised social group is rooted in a 'reality' that is potentially at odds with the abstract concepts and pejorative language that those in power use to label them (Harding, 2009). Casey's *Listening to Families* exercise, discussed in Chapter 2, was used to make huge stigmatising generalisations about 'troubled' families (DCLG, 2012a). Yet the families I interviewed saw themselves quite differently and saw themselves as different to other individuals and families experiencing challenges.

For example, Fiona felt that the government should not be spending money on people who would not help themselves and gave the example of people who were in receipt of

Disability Living Allowance (DLA) but were abusing alcohol or illegal substances. This was interesting in terms of families and individuals in difficult circumstances not identifying as a homogenous group, but instead articulating an awareness of the differences therein. This contradicted the essentialising language of the TF Programme documentation (see for example DCLG, 2012a). Dill and Zambrana (2009) argue that intersectional analysis should address the diversity within groups, rather than seeing them as homogenous. One Service Manager saw the issue as one of participation:

I think there is a political awareness gap in communities, and I don't think they understand the power that they have got actually.... they need to work collectively on this [community issues] and have more of a voice and to be seen to be doing stuff about their own particular issues.
(Interview with SM3, Jan 2017).

He felt that communities had been disempowered by their difficulties and were experiencing false consciousness because they did not have a good understanding of the root causes. TF Programme staff did not feel that the Programme was offering a new view on families, nor a fresh government response to them. Instead, it was seen as a continuation of an official aim of coercing families into behaviour change, without acknowledging the significance of the context, which I discuss in section 6.2 of this chapter. The Service Managers, members of the TF Programme Team and TF Key Workers interviewed did not feel that there were adequate mechanisms to challenge the disempowering structures, processes and language, largely because they were reliant on the funding the Programme provided. They were aware of these to a greater or lesser extent depending on their professional experiences, and it seemed those that had worked closely with 'troubled' families demonstrated the most sophisticated critical consciousness in relation to the shortcomings of the TF Programme.

6.1.11 Conclusion

The TF Programme design that determined the delivery of support to families created a contradiction for those tasked with service delivery at the local level. On one hand, the DCLG and DWP wanted families to take personal responsibility, yet this would be achieved by the family and their problems being 'managed' by a key worker (DCLG, 2016c: 19). They also wanted LAs to develop a local programme that reflected local needs, however, the data-led nature of the Programme and the PbR system in particular meant that, in reality, the TF Programme in Cornwall was extremely prescriptive and disempowering to the LA and service providers. The task of delivering holistic whole-family support to 'troubled' families was undermined from the outset by budget cuts that meant reduced capacity in services, but the narrative around people in poverty being to blame for their misfortunes allowed the government to reframe the issue as one of worklessness and inadequate parenting (DWP, 2017b). The tendency to blame and penalise parents for perceived poor parenting, for example as attempted through the *Anti-Social Behaviour Act 2003*, has not had any discernible positive impact in the past, so it is difficult to see how the TF Programme would be successful in this respect.

My assessment of the TF Programme in Cornwall is that there needed to be a willingness on the part of Cornwall Council to share power in a real way, in terms of the Programme governance and decision-making, to allow local agencies to be resourced and supported to meet a local rather than a central agenda, and a culture change in how the LA engaged with other stakeholders. There was a significant power differential inherent in the way that the budget was controlled and allocated, but policy makers should understand that organisations that work closely with families are the guardians of a knowledge and expertise that is potentially very powerful and authoritative in terms of having a much

better understanding of what works well for families. As an intersectional analytical approach privileges the knowledge of those on the margins, for political, ethical as well as epistemological reasons (Hartsock, 2004), the challenge for Cornwall would be to consider the advantage of engaging with those with epistemic privilege, i.e. the 'troubled' families themselves, in order to develop a better starting point for any family intervention. The next section of this Chapter looks at TF families' experience of life as 'troubled' in the specific socio-economic and geographical context of Cornwall, and the intersectional challenges they faced.

6.2 The Standpoint Epistemologies and Intersectional Experiences of Families as ‘Troubled’

6.2.1 Introduction

This section is focussed on addressing my sub research question **2: What are the standpoint epistemologies and intersectional experiences of families as ‘troubled’?**

Therefore, in this section I focus on families’ experience of life as ‘troubled’ in the specific context of Cornwall and the intersectional challenges they faced, including those that were and were not covered by the TF Programme criteria. In this section I prioritise the families’ perspectives, but some reference is also made to Service Managers and TF Key Workers’ views, where relevant.

Based on the interview data, I have set out the multiple disempowering and empowering or enabling factors in these ‘troubled’ families’ lives, and these form the sub-headings for the discussion, as follows: 6.2.2 Poverty and Family Finances, 6.2.3 Employment and Worklessness, 6.2.4 Housing, 6.2.5 Adverse Childhood Experiences, 6.2.6 Crime, Anti-Social Behaviour (ASB) and Domestic Abuse, 6.2.7 Education- Child with Additional Learning or Behavioural Needs, 6.2.8 Education- School Non-Attendance, 6.2.9 Parental Mental Health, 6.2.10 Children’s Mental Health, 6.2.11 Parenting, Home and Family Life Issues, 6.2.12 Social Isolation, 6.2.13 Stigma and Micro-Aggressions and 6.2.14 Conclusion.

The six families that I interviewed had experienced and in all cases were still experiencing a range of challenges that in the official narrative would frame them as ‘troubled’. In each case, I interviewed the mother and I have used pseudonyms in order

to protect their identities- Anna, Bernadette, Cassie, Diane, Emma and Fiona. The data that Cornwall Council collated on these families in relation to these issues had led them to being identified as being eligible for support, and they had all been referred to the TF Programme and had decided to engage with it. As the full case studies demonstrate (Appendix 12), each of the families experienced intersectional challenges and disadvantages, which had a significant impact on them. There is limited research into the lived experience of poverty in the UK through a lens of intersectional disempowering structures, processes and attitudes (See Chapter 3), rather than just the symptoms of poverty, so this chapter provides some insight into these.

6.2.2 Poverty and Family Finances

The TF Programme was and is about improving access to and experience of support services in order to help 'troubled' families achieve sustained positive changes; however, the ability of the TF Programme to have an impact in Cornwall over the time period of the data collection element of this research study (2014-2017) was very much affected by the local socio-economic context. Intersectionality claims that experiences, particularly those framed as problematic, should be understood as socially constructed in a particular socio-political and temporal context (Garcia and Ortiz, 2013). All of the women that I interviewed were on workless benefits and were therefore very likely to be in poverty, by the official measure of household income being less than 60% of median income (DWP, 2019b). Taking the 60% of median income as the UK 'poverty line', in 2018 welfare benefits provided 52% of the income needed for a workless single parent with three children to be above the poverty line. This was down from 78% in 2012 because of reductions in the real value of welfare benefits (Porter, 2018). As single parents, five of the six women that I interviewed were also much more likely to be

experiencing persistent poverty than the general population (ONS, 2018a), defined as being in poverty for at least three out of four years. 24% of single parent families are in persistent poverty, the highest rate across all household types (JRF, 2018). This fits with the national picture: the recent MHCLG report on the TF Programme stated that 66% of families on the TF Programme, who took part in the family survey, had a net household income below £12 500 a year (2019b: 17), although, again, this is framed as ‘financial exclusion’ rather than poverty. Despite the government’s reluctance to use the term, poverty was mentioned specifically by 19 and indirectly by 15 of the 34 Service Managers and TF Key Workers that I interviewed. The particular vulnerability that single parents have to poverty is set out in detail in Chapter 3, with women making up 85% of single parents in the UK (ONS, 2021).

However, while Casey (DCLG, 2012a) claimed that there was evidence of the ‘intergenerational transmission’ of disadvantage for the families she interviewed, like the national Programme, the TF Programme in Cornwall did not explicitly name poverty as one of the main criteria for inclusion in the Programme. This was despite that a family being in relative poverty was one of the indicators of disadvantage in the *Family and Child Study 2005*, which provided the evidence base for the TF Programme (COSETF, 2007); this was measured by the household income being less than 60% of the national median, and the family not being able to afford a number of food and clothing items. Instead, the TF Programme in Cornwall included a criterion for inclusion where a family was at risk of ‘financial exclusion’, as measured by being on workless benefits or having at least two months council tax arrears (See Table 1). Other debts were not included, regardless of how serious these may be. The local TF Programme in Cornwall did not fully acknowledge household income or debt as being an important part of the story of

what it is to be 'troubled'. The 'financial exclusion' criterion is seen as part and parcel of worklessness, rather than linked to other aspects. In addition, the IMD masks very localised deprivation in sparsely populated rural communities in the county, and Service Managers and TF Key Workers expressed concern about the particular social isolation and hidden poverty affecting some in rural and coastal communities, in particular in North Cornwall (Interviews with SM1, Nov 2016; SM12, Feb 2016; TFKW4, Feb 2017; TFKW21, Feb 2017). There were also significant health inequalities between those in the most and least deprived areas, demonstrated by differences in life expectancy and average number of years people were living with poor health (CC and PHE, 2016).

All six of the women were on out-of-work benefits such as Income Support (IS) and Employment and Support Allowance (ESA) and were also in receipt of child benefit and housing benefit. Diane was in receipt of DLA for herself and her youngest child, and Cassie was receiving DLA for her teenage son. Fiona was studying for a university degree so was also in receipt of a student loan to cover her tuition fees but not any of her living costs. Anna had recently moved onto ESA from Job Seekers Allowance (JSA) due to her mental health problems, and Diane was left with lots of debts when her marriage broke down. The benefits cap had affected two of the families, with Diane seeing the amount she received in welfare benefits reduce, but she had managed to stay in the same house. Changes in welfare benefits disproportionately impact women; they have been particularly affected by their reduced value, as they are much more likely than men to be in receipt of benefits (JRF, 2010).

Bernadette was in the process of being moved onto Universal Credit, at the time of the interview, and she was concerned what this would mean for the family's finances.

However, she and Fiona both reported being 'good with money', and they had both managed to save money- Fiona to take the family on holiday and Bernadette towards moving to a more suitable property. These scenarios counter the 'feckless welfare benefit recipient' narrative as proposed by government ministers such as Ian Duncan Smith when he claimed in 2011 that 'giving more money to poor families will not help the issue of child poverty because feckless parents will spend it on themselves' (Winnett, 2011). None of the women disclosed that their financial situations were particularly difficult, but they may have chosen not to share this information for any number of reasons, or were engaging in testimonial smothering in order to save face, as they were aware of the stigma and shame associated with living in poverty (Tyler, 2013; Walker, 2014). Adults with disabilities and families with a dependent child with a disability, such as Anna, Bernadette and Fiona's families, are much more likely to be in poverty than the general population, and for people such as Diane, a disabled adult in a non-working household, the poverty rate is 67% (JRF, 2018).

Furthermore, this may demonstrate that very low incomes were very much normalised for these families and those around them, and people adapted their behaviours as a result; a study into the normalisation of precariousness in income streams showed that people developed coping strategies which fitted their circumstances (Karolak and Mrozowicki, 2017). For example, one TF Key Worker spoke of families in a very deprived estate in mid-Cornwall pulling their sofas out into the sunshine in the summer, and people sitting around socialising together in their front garden because a day at the beach was prohibitively expensive (Interview with TFKW7, Oct 2014). This points to an argument that an expenditure-based measure of poverty, rather than an income-based measure, is more revealing in terms of how people adapt their spending behaviours as

a result of being in poverty. Research into children's experiences of poverty reveals that moderating needs and reducing demand for expensive activities was a strategy children used to reduce pressure on their parents (Ridge, 2011).

As both a cause and consequence of poverty, for many TF families debt was an enduring problem; one TF Key Worker estimated that 90% of TF families she had worked with had problematic levels of debt, and for about 20% this was at crisis point meaning, for example, that the family were in danger of being evicted (Interview with TFKW6, Aug 2017). The CAB estimate that 55% of single parents and 52% of those in workless households are persistently over-indebted, defined as having debts which you cannot repay without accruing more debt (Thompson et al., 2017). Financial stress is often a contributor to domestic abuse. Diane's experience of domestic abuse included being subjected to coerced debt, which is a known factor in coercive and controlling behaviours, with violent partners deliberately indebting their victims as a means of exercising abusive control (Littwin, 2012).

In some cases, TF families were so overwhelmed by their level of debt that they did not open their post for fear of receiving more bills (Interview with TFKW17, March 2017). In addition, some people with high levels of debt feared returning to work because they were concerned that their lenders would then make a claim on any money they earned. One housing provider recognised the issue of families becoming indebted to informal lenders; 'if they've got doorstep lenders... whoever is shouting the loudest is going to get that money (Interview with TFKW20, March 2017). Therefore, families became trapped by their debt, which is a common issue in the UK that goes much further than the remit of the TF Programme. The ONS's analysis of the most recent UK Wealth and

Assets Survey showed that household debt has risen year on year since 2014 and in 2018, 4% of UK households were deemed to be in 'problem debt', that is unable to meet their debt repayments (ONS, 2018d). There is evidence to show that children growing up in families where there is financial stress can be very anxious about this situation, as they absorb their parents' worries (Ridge, 2011).

TF Key Workers talked of the experience of financial exclusion, whereby people were unable to save money or access the financial advantages offered to people who were able to pay for services (such as utilities) in monthly instalments rather than upfront (Interview with TFKW18, Feb 2017). An inability to access credit at favourable rates or take advantage of monthly payment plans is a key reason why people become trapped by debt (Thompson et al., 2017). TF Key Workers therefore articulated a view of poverty and financial deprivation that the families did not discuss openly in my interviews, although they may not have disclosed financial problems because of the stigma associated with this issue. Apart from Diane disclosing that her ex-husband had left her with debts, the families did not discuss in detail if they were in financial difficulty. There was no articulation of a shared conceptual framework between families and professionals of what it was to be in poverty, but many Service Managers and TF Key Workers felt that many families were dealing with this issue.

6.2.3 Employment and Worklessness

There is a close link between employment status and household incomes (See Chapter 3). None of the six women were in employment, at the time of the interviews, as all had a range of issues that impacted on their ability to work outside the home. Three of the women were job seekers and three were economically inactive due to ill-health or caring

responsibilities. All of the women interviewed had children with additional emotional, learning and/or behavioural needs and Anna, Cassie and Fiona cited caring for their child with additional needs as the main reason why they did not work. When assessing the impact of welfare-to-work schemes, Hudson-Sharp et al. (2018) found that the underlying reasons for people not being in employment, such as having caring responsibilities or health conditions, were not adequately addressed by the scheme, and therefore few of these people returned to work as a result of such interventions. In terms of the impact for the children in the families I interviewed, the evidence is that children in workless households have much lower educational achievement levels than their peers in homes where at least one adult is in employment (Understanding Society, 2019); this has implications for their longer-term outcomes and likelihoods of becoming working poor or workless, and therefore in poverty as adults.

Emma did not work because of her ill-health but was planning to return to her studies once her health improved, with a view to then working in a self-employed capacity in her chosen creative industry. When discussing her plans to return to university, she had found them supportive:

I said 'I genuinely can't at the moment' because I don't want to push myself, and they [the university] were kind enough to do a referral again. So, I said I'd do it the following year, and they said they'd save me a space.

So, she was economically inactive at the time, but her perspective was that her ill-health caused her worklessness, whereas the government's narrative in relation to the TF Programme is that worklessness causes ill-health (DWP, 2017b: p.7). This is despite compelling evidence that worklessness and poor health are complex and interrelated issues (Marmot, 2010). This example demonstrates the need for policy makers to

consider the nuance of worklessness, and to see cause and effect as potentially cyclical rather than linear. It also illustrates that Emma saw herself and articulated her experiences in a way that challenged the hegemonic narrative around, in this case, worklessness. An IAA challenges the essentialist misrepresentations of marginalised people, and the tendency to universalise their experience or even render them invisible (Maj, 2013).

As a single parent without any financial support from the father of her children, or effective informal support networks, Bernadette said that the expense of childcare for her three children was her main barrier to employment:

When I was on JSA I found the stress of trying to find a job difficult. It was not realistic to find something that was Monday- Friday, 9-5, no holidays, weekends or over time... I can't ask my Mum to look after the children because she is working full-time. I looked at holiday clubs for the children, but it is £60 a child for the week so just too expensive... it's why I haven't worked for about ten years.

Families with caring responsibilities can be excluded from the labour market by prohibitively high childcare costs (BH and WF, 2019). Bernadette had left school without any formal qualifications and lived in a semi-rural location characterised by high levels of deprivation, so her well-paid employment options were limited. There is a clear link between poor educational outcomes and poor employment opportunities and earning potential, with those leaving school without qualifications earning, on average, 48% less than those with university degrees (Blundell, Dearden and Sianesi, 2004). Another issue is job shortages: The most recent *UK Labour Force Survey* reveals that there are 1.6 people for every vacancy in the UK (ONS, 2019c). In addition, at £22 000 per annum, average income levels in Cornwall are more than 13% lower than the UK average (ONS, 2017). While the government recognises the need for childcare provision for working

parents (DWP, 2017b: p.15), the 30 hours per week, term-time only provision of subsidised childcare available to parents still makes employment on a minimum wage job financially unviable. Bell et al. (2005) argue that for single parents, such as Bernadette, it is particularly challenging to fulfil work aspirations and parental responsibilities.

In terms of the infrastructure needed to support a healthy employment market, TF Key Workers reported that inadequate and expensive public transport impacted on people's ability to access employment opportunities (interviews with TFKW1, Feb 2017; TFKW5, Aug 2017; TFKW11, Oct 2014), a finding supported by CAB Cornwall's (2018) research into rural services. One Service Manager felt that attitudes towards employment, perhaps borne out of the poor opportunities on offer, created an additional barrier:

Where we see the cycle of worklessness in families... young people who do want to get out [of the estate] but are discouraged by their parents.
(Interview with SM10, Feb 2016).

However, this latter point was not supported by the data from the women I interviewed. Five of the six women interviewed expressed a commitment to returning to work and had ambitions for their children to achieve well at school. This demonstrates the need not to take extreme examples as necessarily typical, and to understand people's specific reasons for not working, in order to better respond to and support them. It also demonstrates Intersectionality's argument that a narrative about a marginalised group often takes an individual's experience and uses this to make claims about the whole group (McCall, 2005). This tendency minimises the complexity of human experience. This example also illustrates that there can be a mismatch between how families see themselves and how even those working closely with them, see them.

Some TF Key Workers expressed that there was lack of aspiration in some families: 'There are not many opportunities for people to get their first job. Lots of young people are growing up without aspiration' (Interview with TFKW10, Oct 2014); 'Many have low aspirations... young people without aspiration and vision to see a change' (Interview with TFKW9, Oct 2014). This mirrored the findings of the JRF's (2016) research into the public's view of poverty in the UK, whereby poverty was understood, by some, to be the result of inadequate motivation and effort and poor choices. However, there is a paucity of empirical evidence, certainly within my data, to support this view.

JCP staff noted that there was an assumption at the government level that people would be motivated to return to work because they would then have more money, but this was not always the case. In some communities, it was difficult for people to commit to work when the norm was that many people did not work (Interview with SM4, April 2016). The data did not provide clear evidence as to *why* people might have this attitude, again demonstrating an important gap in a conceptual framework that frames workless families in terms of poor choices, 'held back by disadvantages such as problem debt, drug and alcohol dependency' (DWP, 2017b: p.10), rather than that these factors were both caused by and exacerbated poverty. The JCP also became aware that the TF Programme was dealing with very complex families, and for many people employment was not their priority (Interview with SM4, April 2016). In some cases, TFEAs did not prioritise moving a family off out-of-work benefits, if the family asked instead for help with debt alleviation measures and other pressing matters, rather than focusing on longer-term ambitions to return to employment. TF Key Workers noted the reluctance that many TF families had to leave Cornwall to seek out employment and other opportunities, despite the difficulties they were experiencing (Interviews with TFKW5,

Aug 2017; TFKW18, Feb 2017). The women that I interviewed had a range of reasons why they were not working, such as limited the lack of viable opportunities, health problems, having children with additional needs and the cost of childcare.

In terms of the Cornish employment market, most wages in the tourist sector remain very low, with many temporary, seasonal zero-hour jobs. This coupled with very high rents made some permanent residents feel that the benefits of tourism did not reach them, and in fact made their lives more difficult (Interview with TFKW18, Feb 2017). Yet there was a strong sense of place and Cornish identity which made many families and workers want to stay in the county rather than seek out opportunities elsewhere. This motivation to stay in Cornwall, even if that meant to be unemployed or underemployed contradicted the assumption in the TF Programme that people are motivated to work to maximise their household income above all else. In fact, many chose to live and work in Cornwall despite the limited employment opportunities and comparatively low wages because other aspects of quality of life were more important to them. For example, for Fiona, the 'nice, scenic' physical environment and sense of community were important markers of quality of life in her neighbourhood and the picturesque local environment acted as an enabler for her family's well-being.

6.2.4 Housing

Housing quality and security of tenure were not included as one of the main criteria for inclusion in the TF Programme or selected as a local filter by Cornwall Council. This is despite a family living in poor-quality or overcrowded housing, being one of the indicators of disadvantage from the *Families and Children Study 2005*, which formed the evidence base for the TF Programme at its inception (COSETF, 2007). However, housing

issues of different kinds were experienced by all six of the women I interviewed. One Senior Manager, who was very experienced in visiting people at home, was concerned that when people with poor health lived in deprived circumstances this made their problems worse:

It is difficult to know if living in difficult circumstances is causing these problems, or whether these problems make things difficult- a chicken and egg situation.
(Interview with SM4, April 2016)

The high cost of living, in particular very high rents in the private rental sector in Cornwall, coupled with low wages and many TF families being on workless benefits meant that household disposable incomes were often low. Many TF Key Workers had also seen families under increased levels of financial stress due to the benefits cap. The Work and Pensions Committee assessment of the impact of the benefits cap, found that it had not had the effect of incentivising work and it was disproportionately affecting claimants on benefits such as income support, who are not required to look for work because of caring responsibilities or other factors (HoC WPC, 2019: p.16).

While house building in the county and the increasing reach of Housing Association properties was helping with the housing situation, there was a shortage of smaller properties for families affected by the benefits cap to move in to, and this placed people at increased risk of debt and financial stress (Interview with TFKW17, March 2017). This reflects the national picture on this issue. Housing costs are the biggest single expenditure item for most families and Cornwall's combination of high housing costs, high cost of living and low wages indicates the need to consider people's disposable incomes after housing costs (AHC) (IFS, 2019). For children and young people growing up in materially deprived circumstances, TF Key Workers felt that it could be very difficult for them to 'break out' and aspire to a more positive future.

Five of the women interviewed lived in Housing Association properties, and another in a private rented house. Emma and her daughter lived in a busy coastal resort, popular with tourists, and while this presented opportunities in terms of activities for her to do with her child, they would avoid the busiest areas. She was essentially excluded, or self-excluded, from her own locale as a result of tourism. Being unable to participate fully in all the opportunities that society has to offer is a key characteristic of poverty (Townsend, 1979), in this case because of the barriers of cost and access that are often exacerbated by tourism. Emma lived in a very small Housing Association property which had a badly damaged kitchen from previous tenants. Lansley and Mack (2015) claim that one third of renters in the UK live in inadequate housing. Nevertheless, Emma considered herself lucky to be in a Housing Association rather than private rented property, as it was affordable to her and she had security of tenure. This is in the context of country-wide issues with housing supply and affordability (Coelho, Dellepiane-Avellaneda and Ratnoo, 2017).

Diane and her family were experiencing serious overcrowding in their home, with one child sleeping in the living room and Diane sleeping in the dining room, as the family of six were living in a very small three-bedroom house. She disclosed significant on-going mental health problems and that three of her children had and were experiencing various difficulties at school. There is evidence to show that children living in very overcrowded conditions do less well at school than their counterparts, perhaps because children with less room do not have the emotional or physical space or quiet time to study effectively (Goux and Maurin, 2005). In addition, overcrowding can cause anxiety

and shame for children, which impacts on their ability to make and sustain friendships (Ridge, 2011).

Fiona wanted to move to a different property but had been told by their Housing Officer that the family were not a priority and should move into private rented accommodation or relocate to another part of the country if they were so keen to move. This was despite her being at on-going risk of domestic abuse, which I discuss in more detail in 6.2.9 Crime, Anti-Social Behaviour (ASB) and Domestic Abuse. When Fiona contacted the person who dealt with the banding for housing, she found out that the Housing Officer had not passed on the information about the family's situation, and the concerns about safety, so their banding had not been changed. This illustrates the significant power that some professionals have over very fundamental aspects of family life with, in this case, potentially very harmful consequences.

Fiona could ask but did not have the power to make the decision about where they could live, if she wanted to stay in a property owned by the housing association. The choice she was given by the Housing Officer indicates the fallacy of assuming low-income families have autonomy in housing choice- Fiona did not have the financial resources to move to another property in the private rented sector or to buy her own home. Research shows that people living in poverty will have fewer housing choices, will typically live in poorer quality homes and will find it difficult, if not impossible, to buy their own homes (JRF, 2013). An absence of choice is a distinctive characteristic of oppression (Freire, 1996). Dowding (2006) argues that people's real autonomy is constrained by circumstances, in this case finances; Fiona's Housing Officer was engaged in the 'functional intentional behaviours', both purposeful and deliberate, which

characterise the use of power to disempower another. Intersectional feminism has long been about drawing attention to the unfair maltreatment of marginalised women (Painter, 1994), and Fiona's experience illustrates how difficult it is to effectively challenge those in power.

Despite her difficulties, Fiona said she wanted to stay in the local area because the children were in local schools. She described there being a stigma about the area because it was the biggest estate in the town but, in her view:

It is nice, scenic... and people help each other out, with shopping, childcare and other things. You can send your kids down the park to play and you know someone will keep an eye on them for you.

Fiona's perspective was interesting in that her experience of living in the community was largely positive and contradicted what she felt were negative perceptions of the area. This experience indicates the importance of understanding the less tangible but very real aspects of well-being, for example the benefits of belonging to a supportive community. Gillies argues that 'working class parents tend to live in tight knit communities characterised by trust, obligation and mutual responsibility' (2006: p.92) and Fiona's experience supports this claim. Research into the subjective well-being of children indicates that while tangible measures such as household incomes are very significant, some aspects are more abstract and more difficult to pin down but are nonetheless very important. The Children's Society *Good Childhood Report* (2017) data shows that children's feelings about autonomy, how they use their time and how they see their future are important components of their subjective well-being, supporting Fiona's view of what was important in terms of her family's overall quality of life. This view of life in a materially deprived community demonstrates an interesting aspect of

poverty in Cornwall which does not fit with the urban markers of deprivation that the TF Programme is based on. Typically, in deprived urban environments insufficient outdoor space, poor air quality and social isolation are important markers of a poor quality of life (The Health Foundation, 2018), but not so in Fiona's neighbourhood. An intersectional analysis of Fiona's family life shows the local environment to be an enabling and empowering factor in terms of their well-being.

Bernadette lived with her three children in a first floor three bed flat, which was a Housing Association property. She had put in a transfer request for a new house to the Housing Association as she felt that her six-year-old son Ben really needed a garden to play in. Bernadette believed that Ben had undiagnosed Attention Deficit Hyperactivity Disorder (ADHD). She was hoping to get a three-bed house with an enclosed garden as she felt this would help Ben, especially as she did not leave the house for days at a time when she was feeling very down. Research into hyperactivity in young children shows a significant impact on parental stress (Beernink et al, 2012), and certainly Bernadette was very stressed by the situation she was in. There was a grassed area to the front of the block of flats but it went straight onto the road so she felt that her children could not play out there safely by themselves. A lack of access to safe play spaces in deprived neighbourhoods has a real impact on child well-being (Sutton, 2008). Bernadette's situation indicated the close link between inadequate housing, poor mental health and the impact of maternal mental health on parenting practices.

The TF Programme does not collect data about the housing tenure of identified families, but the six women I interviewed were renting and their financial situations were such that it was very unlikely that they would be able to afford to buy property in the

communities where they lived, unless their employment circumstances changed dramatically. This lack of data at a national or local level on this issue is an important omission because housing tenure and the inability to buy a property says a great deal about families' assets and the likely perpetuation of poverty or wealth over time. The most recent 2011 census data reports that 68.8% of properties in Cornwall are owned, 16.8% are privately rented and 12% are social rented, with 1.7% of people living rent free and 0.8% in shared ownership properties. In 2017 there were close to 20 000 people on the social housing waiting list (CC, 2017), indicating that demand for affordable social housing in Cornwall far outstrips supply.

Housing providers had seen welfare reforms impact on families' abilities to pay their rent (Interview with TFKW17, March 2017). The benefits cap had affected Anna and her family, who lived in a private rented house, and the family had had to move seven times in the past five years, to find affordable housing. Anna felt that benefits changes had affected housing affordability in her area. This fits with the national picture, in terms of the impact of the 'bedroom tax' and benefits cap on disposable incomes, with low-income families being priced out of more expensive areas (HoC WPC, 2019). The numbers of second homeowners, and the numbers of properties rented out as holiday homes, puts additional pressure on housing stock in Cornwall. In many of the most popular coastal communities such as Polzeath and St Ives low and median earners have been almost entirely priced out (Interview with TFKW17, March 2017).

Despite not being included in the original iteration of the TF Programme, many services outside of housing understood the relevance of the sector in terms of the impact on

family well-being, and certainly the argument about the fundamental importance of adequate shelter is not a new one (See for example Maslow, 1943).

Housing Associations saw their work as much more than providing homes for families who would not otherwise be able to afford a high-quality home; they felt strongly about creating sustainable and supportive communities and supporting tenants with any additional issues that they might have (Interview with TFKW17, March 2017). A Housing Officer working within a Housing Association had helped Diane sort out her finances when she was left with a lot of debt when her relationship broke down, and she was very thankful for this support. The families' various housing experiences and the view of professionals both in and around the sector, again illustrates the inadequate knowledge base on which the TF Programme was founded in terms of how important safe, secure and affordable housing is to families. Children pick up on parental anxiety about housing: The *Good Childhood Report 2019* noted that of the children they surveyed, 37% of children living in poverty were worried about a place to live in the future (The Children's Society, 2019).

6.2.5 Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs), including physical, emotional and sexual abuse, family breakdown, mental health problems, criminality and homelessness, were disclosed as a significant factor for four of the six women, and all of them acknowledged the impact of these on the subsequent challenges they had faced, especially in terms of their mental well-being. Fiona had been in foster care as a child, had experienced teenage pregnancy, and at the age of 21 had taken on guardianship of her younger siblings who were in also in care. Cassie described her life as, 'a cycle of abuse, stretching

from childhood.’ Diane described growing up in a violent, physically and sexually abusive household as a child and having unmet additional learning needs, meaning that as an adult she was largely illiterate. Emma had experienced street homelessness as a teenager. TF Key Workers recognised that many of the families they worked with included adults who had experienced very challenging childhoods, and they felt that many TF families need support with their parenting, as the challenges some faced impacted on their ability to parent effectively (Interview with TFKW13, Sept 2015).

In many cases, although this was not corroborated by any of families that I interviewed, research suggests that problematic drug and alcohol use is symptomatic of ACEs, with people using addictive substances as their coping mechanism. ‘Why would you not use drugs and alcohol if you have had adverse childhood experiences?’ (Interview with SM1, Nov 2016). One Service Manager stated that services involved in crime, ASB, domestic abuse, drug and alcohol abuse and mental health recognised that there were demonstrable victim to offender pathways, and victim to substance abuse pathways (Interview with SM3, Jan 2017); therefore, supporting people to acknowledge and come to terms with their ACEs was important in helping them to secure sustained positive outcomes. There was also a recognition that where people were using substances as their coping strategy, there needed to be good support in place before they could be expected to stop using them:

So, if you have a survivor of childhood abuse, you need to make sure that support is in place before you start taking away someone’s ability to cope- i.e. their alcohol or substance misuse.
(Interview with SM1, Nov 2016).

This ability to see beyond the presenting issue, to try to understand root causes was a key theme in the attitude of professionals experienced in working with ‘troubled’ families.

6.2.6 Crime, Anti-Social Behaviour and Domestic Abuse

Despite the conflation of poverty and criminality in the TF Programme design, none of the families I interviewed had been referred to the TF Programme due to a family member being a perpetrator of crime or ASB. However, one Service Manager believed that there was a relationship between inadequate work opportunities and criminality: ‘Work doesn’t pay, so for some people they go down the criminal route’ (Interview with SM9, Oct 2014). While the IMD shows that the 17 most deprived Lower Super Output Areas (LSOAs) in Cornwall are also the areas with the highest levels of crime and anti-social behaviour (CC, 2019b), this data is not split down into people committing or being victims of anti-social behaviour. This is a gap in the data as to how and why people in poverty in Cornwall are experiencing crime and anti-social behaviour. As the ‘poor=criminal’ narrative was used as the supposed evidence base for the Programme, this issue does warrant much closer scrutiny.

Cassie, Diane and Fiona, who had all fled domestic abuse, had experienced crime and ASB by virtue of being victims of physical and psychological attacks and threats to their own and their children’s safety. Domestic abuse is above all about the exertion of power by one person who wishes to dominate another, and may use a range of violent and controlling methods to do so (McLeod, 2018) and it is therefore an extremely disempowering experience for the victim day to day, and in terms of the longer term negative impacts, which are often significant. It is a gender as well as a criminal issue,

with ONS statistics revealing that 74% of domestic abuse victims are female, and 77% of domestic homicides are female (ONS, 2020b). Given these statistics, it is a missed opportunity that the TF Programme in Cornwall did not track whether there had been any sustainable progress made on this issue, and if the TF Programme had any impact on this aspect of gender inequality.

Fiona and her family had been put on Amber Alert by the Police, with panic alarms in the house because they were under continued threat from the Fiona's ex-partner and people he associated with, who had turned up at the house. Her fears were well-founded given that recent ONS statistics show that 61% of women killed by men in the UK were killed by a current or ex-partner (ONS, 2020c). Fiona had experienced her ex-partner abducting her baby daughter and taking her out of the country for 6 weeks. They were found, her daughter was unharmed, and he ended up serving a custodial sentence, but Fiona reported that this episode had a lasting impact on her anxiety, 'I crumbled with the stress of it all'. Her experience demonstrated the clear link between domestic abuse and mental health (Women's Aid, 2019).

Cassie, Diane and Fiona's experiences as victims rather than perpetrators of crime went against the narrative and the original policy aim of the Programme that it was all about engaging a criminal and 'feral underclass' (Clarke, 2011), but supports the statistics which show that households with incomes of less than £10 000 per annum are six times more likely to be a victim/survivor of domestic violence than the general population (Cuthbertson, 2018: p.1). The language use is important as specialist domestic abuse services sought to reposition these women as 'survivors' rather than 'victims' of their experiences in attempt to reclaim their power from a position of being disempowered

(Interview with TFKW20, March 2017). The TF Programme in Cornwall did not collect data about families' experiences as victims of crime, beyond domestic abuse, so this was another missed opportunity to add to the development of a shared conceptual framework around if, how and why criminality and poverty are interlinked. In addition, the eligibility for inclusion in the TF Programme on the basis of domestic abuse only looked at whether an individual had experienced domestic abuse in the last 12 months (See Table 1), so historical accounts going beyond 12 months were not considered, even if the impacts were on-going.

For Cassie, Diane and Fiona as survivors of domestic abuse, there were on-going ramifications for each of their families. A TF Key Worker in a domestic abuse service claimed that Cornwall's domestic abuse rates were significantly higher than rates in comparable rural counties, however they could not be sure if this was because awareness and reporting was higher in Cornwall, or because actual instances of domestic abuse were higher (Interview with TFKW20, March 2017). A Service Manager acknowledged that intersecting contextual factors were significant, and she had a good understanding of the interrelated nature of families' experiences:

There are multiple factors that can exacerbate the situation, and I think Cornwall lends itself to those exacerbating factors. So, we do have higher than average unemployment, we do have low wages, we do have seasonal work, we do have rural communities, we do have social isolation.

(Interview with SM1, Nov 2016).

When Fiona relocated to Cornwall to escape the domestic abuse, she was told to choose somewhere where no one she knew has ever been or would be likely to visit, in order to make sure they were safe, however the perpetrator had subsequently found her. She said of leaving the abusive relationship, 'It was the best thing I ever did.' However, she

described the move as 'chaos' and she credited the strain of the domestic abuse, and the subsequent abduction of her baby daughter with contributing to her mental health problems.

When Cassie had fled domestic abuse and relocated to Cornwall, she saw this experience as the trigger for her teenage son Conor's mental health problems. She said that he was very angry, aggressive and unhappy; children exposed to domestic abuse are known to be more likely to exhibit aggressive behaviour (Baldry, 2003). Research also shows that frequent exposure to domestic abuse is an independent risk factor for depressive symptoms in young adulthood (Russell, Springer and Greenfield, 2010). Cassie had had to break ties with her and her ex partner's mutual friends, so that he would not be able to find her, and therefore she had lost the support network she had previously relied on. Despite relocating, she disclosed, 'I only feel safe on some days.' She reported not like having strange men in the house, because of her past experiences, which meant that she was reluctant for tradesmen to come in to sort out the kitchen that needed work. Cassie did not feel that she could trust people. Workers supporting these women understood that leaving an abusive partner was only the beginning of the journey to recovery, and their support needs were often significant and on-going (Interview with TFKW20, March 2017). This contradicts the data-led tick box nature of the TF Programme's outcome for domestic abuse, which takes a short-term view of success in this domain.

Diane had experienced long-term domestic abuse at the hands of her ex-husband, and this included sexual violence, which over time had made her physically and mentally very unwell. It got to the point that for three years she did not want to leave the house

and she became severely depressed. She described feeling suicidal but 'I had to keep going, for the children's sake.' Diane had tried to leave her abusive husband a number of times, but she would 'give in' and go back to him as she felt that her children were happier when they were with him. Her experience illustrates the seemingly contradictory nature of women's responses to domestic abuse, which Cavanagh (2003) argues is indicative of women developing strategies to try to minimise violence; this might include subordinating their own needs to those of their partners, and there is the impact of the perpetrator's narrative around the causes of the violence on the victim, with victim often struggling to come to the point where they accept that they are not to blame. As a result of the domestic abuse, Diane's children had been on the child protection (CP) register, because she was deemed not to be keeping them safe, which is often how the scenario is viewed by those in CP roles (Buchanan, Wendt and Moulding, 2014).

Diane was referred to Children's Services because a Family Support Worker was concerned about the domestic abuse and the perpetrator being in the family home and in contact with the children. Diane had been sure that the Social Worker wanted to put her children into foster care, 'I was really scared they were going to take them away.' Diane said that Social Services saw her being in an abusive relationship as a child neglect issue, and she felt that they blamed her and did not believe that she was able to keep her children safe. When the children were bruised with 'the normal knocks and bumps of childhood', the Social Worker would think they were being deliberately hurt and she asked many questions. This demonstrated the issue of a victims of abuse being blamed for seemingly not prioritising their children's needs. UK domestic abuse legislation rightly focuses on keeping children safe, but the framing of domestic abuse as neglect

on behalf of the mother is too simplistic if it measures maternal competence only by whether a woman stays in an abusive relationship or leaves it to protect her children (Buchanan, Wendt and Moulding, 2014). It has been recognised that being subject to coercive control and intimidation does impact on a victim's decision-making, and finances affects his or her ability to leave the abusive partner and live elsewhere, particularly if the abusive partner restricts or refuses any access to money as part of the controlling behaviours (McLeod, 2018), as was Diane's experience. Nevertheless, research into public attitudes towards domestic abuse found that more than two thirds of people felt that women who were subjected to domestic abuse and did not leave the relationship immediately were neglectful mothers (Weisz and Wiersma, 2011). Diane's testimony illustrates that a victim's response to domestic abuse is influenced by a range of factors, and also how important it is to give voice to someone who has been disempowered (Liasidou, 2016).

Diane also disclosed a particularly negative experience when she had gone to the police to report her then husband's abusive behaviour. She described being advised to withdraw her statement because she was told that it would be damaging to two of her children to learn that they had been conceived as a result of rape. Diane said that the police felt that there was an issue with sexual consent because she had at times consented to sex with her husband in the belief that this would stop him being violent, and the police saw this as weakening her argument around the sexual violence- the perpetrator could argue that there was implied consent. This goes against the view in UK law that sexual consent should be based on on-going active agreement between parties- an affirmative rather than implied understanding of what it is to give consent that seeks to protect victims from this type of scenario (Burgin and Flynn, 2019).

However, Diane's poor educational history and extended experience of violence and abusive depleted her ability to challenge this poor advice. It also demonstrates the tendency to invalidate married women's experience of sexual violence, as somehow less of an offence than stranger rape, which feminists have challenged as unacceptable, and ultimately lead to a change in the law outlawing rape within marriage in the UK in 1991 (Kelly and Radford, 1995). Diane view of the police was, 'When I tried to get help, they treated me like the problems were my own fault'. It is understandable why a victim/survivor of domestic abuse or sexual violence would engage in testimonial smothering (Fricker, 2006) as a result of this type of treatment, and her experience demonstrates how disempowering an inappropriate professional judgement can be to a vulnerable person. This experience also poses the question, which an IAA seeks to address, of whose knowledge counts, whose knowledge is deemed authoritative, and whose is ignored or silenced in society (Code, 2014). Intersectionality rejects the silencing strategies of testimonial quieting and smothering (Hill Collins, 2019), which Diane was subjected to by those in authority, in this case the Police.

Devaney (2008) argues that professional interventions should focus on the risk that perpetrators present, rather than just the risk to children, and they should be challenged to accept responsibility for their behaviours and the consequences for their families. At the time of the interview, Diane said that she felt secure in her home with the children, but her ex-husband was continuing to try to control her by doing things such as bringing the children back at the wrong time or leaving them by themselves in the front garden when he had had contact with them; attempting to co-parent with an abusive ex-partner often sees the continuation of some aspects of the controlling behaviours in this way (Hardesty and Ganong, 2006). The impact of these experiences on her faith in the

quality of her parenting and her mental health was on-going. There had also been a significant impact for her children. Her two eldest sons had been in serious trouble at school for aggressive behaviour, a common manifestation of children witnessing domestic violence (Price et al, 2013). She was concerned for her one of her sons, Dean, who was prone to depression and because he had seen men being aggressive to his mum, he had a tendency to intervene in fights when he saw someone being bullied, and then he ended up getting into trouble for it; 'School don't understand why he does that, but it's because of what he has experienced at home. That's why he reacts.' Diane's experience indicated the need for schools and other professional organisations to have a good understanding of a child's history and social context, and the intersecting challenges that the family have experienced, in order to respond appropriately to problematic behaviours such as this, where the aggressive behaviour is likely to be linked to the exposure to domestic abuse (Baldry, 2003).

Cassie and Fiona's families spent a number of months living in a refuge when they left their partners due to domestic abuse. Fiona felt frustrated by how she was treated whilst in the refuge, finding the rules disempowering: 'We weren't allowed to drink and had an 11 o'clock curfew... we were treated like criminals!' Cassie spoke of the need for counselling support while she and her sons were in the refuge but that it hadn't been available:

We didn't get any support... women didn't get the help they needed to move on, so it's a vicious circle. The staff didn't have any time to talk to you, so it was bad for (name of town) and bad for the children of women in there... a waste of money... because 75% of those women would just go back to their abuser.

This demonstrates that families have an understanding of the need to deal with root causes, rather than just the symptoms of domestic abuse, and that survivors such as

Cassie and Fiona had epistemic privilege with regards to the on-going risks to people who have experienced domestic abuse. Their testimonies show that the TF Programme in Cornwall's measure of success for domestic abuse- that there had been a reduction in risk over 12 months (CC, 2016: p.8)- was not fit for purpose. There had been an exercise in misrepresenting the reality of domestic abuse in a potentially dangerous and certainly unhelpful way. Hill Collins (2019: p.288) notes that because of the rules that govern what counts as truth, 'some truths count more than others', and the truth of the experience of domestic abuse appeared to have been dismissed by those who developed the Programme criteria. Cassie, Diane and Fiona's experiences illustrated how disempowering the experience of domestic abuse can be, both in the short and longer-term.

Cassie, Diane, Emma and Fiona revealed that their ex-partners had been problem drinkers, and this was cited as being a significant contributing factor to domestic abuse, family breakdown and maternal mental problems in Cassie, Diane and Fiona's case, and family breakdown and maternal mental health problems in Emma's case. Interestingly, one research study into women who had experienced domestic abuse at the hands of men who had drink problems viewed their partners as responsible for their actions; they did not feel that it should be blamed on the alcohol they consumed (Galvani, 2006).

6.2.7 Education: Child with Additional Learning or Behavioural Needs

All of the women interviewed had children with additional learning and/or behavioural needs, the issues associated with which were on-going. Fiona went to the Education Welfare Officer (EWO) and challenged the school over what she saw as the school failing to cater for her son Freddie's ADHD, but he was then permanently expelled. School said

that Freddie was a 'violent danger' to others, but Fiona said she would send him into school happy and relaxed in the morning and within half an hour they would phone her to say that she had to come and pick him up. Although only seven years old, Freddie had been moved to an Alternative Provision Academy (APA), which he was attending for two hours per day, and Fiona was really concerned that he was falling behind academically.

Cassie also expressed concern that the education her son was receiving in an APA was inadequate because the hours were much less than he would have had in mainstream school. This created a double disadvantage for him- she saw him as receiving a much poorer quality education; this issue with poor quality educational experiences within some APAs is believed to further marginalise children who are already at risk of poor outcomes (Dean, 2016). One effect of the short day was that both of her boys were at home a lot, which impacted on Cassie's ability to find work, and her son Conor's behaviour negatively affected his little brother. Fiona described her older daughter not having anywhere quiet to do her homework at home because of having a brother with ADHD; 'His problems are causing a domino effect for the whole family.' There was concern from both Cassie and Fiona, whose sons were attending APAs that they were picking up additional problematic behaviours, including drug-taking in the case of Conor, from other children they were associating with at the APA.

Bernadette had been referred to the TF Programme by her children's school who were concerned about her son Ben's additional needs. She had asked school for more support for him because they had acknowledged that he was not achieving to the expected academic level for his age. School thought that Ben had additional sensory

needs with characteristics of autism, so there had been a referral made to CAMHS, but there was a long waiting list and, at the time of the interview, he had not been formally assessed. Bernadette did not feel that school had been good at recognising Ben's issues and the school did not tell her what they were doing with Ben at school and when she tried to speak to the SENCO, she did not get back to her, so Bernadette felt that she was not getting the support or information she needed. This experience reflects the government view of this mother and her parenting as lacking competence (DWP, 2017b), and the attitudes and processes she encountered were very disempowering. This dereliction of duty by the school and/or the lack of capacity in the support services served to further disempower Bernadette, and her experience of being ignored by the school was self-defeating in this case, as the school could not hope to support Ben effectively without working closely with Bernadette. Marginalised mothers do not always garner the respect from or have the influence with schools that middle-class parents do, and are not expected to question teachers (Gillies, 2006). My IAA critique of the TF Programme recognises that silencing less powerful people, by ignoring what they have to say, harms the quality of knowledge itself (Hill Collins, 2019). Bernadette described how Ben's additional needs impacted on the whole family:

He hides when people come to the flat... he is often up until ten or eleven at night and is hard work. He has very repetitive speech and behaviours when he is worked up. He can't understand if we can't go out if it's raining... he gets upset. It's easier not to say we will be going out until the actual time.

She recognised that dealing with his needs affected her ability to put clear routines in place for her other children and this then affected their behaviour; meeting the needs of multiple children with different needs is a recognised tension that many parents need

support with (Solihull Approach, 2020). Bernadette also described trying to parent her youngest daughter Beth:

When she is playing up, I just give up and think 'oh whatever!'... she is so stubborn. When I try to discipline, I give up before she does!

This demonstrates the challenges to parenting that having a child with additional needs can pose, and the importance of parents having the information and support networks they need to question the support their child receives in school (Vaughan and Super, 2019).

Diane described school saying that they did not want to spend any more money on specialist support for her son Dean as there are other more deserving children, but she felt that he would really benefit from one to one support and additional help at school. This reflects the impact of the schools funding crisis on schools' abilities to provide additional support to all children that need it, as government cuts have seen schools lose 8% of their budget between 2010 and 2019 and there are more children in English schools with SEND than ever before (Farquharson and Sibieta, 2019). Diane interpreted this as the school being unwilling to prioritise her child, and this angered and frustrated her and left her feeling powerless. Anna was dealing with her daughter Amelia's on-going behavioural problems which made it very difficult for her to settle down to sleep, and the behavioural problems were then magnified because she was so tired, 'It gets in the way of every aspect of life.' For each family with a child with additional learning and behavioural needs the on-going challenges associated with these were very significant for the family.

TF Key Workers also stated that many TF families had at least one member with a disability who needed care, and/ or a child with additional learning or behavioural needs, and the challenges this posed impacted on the whole family. A number commented on the prevalence of ADHD and ASD within TF families. It is recognised that having a child with additional needs, or a family member with high levels of personal care needs, impacts on the ability of other family members to find and stay in employment, and this then makes the family more vulnerable to income poverty, particularly when it was a single parent household. There appears to be a cyclical relationship between low household income, poverty and having a child with additional needs. If a parent cannot work to a level where there is a good household income, the child's experience of school is likely to be negatively affected, with evidence showing that poverty has a damaging and cumulative impact on a child's experience of school and ability to achieve (Ridge, 2011).

All of the women interviewed were experiencing challenges in their dealings with their child or children's school. Four of the children had been excluded and Cassie's teenage son Conor had been permanently expelled. The women felt that the main issue in each case was how the school catered for their child's additional learning and/or behavioural needs. Anna reported finding the Thrive Programme 'a waste of time' in Amelia's case, feeling that it did not meet her needs. However, she did say that the Deputy Head and Amelia's Class Teacher had been supportive in trying to understand and meet her additional needs. Emma said that the Pastoral Support Teacher at her daughter's school had been very understanding and supportive. However, Fiona was concerned that many parents of children with additional needs did not know about Education, Care and Health Plans (EHCPs) and that schools had not been volunteering the information to

parents about how they should start the process of trying to get one for their child. This reveals an issue of whether schools have sufficient capacity to offer the EHCP to all children who need it, and whether parents and carers are considered to be sufficiently competent to be involved in the EHCP process. Research by the National Autistic Society revealed that for parents with children with additional needs, only 23% of parents indicated overall satisfaction with the experience of securing an EHCP for their child with some reporting having to battle harder to get support for their child than they had had to under the former statementing process (Sales and Vincent, 2018). Fiona believed that this reluctance was because schools did not have the manpower to provide EHCPs for all children that needed them. She had only learned about the process through her own experience of getting support for her eldest daughter Freya, 'They just don't tell you!' Fiona had been able to assert herself and get access to the information and support she needed, likely because she had a history of being proactive and assertive. Her experience supports Hill Collins' (2019) argument that even people in very difficult circumstances have agency and should be treated as such.

6.2.8 Education: School Non-Attendance

Emma's physical health problems had impacted on her daughter Ella's school attendance because there had been a number of occasions when she has been too unwell to get up and get Ella to school. School have been concerned about this and it prompted the referral to the TF Programme. TF Key Workers reported that children not attending school, or having unacceptably low levels of attendance, were issues in many families that had been referred into the TF Programme, indicating this was one of the Programme criteria that reflected the real issues within families. Schools picked up on school non-attendance and the mechanisms for flagging up this issue, and bringing in

the Education Welfare Service as needed, were effective (Interview with TFPT3, Sept 2016). When secondary age children were not attending school, both workers and parents said that it could be very difficult for parents to make them go if the young person was very reluctant. Anna and Cassie had had this experience with their teenage sons. Anna's 15-year-old son Alan had been school-refusing for five years. School-refusal is often symptomatic of an anxiety disorder in a young person (Heyne et al., 2011) and Alan was struggling with serious mental health problems and Anna acted as a full-time carer for him. One TF Key Worker pointed to the particular difficulties some young people were facing due to the isolating effects of poverty and the pressure teenage girls in particular felt to fit in, an issue that is compounded by social media (Interview with TFKW20, March 2017) and is recognised as a problem nationally (The Children's Society, 2017).

TF Key Workers had seen young people whose mental health problems caused them to be aggressive to their parents and siblings, to self-harm and self-medicate with drink or substance abuse; this then impacted on their ability to stay or achieve in education (Interviews with TFKW4, Feb 2017, TFKW9, Oct 2014). Price et al.'s (2013) research into the effects of trauma on children, including the experience of witnessing domestic abuse, found that they were much more likely to exhibit aggression against themselves and others and engage in harmful behaviours. This had been the case for Cassie and Diane's sons. The Service Managers and TF Key Workers who discussed school non-attendance saw it as an issue that was symptomatic of other problems within the family, supporting the family systems theory around the interrelated nature of challenges and positive experiences within families (Kerr and Bowen, 1988):

So, school attendance is a major problem but behind it you see that there is domestic abuse and poverty... and the school attendance is just a by-product of all the other stuff that's going on.
(Interview with SM7, Feb 2017)

6.2.9 Parental Mental Health

Mental health problems disproportionately affect people living in poverty and the unemployed (Marmot, 2010; CC and PHE, 2016; CDC, 2019), although the cause and effect of poverty and poor mental health are likely to be cyclical. Cassie had fled domestic abuse and relocated to Cornwall from a large regional city and described feeling very stressed, angry and frustrated with how things were going in her life; she said that living in 'crap housing' was making it even worse. She was aware that she was vulnerable, and she had self-referred to a specialist domestic abuse counselling service. Because of concerns about her son Conor and her own stress, she had only been sleeping 3-4 hours a night and described herself as feeling depressed and constantly tired, both physically and emotionally. These longer-term negative emotional impacts of domestic abuse on victims are well researched (Russell, Springer and Greenfield, 2010).

Anna and Cassie had a combination of mental and physical health problems. Anna felt that her fibromyalgia was a reaction to the on-going stress she was experiencing. Diane had experienced severe depression as a result of domestic abuse, but at the time of the interview she was on medication and was feeling a lot better and more in control. At the time of the abuse, however, she had felt suicidal and completely overwhelmed by her experiences and the need to care for her children. Being silenced and isolated by the experience of domestic violence is common and often has an on-going impact on a victim's mental health (Towns and Adams, 2015).

For Bernadette, her mental health problems continued to affect the whole family. She had on-going struggles with depression and anxiety but had stopped taking her medication: 'I was feeling so down, even doing that felt too much.' She had agoraphobia and when she was feeling very anxious, she did not go out the house, and she did not have the energy to do housework or other things at home. When she did not feel up to going out of the house, it meant that the children did not go out either. The research into the impact of anxiety disorders on parenting practices is limited but there is evidence that low parental care presents a small to moderate risk factor for the development of depression in children (Fentz et al., 2011). At the time of interview none of Bernadette's family, which included three primary aged children, had been out of the house for three days which would have an effect on their physical and emotional well-being, particularly if this was a regular occurrence.

This was particularly impactful for her son with ADHD's behaviour and as hyperactivity in children exacerbates parental stress (Beernink et al., 2012); this created a cycle with Ben's challenging behaviour and Bernadette's poor mental health becoming mutually reinforcing. There was an arrangement for the children to get taxis to school so Bernadette's agoraphobia did not affect their school attendance; however, Bernadette said that she felt that her coping mechanisms were decreasing as she got older. Her experience demonstrated how problems can get worse over time if they are not fully resolved and that any intervention needs to address the root causes rather than just put a 'sticking plaster on a gaping wound' (Interview with SM9, Oct 2014) as the TF Programme was doing in many cases.

Emma, who had a history of anxiety and severe post-natal depression, described how her mental well-being was closely tied in with how her child was doing at school. She was aware of the need to look after her own mental health, and the importance of being engaged in a productive activity in order to help herself, in her case this was studying for her degree:

I was cooped up with my daughter all the time, I needed to do something for me, I needed to do something for myself. You know, I've gone through all this and I've got to get myself back on the ball.

She also described how difficult it was at times, raising a child on her own, and how this impacted on her mental health. She had experienced a very difficult prolonged period of post-natal depression, 'That was the most scariest thing I've ever been through.' Untreated post-natal depression can have on-going consequences for maternal mental health and the mother-child relationship (Wylie et al., 2011). Her GP's response had not been helpful; when Emma told him she had been having disturbing thoughts, he had said that the baby would be taken away from her. Eventually a team of people including a Health Visitor and a Community Psychiatric Nurse (CPN) came in to offer support, and it was this support that helped Emma to get back on her feet. She felt that, 'giving people money, benefits... is not nearly as useful as giving people support'.

Fiona talked about 'constantly battling' to try to get the support for her child and described this as really draining. She recognised that her experience of domestic abuse had contributed to her on-going anxiety, and at the time of the interview she was on anti-depressants. Anna summed up her feelings as, 'I'm free-falling, totally without control.' Her very difficult past and on-going experiences left her feeling powerless. For the women with on-going mental health problems, these were both a symptom of the

challenges they faced and a barrier to enabling them to deal with them. Services were aware of how families were feeling:

Most of the people that we work with are desperate, desperate to keep their children, they're desperate to feed and clothe them, they're desperate for shelter and to be free of anxiety, just to be able to get their kids to school in clothes and stuff.

(Interview with SM2, Nov 2016)

One Service Manager had asked staff to note each time an individual disclosed a mental health problem, and they had seen numbers increasingly steadily over time. He felt that there were more people than ever 'persistently struggling with life' in Cornwall (Interview with SM3, Jan 2017).

As well as the impact on the women's mental health, the challenges they experienced also impacted on their self-concept in terms of how they saw themselves. Fiona described herself as, 'a battler... pushed back into a corner... I've been running from trouble for a long time.' Cassie said she felt vulnerable and unable to trust others. Anna said that she lacked confidence, especially in terms of getting back to work, and that she saw herself as, 'someone with never ending problems, always having to fight.' There is a clear link between mental illness, emotional distress caused by difficult experiences and a negative self-concept, and this is compounded by the stigma associated with being diagnosed with a mental illness (Joelle, 2011). Whereas, a positive self-concept is indicative of resilience in an individual and therefore acts as a protective factor against developing a mental illness (Davydov et al., 2010).

For many of these women, they also experienced the stigma of poverty and being seen and treated in a particular way that further impacted on them, in some cases depleting

their emotional resilience; Anna described her situation as this: 'life is excruciating at the moment.' Some TF Key Workers felt that some parents projected their problems and concerns on to their children, which put undue pressure on them; children do feel their parents' stresses (Ridge, 2011). 30 of the 38 professionals interviewed reported that mental health problems amongst 'troubled' families were very commonplace and were both a consequence of all the challenges that families were facing and posed a barrier to helping them overcome these. In terms of strengths and assets within families, one point discussed by a TF Key Worker was the resilience demonstrated by many families in the face of their mental health and other difficulties (Interview with TFKW2, April 2017). This runs contrary to the government's view that the TF Programme was about 'developing the resilience and skills that help them [troubled families] to cope better in future' in order that the demand on support services is reduced (MHCLG, 2019a), as if being 'troubled' necessarily indicates a lack of resilience. Of the women interviewed, only Diane and Fiona articulated that they had a network of family and friends to draw on for support; the others were very isolated and, as such, were actually incredibly resilient considering their experiences. This supports Liasidou's (2016) argument that we need to move past deficit-orientated perspectives on social problems.

6.2.10 Children's Mental Health

Emma was concerned that her daughter Ella's very limited contact with her dad and half-brother was making her 'very confused and quite emotional' and this affected her behaviour at home and school. As Emma was estranged from her parents and siblings, Ella was aware that she did not have any extended family in her life, and this was a cause of sadness for her. The quality of family life and close relationships are a very significant determinant of a child's overall subjective well-being (The Children's Society, 2017), but

the TF Programme does not collect data on the rate or impact of family breakdown on children or adults. With 85% of single parent households being female-headed (ONS, 2021), the impact of family breakdown is very much a gender issue and an important consideration in understanding patterns of poverty in the UK, so it would have been useful if the TF Programme had collected this data.

Fiona described her 'battle' to try to get CAMHS to do an assessment of her son, who she believed to have ADHD. She felt that this was the underlying cause of his aggressive behaviour at school. Cassie's teenage son Conor's mental health problems had got worse over time. The family had fled domestic violence and Cassie saw this as the trigger for Conor's poor mental health. They had moved from a city elsewhere, where he had been under CAMHS and had been receiving talking therapy and had been prescribed medication. When they moved everything then stopped, including Conor's medication. This indicates the problematic nature of support services not being adequately coordinated across different locations or across different agencies, despite recommendations on multi-agency working going back to the 2003 Laming report into the death of Victoria Climbié (Laming, 2003).

Conor struggled with anxiety, depression and chronic insomnia, and was on anti-anxiety and sleeping medication. He could not get the medication straight away when the family moved to Cornwall, because they had to wait for a new referral to CAMHS, and the GP would not prescribe without the CAMHS assessment. However, it took a few months for the referral to come through. This issue with inadequate capacity in core services was raised as a concern by 68% of TF Programme Coordinators nationally in the recent interim evaluation of the TF Programme (MHCLG, 2019c: p.23). In the meantime, Conor

was a victim of online stalking from his stepdad, who had been the perpetrator of the domestic abuse, and he had a nervous breakdown. Whilst stalking of a family member is a crime under the *Serious Crime Act 2015*, the Suzy Lampugh Trust (2016) estimates that less than 1% of cases of stalking are reported to and recorded by the Police each year and prosecution rates are extremely low. Cassie did not disclose if she had reported Conor's experience to the police.

Waiting a long time for referrals to CAMHS was a recurrent theme and something five of the families interviewed had experienced. For the 3030 people in Cornwall and the Isles of Scilly who were referred to adult or child mental health services in the year up to March 2019, only 10% were seen within four weeks and 55% had had their referral closed before receiving any treatment (the highest percentage in England), indicating what must be a significant issue with capacity to meet needs (NHS Digital, 2019). In Cassie's case, CAMHS referred the family to Children's Services with CP concerns for her younger son Callum, due to Conor's behaviour. Children's Services had labelled Conor's behaviour as a CP issue if he became angry in front of his little brother, but Cassie felt that he needed to process his unhappy experiences and the aggression was a manifestation of these. The medication was supposed to help Conor keep a lid on his behaviour and emotions, and Cassie felt that, 'taking him away would be the worst thing for him... it would just be another rejection.' Children's Services referred the family back to CAMHS with concerns that Conor was 'deviant' because of his behaviour at school. This resulted in him being excluded and moved to an APA.

However, Cassie felt that he needed help rather than punishment; she felt that he needed more therapy because of what he had gone through. Conor was displaying

aggressive characteristics such as shouting and swearing and she was worried that he was going to end up as a perpetrator of domestic violence unless he got appropriate support, a well-grounded fear given what is known about the link between children witnessing domestic abuse and exhibiting aggressive behaviours themselves (Price et al., 2013). She was also concerned that he had been going out and getting cannabis to self-medicate. She described him as highly intelligent but, 'now he has too much time on his hands... and he is angry.' This case study demonstrated that the professional view and framing of the individual and his or her behaviours very much colours how they are then treated. It also reinforces the link between ACEs and substance abuse (Shonkoff and Garner, 2012).

Anna's 15-year old son Alan was not in school and struggled with anxiety and depression. He had self-harmed and attempted suicide in the past and needed a lot of support. Alan was under the CAMHS and had regular sessions with the Child Psychiatrist, but his severe anxiety, depression and self-harm were on-going. Anna was understandably very worried to leave him by himself and she was a full-time carer to him, meaning that she was unable to work outside the home. For the women with children with mental health problems, this created a serious level of stress for them and had an impact on the whole family. Anna and Cassie had an engaged consciousness of what was causing their son's problems, and what the impact of these were for them and the wider family. bell hooks (1984, 1994) writes about the importance of the development of a critical consciousness in order to challenge inequities, however, despite being assertive and well-informed, Anna and Cassie's ability to secure support for their sons was severely constrained by the service capacity context. Bernadette and Fiona were also in the process of trying to secure support from CAMHS; they had both been waiting a number

of months for their sons to be assessed. Fiona said of her efforts to chase CAMHS, 'They say their hands are tied and the only way to move up the waiting list is to scream and shout!' However, there is evidence to show that assertiveness is perceived as aggression when it comes from someone who is marginalised by other's perceptions of them (see for example Eddo-Lodge, 2017), and therefore would be unlikely to help the situation, in a context where people in positions of power do not have the resources to meet needs.

6.2.11 Parenting, Home and Family Life Issues

Five of the women recognised that there were parenting and family life issues that needed addressing. Emma talked about the need for her daughter Ella to have a clearer structure in her life and incentives for good behaviour. Bernadette felt that her children did not listen to her and she found it hard to think of a suitable punishment at times. She felt that the main issues in the family were the lack of routines for her children and the impact of this on their behaviour. Anna and Bernadette described their family life as 'chaotic' and Fiona said that it had been 'like World War III' before the TF Key worker had got involved with the family. Cassie was very worried that if her teenage son did not get the support he needed the situation would split the family, and he would end up in care.

The latest iteration of the TF Programme flags parenting as key to overcoming family troubles (DWP, 2017b) and while the women I interviewed acknowledged that there were aspects of their parenting that they needed support with, my view was that many of the difficulties they were experiencing were largely caused by the combination of factors I have discussed. In addition, I observed very positive interactions and loving

relationships between the women and their children, in the families I interviewed. My observations, the TF Key Workers' perceptions and the families' own disclosures about family life indicated that the relationships within 'troubled' families are not necessarily dysfunctional. Despite the conflation of poverty and poor parenting in government narratives on 'feckless' welfare benefits recipients (Winnett, 2011), research indicates that 'chaos indicators' such as overcrowding, excessive noise and a lack of routine in family homes are more significant predictors of child outcomes (for example, early language development) than the material resources that are available to the family (Vernon-Feagans et al., 2012).

One Service Manager questioned the authority that professionals had to advise people on parenting, 'You could say it's really imposing your values on other people' (Interview with SM5, April 2017). It is interesting in the government documentation on parenting that there is an assumption made that there are norms within parenting that everyone should adhere to, for example that a key indicator of good parenting is being in employment (DWP, 2017b); this framing does not recognise that for single parents in particular it is real challenge to fulfil work aspirations and parental responsibilities (Bell et al., 2005). One Service Manager was also wary about what she saw as a tendency to patronise families:

It's us and them. There's 'us' who have our lives together and we're going to do this very paternalistic to 'them' who are... you know, this sort of 'underclass'.
(Interview with SM2, Nov 2016).

Fiona had proactively sought out support services in relation to her child's additional needs and had attended an ADHD workshop and a number of parenting courses, in order to demonstrate to CAMHS that she could recognise ADHD behaviours in her son. She

was aware of the need to take these steps in order to be seen as credible in her parenting and requests for support. An IAA challenges the accepted rules around what counts as credible knowledge (Hill Collins, 1990), and in Fiona's case she had to demonstrate that her knowledge came from a place of expertise.

6.2.12 Social Isolation

Anna, Bernadette and Cassie talked about feeling very isolated; for Cassie this was because she had relocated to Cornwall to flee domestic abuse, and she did not have friends or family close by to support her. Bernadette said that she lived too far from her family and the public transport was really poor in her area, so she felt isolated from them. She found single parenting lonely and her agoraphobia exacerbated this. There is evidence that mental health problems are caused and exacerbated by aspects of rural living, such as social isolation and poor access to support services (Nicholson, 2008). Bernadette wanted to meet other single parents, as she was aware that she needed social contact. This points to a level of self-awareness and a desire to proactively deal with difficulties which contradicts the government framing of 'troubled' individuals as necessarily passive and in need of a professional to manage them and their problems (DCLG, 2016c: 19). Instead, an IAA sees marginalised people as having agency- focussing only on oppressive factors downplays the agency of the individual who is being disempowered, and their personal response to this (Bhavnani, 2007).

The geographical nature of Cornwall exacerbated isolation in some communities, particularly in rural areas, and the cost and availability of transport for people to take up employment, educational, leisure and social activities was often prohibitive (CAB, 2018). Poverty of place is a real issue, but one which the TF Programme at a national

level does not recognise. Some TF families had a good number of family and friends around them, but many did not have a good support network and did not know who or where to go to for help. TF Key Workers felt that people needed to know what opportunities were available to them, but some did not have the confidence to access them.

They noted that victims of domestic abuse could struggle with confidence and this impacted on their ability to seek out and take up opportunities. Domestic abuse can make victims question their own abilities and judgements (Towns and Adams, 2015). This was interesting in terms of theories of human agency and assumptions that people will make rational and proactive decisions to help themselves. Sometimes there are real barriers to them doing so, people are not always able to act in their own best interests and their autonomy can be very much constrained by circumstances (Dowding, 2006), for example Fiona's difficulties with her housing. Todman et al. (2009) argue that when people are denied access to opportunities and resources this represents a particular form of poverty, social exclusion or isolation which is self-reinforcing if they cannot then access the forms of support they need to improve their situation.

6.2.13 Stigma and Micro-Aggressions

A recurring theme was the stigma that families felt that they and other 'troubled' families encountered. The women and some of the TF Key Workers interviewed claimed that statutory services providers in particular were guilty of negative stereotyping when it came to understanding the lives of 'troubled' families. Five of the six women interviewed cited being on the receiving end of real or perceived negative attitudes from

service providers they had encountered. Encountering discriminatory and patronising attitudes can reinforce what Walker frames as 'the shame of poverty' (2014).

Micro-aggressions are defined as those intentional or unintentional commonplace derogatory or negative interactions that are targeted at a person because of their personal characteristics or circumstances, in this case single, workless mothers (Sue, 2010). For example, the women interviewed reported that schools did not always appreciate the social context and challenges that a child or young person may be experiencing at home: Bernadette felt that 'school don't like me because I've told them I need more help for him [my son]'; Emma stated, 'I found school quite judgmental' and, 'when they saw me just being constantly ill, I don't think they understood.' Fiona felt that 'school doesn't listen to me, or my son's one to one teacher' and that 'they [school] punished me through my son'.

Not being listened, or feeling like they were not being listened to, was a micro-aggression which impacted on these families' view of services and willingness to engage productively with them. When shame is internalised, it can lead to a withdrawal and a lack of agency that shapes the 'felt experience of being poor' (Walker, 2014: p.2). A number of TF Key Workers noted that powerful institutions such as schools were more likely to listen to a family if they had a support worker with them to advocate on their behalf, so they took on this role. While helpful in the short-term, this however reinforced the real or perceived view that schools were not good at listening to some parents (Gillies, 2006), and allowed them to continue to work through support workers rather than engage more effectively with parents. Two felt that other professionals responded better to the TF Key Worker than they did to the woman themselves because

of their perceived authority; Fiona said, of her TF Key Worker, 'she's got that bit of power and people listen to her,' and Bernadette said of her son's school:

I have tried a few times to speak to the SEN worker, but she didn't get back to me- she doesn't respond to parents. So, when I need to, I phone [name of TF Key Worker] and ask her to speak to school, and they respond to her because she is official.

These women were either silenced or engaged in self-silencing because of how school staff perceived or treated them. Intersectionality rejects the silencing strategies of testimonial quieting and smothering (Hill Collins, 2019) that these women experienced. Jaggar (2004) argues that in an unequal society, different social groups have unequal opportunities to speak out and be heard, and it seems that Bernadette and Fiona were being denied the opportunity to be heard.

Families had also had negative experiences with social services. Cassie felt:

I can't stand Social Services... I don't like the way they've treated us. They are judgemental... I can't go to them for help. If they [Children's Services] are trying to help us, why didn't they do a welfare check? Why wasn't anyone bothered when he [my son] took an overdose?

Diane's view was that 'social services made me feel useless for a long time, like I wasn't a good mum'. Social Workers need to be particularly aware of and careful with the exercise of power and control they have when working with 'troubled' families (Beckett and Maynard 2013), as it appears that some families have a negative view of their approach. The women that I interviewed also felt that their perspectives were not taken into account and that the language and processes used were alienating. Cassie wondered 'how are people without an education supposed to understand what is going on?' Whereas Emma asked:

I don't feel I should have to explain myself, that I am ill. I don't think, to be honest, I don't think it's anybody's business... why should I have to repeat myself?

Fiona was of the view that statutory service providers had not provided the safety net her family needed:

The authorities won't help people who can help themselves- they just leave them to it... me and my family were let down by the system.

An intersectional analytical critique of these interactions sees them as indicative of unequal relationships between service providers and professionals that are in positions of relative power and families that are perceived as powerless or are treated in a disempowering way. The TF Programme serves to reinforce this power differential at the Programme level, but at the local level the situation was more nuanced. TF Key Workers acknowledged that families were consciously or unconsciously treated poorly by other professionals, but none felt that this was an issue in their particular service or organisation. There was a gap in the knowledge, therefore, with regards to why families felt like they were not being treated with respect, which indicated a need to seek out and take on board feedback from families in order to identify where the issues were.

In terms of the impact on the wider family, research shows that low-income children's access to leisure opportunities is negatively impacted if staff have a real or perceived negative attitude towards them (Ridge, 2011). Children self-exclude if they feel that activities and facilities do not cater for their needs. Fiona said that she hated being on benefits because of the stigma attached to it. She felt that people judge single mums who are on benefits, but she said that she knew many single mums, who are studying different vocational courses, in order to get back into work, 'They are not just doing nothing!' She felt that there was a stigma attached to living in her area because it was the biggest estate in the town, and that people who own their homes locally think they

are better than the people who do not, and that this created tension. Shame and stigma were therefore complex and multi-layered and impacted on how families saw themselves and how they perceived others to see and treat them (Tyler, 2013; Walker, 2014). My IAA to critiquing the TF Programme indicates that there is a need for a better understanding of the relationship between poverty, stigma and mental health.

6.2.14 Conclusion

These families' standpoint epistemologies and intersectional experiences as 'troubled' were very complex and overlapped in part, but not wholly, with the issues prioritised by the TF Programme. Their 'troubled' lives were characterised by intersectional and disempowering experiences, structures, processes and attitudes which made it very difficult to secure good outcomes for themselves and their children, and the impact on their mental health in particular illustrated the lived experience of being disempowered. The next section focusses on these 'troubled' families' experiences of the TF Programme, in order to provide insight into what worked well for them and what the challenges were.

6.3 'Troubled' Families' Experiences of the TF Programme

6.3.1 Introduction

This section is focussed on addressing my sub research question **3: What has been 'troubled' families' experience of the TF Programme in Cornwall?** The priority is given to families' perspectives, but reference is made to Service Managers and TF Key Workers' views, where relevant. Based on the interview data, I have set out key points raised by the families and these form the sub-headings for the discussion, as follows, 6.3.2 The Intensive Whole-Family Approach- How it Worked in Practice, 6.3.3 Practical Support, 6.3.4 Emotional Support, 6.3.5 Advocacy for Parental and Personal Empowerment, 6.3.6 Families' Agency, 6.3.7 Impact and Change for Families and 6.3.8 Conclusion.

6.3.2 The Intensive Whole-Family Approach- How it Worked in Practice

The support provided to the families interviewed was through intensive whole-family working whereby TF Key Workers, experienced in this approach, went into people's homes to speak to them about the challenges they were experiencing, what changes they would like to see, and what solutions they could envisage. They would then work to make appropriate referrals to different statutory and VCSE sector agencies and build a package of support around the family, as per their needs and priorities. The women interviewed were very positive about what they saw as the respectful and proactive way that the TF Key Workers engaged with them. This need for 'knowing and being known' in a society which considers some people not worthy of being listened to or treated fairly, harks back to Sojourner's Truth's demands in the 19th Century (Painter, 1994). In fact, the strengths-based approach the TF Key Workers took appeared to be as

important as the outcomes that they helped the families to achieve, supporting families to have a 'positive view of change' that this approach enables (Glicker, 2003). This approach supports Liasidou's (2016) view that and IAA requires us to move past deficit-orientated perspectives on social problems, if an intervention is going to have a positive impact.

The women talked about the reassurance of having someone providing support to them, and the assertive yet personable nature of their TF Key Workers:

Bernadette: *'She doesn't butter things up, she is very straight talking and I really like that'* and *'she says, "this is what needs to happen" ... I like her.'*
Cassie: *'She goes above and beyond. She is very nice as a person.'*
Emma: *'He's been great, really good.'*
Fiona: *'She really helps; she fights my corner.'*

For each of the women, the success of this relationship was in part down to the long-term nature of the intervention, at times up to 12 months, as this allowed them to build a productive trusting relationship with their TF Key Worker. Cassie acknowledged that she found it very hard to trust people due to her experience of domestic abuse, but she had come to trust her TF Key Worker:

I have experienced a cycle of abuse, stretching from her childhood. I am trying to put a stop to this, but people don't listen. With [name of TF Key Worker], I have built up that trust... she does small, practical things that are a big help. I like the human touch that she offers.

Service Managers across a range of agencies, who oversaw the work of the TF Key Workers, saw the importance of them working in this way, 'I know that you develop relationships over a long period of time and that's how you get the best outcomes' (Interview with SM11, Nov 2016).

The TF Key Workers interviewed were very positive about the whole-family approach and felt that it was a very effective way to work with families with complex interrelated needs:

Whole-family working... yes, I think it's really important. You have to look at the family holistically because you could sort out a child, and get them back to school but if there's issues at home that are affecting their mental health then that could cause them to dip down and stop attending school again. You've got to look at their support behind them, that there are routines in place at home and that the parents are available to them emotionally and mentally. One thing on its own, you may be able to sort the problem out for a short term, but if there are underlying things that haven't been sorted out, it would just go back... they won't sustain it.

(Interview with TFKW1, Feb 2017)

The voluntary nature of the family's engagement with the TF Programme was seen as key to the success of the TF approach, as it set the tone for a productive relationship between the TF Key Worker and the family, many of whom had had difficult experiences with services in the past. The women interviewed said that they welcomed the voluntary nature of the engagement; Emma expressed that 'I didn't have to do it, but I wanted to. It was welcomed.' Bernadette said that she liked that it was voluntary, and it would have annoyed her if school, who had made the referral, had said that she had to engage with the TF Programme. There was something about the voluntary engagement with the TF Programme which shifted the balance of power to families in an important way. Where intersecting difficulties are experienced as very disempowering, this ability to exercise agency is particularly important.

Three of the women felt that it was good that their TF Key Worker sat outside of statutory Children's Services. Fiona explained that with social services:

You feel that you have to work with them because if you don't they may take your children. The relationship with [TF Key Worker] is very different to that.

Statutory children services need to challenge the perception that they will always remove children when they have CP or other concerns; there appears to be a real difference in the perception and reality of thresholds for the removal of children and this appears to colour the view that some people have of the support that social workers can offer to families.

Diane described Social Services making her feel 'useless' and families who have had multiple service interventions can develop resistance to accepting support, particularly where there are complex issues such as domestic abuse (Killick, 2011). TF Key Workers talked about the need to treat families with respect and to be open with them about what their role was and what support they could offer. This included being honest if they had concerns about what was happening within the family, which could be challenging in terms of the impact on the relationship with the family; this is often the case when professionals have to assess the risk to children (Marshall, 2011). TF Key Workers talked about 'getting alongside' families in order to make them feel that they were being well supported (Interviews with TFKW3, Feb 2017; SM6, April 2017). They reported that some families felt that they have been 'written off' by services, in the sense of being silenced and ignored, and therefore really valued having someone show an interest in them (Interview with TFKW19, Feb 2017). Again, this reiterates the need for people to feel that they are being listened to.

In Cornwall, the ability of the TF Key Worker to build an effective package of support around the family was impacted by the budget cuts to statutory and VCSE sector organisations that meant reduced capacity in services, as discussed in section 6.1. Cassie and Fiona had strong feelings about access to services; their experience of trying

to get CAMHS support for their sons gave them the impression that waiting lists for CAMHS were very long, an impression supported by the national data on mental health services (NAO, 2018a), and they felt that there was less capacity to support their children at school, because of cuts to funding; schools have lost 8% of their spending per pupil since 2009 (Farquharson and Sibieta, 2019: p.3). Fiona felt that there was less funding for services in Cornwall, compared to when she had lived in a city elsewhere in the country. She worried about the longer-term implications:

It will make things a million times worse in the future... if children don't get the support they need now they will grow up to be adults with problems; they may end up in prison.

Cassie, who had also relocated to Cornwall, also said she had access to more support services when she had lived in a city, and felt that, 'services are rubbish in [name of town] and there aren't any job prospects.' She described different services 'quibbling over who will pay for stuff' and gave the example of Children's Services and her son Conor's school not being able to agree who would pay for the specialist counselling sessions for him that she felt he needed to resolve the trauma he had experienced when there had been domestic abuse in the family home; witnessing domestic abuse is a known risk factor for young people developing mental health problems (Russell, Springer and Greenfield, 2010). She said she was willing to pay for these sessions herself, but that you could not self-refer. This was an example of a disempowering process that did not allow parents to access support directly- Cassie needed a person in position of professional authority to make the referral for her.

Fiona felt that it was a postcode lottery in terms of getting access to support and services in Cornwall. She suggested that 'something needs to kick in' when a family got a referral

to CAMHS or another service, if there was a child with a disability, for example. She felt that when the referral went in someone should contact the family to see if they needed extra support, as it was likely that they would. She felt that it should be offered automatically, rather than just when a family was in crisis. The national evaluation of the TF Programme recognises that services are still seeing many families in crisis (MHCLG, 2019c), but despite the early intervention rhetoric, services in Cornwall did have the capacity or processes in place to respond to 'troubled' families' needs in this way.

6.3.3 Practical Support

Emma described how her TF Key Worker had helped her overcome the issues with her daughter Ella's school attendance by helping her put in place the steps that would enable her to walk to school by herself. Therefore, if Emma was too unwell to take her daughter to school, Ella could do it herself, and this really boosted the little girl's confidence and sense of independence. Anna, Bernadette, Emma and Fiona had received advice and support with their parenting strategies, so learning to use appropriate incentives, rewards and sanctions with an emphasis on the child taking responsibility for their behaviour. This reflects the advice of parenting programmes that have been shown to have been effective in building parental skills and confidence (Solihull Approach, 2020). Emma had found this very useful:

It's using those words 'it's your choice, this is what can happen', so it's giving her options to choose from. It's her choices then and it makes her think twice, so it does work.

Cassie described how the TF Key Worker said that she would look after her young son for an hour so that she could go to a local domestic abuse counselling service. This was

a big help, as she did not feel she could leave him at a nursery where he did not know anyone for an hour. Access to affordable, flexible childcare is an issue for many parents, and is particularly challenging for single parents (Bell et al., 2005) and this practical support was very important as Cassie did not have any family or friends around her.

TF Key Workers had attended TAC meetings with three of the families. Cassie described how her son Conor did not feel up to going so the TF Key Worker spoke to him to get his opinions and she then shared these at the TAC meetings. This really helped build up trust between Conor and the TF Key Worker, and it also ensured that the professionals at the TAC meeting could hear his thoughts. This commitment to accessing the young person's perspective is laudable; however, I do not have the data to explore to what extent this influenced the support that the family received. The TAC process is supposed to prioritise the child's needs, but it can feel like 'intervention overload' unless it is done well and serves to stop the child having to then meet with multiple other professionals (Limbrick, 2010).

The TF Key Worker had also recommended a plumber for Cassie to get in to deal with jobs that needed doing in the house; she was wary about having strange men in the house, because of her past experiences of domestic abuse. She found it difficult to trust people, as is common with victims of domestic abuse, so having the TF Key Worker recommend a trustworthy tradesman was very helpful. Research shows that when there has been domestic abuse, building trust relies on the service user feeling that the professional offering support is knowledgeable, genuine and has a positive view of them, rather than blaming them for the domestic abuse (Robbins and Cook, 2018).

For Diane, who had very poor literacy, the TF Key Worker helped in a very practical way:

She [TF Key Worker] takes notes in TAC and other meetings and reads letters for me... I can't read that well. Sometimes social services and others... I think they deliberately use big words to confuse me!

As well as impacting on Diane's day to day capabilities, very low levels of literacy seriously restrict employment opportunities and earning potential in adulthood (ECCT, 2009). The TF Key Worker had also done lots of other practical things, such as helping Diane to clear the back garden and get rid of unwanted furniture that she piled up in the front garden. Before getting help from the TF Key Worker, Diane had been stacking furniture and other household waste in the front garden, because she could not afford to pay for the council to come and take them away. This form of anti-social behaviour can have a significant impact on quality of life in communities and can create and exacerbate tensions between neighbours (Slatter, 2007). The TF Key Worker hired a van and organised clearing it all, but she was clear with Diane that they would do it together, rather than that she would do it for her; She got hold of garden tools for Diane to use. Diane had not had help or the tools to do the garden before, but once she and the TF Key Worker had cleared it, she was then able to keep on top of it and she and her children really enjoyed spending time in the garden. Soft outcomes such as this, which have a significant impact on the individual or family's quality of life, are not adequately captured when there is too much of a focus on centrally- determined quantifiable hard outcomes (Batty, 2014).

6.3.4 Emotional Support

The women interviewed described really valuing the emotional support their TF Key Workers provided; Fiona felt, 'if it wasn't for (Key Worker) I would be stranded again....

back to the start again.’ Anna and Diane described how helpful it was to have their TF Key Worker at the TAC meeting with the family, to provide moral and emotional support. Cassie said how important it was to her to have someone who did not judge her but was realistic and acknowledged that she needed help. Oliver and Charles (2016: p.1009) argue that impartial judgement and valuing the ‘authority and expertise’ of families involved in CP cases is imperative for the professional/ family relationship to work.

For Diane, who had experienced domestic abuse over an extended period, having a TF Key Worker who would always support her had really helped with making her more confident to say what she thought in meetings with professionals. At the time of the interview, she disclosed that she now felt much happier to be assertive and speak her mind in meetings. She had been through CP Case Conferences for her children and having the TF Key Worker with her had helped her find her voice and her confidence as a parent. This issue of people having a voice is central to an IAA, which prioritises the voice of the marginalised individual (Liasidou, 2016) and recognises their standpoint epistemologies as valid. Reflecting on Diane’s experience, Intersectionality is about representation, enabling people to say who they are and what is important to them, for themselves (Hancock, 2015). An IAA recognises the authority of experience, and the integrity of individuals to interpret and articulate this (Hill Collins, 2019).

The TF Worker had seen Diane as parent who could, with support, improve her caring practices and focused on this rather than looking at evidence for removing Diane’s children, an approach which is seen as key to effective CP especially in the context of

reduced resources for children's services (Munro, 2019: p.5). Diane had ended the abusive relationship she was in and the family had been signed off the CP register the year before:

Social services made me feel useless for a long time, like I wasn't a good mum, but [TF Key Worker] made me feel worthwhile again. She knew that I always put my kids first.... She never blamed me, she saw things differently, that I was constantly doing things for the children. It was exhausting but her support gave me the strength to carry on, and not get down... Before I would just give in, but [TF Key Worker] pushed me to carry on. She saw me as a real person. I used to feel like I was completely lost, but she was the first person who said to me "You've got to speak out".

This was an important indication of how empowering emotional support and a strengths-based approach can be to someone who has a history of being disempowered, and how important it is to treat marginalised people as having agency (Hill Collins, 2019).

Bernadette, Cassie and Diane women spoke about being quite reliant on the emotional support from their TF Key Worker. Bernadette was concerned that if her TF Key Worker stopped working with her, she would fall back into the position she had been in twelve months earlier, when she was really aware that she needed help, 'If she left now, I wouldn't know what to do or which way to turn.' Social workers, family support workers and other professionals working closely with families or individual with complex needs have to reconcile this 'ethics of care' with an effort to not create dependency (Banks, 2012: p.77). These testimonies indicate that the nature of the support that was offered and the approach that the TF Key Workers took were in many ways more important and impactful for families than the TF Programme-prescribed outcomes. They also illustrate the importance of on-going support for people with on-going mental health problems and emotional support needs, and that short-term measures for mental health outcomes are not generally helpful as assessing mental health outcomes is very

complex; people may feel things have improved in terms of some but not all symptoms and there needs to be a good understanding of how symptoms interact (Barbalat, van den Bergh and Kossakowski, 2019).

In many TF families worklessness was a key issue and all the women interviewed faced many barriers to returning to work, in particular because they had children with additional needs; their TF Key workers provided emotional support by encouraging them to engage in some form of purposeful activity such as volunteering. They saw this as being very positive in terms of mental health and self-esteem and research evidence shows that volunteering which allows for increased social connectedness enhances well-being (Brown, Hoyer and Nicholson, 2012). Anna said that her son's serious mental health problems had stopped her from working outside the house, and she was very unhappy about this as previously she had always worked full-time, and very much saw herself as someone who worked, but now, 'I don't go out or do anything for myself... I want to do volunteering to build my confidence'. The significance of community support networks, and social connectedness, such as those which one may build up through volunteering, is another area with potential for soft outcomes that is not recognised by the TF Programme. While the TF Programme focusses on the need for 'troubled' people to be in employment (DWP, 2017b), perhaps a better measure of a positive outcome would be for people to be engaged in purposeful activity, which they themselves have identified as a good use of their time and skills. This may be volunteering as valuable in itself, or as a route into paid employment.

6.3.5 Advocacy for Parental and Personal Empowerment

The TF Key Workers articulated the need to balance demonstrating care and compassion for the family, with the need to avoid them becoming overly reliant. This was a challenge, but TF Key Workers recognised the positive influence they could have, 'It can just take one person to believe in you, or one person to say the right thing at the right time' (Interview with TFKW2, April 2017). The role of the TF Key Worker as an advocate for the family was very important, as families did have, in many cases, on-going contact with services, and all of the women interviewed had had problematic experiences with statutory services in the past, as discussed.

Anna, Bernadette, Cassie, Diane, Emma and Fiona had all tried to work with their children's schools to resolve their children's difficulties, but all had had frustrating experiences in this respect and had felt relatively powerless in the face of the authority figures they had encountered. Bernadette said:

School don't tell me what they are doing [for her son with additional needs]. I tried a few times to speak to the SEN worker, but she didn't get back to me- she doesn't respond to parents.

Yet, when her TF Key Worker spoke to school, on her behalf:

They respond to her because she is official.

In addition, children and young people are often marginalised by the 'essentially child-unfriendly nature' of CP processes and multi-agency meetings can act as a barrier rather than an enabler to them having their voice heard effectively (Sanders and Mace, 2006: p.1). Anna said that her daughter Amelia did not like TAC meetings and everyone talking about her, but she attended because she wanted to get better and she knew that people

were trying to help her. One TF Key Worker felt that accessing the young person's perspective was very important in terms of the impact it could have on them:

That could be the first time the young person actually have [sic] their opinion sought on anything. That alone can be the most empowering thing before they had even started any work... "What you mean, I can actually say no, or I can say yes [to engaging with the Programme]?" That's really quite a powerful thing, isn't it?

(Interview with TFKW22, May 2017)

This reflects Intersectionality's argument that there is an ethical as well as epistemological value in accessing marginalised people's perspectives (Harding, 2004); the process can be empowering in itself, particularly if people are not used to having their views heard.

Reflecting the families' experiences of struggling to get support for their children, TF Key Workers recognised that many 'troubled' families had had negative experiences with services and they felt that a key aim of the TF Programme should be to help them to reengage with support services. For services to understand how and why some families did not engage as they wanted them to, it was helpful to appreciate that some families did not feel that they had a real voice; Cassie and Fiona both felt that school staff did not listen to them when they tried to speak to them about their sons' behavioural needs. One Service Manager who also worked directly with families saw her role as providing a voice for families, if they were not able to articulate their needs:

We were trying to say, "We're your voice". That's the message I was trying to give across. That we're your voice. Let's see what issues that there are to deal with. We'll try and help you have a voice and empower you to have one or we'll do the speaking, if you can't.

(Interview with SM5, April 2017).

This was interesting in that this Service Manager felt that some people could not speak, but it is not clear if this was because families engaged in testimonial smothering (Fricker, 2006), or because the structures and processes that should enable them to express themselves effectively were not fit for purpose. Or perhaps the Service Manager perceived the families as not having the capacity to speak. Bernadette, Cassie and Fiona could speak out but felt that they were not listened to because of how their children's schools perceived them as parents, which reflects other marginalised parents' experience of school (Gillies, 2006). People do have a voice; the problem is that they are not heard as their testimonies are not deemed to be authoritative or credible; Jaggar (2004) argues that different social groups have unequal opportunities to speak out and be heard, and the women's experiences reflect this point. However, the message that services that worked closely with families gave was one of enabling families to articulate their needs and empowering families to help themselves, saying to them:

Something's got to change here. You're going to make it happen, but we'll give you the tools to do that. But we aren't doing it for you. We're doing it with you, not for you.

(Interview with SM8, April 2017)

This reflected Diane's experience of being encouraged and enabled by her TF Key Worker to tidy her garden, with the TF Key Worker being clear that she would not do it for her, but with her. Diane was very proud of her achievement in this respect and what it meant for her and her children:

The mess was making me feel ill and just so overwhelmed with everything, especially when I was on her own looking after the children... Now it's cleared, I can keep on top of it and the children really enjoy time in the garden, looking after the chickens... they like getting right in [the coop] with them!

Her experience illustrates the positive impact of being proactive, and being supported to take responsibility, on self-esteem and family well-being.

According to the TF Key Workers, an empowering approach was not about supporting the family and their decisions regardless of what these were. TF Key Workers did challenge dysfunctional relationships that might be detrimental to an individual or the family's well-being; if there was a CP concern, they had a duty of care to raise this as per the *Children Act 2004*. This was a sensitive issue, for example in Diane's case where there was on-going domestic abuse when the TF Key Worker first met the family. Diane had experienced domestic abuse her whole adult life and needed support to understand that the way she was being treated was not acceptable, after she left her abusive marriage but then entered into a relationship with another man who then also became abusive:

I got into a relationship with [ex-husband] when I was 16 years old, so I didn't have anything to compare it with.... My relationship with [ex-partner] dragged me down a little bit, mentally, but it wasn't as bad as it had been with [ex-husband] who was emotionally and physically abusive.

With her TF Key Worker's support, and a referral to a domestic abuse survivors' programme, Diane was able to end this 'bad' relationship and found, on attending the Programme, that 'it was nice to meet other survivors' who she could draw strength from. One TF Key Worker also reported her experience of challenging families if they were doing something that was not in their child's best interests:

If I've got concerns, I'm really honest with the family and I will tell them. Which has got me sworn at a few times, I can tell you! [laughs].
(Interview with TFKW6, Aug 2017)

By taking a whole-family approach, TF Key Workers also worked to broker better relationships within families and to mediate between different perspectives. Cassie valued her TF Key Worker asking her and her teenage son for their views on their experience of fleeing domestic violence and relocating to Cornwall, and how this had impacted on the family. In keeping with an IAA, this TF Key Worker recognised that there were different perspectives on the same issue, and value in accessing these. Even within families, power differentials impact on knowledge production and the authority attributed to different perspectives (Crasnow, 2009), and parents are often framed as experts on their children without necessarily taking the child or young person's view into account. Different members of the same family may not necessarily have had the same experiences, and even when there are common experiences, these may be expressed differently with different impacts on the individuals involved.

TF Key Workers stated that many families had untapped resources and strengths to draw on, and their aim was to help people find their own solutions. One Service Manager stated that he was clear that his staff were 'doing with' not 'doing to' or 'doing for' in their work with families (Interview with SM8, April 2017). Fiona described working in partnership with her TF Key Worker, 'She has jobs and I have mine, and she chases me, and I chase her to make sure we get things sorted.' Although much of the TF Programme documentation frames 'troubled' families as lacking responsibility, and denies them agency, Fiona had a clear sense of her responsibility to 'get things sorted', which contradicts the narrative of 'troubled' families as necessarily passive, needing a 'persistent and assertive' key worker (DCLG, 2012c) who can 'manage the family and their problems' (DCLG, 2016c: 19).

6.3.6 Families' Agency

Without using the language of 'agency', Diane, Emma and Fiona all reported that their TF Key Worker saw them and treated them as an individual with skills and abilities, rather than just as a person with lots of problems, and this was key to building a constructive and trusting relationship between them. Diane described her TF Key Worker making her feel 'worthwhile again' and Emma had been commended for her commitment to her parenting and ability to support her daughter to become more independent:

When [TF Key Worker] first assessed me, the care towards my daughter was high but it wasn't in a healthy way because I suppose I was mollycoddling a little bit too much... a bit overprotective. Whereas now, she's got that independence... so it is a big difference, instead of me doing everything for her, she does things for herself. Washing up, she likes to do the dishes now... half a bottle of fairy liquid gone! It's great to see her wanting to do things here and there.

Service Managers agreed that the TF Programme should be about encouraging people to take personal responsibility: 'Agency lies with the individual. It's got to be about fostering independence' (Interview with SM9, Oct 2014). They had a strong sense of the family members as having agency, rather than being passive recipients of the support they were being offered:

It's about getting them to think... it's so much more powerful if they say so themselves... the aim is to work alongside them, rather than tell them what to do.

(Interview with SM6, April 2017).

The TF Programme's deficit view of 'troubled' families did not sit easily with the TF Key Workers' perspectives on working with families. Many articulated being needs-led, looking at families' strengths and assets as the starting point for working with them (Interviews with TFKW2, April 2017; TFKW3, Feb 2017; TFKW19, Feb 2017; SM5, April

2017; SM7, Feb 2017). This was for both pragmatic reasons due to limited resources, but also out of a belief that people need to be empowered to help themselves. A Family Outcome Star was used by many TF Key Workers as a useful tool for supporting this approach (see Appendix 14); this was used with families to help them self-assess and articulate how they were getting on at the beginning, during and at the end of the intervention. TF Key Workers considered this tool to be both a useful prompt for discussion and an effective way for families to identify where they needed support and what the impact of the support had been for them (Interviews with TFKW3, Feb 2017; TFKW4, Feb 2017). The Family Outcome Star was the tool for accessing and capturing the standpoint epistemologies of families and was used by workers who saw the families as being expert in their own lives. This approach supports the argument that marginalised social groups are credible and authoritative knowledge producers (Rolin, 2006).

One Service Manager said she felt that the Family Outcome Star had been very useful for giving families the vocabulary they needed to articulate their experiences, and as a visual aid it worked well for young people and people with limited literacy (Interview with SM1, Nov 2016). TF Key Workers felt that it was an empowering approach and it helped to reduce testimonial quieting as it reinforced to families that their perspectives had value and were essential as the starting point for developing a package of support for them. The development of the Family Outcome Star came from a participatory action research tradition of seeing people as experts in their own lives, as active agents rather than passive victims that can then be helped with a professional's expertise and knowledge (MacKeith, 2011).

TF Key Workers using the Star also said they felt that it was both important for the family and effective working practice to reduce the amount of times a family would have to retell their story, and it was therefore very useful for a family to have an outcome star that they owned and could share with professionals they came into contact with:

If you've got a family that's been through trauma, every time you go through that, that's making it real for them again. That's not helping them move on. (Interview with SM7, Feb 2017).

So, while it was important to access the family's perspective, this Service Manager was mindful of the potential negative emotional impact on the knower, of discussing their difficult experiences time and time again. This is an important ethical dilemma for an IAA to research to try to reconcile; there needs to be an assessment of any potential harm to participants when accessing the 'knowledge from the margins'.

6.3.7 Impact and Change for Families

Full details of the TF Key Worker interventions and the outcomes achieved by each of the families interviewed are available at Appendix 12. These demonstrate that many of the interventions and support provided and outcomes achieved were not captured by the TF Programme criteria. However, for many of the women the soft outcomes were very impactful. Bernadette explained, 'I was finding things really difficult before [TF Key Worker] got involved' and she had never used the charity providing the FIP before and did not know what to expect. She had been a bit worried what it would be like; she had expected it to be a bit like a Social Worker coming to see the family, but this was not the case. Anna, Bernadette, Cassie and Fiona said that they felt that their Key Worker would continue to support the family for as long as needed, and for Diane and Emma, who were no longer receiving support, they felt they could go back to their TF Key Worker if

they wanted to. Diane said, 'I can phone [Key Worker] whenever I need to, and she always gets back to her.' This demonstrates the importance of the reliable, approachable support that this TF Key Worker provided, reliability being a key desirable professional trait in family support and social work (Banks, 2012).

All of the women valued the outreach nature of the support, with their TF Key Workers coming to see the family at home. Bernadette said that having a child with additional needs, which included challenging behaviours, made it very difficult to attend appointments in an office. Assertive outreach is an approach which allows for the development of meaningful relationships between the professional and the service user and allows for greater understanding of context as the professional sees the service user in their own context, and therefore has greater insight into what a strengths-based approach can be based on (Ryan and Morgan, 2004). Emma and Fiona talked about using the information and parenting strategies that their Key Workers had helped them with, to then support and offer advice to other people they knew. This was interesting in terms of how parents cascade advice and expertise to others and whether the value and impact of this has been captured. The official government TF Programme documentation does not give any credit to 'troubled' families for the support they provide to others, or frame them as capable of doing so.

All of the women interviewed had experienced positive outcomes in terms of there being positive changes within the family across a range of issues, some of which aligned with the TF Programme criteria, for example school non-attendance and domestic abuse. Other positive changes were observed in how the women felt about themselves

and their ability to take control of the challenges they faced. The practical and emotional support and advocacy for empowerment had been impactful. Fiona stated:

I don't want to just sit and have [Key Worker] do things for me. I don't want to just let people help me, I will help myself.

Of course, with her personal history, Fiona had experience of being self-sufficient, and I do not have the data to assess if the TF Key Worker support just augmented her existing abilities and proactive attitude. The TF Programme does not capture the starting position or any change in self-efficacy and self-esteem within 'troubled' families; it just frames them as lacking agency. There was a correlation between self-efficacy, in terms of the women feeling able to achieve their goals, and their self-esteem, with these two aspects- self-efficacy and self-esteem- being understood as mutually reinforcing (Thompson, 2017). Another outcome was that Diane, Emma and Fiona felt that their TF Key Worker had helped them develop a better understanding of what support was available and how to access it. Fiona said she felt that her experiences had helped her to build up a lot of knowledge about different services and systems. These soft outcomes were not captured by the TF Programme or PbR mechanism but were very important in terms of building the women's knowledge and capacity; in intensive family support work, soft outcomes are often as important as hard (Batty, 2014).

All of the women interviewed articulated hopes and aspirations for the future which challenged the 'feral underclass' narrative (Clarke, 2001), indeed it was difficult to reconcile these women as supposedly one and the same as the 'troubled' people rioting in London in 2011. They were all prioritising sorting out the challenges their children were experiencing, before they could then think about their hopes and aspirations for their own futures. They had very personal responses to the challenges they faced and

an individual's agency will determine how they respond to difficult experiences (Hancock, 2015). Yet five of the six were able to articulate hopes and plans that things would improve for the family. Cassie was very much caught up in her day to day worries about her son Conor at the time of the interview and did not feel very positive about the future. Her experience supports the argument that toxic stress has a real impact on mental health (Shonkoff and Garner, 2012). Emma and Fiona were ambitious to continue with their studies; Emma had a deferred place at university to complete her Master's degree once her health improved. Fiona was studying for a BA Law degree through the Open University (studying in the evening while her four children slept!), and she had built up a lot of knowledge through her own experience of domestic abuse. She said that when she had lived in a refuge she had always been giving advice to other women, so she had decided that she wanted to train as a solicitor specialising in domestic abuse. Emma and Fiona both very much went against the stereotype of feckless single-parent benefits-recipient with zero ambition, portrayed by some sections of the media and political elite (Winnett, 2011).

Anna and Bernadette also wanted to go to college to study, and their TF Key Workers had helped them look for suitable courses and at what they would need to do to get back into work in the future. Bernadette was keen to try to find something to attend two or three days a week, when the children are at school, and said she would like to pass her Maths and English GCSEs, understanding that they were needed to open up other opportunities. Although, she was nervous at the prospect, 'I could go to college, but I feel a bit stupid going with a lot of younger students'. All the women, bar Diane, recognised the role of education in improving their future opportunities, although time, cost and caring responsibilities act as key barriers to people accessing adult education

and training opportunities and this is particularly an issue for single parents; there are also financial barriers to such opportunities for low-income households (Pennacchia, Jones and Aldridge, 2018). Anna talked about wanting to get into a volunteering role with Victim Support and be able to 'pay it forward, career-wise' in recognition of the support she had received from a local VCSE organisation that supported people with mental health problems. Bernadette described how years earlier she had worked with children with disabilities and she had loved it and would like to do it again, so she hoped to study a Health and Social Care course at college. There is a link between being engaged in enjoyable, productive activity and people's self-esteem and motivation, in part because of the effects of feeling competent and gaining approval from co-workers and colleagues at work (Thompson, 2017).

6.3.8 Conclusion

The women interviewed had had, on the whole, a positive experience of the TF Programme, specifically because of the practical and emotional support provided by the TF Key Workers to them; the focus on advocacy and empowerment was impactful, as discussed. I acknowledge that the women I interviewed were accessed through their TF Key Workers and it is likely that they suggested people who had a positive experience, and therefore their views of the Programme are not representative. Nevertheless, I had a strong sense that all of these women were proactively engaged in dealing with their everyday challenges. Their responses to their situations were very individual, from frustrated and stressed in Cassie's case to assertive and upbeat in Fiona's case. Personal circumstances and experiences coupled with personal characteristics combined to determine their response. Hancock (2015) notes that Intersectionality is not just about identifying problematic contextual issues, because the agency of the individual will also

determine how they respond to challenges. These women had experienced many disempowering challenges in their lives and had been disempowered by being ignored and having their views discounted by those in authority. However, they had also been empowered and listened to by the TF Key Workers. They had choice, control and agency and with enabling, practical and emotional support would be able to achieve some positive, often soft outcomes, however the disempowering structures, processes and attitudes that characterised their lives remained largely the same.

The positive regard that the women had for the TF Programme seems a positive vindication of the approach, however credit must be given to the women themselves. In assessing the impact of the initiative, the national TF Programme does not appear to value the steps taken by families themselves or credit them with being active agents; it focusses only on the quantifiable outcomes that the TF Programme interim evaluation claims can be attributed to services being able to 'deliver better outcomes for families' (MHCLG, 2019c: p.4). While the longer-term sustainability of the impact of the work that was done with them is not known and the wider structural issues that I have discussed remain, the positive impact of this family support work and the commitment and skills of many of the TF Key Workers and Service Managers I interviewed should be recognised, as of course should be the resilience of the women and their positive engagement with TF Programme. All of the women appreciated the opportunity to discuss their experiences and give feedback on the support they have received under the TF Programme. As credible and authoritative knowledge producers (Rolin, 2006) on what it was to be 'troubled' in Cornwall, and receive support from the TF Programme, they did have a voice and they wanted to be heard.

Chapter 7: Conclusions

7.1 Introduction

This final chapter pulls together the key threads of this research study with a consideration of how my findings have enabled me to address my main and sub research questions (SRQs). While there was important and impactful support work being done with ‘troubled’ families within the TF Programme in Cornwall, this was not able to address the underlying root causes of the intersectional challenges affecting families. My research illustrates that the TF Programme is disempowering to families and service providers, and this is exacerbated by the disempowering socio-economic context. The sections that follow summarise the conclusions that I have come to: 7.2 What has been Cornwall’s experience of the TF Programme, critiqued through an intersectional analytical approach? (Main research question), 7.3 SRQ1: What is the significance of the TF policy and Programme delivery context in Cornwall? 7.4 SRQ2: What are the standpoint epistemologies and intersectional experiences of families as ‘troubled’ in Cornwall? 7.5 SRQ3: What has been ‘troubled’ families’ experience of the TF Programme in Cornwall? And, finally 7.6 SRQ4: How has this study contributed to the conceptual framework of what it is to be ‘troubled’ in the UK?

7.2 What has been Cornwall’s Experience of the TF Programme, Critiqued through an Intersectional Analytical Approach?

In order to assess Cornwall’s experience of the TF Programme, the main question is to what extent has it addressed the root causes of families’ ‘troubles’ in Cornwall? Each ‘troubled’ family that I interviewed had its own unique combination of challenges that it was dealing with, however the common factor was poverty, as discussed. The reality

is that the TF Programme has not reduced relative poverty rates nationally, or in Cornwall. When I concluded my fieldwork in 2017, Eurostat data showed that 17% of the UK population were at risk of poverty, as measured by living in a household with less than 60% of median income. In 2012, when the TF Programme was launched, 16% of UK households were in income poverty (Eurostat, 2017), so there had been a slight increase in the proportion of the population in relative poverty. The IMD demonstrates that for the most deprived communities in Cornwall, levels of deprivation had stayed the same or got worse since 2012 (MHCLG, 2019b). In the income, employment and education domains, Cornwall's ranking dropped in relation to other LAs and Cornwall is the 8th most deprived LA in the UK by the income measure within the IMD (MHCLG, 2019b).

The lack of progress made on relative poverty rates in the UK since 2012 indicates that on-going structural factors such as earnings growth not keeping up with inflation (DWP, 2019c: 3), and high living costs relative to household incomes and excessive housing costs, driven by demand outstripping supply, are far from resolved (Coelho, Dellepiane-Avellaneda and Ratnoo, 2017). Poverty is a gender inequality issue, in that women are more likely than men to be experiencing poverty, due to the reasons discussed in Chapter 3, and the TF Programme has not provided evidence that this issue has been effectively acknowledged or addressed. There is strong evidence that poverty depletes human well-being (Dermott and Main, 2018) and poverty has remained a real issue in Cornwall, despite the efforts of the TF Programme. My intersectional analytical critique of this reality is that the policy and socio-economic context is extremely disempowering, and as the TF Programme fails to take into account the standpoint epistemologies of

'troubled' families, there is an inadequate understanding of this reality as the starting point for developing policy, as the following sections discuss.

7.3 SRQ1: What is the Significance of the TF Policy and Programme Delivery Context in Cornwall?

The TF Programme governance and delivery, the financial context which meant reduced capacity in services, the PbR mechanism, the Programme criteria and outcomes, and the issues with data and service transformation combined to make the ability of the TF Programme in Cornwall to have a positive impact for 'troubled' families very challenging. The TF Programme policy, as imposed by central government, and the Programme governance and delivery at the local level typified the exercise of power in order to disempower others (Lukes, 1974). The knowledge of those in positions of power in the LA was privileged and the authority and validity attributed to this knowledge worked to actively disempower those in positions of relative powerlessness.

The perspectives of other service providers, including TF Key Workers working closely with families, were largely ignored, as were the perspectives of 'troubled' families themselves. As an epistemological project, Intersectionality seeks to question whose knowledge counts, whose knowledge is deemed authoritative, and whose is ignored or silenced (Code, 2014), and the TF Programme demonstrates the damaging impact of this. There was no systematic effort to harness the knowledge of those on the margins, rather Cornwall Council worked to reinforce their dominant perspective and established beliefs on how to run the TF Programme but this approach created epistemic deficiency around how best to deliver the Programme at the local level. By not including TF Key Workers or families in the TF Programme governance, important knowledge was lost to

the conceptual framework of what the actual experiences and priorities of ‘troubled’ families were, and what would work well in terms of supporting them.

As per Lukes’ view of the operationalisation of power (1974), Cornwall Council exerted their power by controlling the agenda and ensuring that non-compliant perspectives were not articulated. The austerity context exacerbated this tendency, as the pressure on budgets meant that the LA were unwilling to share decision-making powers on the allocation of money, and budget cuts caused significantly reduced capacity in services and the loss of expertise and cumulative knowledge about what works well with ‘troubled’ families. Cornwall’s experience contradicted the DCLG’s (2016d) claim that service transformation could be achieved despite budget cuts, without acknowledging what this would mean in terms of the service quality. In Cornwall, TF Key Workers had higher caseloads, worked with families for a shorter period of time and, once a PbR claim had been made as per one of the Programme’s outcomes, they were expected to stop working with families even if there were on-going issues, a disempowering outcome for all involved. An intervention that takes an individual’s experience and uses this to make claims about the whole group- i.e. that the family has been ‘turned around’ because one family member had achieved a positive outcome- minimises the complexity of human experience (McCall, 2005).

The TF Programme could not reconcile the need for TF Key Workers to ‘manage families and their problems’ (DCLG, 2016c: p.19) with the expectation that they would exhibit self-efficacy in resolving their problems. The government’s ‘toxic poverty narrative’ (O’Hara, 2020) seemed to be frustrated at what they saw as the irresponsibility of a ‘feral

underclass' (Clarke, 2011) yet they were unable to make the link between this narrative and a policy approach which denied people agency. An IAA seeks to treat people as having agency, (Hill Collins, 2019) and Hancock (2015) notes that Intersectionality is not just about identifying problematic contextual issues, because the agency of the individual will also determine how they respond to challenges. The language of families being 'troubled' was very stigmatising and alienating. Casey's (DCLG, 2012a) view of 'troubled' families promoted a narrative of these families as inherently dysfunctional, inadequate, irresponsible and anti-social (Bond-Taylor, 2014), which was not borne out by my interviews with families or those working closely with them.

There were serious issues with the TF Programme data in Cornwall. The Programme criteria and outcomes were not based on real needs, but on the data that the LA had access to. There were significant gaps in the data, for example on physical health, ACEs and housing needs, and the outcomes for domestic abuse and mental health in particular were not fit for purpose; for example engagement with and successful completion of a structured drug and alcohol treatment was taken as the positive outcome for adult mental health (CC, 2016: p.9), despite people with poor mental health not necessarily having drug or alcohol problems. The TF Programme criteria also illustrated an inadequate understanding of poverty by not capturing information such as whether it was a single parent household and whether family members had any of the protected personal characteristics (as per the *Equality Act 2010*) such as being from a BAME community, having a disability or being a woman which meant that they were at increased risk of poverty.

The PbR mechanism was one of the biggest flaws with the TF Programme. One individual's outcome should not have been taken as a proxy for a whole family being 'turned around' by the TF Programme, as per Cameron's claim (The Independent, 2015), as this was misleading. The PbR mechanism provided a perverse incentive to make claims for outcomes that would have been achieved regardless of the TF Programme, for TF Key Workers to work with families that only needed minimal support rather than those with very complex and entrenched problems, and for TF Key Workers to stop working with families once a PbR claim had been made, even if the family had on-going problems. In addition, the short-term nature of the TF Programme outcomes, against which the PbR claim could be made, did not include any qualitative element, for example around the nature of employment or experience of education. In addition, there was not any information gathered about families who refused to engage with the Programme although it is likely these would have been some of the most 'troubled'. Data that did not support the 'TF Programme is a Success' narrative was buried in the official documentation; for example that 68% of Troubled Families Coordinators in local areas felt that capacity problems in core services such as schools, health, police and children's social care were a barrier to delivering the TF Programme effectively (MHCLG, 2019c: p. 23). Hekman (2004) proposes that any discourse that works to destabilise the hegemonic discourse, for example around the impact of a government policy, can be unsettling for those in power.

7.4 SRQ2: What are the Standpoint Epistemologies and Intersectional Experiences of Families as 'Troubled' in Cornwall?

My research demonstrates that those living 'troubled' lives are a source of epistemic privilege on complex social problems and the detailed testimonies of the families interviewed illustrated that 'troubled' families' standpoint epistemologies were only partially reflected or were actually misrepresented in the official framing of what it is to be 'troubled'. There were commonalities between the women interviewed, in terms of the challenges they were experiencing, but they also differed in many ways in terms of their personal histories, circumstances and responses to their 'troubles'. Intersectionality challenges the essentialist misrepresentation of marginalised groups, and the tendency to universalise their experience or even render them invisible (Maj, 2013).

In Cornwall the impact of the local socio-economic context, the housing and employment market, inadequate rural and coastal infrastructure and the wider service context, characterised by depleted resources, was very significant. All of the women were unemployed, and the reality of the employment context was that their employment options were likely to be seasonal, temporary and/or poorly paid, particularly for Bernadette and Diane who had had very poor experiences of education and did not have any qualifications. The study also makes a useful point about the long-term consequences of educational failure in a country with limited non-academic routes into well-paid employment.

The experiences of the women that I interviewed reflect what is already known about the intersectional nature of poverty (see Chapter 3). Their experiences demonstrated

that a household income measure of poverty is only helpful to a point, and what is more important is how this impacts on people's well-being, choices and opportunities, for example in terms of whether they can afford to live in housing which is good quality and big enough for the family. It also did not acknowledge the particular effect of inequality in a county where poverty is often experienced as being in proximity to affluence. As per the national TF Programme documentation (see for example MHCLG, 2019a), Cornwall Council's unwillingness to acknowledge the significance of important contextual factors, such as the employment and housing market, meant the TF Programme dealt largely with the symptoms rather than the causes of poverty in Cornwall.

One commonality for the women was the experience of being disempowered, for example through domestic abuse which had impacted on their physical and mental health and the well-being of their children. They had been disempowered by the experience of having children with additional unmet learning, behavioural and/or emotional needs which impacted on their ability to find and stay in employment. They were disempowered by the experience of having very low household incomes which impacted on their ability to access opportunities such as more suitable housing. They had encountered disempowering attitudes which positioned them as incompetent parents or ignored and silenced them when they tried to secure additional support for their children. Intersectionality rejects the silencing strategies of testimonial quieting and smothering (Hill Collins, 2019). These disempowering factors interacted with the women's existing difficult experiences to negatively impact on Anna, Bernadette and Cassie's self-concept and sense of agency in particular, giving them a feeling of not being in control, which is typical of the felt experience of being in poverty (Walker, 2014).

Stigma, shame and micro-aggressions were part of these women's experience of being 'troubled'. They had privileged consciousness of what life as 'troubled' felt like and they also had, in all cases, double consciousness (Harding, 1987), where they are aware of how others saw, spoke to and treated them. The families had all had poor experiences of feeling that school staff, social workers and other people in (real or perceived) authority had treated them poorly. Not being listened to, or feeling like they were not being listened to, was a micro-aggression which impacted on these families' view of services and willingness to engage productively with them. They noted that the TF Key Workers were listened to because they were powerful and were therefore able to see their own treatment as different and less favourable in comparison.

Where an IAA states that conflicting viewpoints are not credited with the same epistemic authority, and some are ignored by those in power, Jaggar (2004) argues that in an unequal society, different social groups have unequal opportunities to speak out and be heard. In terms of being or feeling ignored by those in power, the women I interviewed were wronged in their capacity as knowers, presumably due to the 'prejudicial credibility deficit' which did not see them as authoritative on the issues affecting their children (Fricker, 2006). The TF agenda does not address stigma or povertyism directly, but this needs to form part of the narrative, with reflection on whether public services should have an explicit obligation to address social inequalities, as was the intention of the *Child Poverty Act 2010*. This may go some way to addressing this aspect of life as 'troubled'- the impact of stigmatising attitudes, which reinforce discriminatory structures and processes and contribute towards unequal outcomes.

7.5 SRQ3: What has been ‘Troubled’ Families’ Experience of the TF Programme in Cornwall?

I recognise that the women I interviewed had all decided to engage with the TF Programme and had had largely positive experiences of the support they received, so were not representative of all the families that met the criteria as ‘troubled’ in Cornwall. However, their standpoint epistemologies did provide useful insight into the Programme. The case studies (see Appendix 12) indicate that the TF Key Workers did work hard to put support in place for each family member, as per the issues raised by the women. The families’ experiences suggest that poor family outcomes should not be blamed on poor quality family support work, but rather that effective family support work helps to mitigate against structural and environmental factors, but cannot in itself resolve these. What was very important in terms of ‘troubled’ families’ experiences of the TF Programme was the difficulty TF Key Workers had in providing an effective package of support to them in the austerity context. Inadequate capacity within statutory and VCSE sector services was disempowering to both services themselves and the families they were working with: Services need resourcing properly so that families get the support that they need.

The evidence from my findings, albeit based on only six family interviews, is that the practical and emotional support provided by the TF Key Workers to ‘troubled’ families was empowering. The most recent interim evaluation of the national TF Programme claimed that when families were asked about their TF Key Worker, 83% said that they were helpful (MHCLG, 2019c: p.22). Interestingly, 80% of TF Key Workers and 77% of TF Programme Coordinators surveyed reported that they believed that the TF Programme was effective at achieving long-term positive change in families’

circumstances (MHCLG 2019: p.14), however, if families were asked about this, the results were not reported. So, they may have found their Key Worker helpful, but we do not have the information as to whether they felt that the TF Programme was enabling them to achieve long-term positive changes. Presented as such, the MHCLG report infers this is what families were reporting, but this may not have actually been the case. The perspectives of the TF Key Workers and Programme Coordinators are presented as credible and authoritative in this respect, in terms of making a judgement on the effectiveness of the TF Programme, but the views of the families are absent. This is further example of the selective use of data to support a policy agenda and present a misleading narrative. Hill Collins (2019) notes that silencing less powerful people, by ignoring what they have to say, harms the quality of knowledge itself, in this case our understanding of whether the official evaluation has provided an accurate representation of the impact of the TF Programme on the families involved.

The TF Programme gave 'troubled' families a limited opportunity to exert their power, in that engagement was voluntary, and they could choose not to engage. However, due to rules around consent to data sharing in Cornwall, if a family chose not to engage or would not give their consent to having their data shared, they then forfeited their entitlement to support, so it was not a free choice. In addition, data on families was identified and collated without their consent, demonstrating an aspect of governmentality- the control and coercion agenda- whereby public authorities seek to monitor, regulate and change behaviours that they deem problematic. The families' engagement with the support offered by their TF Key Workers illustrated that theirs was not a story of having a Key Worker who would 'manage families and their problems'

(DCLG, 2016c: p.19), but rather that there was a relationship at play which was based on shared understanding and proactive action from both parties.

The 'troubled' families that I interviewed did not necessarily prioritise the PbR-determined prescribed outcomes and the TF Key Workers recognised, respected and worked with this reality. Both families and TF Key Workers talked of the importance of the soft outcomes and some of the intangible but extremely impactful changes; that the TF Programme outcomes did not capture the significance of a survivor of domestic abuse coming to the realisation that they were not to blame indicates how difficult it is to develop an outcome framework that measures the value of such things. You cannot always come up with a fit-for-purpose quantifiable outcome for complex social problems. In terms of what Freidan framed as 'the problem that has no name' whereby people (in her case, women) keenly felt their oppression but lacked the conceptual resources to articulate it (1964), the use of the Family Outcome Star, did support 'troubled' families to articulate their experiences effectively. However, this knowledge project was kept between the family and their TF Key Worker; the learning was not shared with or utilised by the TF Programme more broadly to, for argument's sake, enhance the understanding of the lived experience of people's 'troubled' lives and develop the TF Programme from this basis. Therefore, while TF Key Workers saw this approach as empowering, I would argue that it was only empowering to a point as it did not, in itself, enable 'troubled' families to challenge the disempowering structures, processes and attitudes that lay at the root of their difficulties.

The families' experience of the TF Programme indicate that the practical and emotional support offered was in many cases very much valued and impactful, particularly because

it gave the women the support they needed to address some of the challenges that they were experiencing. While the root causes remained, the TF Key Worker support appeared to have the effect of helping the women feel more in control of their lives. My concern is what happened to these women when the support was withdrawn and there is no longitudinal research into the TF Programme which tracks the subjective well-being of families after the intervention has stopped. The evaluation of phase two is supposed to include a longitudinal element, looking at the sustainability of any outcomes that have been achieved (MHCLG, 2019c) but given the flaws in the Programme design and delivery that my data have revealed, I would not have faith in any claims made on the basis of the TF Programme outcomes as they stand.

7.6 SRQ4: How has this Study Contributed to the Conceptual Framework of what it is to be 'Troubled' in the UK?

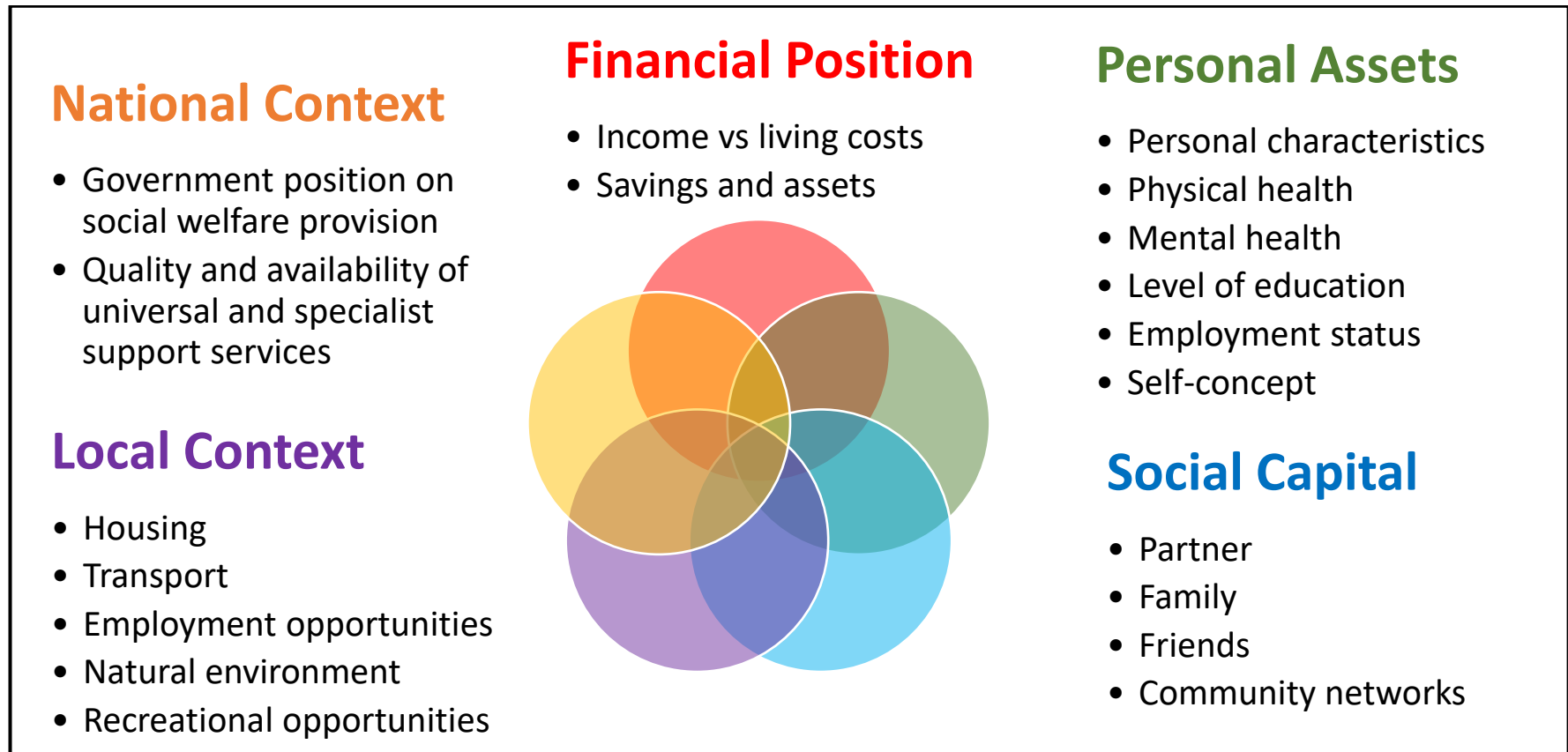
The contribution that this research study makes to the conceptual framework around what it is to be 'troubled' in the UK is that the term 'troubled' is effectively a proxy for experiencing intersectional poverty. To be 'troubled' is to be in a position of relative powerlessness within what is a materially unequal society, and to experience the perpetuation of this poverty through disempowering structures, processes and attitudes. This study draws attention to the way that 'troubled' families' contribution to knowledge has been left out, and how knowledge has been used to further disempower them, by a selective use of data to support a 'policy-based evidence' agenda (Gregg, 2010).

Tools such as the Family Outcome Star, enable families to articulate which issues they want to prioritise, and this should be the starting point for any intervention. 'Troubles'

are not discrete phenomena but intersectional challenges that impact on one another (Cho, Crenshaw and McCall, 2013). The standpoint epistemologies of those directly impacted by poverty should be taken as the starting point for developing social policy interventions that meet real needs, rather than those that fit a particular policy agenda. I also argue that the government narrative around poverty needs to reflect the language and ideas that come from 'troubled' families and those working closely with them and the official unwillingness to use clear language in this respect helps to perpetuate a misleading narrative. Calling poverty 'financial exclusion' does not lessen its impact.

The 'troubled' families' testimonies illustrate that poverty is experienced as a system of interrelated disempowering structures, processes and attitudes that make it very difficult for many families to achieve good outcomes. Some of these disempowering factors can be actively challenged and changed by families themselves, but some need government action and an enabling policy framework, for example, around employment and housing. The government argue that 'troubled' families should return to work and attend parenting classes (DWP, 2017b), but the families' testimonies indicate that there are experiencing multiple barriers to employment, and parenting practices are not necessarily problematic. This reinforces the idea that people in positions of power do not listen, or if they do listen do not act on what they hear, and this produces poor outcomes, for example in the form of a badly designed and delivered piece of social policy such as the TF Programme. The following figure sets out my view of the intersectional aspects of power in a family's life, with different aspects being empowering or disempowering in terms of the impact on family well-being.

Figure 2: Intersectional Aspects of Power in a Family's Life



Explanatory Notes:

Power is defined as having choice and control, with different aspects being empowering, or disempowering in terms of the impact on family well-being.

Each family will experience a unique combination of intersectional empowering and disempowering aspects.

The relationship between different aspects is complex and non-linear and things change over time.

These aspects are not exhaustive and for some families other aspects will be significant.

7.7 Conclusion

To conclude, the challenge for Cornwall and other LAs delivering the TF Programme (and whatever comes in its wake) would be to engage with those with epistemic privilege in order to better understand ‘troubled’ families’ lives. LAs need to add their support to the VCSE sector and academic voices who are arguing that the austerity context has had a huge impact on the quality of services to the most ‘troubled’ in society, and rather than addressing social problems it has perpetuated them in many cases. Instead of continuing to locate the problem within ‘troubled’ families, central government policy and LA efforts should focus on proactively engaging with the standpoint epistemologies of those experiencing ‘troubles’ and using this knowledge as the starting point for addressing the disempowering structures, processes and attitudes that make it very difficult for many families to achieve good outcomes.

Appendices

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Appendix 1: University of Plymouth Ethics Approval Letter



6th October 2014

CONFIDENTIAL

Rebecca Carter Dillon

[REDACTED]

[REDACTED]

[REDACTED]

Dear Rebecca

Application for Approval by Faculty Research Ethics Committee

Reference Number: 13/14-264

Application Title: An Evaluation of the Together for Families Programme in Cornwall

I am pleased to inform you that the Committee has granted approval to you to conduct this research.

Please note that this approval is for three years, after which you will be required to seek extension of existing approval.

Please note that should any MAJOR changes to your research design occur which effect the ethics of procedures involved you must inform the Committee. Please contact Sarah Jones (email sarah.c.jones@plymouth.ac.uk).

Yours sincerely

Professor Michael Sheppard, PhD, FAcSS

Chair, Research Ethics Committee -
Faculty of Health & Human Sciences and
Peninsula Schools of Medicine & Dentistry

Appendix 2: Cornwall Council Ethics Approval Letter



Research Governance Panel
Communications & Customer
Relations (Adult Care and Support)
Chief Executive's Directorate
Cornwall Council
Room 239, New County Hall,
Treyew Road, Truro, TR1 3AY
Tel: 01872 323640
10/10/2014

Dear Rebecca,

I am pleased to inform you that Cornwall Research Governance Panel has approved your research project 'An Evaluation of the Together for Families Programme in Cornwall.'

The Panel agreed that the planned evaluation is well presented and clearly describes every action that the research involves.

We wish you every success with your PhD and hope that your research provides valuable information.

Yours sincerely,

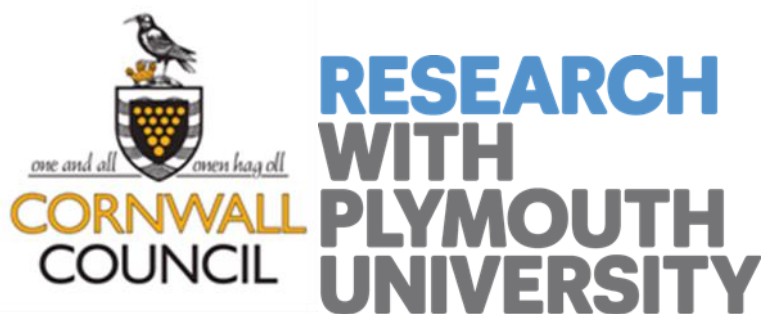
Nicola Atfield

Nicola Atfield.

Chair Cornwall Research Governance Panel.

Appendix 3: Information Sheet for Professionals

(Service Managers, TF Programme Team Members and TF Key Workers)



Information for Key Stakeholders and Professionals Involved in the Implementation of the Together for Families Programme in Cornwall

Research Contact: Rebecca Carter Dillon
Plymouth University, Drake Circus, Plymouth, PL4 8AA
Rebecca.carter-dillon@plymouth.ac.uk
Telephone [REDACTED]

Background to the Project: Cornwall County Council and Plymouth University have developed a three year PhD research project tasking me with undertaking an evaluation of the Together for Families (TF) programme in Cornwall.

The title of the research project is '**An Evaluation of the Together for Families Programme in Cornwall- Transforming Lives for those most in need and shaping family services**'.

Who am I? I am a PhD research student at Plymouth University. I have a background in community development work with different communities in the UK, and I have also work as a Lecturer at Plymouth University. I have done research before and have lots of experience of talking to professionals and families about the issues that affect them. I have made sure that the research meets ethical guidelines and standards for the University and Cornwall Council.

What am I doing? This research aims to explore to better understand the lives and experiences of families in Cornwall, who have been identified as needing additional support, in order to make recommendations for future policy and practice. I will be looking at what the challenges and opportunities are taking a whole family approach to delivering services and support to identified TF families, and look at what impact this is having.

What is involved should you agree to take part in the study? I will ask you to participate in an interview so that I can find out what your thoughts are around the implementation and impact of the TF programme. All data collected will be confidential and will only be used in the final report in an anonymised way so it cannot be traced back to you.

What will happen with the data collected? An evaluation report will be written that will be used to help plan family support services in Cornwall. I will also use the research as the basis for my PhD research to be submitted to Plymouth University. Additional academic papers and conference presentations may also be written to add to the debate on how best to work with families with additional support needs.

What happens if you change your mind about taking part? You are at liberty to change your mind at any time if you wish, without penalty. However, it will not be possible to change your mind once the data has all been collated for analysis as it would be impossible to extract your information from the whole.

What if you have any questions you would wish to ask about the research? My address, email and phone number are at the top of this information sheet and I would welcome any questions or comments at any point in the research process.

Giving Consent to take part in the study

Details of how to give consent, withdraw from the project and information on how I will maintain confidentiality and anonymity of data can be found in the attached ethics protocol.

Thank you very much



Rebecca Carter Dillon

Appendix 4: Ethics Protocol and Consent Form for Professionals

(Service Managers, TF Programme Team Members and TF Key Workers)



An Evaluation of the Together for Families Programme in Cornwall Ethical Protocol and Consent Form for Professionals

1. Informed Consent

I will inform potential participants in advance of any features of the research that might reasonably be expected to influence their willingness to take part in the study. As the research topic may be sensitive for professionals taking part, I will require consent in writing from participants. If you are happy to take part, please give your consent by signing the bottom of this form and returning it to me.

2. Openness and Honesty

I will be open and honest about the research to all participants. The purpose of the research is to evaluate the Together for Families programme in Cornwall, and produce a report to Cornwall Council on the impact of the programme on the families involved, and the challenges and opportunities associated with implementing the programme for the professionals involved. The research will also be the basis for the submission of my PhD research study to Plymouth University. Deception will not be used at any point in this research project.

3. Right to Withdraw:

Participation in this research project is entirely voluntary and all participants may withdraw at any time without penalty, up until the point of data analysis, when it may be difficult to extract your data from the whole. You can withdraw from the project verbally or in writing, without any need to give a reason.

4. Protection from Harm

I will endeavour to protect all participants from physical and psychological harm at all times during this research project. Where physical or psychological harm does result from any aspect of the research I will take action to remedy any problems created, for example by referring to support services. I have DBS Clearance to work with children and vulnerable adults.

5. Debriefing

I will ensure that I share transcripts of any discussion-based research activities with participants to enable you to check for accuracy. I will also share a draft report with participants, to enable you to have input into the final project report to Cornwall Council, and offer a verbal debriefing. You will be able to contact me at any point to clarify any aspect of the project as you wish.

6. Confidentiality

No names or personal identifiers will be used in this research. Every effort will be made to ensure that no person will be identifiable in any reports or scholarly papers deriving from this research. All primary data and transcripts of discussion-based activities will be kept securely locked in Plymouth University's Institute of Education for a period of 10 years in line with the University's 10 year policy.

7. Anonymity

Any data relating to identifiable individuals will be held in accordance with the principles of data confidentiality legislation (Data Protection Act 1998 and any subsequent amendments to this act that come into force during the time period of the research project). This applies to hard and electronic copies of data- the latter will be kept in password protected files. All data will be anonymised before it is made publicly available through publication or other means.

8. Professional bodies whose ethical policies apply to this research

This research study will adhere to Plymouth University's and Cornwall Council's ethical policies.

Consent:

I have read and understood the project information sheet and this ethics protocol and give my consent to participate in this research study:

Name:

Date:

Signature:

Appendix 5: Information for Families



Information Sheet for Families Involved in the Together for Families Programme in Cornwall

Contact: Rebecca Carter Dillon, Plymouth University
Rebecca.carter-dillon@plymouth.ac.uk
Telephone: 07918102783

Background to the Project: Cornwall Council and Plymouth University have asked me to evaluate the Together for Families (TF) programme in Cornwall.

Who am I? I am a PhD research student at Plymouth University. I have worked with different communities in the UK and I also teach at Plymouth University. I have lots of experience of talking to families, children and young people about the issues that affect them.

What am I doing? I want to better understand the lives and experiences of families in Cornwall, who have been identified as needing additional support. I am interested in what support people find helpful and what the impact of the TF programme has been for families. I am interested in what you think can be done differently or better.

How can you take part in the study? I will ask you to take in an informal interview or other discussion-based activity so that I can find out what your thoughts are about the TF programme. Anything you tell me will be confidential and I will not use any personal information about you in the final report so anything you say cannot be traced back to you.

What will happen with the Information? I will write a report for Cornwall Council that will be used to help plan family services in Cornwall. I will also use the research as the basis for my university studies.

What happens if you change your mind about taking part? You can change your mind and withdraw from the research at any time, without giving a reason. However, it will not be possible to change your mind once I have written the report, as it will be very difficult to find and take out your ideas. Whether you decide to take part, or not, will not affect the support your family receives from the TF programme in any way.

Giving consent to take part in the study

Giving consent means agreeing to take part. If you are happy to take part, please read and sign the attached form. I would be very happy if you would agree to take part in this study, and I will look forward to speaking to you.

Thank you very much, Rebecca.

Appendix 6: Ethics Protocol and Consent Form for Families



An Evaluation of the Together for Families Programme in Cornwall

Ethical Protocol for Families

1. Informed Consent

I will inform potential participants in advance of any features of the research that might reasonably be expected to influence their willingness to take part in the study. As the research topic may be sensitive for families taking part, I will require consent in writing from participants. If you are happy to take part, please give your consent by signing the attached form and returning it to me.

2. Openness and Honesty

I will be open and honest about the research to all participants. The purpose of the research is to evaluate the Together for Families programme in Cornwall and produce a report for Cornwall Council on the impact of the programme on the families involved. The research will also be the basis for the submission of my PhD research study to Plymouth University. Deception will not be used at any point in this research project.

3. Right to Withdraw:

Participation in this research project is entirely voluntary and all participants may withdraw at any time without penalty, up until the point of data analysis, when it may be difficult to extract your data from the whole. You can withdraw from the project verbally or in writing, without any need to give a reason.

4. Protection from Harm

I will endeavour to protect all participants from physical and psychological harm at all times during this research project. Where physical or psychological harm does result from any aspect of the research I will take action to remedy any problems created, for example by referring to support services. I have DBS Clearance to work with children and vulnerable adults.

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I will ensure that I share transcripts of any discussion-based research activities with participants to enable you to check for accuracy. I will also share a draft report with participants, to enable you to have input into the final report to Cornwall Council, and offer a verbal debriefing. You will be able to contact me at any point to clarify any aspect of the project as you wish.

6. Confidentiality

No names or personal identifiers will be used in this research. Every effort will be made to ensure that no person will be identifiable in any reports or scholarly papers deriving from this research. All primary data and transcripts of discussion-based

activities will be kept securely locked in Plymouth University's Institute of Education for a period of 10 years in line with the University's 10 year policy.

7. Anonymity

Any data relating to identifiable individuals will be held in accordance with the principles of data confidentiality legislation (Data Protection Act 1998 and any subsequent amendments to this act that come into force during the time period of the research project). This applies to hard and electronic copies of data- the latter will be kept in password protected files. All data will be anonymised before it is made publicly available through publication or other means.

8. Professional bodies whose ethical policies apply to this research

This research study will adhere to Plymouth University's and Cornwall Council's ethical policies.



RESEARCH WITH PLYMOUTH UNIVERSITY

| | |
|---|--------------------------|
| <p>An Evaluation of the Together for Families Programme in Cornwall</p> <p>Consent Form for Families, Children and Young People</p> | |
| <p>Please tick the boxes to give consent</p> | |
| I have read and understand the information sheet for this study. | <input type="checkbox"/> |
| I have had the opportunity to think about the information, and ask questions and these have been answered satisfactorily. | <input type="checkbox"/> |
| I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I can tell Rebecca if I don't want to take part anymore. | <input type="checkbox"/> |
| I understand that information collected will not contain any names and will be confidential throughout the study. I give permission for Rebecca to have access to this information. | <input type="checkbox"/> |
| I understand that all information gathered in this study will be kept securely and destroyed after 10 years as per Plymouth University policy. | <input type="checkbox"/> |
| I agree to take part in the above research study. | <input type="checkbox"/> |

Participant's Name:

Date:

Signature or sticker:

Parent/ Carer's Name (if child is under 15 years old):

Date:

Signature:

Researcher's Name: Rebecca Carter Dillon

Date:

Signature:

Appendix 7: Table of Research Activity

Semi-structured interviews took place with the following research participants:

| | |
|---|---|
| 12 Service Managers from statutory and VCSE sector organisations: | |
| SM1, Nov 2016 SM2, Nov 2016 SM3, Jan 2017 SM4, April 2016 SM5, April 2017 SM6, April 2017 | SM7, Feb 2017 SM8, April 2017 SM9, Oct 2014 SM10, Feb 2016 SM11, Nov 2016 SM12, Dec 2016 |
| 4 Members of the TF Programme Team (Cornwall Council): | |
| TFPT1, June 2016 TFPT2, July 2016 TFPT3, Sept 2016 TFPT4, Nov 2016 | |
| 22 TF Key Workers, from services working directly with TF families: | |
| TFKW1, Feb 2017 TFKW2, April 2017 TFKW3, Feb 2017 TFKW4, Feb 2017 TFKW5, Aug 2017 TFKW6, Aug 2017 TFKW7, Oct 2014 TFKW8, Oct 2014 TFKW9, Oct 2014 TFKW10, Oct 2014 TFKW11, Oct 2014 | TFKW12, Sept 2015 TFKW13, Sept 2015 TFKW14, Sept 2015 TFKW15, Sept 2015 TFKW16, Sept 2015 TFKW17, March 2017 TFKW18, Feb 2017 TFKW19, Feb 2017 TFKW20, March 2017 TFKW21: Feb 2017 TFKW22: May 2017 |
| 6 'Troubled' Families (pseudonyms have been used): | |
| Anna, Nov 2014 Bernadette, April 2017 Cassie, April 2017 Diane, July 2016 Emma, Aug 2017 Fiona, Aug 2017 | |

Appendix 8: Interview Schedule for Interviews with Service Managers

Evaluation of the TF Programme in Cornwall

Interview Schedule: Service Managers of key organisations and agencies

A. Ethics and Consent

Go through ethics protocol:

Informed Consent, Openness and Honesty, Right to Withdraw, Protection from Harm, Debriefing, Confidentiality, Anonymity, Adherence to Plymouth University and Cornwall Council's ethical policies.

Request signature to indicate consent to participation.

B. Interview Questions

Purpose of the evaluation:

To look at the qualitative experience of families that have received support under the TF programme, and to consider how the programme has been run and what the impact has been for families and different services.

Service Context:

1. Please could you tell me about your service area and just outline what your involvement in the TF programme is?
2. What is your professional background?

The TF Programme

3. When you first heard about the TF programme what was your understanding of what the programme was and what it was aiming to achieve?
4. What do you think of the programme governance structures and processes? The programme board, and the means of identifying and engaging families?
5. Do you feel these are fit for purpose or how else might the programme be governed?
6. What are your thoughts around the data quality and sharing issues? Do you think the existing data system is effective?
7. Do you have any comments on the proposed data system, which will aim to bring the different systems together?

Your Service/ Organisation

8. What support does your service/ organization provide to TF families?
9. What do you think the impact has been for your service/ organisation?
10. Has involvement in the TF programme resulted in service transformation in terms of how services work together, communicate and take a whole family approach? Do you think it will? If so, how?
11. What do you think the impact has been for your staff? Have you identified any workforce issues?

The TF Families

12. What is your understanding of what a 'troubled family' is? How would you define them? What do you think of the language used?
13. What do you think are the underlying issues that affect families in Cornwall?
14. What do you think are the main challenges that TF families are experiencing? Why do you think some children and families experience poor outcomes?
15. What do you think the impact has been for the families supported under the programme? Are you able to capture/ measure this?
16. What do you think could be done differently or better to improve outcomes?
17. What recommendations would you make for future work with families experiencing multiple and complex challenges?

General Points

18. What do you think are the main challenges associated with meeting the aims of the programme? What are the opportunities, strengths and areas for development going forward?
19. Do you think the programme will have a sustainable impact?
20. Are there any other points that you would like to make, with regards to your experience of the TF programme in Cornwall?

NB. Thank for time and input.

Appendix 9: Interview Schedule for Interviews with TF Programme Team

Evaluation of the TF Programme in Cornwall

Interview Schedule: TF Programme Team Members (Cornwall Council)

A. Ethics and Consent

Go through ethics protocol:

Informed Consent, Openness and Honesty, Right to Withdraw, Protection from Harm, Debriefing, Confidentiality, Anonymity, Adherence to Plymouth University and Cornwall Council's ethical policies.

Request signature to indicate consent to participation.

B. Interview Questions

Purpose of the evaluation:

To look at the qualitative experience of families that have received support under the TF programme, and to consider how the programme has been run and what the impact has been for families and different services.

TF Programme

1. Please could you tell me about your role within the Programme Team and just outline what your involvement in the TF programme is?
2. When you first heard about the TF programme what was your understanding of what the programme was and what it was aiming to achieve?
3. What do you think of the programme governance structures and processes? The programme board, and the means of identifying and engaging families?
4. Do you feel these are fit for purpose or how else might the programme be governed?
5. What are your thoughts around the data quality and sharing issues? Do you think the existing data system is effective?
6. Do you have any comments on the proposed data system, which will aim to bring the different systems together?
7. Has involvement in the TF programme resulted in service transformation in terms of how services work together, communicate and take a whole family approach? Do you think it will? If so, how?

The TF Families

8. What is your understanding of what a 'troubled family' is? How would you define them? What do you think of the language used?
9. What do you think are the underlying issues that affect families in Cornwall?
10. What do you think are the main challenges that TF families are experiencing? Why do you think some children and families experience poor outcomes?
11. What do you think the impact has been for the families supported under the programme? Are you able to capture/ measure this?
12. What do you think could be done differently or better to improve outcomes?
13. What recommendations would you make for future work with families experiencing multiple and complex challenges?

General Points

14. What do you think are the main challenges associated with meeting the aims of the programme? What are the opportunities, strengths and areas for development going forward?
15. Do you think the programme will have a sustainable impact?
16. Are there any other points that you would like to make, with regards to your experience of the TF programme in Cornwall?

NB. Thank for time and input.

Appendix 10: Interview Schedule for Interviews with TF Key Workers

Evaluation of the Together for Families Programme in Cornwall Interview Questions for staff in key organisations and agencies

A. Ethics and Consent

Go through ethics protocol. Request signature to indicate consent to participate.

Purpose of the evaluation:

I am looking at the qualitative experience of families that have received support under the TF programme, and focussing on what the impact has been for families and different services that work with them.

B. Interview Questions

Your role and the issues affecting families:

1. Please could you describe your role and the work you do with TF families? How long have you been working on the TF programme, and what were you doing beforehand?
2. How would you describe a 'troubled' or 'together for families' family? What are the main challenges that people are experiencing?
3. What do you think are the underlying issues affecting TF families in Cornwall?
4. Do you see problems concentrated in particular communities or areas of Cornwall? Why do you think that is? What are the particular issues?

The TF Programme:

5. When you took on the job what was your understanding of what the 'Together for Families' programme was trying to achieve?
6. Do you think the programme is working well? How, why?
7. Has it changed the way your service does things? How, why? Do you think the changes will be sustained beyond the timespan of the programme?
8. What do you think about the way that data is used to identify families? Have you experienced any issues with the way that data is shared?
9. Do you see services working effectively together? Have there been any issues with this?
10. Who do you refer families to and how does this work out for them?
11. Does the wider context, in terms of cuts to services, affect what support families can access?

Working Towards Solutions with Families:

12. What do you think about the whole-family holistic model? Does it work?
13. Are families able to take control over the challenges they are experiencing and work towards solutions?
14. What approach do you take in order to help them achieve this? What do they respond well to? What continues to be a challenge for some families?

15. What recommendations would you make for future work with families experiencing multiple and complex challenges?
16. Is there anything else you would like to tell me about, with regards to your experience of the TF programme in Cornwall?

Appendix 11: Interview Schedule for Interviews with Families

Interview Questions for Families being supported under the TF programme

Introduce myself and what I am doing, and why I am doing it- my background and what the research is for.

Talk through the information sheet and ethics protocol- Ask for consent.

Record the discussion, or take notes?

1. Can you tell me about your family please? Who is in your family and who lives here with you? How old are the children? Are they at school/ college?
2. Do you own this house or are you renting? Is it suitable for your needs?
3. Do you or your partner or any of your children have any additional needs, in terms of health or your children's learning or behaviour? How does this affect the family?
4. Are you or anyone else in the family working? If yes, what do you do? If not, how long have you or your partner been out of work? What is the impact of this?
5. So are you on benefits? What benefits are you on? Do you manage on what you have coming in? Do you find that it is difficult at times?
6. Do you mind describing some of the challenges you have been experiencing as a family for me? How long has this been going on? Can you remember when things started to get difficult and what the cause was?
7. How have you managed with all these challenges? How has the situation made you feel?
8. Before you got involved with the TF programme where did you go to for support? Who helped you- family, friends?
9. So, I understand you been getting support from the FIP worker/ TF Employment Advisor? Has the TF support helped you and your family? How? What approach do they take? How do they treat you?
10. Are there other agencies involved? How is that going?
11. How do you feel about getting the support through the TF programme?
12. Has anything not worked so well for you or your family? Why?
13. Do you think they should do things differently? How?
14. Do you feel more in control of your life now? Why, why not? How does this make you feel?
15. What are your priorities for the future for you and your family? Do you think these or your feelings about the future have changed? How?
16. Is there anything else about the support you have received or the TF programme that you would like to tell me about?

Appendix 12: 'Troubled' Families Case Studies

| Family Case Study 1 |
|--|
| Family Make-Up |
| Mother: Anna Partner who lives with the family 17 year-old son who does not live at home. 15 year-old son: Alan 8 year-old twins- boy and girl: Andrew and Amelia Ex-partner (children's father) lives close by. |
| Living Situation |
| The family live in a privately rented three bed property in a medium sized town. |
| Household Income |
| Anna receives Employment Support Allowance (ESA) and Housing Benefit. |
| Main Issues Affecting this Family |
| <ul style="list-style-type: none">– Anna has severe anxiety and depression and is on medication to alleviate the symptoms.– She also has spinal problems, fibromyalgia and chronic fatigue syndrome which she believes came on after she had glandular fever as a child.– She feels that the fibromyalgia is a physical reaction to the stress she is experiencing.– Anna has moved 19 times since 1997, including seven times in the past five years.– She does not work because of the additional needs of her children. She worked full-time until 2011 in a range of roles, including running her own business, and would like to return to work.– Welfare benefit changes mean she now has to pay £300 a month to cover her rent shortfall. The family are on a waiting list for social housing.– Anna's application for ESA was refused.– Anna lost her dad recently and inherited a parrot, two dogs and a cat with three kittens. The house is overcrowded.– She does not go out of the house or have any time for herself.– Anna describes the home life as chaotic. Alan and Amelia's additional needs impact on every aspect of life. – Alan struggles with severe anxiety and depression.– He has self-harmed in the past, and attempted suicide three years ago.– Anna is very worried to leave him by himself because of his mental health. She is a full-time carer for him.– He started school refusing five years ago; He cannot cope in social situations and cannot manage in school, so he no longer attends.– He has contact with his father and step-mother but finds this difficult.– Anna does not find her ex-partner to be supportive with the children. – Amelia is possibly autistic- Anna is waiting for a diagnosis. |

- Her behaviour at home is very challenging- she refuses to go to bed at night.
- Andrew has been experiencing bullying at school.

Services Involved with this Family

- The family have had a whole spectrum of agencies working with them over the years.
- Anna is in close and regular contact with her GP.
- Pentreath (a local mental health charity) have been supporting her to think about how to get back into work.
- Alan has been under CAMHS for 18 months. He has had regular sessions with a Child Psychiatrist.
- He went through the Thrive programme at school, but Anna did not feel that is helped.
- Alan is hopefully going to start internet home schooling.
- There has been a Team Around the Child meeting at school for Andrew and Amelia.
- Amelia also went through the Thrive programme at school, and the Thrive worker wanted to refer Amelia to a behavioural paediatrician and CAMHS.
- Anna felt that Amelia would benefit from medication to help her sleep.
- The GP didn't recognise the need for a referral to a paediatrician and instead saw the issue as one of ensuring that Amelia gets enough sleep. She feels that Amelia's behavioural problems are exacerbated by a lack of sleep.
- The GP once stayed in the family home until midnight to get Amelia to bed, using what Anna described as a 'Supernanny' approach.
- Andrew was referred to Anti-bullying Cornwall for help.

Nature of TF intervention

- Anna was referred to the TF Programme by her GP.
- The TF Key Worker has been working with Anna to look at options for voluntary work and going to college. Anna feels that voluntary work will help build her confidence.
- She helped Anna appeal when her application for ESA was refused.
- The TF Key Worker attended the TAC meeting for Andrew and Amelia and suggested the referral to Anti-Bullying Cornwall.
- She also organised a Family Group Conference meeting for the family to look at providing a package of support for them.

Outcomes

- The appeal against the refusal for ESA was successful.
- No other significant outcomes were reported as a result of the TF intervention at the time of the interview, but a number of plans were in place.

Family Case Study 2

Family Make-Up

Mother: **Bernadette**
9 year-old daughter: **Bella**
6 year-old son: **Ben**
5 year-old daughter: **Beth**
Ex-partner (children's father) lives close by.

Living Situation

The family live in a three bed Housing Association flat in a medium sized town. They have been there for six years and Bernadette has a lifetime tenancy.

Household Income

Bernadette is in receipt of Employment Support Allowance (ESA) and Housing Benefit. Ben's father pays maintenance. Bernadette receives £1400 a month in benefits, and after she has paid her rent and bills, she has £900 a month to live off and is able to manage on this amount. She is going to be moving on to Universal Credit in the future.

Main Issues Affecting this Family

- The flat is very small. The family have a garden but there is no direct access and it cannot be seen from the property. The grassed area in front of the flat goes straight onto a busy road, so the children cannot play outside unsupervised. Bernadette would like to move to a more suitable property in another area.
- Bernadette has not worked since her first daughter was born nearly ten years ago.
- She does not have a partner or family to help her with the children and has not managed to find anything that is Monday-Friday, 9am-5pm without any weekend or work during the school holidays; The cost of childcare for her children is a barrier to finding employment.
- Bernadette left school without any qualifications.
- She would like to go to college to pass her Maths and English GCSE so that she could access a health and social care course, but she thinks she would feel stupid going with lots of younger students.
- She had a voluntary job at a local charity shop that she really enjoyed but had to leave because of Ben's needs.
- She struggles with depression and anxiety and had stopped taking her medication because she was feeling so down that even doing that was too difficult.
- When her GP prescribes her medication, she is then just left to get on with it.
- When she is feeling down, she doesn't leave the house; at the time of the interview none of the family had left the house for three days.
- Her anxiety has been getting worse and has been particularly bad for the past five months; she is finding it increasingly difficult to cope and feels very isolated.
- When she is feeling very unwell, she contacts her GP, but normally waits 3-5 days for a phone call back.
- She doesn't have the energy to do housework or other things at home.

- Bernadette finds it difficult to discipline her children and ensure proper routines are in place. She describes their home life as chaotic.
- She has been in contact with school to try to get additional support for Ben, but she does not feel that they listen to her; the SEN worker does not respond to her.
- She feels that school do not like her because she has asked for more help for Ben, and they do not tell her what they are doing with him.
- Ben’s father recently made a claim that the children were being abused, but this was dismissed by Social Services. This experience made Bernadette more worried about professional interventions in family life.
- In the past when Family Support Workers have worked with the family, they have focussed on Ben but not supported the rest of the family.
- She had recently been told that her ESA would be stopped because her medical note was going to run out, and this was very stressful.
- She finds it very difficult to attend appointments if she has to take the children, because of Ben’s behaviour.

- School have told Bernadette that Ben has additional learning and behavioural needs.
- He is not achieving academically to the level expected for his age.
- He has been at the school for a number of years and Bernadette feels that they have not been good at picking up on and addressing his additional needs.
- Ben has characteristics of autism, such as repetitive speech and behaviours, but they have not yet had a diagnosis.
- He hides when strangers come to the flat; he doesn’t like people he doesn’t know.
- He does not understand if he cannot go out the house. They have been times when he has endangered himself by trying to climb out of the windows.
- Ben is often up until very late in the evening and gets very ‘worked up’.
- He doesn’t respond to strategies like behaviour reward charts.
- He doesn’t understand how to stay safe outside, such as when he is close to roads.

- Beth is described as the ‘Queen Bee’ who runs the house because she has such a strong personality, is very stubborn and doesn’t respond to discipline.

Services Involved with this Family

- Ben has been referred to CAMHS, but they have not yet had an appointment.
- The school have started looking at Ben’s additional needs- they provide him with fidget toys to play with.
- The school have arranged for the children to get taxis to school to improve their attendance.
- A neighbour helped Bernadette liaise with the Job Centre over the suggested change to her ESA.

Nature of TF intervention

- Bernadette was referred to the TF Programme by her children’s school, as they were concerned about Ben.

- The TF Key Worker took Bernadette to her GP to get a new prescription for anti-depressant medication.
- The TF Key Worker helps Bernadette communicate with school, phoning them if necessary, and Bernadette feels that they respond to her because she is official.
- At the TF Key Worker’s request, the school made the referral to CAMHS in order to assess Ben for autism.
- She has helped Bernadette establish a better routine at home and has set up a behaviour reward chart for Beth. She has advised Bernadette on what to do if the children do not listen to her.
- The TF Key Worker has been looking at suitable college courses with Bernadette. They will prioritise getting Ben the support he needs and then Bernadette will start a college course.
- The TF Key Worker has helped Bernadette think about returning to work in the future.
- She helped her put in a transfer request to the Housing Association for a new house with an enclosed garden, as Ben in particular really needs a safe outdoor play space.
- She has advised Bernadette to start saving towards the cost of moving house.
- She has also put Bernadette in contact with a local One Parent Support Group to help her meet other single parents and reduce her social isolation.
- Bernadette very much values the TF Key Worker coming to the flat, as she finds going out to appointments very difficult.
- She is always at the end of the phone and is very reliable.
- Bernadette trusts the TF Key Worker, which is different to the other agencies that she has had contact with.
- The TF Key Worker has told Bernadette that she will work with the family for as long as they need her.

Outcomes

- Bernadette is on medication to help with her depression and anxiety.
- The family are on the list with the Housing Association to transfer to a more suitable property.
- Ben has been referred to CAMHS in order to assess him for autism.
- The appeal against the suggested change to her ESA was successful.
- Clearer routines have been established at home to help Bernadette manage the children’s behaviour.
- Bernadette feels that the TF Key Worker has helped her to take control, rather than walking away from things.
- She feels a lot more positive about the future because of the TF Key Worker’s help.

Family Case Study 3

Family Make-Up

Mother: **Cassie**

12 year-old son: **Conor**

1.5 year-old son: **Callum**

No contact with ex-partner (children's father).

Living Situation

The family live in a three bed Housing Association house in a medium sized town.

They have lived there for just under a year; prior to this there were in a refuge for six months, a flat and then other temporary accommodation.

Household Income

Cassie is in receipt of Income Support and Disability Living Allowance for Conor.

Main Issues Affecting this Family

- The family moved to Cornwall from a city in another part of the country at very short notice, to flee domestic abuse.
- Cassie was really annoyed as the family did not have any choice or control over where they were moved to. She does not know anyone in the town and feels very isolated.
- She was granted a restraining order against her ex-partner, who was given a custodial sentence for the domestic abuse.
- Cassie was advised by Children's Services to move to keep herself and her children safe.
- In her former life, she had started receiving support with her experience of domestic abuse, but this stopped when they left.
- Cassie had been working, running her own business before she left, but is not currently working.
- She cannot work because Conor is only at school 2.5 hours a day and she has to drop him off and pick him up.
- She has no contact with her former friends, who provided support to her, because she does not want her ex-partner to find her.
- Cassie only feels safe on some days.
- The house is in a poor state of repair, with a damaged kitchen and bathroom and no carpets. The Housing Association say that they are going to replace the kitchen.
- The poor quality of the housing negatively affects Cassie's mental health, but due to her experiences, she is afraid to have men she does not know in the house to do the work.
- Cassie sleeps for only 3-4 hours a night and describes herself as constantly exhausted. Conor is up a lot during the night, and she gets up to keep an eye on him.
- Cassie is not in good physical health- she feels very stressed, angry and frustrated and has been having chest pains.
- She describes her life as a cycle of abuse, starting in childhood. She knows that she is vulnerable to future abusive relationships.

- The experience of domestic abuse triggered Conor’s mental health problems.
- In their previous home, Conor was under CAMHS, was receiving therapy and was on medication.
- When his father was released from prison, he started stalking Conor, online and physically, which Conor found very difficult. He had a nervous breakdown and took an overdose.
- When the family moved, Conor couldn’t get medication because they had to wait for a new referral to CAMHS and the GP wouldn’t prescribe without the CAMHS assessment. It took a few months for the referral to come through.
- Conor’s mental health problems have got worse over time- he has anxiety, depression and chronic insomnia. He is now on anti-anxiety and sleeping medication.
- Conor was at the local secondary school, but he was recently moved to an Alternative Provision Academy (APA) because he was displaying aggressive behaviours such as shouting and swearing, and he was excluded from school for intimidation.
- Cassie is concerned that he will end up as a perpetrator of domestic abuse unless he gets support to resolve his anger.
- CAMHS referred the family to Children’s Services with child protection concerns for Callum, because of Conor’s behaviour. They are concerned that he displays angry and ‘deviant’ behaviour in front of Callum.
- He had been doing 2.5 days a week online schooling and now he goes to the APA five afternoons a week but does not always attend.
- Conor is using cannabis, which Cassie believes is to self-medicate and to help him get to sleep. He is getting cannabis from other young people at the APA.
- Before they moved, Conor had been doing well academically but Cassie now feels that he is getting a very poor-quality education. She feels the hours he attends are inadequate.
- She is very worried that he will end up in care, and potentially in prison.

Services Involved with this Family

- Cassie self-referred to Waves, a specialist domestic abuse counselling service.
- Cassie knew that Conor needed help and asked school for help.
- There has been Team around the Child meetings for Conor, organised by school.
- Conor and Callum are both on Children in Need (CHiN) plans.
- Conor is under CAMHS.
- The school and Children’s Services say that Conor needs therapy but have not agreed who will pay for it.
- Cassie would like Conor to attend sessions at Clear (emotional trauma and therapy specialists), but she cannot book these herself. He needs to be referred by an agency.
- Cassie has had bad experiences with social services and feels that they are judgemental and that she can’t go to them for help.
- At the CHiN meetings, she feels she is being asked to choose between her children.

Nature of TF intervention

- The family were referred to the TF Programme by school.

- They have been receiving support from the TF Key Worker for two months.
- The TF Key worker referred Cassie to the Susie Project, which provides support to survivors of domestic abuse. Cassie cannot attend the sessions as she doesn't have childcare for Callum. She plans to attend when Callum turns two, and she can access funded childcare for him.
- The TF Key worker has offered to care for Callum for an hour a week so that Cassie can attend the Wave sessions.
- She has offered to take Conor out so that Cassie can access other support services.
- She goes to the TAC meetings with the family. Conor had not felt up to going so the TF Key Worker speaks to him to get his opinions and shares these at the TAC meetings.
- She is working to build up trust with Conor.
- Cassie finds the TF Key Worker brilliant; she can just ring her whenever she needs to, she goes above and beyond for the family and is very nice as a person.
- She feels that the TF Key Worker is not judgemental.
- She provides practical help to Cassie which is a big help, and she looks at the family holistically.
- She has recommended a trusted plumber to come to the house to sort out the kitchen and bathroom.
- The TF Key Worker has referred Conor to Dreadnought, a local young people's mental health charity.

Outcomes

- No significant outcomes were reported as a result of the TF intervention at the time of the interview, but a number of plans were in place, with a focus on getting Cassie and Conor the support they needed as a result of the domestic abuse.

Family Case Study 4

Family Make-Up

Mother: **Diane**

15 year-old son: **David**

11 year-old son: **Dean**

7 year-old son: **Damian**

4 year-old daughter: **Daisy**

2 year-old son: **Dexter**

Ex-husband: **Dominic (father of 4 eldest children)**, lives close by.

No contact with ex-partner: **Darren (father of Dexter)**.

Living Situation

The family live in a three bed Housing Association house in a large town.

Household Income

Diane is in receipt of Income Support and Disability Living Allowance.

Main Issues Affecting this Family

- Diane grew up in a family where there was violence and abuse and her father had significant mental health problems and a history of violent crime.
- She met Dominic when she was 16 and was married to him for 15 years and was a victim of domestic abuse: he subjected her to years of physical and sexual violence and controlling behaviour.
- The sexual violence in particular made Diane very unwell. She became very depressed and barely left the house for three years.
- Dominic does still have regular contact with his children, but he continues his controlling behaviour by not returning them home when he should.
- Diane does not like the children staying at their father's house as she does not feel that he cares for them properly. He does not wash the children or make sure they are in clean clothes.
- When he left the family home, Dominic left Diane with debts such as unpaid loans.
- Diane was also a victim of domestic abuse in her relationship with Darren. He was an alcoholic and was aggressive towards her.
- Diane has physical health problems. She has problems with her legs which mean that she cannot walk far.
- She also has on-going mental health problems. In the past she was so low she contemplated suicide. Diane used to feel completely lost and overwhelmed.
- She had a very poor experience of school and has very limited literacy and cannot help the children with their homework.
- Diane does not currently work but used to be work at a Youth Centre and enjoyed it.
- Dominic would not let her work outside of the home, because he wanted to control her, so she stopped working.
- The benefits cap has reduced the family's finances. She does not get any financial support from Dominic and she can't afford to make needed improvements to the house. At times she has not had enough money for food for the family.

- The house is overcrowded. Diane sleeps in the dining room and Dexter sleeps in the living room so that the three eldest children can have the bedrooms.
- The family have two dogs, one of which is aggressive with people he does not know.
- The front and back gardens were very cluttered and unkempt.
- David had been getting into trouble at school because of his poor attendance. He was experiencing insomnia and then sleeping in and missing the bus in the morning.
- He was disruptive while at school. He was at risk of being excluded.
- Dean is currently getting into trouble at school because of his behaviour. He wades into fights when he sees someone bullying another child, has been assaulted himself and also then gets into trouble.
- Diane feels that this is because Dean has witnessed domestic abuse at home and reacts when he sees bullying behaviour. He wants to protect people who are being hurt.
- Diane would like Dean to receive specialist support to enable him to manage his feelings, but school are not willing to fund this.
- Dexter was born five weeks premature and now has a range of medical and development problems.
- When Dexter was in hospital as a baby, Darren tried to remove him from hospital and was prevented from doing so by Diane and the hospital staff.
- After this incident, Children's Services advised Diane not to have any contact with Darren in order to keep Dexter safe.

Services Involved with this Family

- After a domestic abuse incident at the house when Diane was still married to Dominic, the police reported the family to Children's Services.
- Children's Services were concerned about the children in terms of neglect, because of the domestic abuse.
- Diane found it very difficult to leave Dominic because she felt that the children were happier when they were with him.
- When she left Dominic, she went to the police to report his behaviour, but she was advised to withdraw her statement because she was told that it would be damaging to the children to learn that two of them had been born of rape. The police said there was an issue with sexual consent because Diane did at times consent to sex with Dominic in the belief that this would stop him being violent, and the police saw this as weakening her argument around the sexual violence.
- Children's Services wanted Diane to get rid of the aggressive dog, but she didn't want to as it was David's and he enjoyed taking care of it.
- Diane has had difficult relationships with Social Workers in the past. She felt that Children's Services blamed her for the domestic abuse and made her feel like she wasn't a good mother. She was scared that they were going to remove her children.
- All the children have been subject to Child Protection Plans.
- School have convened a number of TAC meetings for the children.

- Diane is in the care of her GP and has been prescribed anti-depressants and sedatives.
- The Housing Officer helped Diane take Dominic's name off the tenancy for the house, so she now has a secure tenancy.
- The Housing Officer also helped Diane sort out debt relief for the debts left by Dominic.
- Dexter is under the care of the local hospital and they are awaiting a diagnosis.
- The local church has given Diane money to take the children out for the day.
- The family have received emergency food parcels from the local foodbank.

Nature of TF intervention

- The family were referred to the TF Key Worker 2.5 years ago, when there was a Team around the Child meeting for Daisy.
- The TF Key Worker referred Diane to the Susie Project, which provides support to survivors of domestic abuse.
- The TF Key Worker has given the family a lot of practical support. This has included filling in forms for Diane and reading letters for her as she has very limited literacy.
- She has accompanied Diane to TAC and other meetings and takes notes for her.
- She has also helped Diane to clear the back garden and get rid of unwanted furniture that had been piled up in the front garden because Diane could not afford for it to be disposed of. The TF Worker was clear that they would do it together, rather than that she would do it for Diane. She got hold of garden tools for Diane to use.
- The TF Key Worker has given Diane a lot of emotional support. She is always at the end of the phone and deals with things quickly. Diane feels that the TF Key Worker does not blame her and sees things differently.
- She supported Diane to sort out a managed move for David to a new school a year ago.
- The TF Key Worker referred Dean to White Gold (local organisation that supports vulnerable young people).
- The TF Key Worker encouraged Diane to make more contacts in the local community and to go out with the children.

Outcomes following TF Intervention

- Diane left Darren, who was abusive to her, and completed the Susie Project course. She found this very helpful and it was nice to meet other survivors.
- She no longer has suicidal thoughts and feels much more positive about her role as a mother. She keeps going for her children and they are a close family.
- Now that the gardens are clear, Diane keeps them tidy. The back garden is now a safe and pleasant space and the children spend a lot of time outside. They are able to have friends over to play in the garden and have chickens which they enjoy caring for.
- The support from the TF Key Worker really helped Diane feel more confident to say what she thinks in TAC and other meetings.
- The children were signed off the Child Protection register a year ago. Diane feels much more positive about the future and in control.

- David is now doing very well at his new school and recently received an award for his achievements over the past year.
- Diane now regularly takes the children to the local church and finds the community very supportive.

Family Case Study 5

Family Make-Up

Mother: **Emma**

7 year-old daughter: **Ella**

Limited contact with ex-partner.

Living Situation

The family live in a two bed Housing Association house in a large town. Emma has a secure tenancy.

Household Income

Emma is in receipt of welfare benefits (not specified).

Main Issues Affecting this Family

- Emma had a very difficult childhood and left home at 16 and moved by herself from another part of the country to Cornwall. She was homeless for a while.
- The town she and Ella live in is extremely busy during the holiday season and they do not visit the busy areas due to the numbers of people.
- The house is very cramped. Ella's bedroom is extremely small.
- Emma has chronic fatigue syndrome/ myalgic encephalomyelitis (ME). It is a long-term condition, but the severity of the symptoms fluctuate.
- She successfully completed a BA degree, and had been studying for a Master's degree but had to defer due to her health.
- Emma had very severe post-natal depression after having Ella. She had experienced anxiety before having Ella and this was seriously exacerbated after the birth. She was very ill for three years and was hearing voices. At the time her GP advised that her baby would be taken away from her. Support from her Health Visitor and a CPN helped Emma get better, but there has been a lasting impact on her physical and mental health.
- She finds it very difficult to leave the house when she is very unwell and regularly falls asleep. She worries what happens to Ella when she is asleep with her in the house.
- Her partner left her while she was pregnant, she does not have any family and she has a limited support network.
- She gets very anxious when Ella is at her father's.
- Ella's attendance at school dropped because she broke her arm, and because Emma was struggling to take her to school because of her health problems.
- Emma was struggling to manage Ella's behaviour at home. She was doing everything for her.

- Ella does have limited contact with her father, but he is inconsistent and unreliable and regularly does not come to pick her up when he is supposed to be having her for the day or weekend. This makes Ella very unhappy and confused. She has a half-brother and misses seeing him.
- After seeing her father, Ella is often upset and wants to sleep in with Emma at night.
- Ella has been missing a lot of school and was not achieving to the expected level for her age.

Services Involved with this Family

- Emma is under close care of her GP and the local hospital.
- Kernow Young Carers have been supporting Ella and have helped Emma create a better morning routine and structure for Ella.
- The school were concerned about how Emma's ill health was impacting on Ella. Emma did not feel that school understood her health problems, and that they were judging her.

Nature of TF intervention

- The school referred the family to the TF Programme because of Ella's poor attendance.
- The TF Key Worker has provided a good amount of emotional support to Emma.
- The TF Key Worker spoke to the school on Emma's behalf so that they would have a better understanding of why Ella was missing school.
- He helped Emma support Ella with learning to walk to school by herself, and informed school why this was happening.
- He also helped Emma to put in place clear structures and routines for Ella so that she could learn to do more things herself at home, such as getting herself dressed.
- He helped Emma establish a fair system of rewards and punishments at home to help manage Ella's behaviour.

Outcomes following TF Intervention

- Emma is planning to return to her studies once her health improves and would like to work in her chosen creative industry.
- She feels much more supported with the TF Key Worker's involvement.
- Ella enjoys walking to school herself and having independence.
- She is now doing well at school and has had many achievements recognised.
- She also enjoys helping out with chores at home and is much happier and more settled.

Family Case Study 6

Family Make-Up

Mother: **Fiona**

12 year-old daughter: **Freya**

7 year-old son: **Freddie**

5 year-old daughter: **Francesca**

8 month-old son: **Felix**

No contact with ex-partner: **Fergus** (Freya and Freddie's father).

Limited contact with ex-partner: **Finlay** (Francesca's father)

Living Situation

The family live in a three bed Housing Association house in a medium-sized town.

Previously they lived in a refuge.

Household Income

Fiona is in receipt of income support.

She is studying for a degree and has a student loan to cover her fees, but not for living costs.

Main Issues Affecting this Family

- Fiona had a very difficult childhood and grew up in care. She had Freya when she was 16 and fostered her younger sisters when she was 20 and pregnant with Freddie.
- She does not have any family living close, does not have any contact with her biological mother but is in touch with her step-father and two of her siblings.
- The family moved to Cornwall from a city in another part of the country nearly two years ago. They left due to domestic abuse- Fergus (Freya and Freddie's father) was violent to Fiona.
- Fiona's ex-partner Finlay (Francesca's father) wants contact with Francesca; he came to the house drunk to get her and Fiona would not let him take her.
- Although Fiona feels safer being away from Fergus, she now feels under threat from Finlay and people he associates with.
- The police and Independent Domestic Violence Advisor (IDVA) service consider the family to be at risk; They have said that the house is not safe and the family have been put on Amber Alert with panic alarms installed, to use if Finlay comes to the house.
- The family do not spend a lot of time at home because of this situation and problems with the neighbours- they have tried to harass and intimidate Fiona.
- She would like to move the family to a new house but stay in the area as two of the children are in local schools.
- Fiona went to the Housing Office to apply to move to a new house but she was told she should leave Cornwall and live elsewhere if she was concerned for her family's safety.
- She has been saving money for two years to take the family on holiday and has savings, so she has been told by the Housing Office that the family are not in need of social housing and should move into private rented accommodation, but this is much more expensive.

- Fiona is generally happy living in the area- there are nice play spaces for the children and people help one another out. However, there was recently a murder in the local park and this was awful for her children to hear about.
- Fiona has mental health problems and is on anti-depressants. Her mental health problems were caused by Finlay breaking into the house and abducting Francesca just before her 1st birthday and taking her abroad for six weeks. When he was found, he was sentenced to five months in prison. The experience was very upsetting and stressful for Fiona and has had a lasting impact on her.
- She feels like she is constantly battling and finds this very draining.
- Fiona is not currently working but has always worked. Until having Frankie she did care work with elderly and disabled people.

- Freya has ADHD. She is on medication and this does help her. She does not have a quiet space at home to do her school work.

- Freddie has behaviours characteristic of ADHD and autism and has sensory development issues.
- He had been in the local primary school but had a lot of problems there. His behaviour was very disruptive, and he was excluded and then permanently expelled for being a 'violent danger' to other children.
- Freddie now goes to an APA and has to travel for 45 minutes there and back each day, in a taxi by himself, which Fiona is not happy with. He only attends for two hours a day and is now a full academic year behind where he should be, and Fiona is very concerned about this.
- She also believes that he is picking up and copying some of the behaviours of other children with additional needs at the APA.
- Freddie is at home a lot of the time and needs constant supervision. His behaviour can get manic and aggressive.

- Francesca is at risk from her father. He abducted her as a baby and has come to the house attempting to take her again.

Services Involved with this Family

- The children are at three different schools/ alternative education provision and there are a number of services involved with the family. Fiona feels that she is constantly having to repeat herself and some services do not listen to her.
- The family have been involved with the police and the Independent Domestic Violence Advisor (IDVA) service.
- There was a Multi-Agency Risk Assessment Conference (MARAC) for the family to look at keeping them safe.
- Children's Services assessed the family but didn't have any concerns about the children. Fiona is happy speaking to social workers because she had a good experience of social workers when she was in care as a child.
- Fiona is in contact with the Housing Office as she wants to move to a new house to ensure her family's safety.
- Fiona goes to a one parent support group, which she finds very supportive. They go on family days out with other families.

- She attended a workshop on ADHD so that she could evidence to CAMHS that she is able to recognise ADHD behaviours.
- Fiona went through the Early Help Hub to try to get a referral to CAMHS but this was a very slow process. The referral had to come from another agency and they had to verify that Fiona had given consent for this; she could not do this directly.
- Freya is under CAMHS and she sees them and get medication for her ADHD every four weeks.
- The SENCO and EWO were involved with Freddie. Fiona did not feel that the SENCO listened to her, or that the school supported children with additional needs well enough.
- Fiona is now waiting for CAMHS to assess Freddie so that they can get a diagnosis with regards to his behaviours characteristic of ADHD and autism. CAMHS have told Fiona that there is an eight month waiting list for CAMHS due to reduced funding for mental health services, and reduced staff numbers. Until Freddie has a diagnosis, he will not be able to return to mainstream school.

Nature of TF intervention

- The school referred the family to the TF Programme.
- The family were not in the first few times the TF Key Worker came to the house, but she persevered and came to see Fiona and the children at home.
- The TF Key Worker organised a Team around the Family meeting to bring a lot of the services involved with the family together, and this worked well.
- She attended the meeting with the Housing Officer and helped Fiona apply to be moved a new house on the basis of the domestic abuse threat.
- The Housing Officer did not change the family's banding as she did not consider them a priority, so the TF Key Worker made a complaint to the Housing Office about this.
- The TF Key Worker has been chasing CAMHS to try to get an assessment for Freddie.
- Fiona feels that having the TF Key Worker to fight her corner really helps. She knows lots of people in the area and knows who to go to, to get things done.
- She has regular phone, text and face to face contact with the TF Key Worker. She feels that because of her professional title the TF Key Worker has power and people listen to her.
- Fiona feels that she and the TF Key Worker work in partnership to get things sorted out and hold each other to account.
- Fiona values the voluntary nature of the TF Programme a lot.

Outcomes following TF Intervention

- With support from the TF Key Worker, Fiona has worked out how to prioritise the different issues within the family.
- The family are on the list for new housing.
- Freya attends after-school club to do her homework.
- Freddie is on the waiting list for a CAMHS assessment.
- Fiona has a strong sense that she doesn't want to just let people help her, she will help herself.

Additional Significant Information

- Fiona is doing a law degree through the Open University and would like to train as a solicitor specialising in supporting survivors of domestic abuse. She studies when her children are asleep.

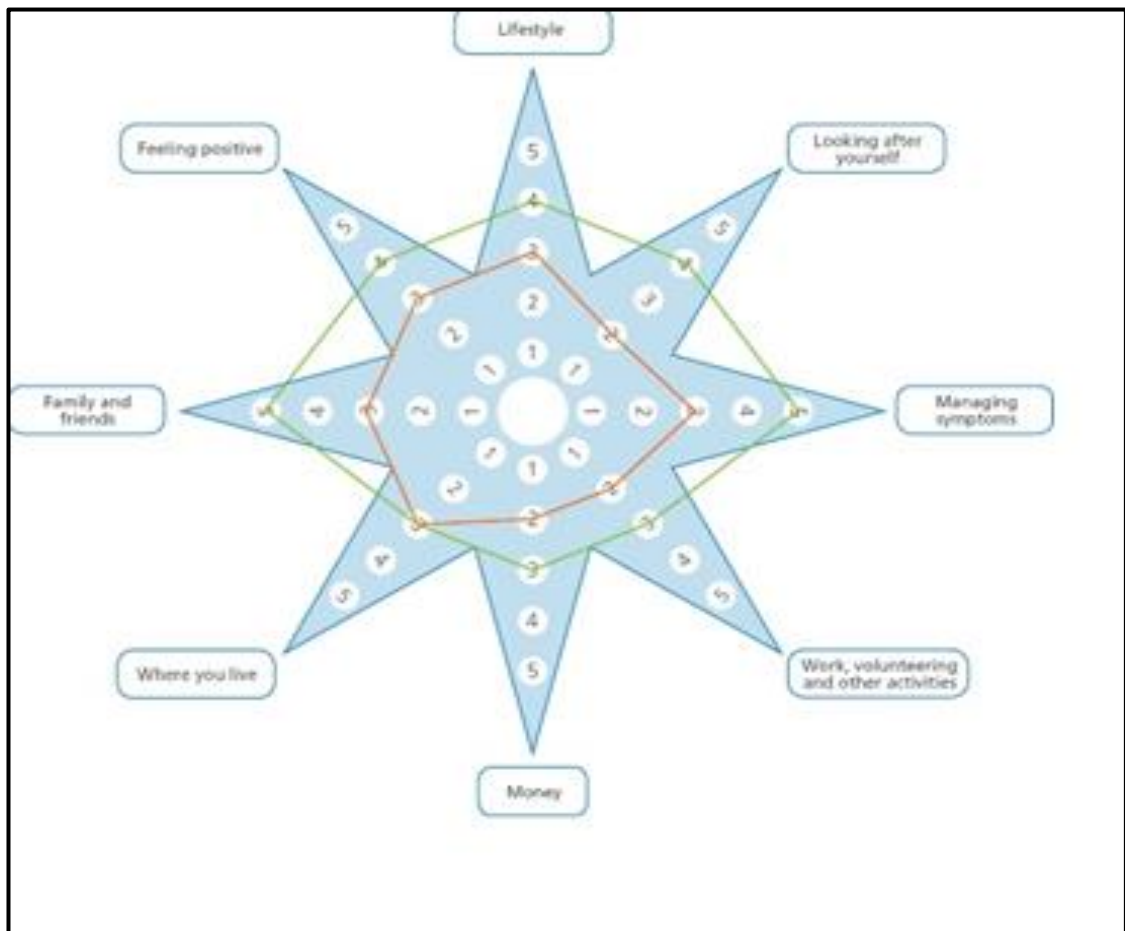
Appendix 13: Coding Framework for Family Data

| Theme | Sub-Themes | Examples | Specifics |
|--|--|---------------------------------|---------------------------------------|
| Intersectional challenges | Adverse childhood experiences | | |
| | Crime and ASB | | |
| | Domestic abuse | | |
| | Drug and alcohol Abuse | | |
| | Education | Child with additional needs | |
| | | School non-attendance | |
| | | Own educational experiences | |
| | | Own educational ambitions | |
| | Employment | Previous employment experiences | |
| | | Current worklessness | |
| | | Work ambitions | |
| | Family breakdown | | |
| | Finances | Poverty | |
| | Health | Mental Health and well-being | Child's mental health |
| | | | Own mental health |
| | | | Self-concept |
| | | | Stigma and shame |
| | | Physical Health | Child's physical health |
| | | | Own physical health |
| | Home and Family Life issues | Parenting issues | |
| | Relationships with partner or ex | | |
| Housing and Living Environment | Quality or suitability of housing | | |
| | Housing costs | | |
| Social Isolation | | | |
| Protective factors for families | Families' agency | Self-efficacy | |
| | | Future hopes and aspirations | |
| | Families' Support Networks | | |
| | | Home and Family Life issues | Positive family relationships |
| | | | Children |
| | | Local environment | |
| | | Finances | Savings |
| Experience of Support Services | Families' experiences of non-TF services | Families' positive experiences | |
| | | Families' negative experiences | |
| | Families' experiences of TF Programme | Families' positive experiences | Brokering Relationships with services |
| | | | Emotional support |
| | | | Practical Help |
| | | Families' negative experiences | |
| | Service Providers' attitudes towards TF families | | |

Appendix 14: Example of a Family Outcome Star

Source: www.outcomestar.org.uk

The star is used by the TF Key Worker to help the family think about and discuss the different issues within their life. The family member states what important aspects they want to put on each point of the star and then self-assesses how they are getting on at the beginning, during and end of an intervention.



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