



Children's centres

ensuring that families most in
need benefit



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Capacity

131 High Street
Teddington
London
TW11 8HH

Telephone 0208 977 0283

Email: info@capacityltd.org.uk

Website: www.capacityltd.org.uk

Company registration no. 05048631

Esmée Fairbairn Foundation

Esmee Fairbairn Foundation
11 Park Place
London
SW1A 1LP

Telephone: 0207 927 4700

Email: info@esmeefairbairn.org.uk

Website: www.esmeefairbairn.org.uk

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Capacity, a not for profit public interest body, is pledged to promote the needs of young children, their families and communities and to provide strategies to increase social inclusion and to combat poverty.

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The field work for this study was undertaken by Margaret Lochrie and Gill Haynes, the report by Margaret Lochrie for and on behalf of Capacity.

“ We have no hesitation in breaking with the old certainties. Take our first 600 Sure Start children’s centres, not just a provider of children’s services but a focus for community life. How they develop in future, whether around schools, community centres, even shopping centres, is a matter not for national diktat but local choice and management, moulding the 3,500 centres to be built by 2010. ”

Gordon Brown, Guardian, January 5th 2005

Will multi-purpose children’s centres deliver on their promise to secure better outcomes for young children, helping to close the gap between richer and poorer families? The model of “joined-up services” provides families with the possibility of easier and more complete access to the services they need, but the realisation of the Sure Start vision will depend, substantially, on the capacity of children’s centres to reach out to those who are most socially excluded.

This short study focuses on four Sure Start children’s centre case studies, selected as models of good practice in terms of the breadth and scope of integrated services, level of parental involvement and innovatory methods. Through detailed examination of the case studies and taking into account other background evidence, the study offers a critique of strategies for engaging with and securing better outcomes for those families suffering the most extreme forms of economic and social disadvantage.

Summary

This short study was carried out to look at the effectiveness of children's centres in reaching the most highly disadvantaged families, the ways in which they meet the needs of those families and the outcomes achieved.

The study revolved around four "exemplar" children's centre case studies, examining their work within the context of current government policies, best practice and a wide range of research perspectives.

The centres within the study were found to be highly effective in delivering multi-agency services to and for children and families. Each has been successful in reaching a number of families who would be considered "difficult to include", giving thought to and overcoming the practical and other barriers which might prevent those families using the various services on offer.

In the course of the research, however, the following key issues and findings emerged.

Resources – will they deliver?

It is possible that more resources than are currently allocated for the children's centre programme are needed to ensure that it can meet its objectives. In acknowledgement of this, the Department for Children, Schools and Families has recently announced a cash injection of more than £4billion to children's centres, early years education and childcare, which will include additional funds for outreach workers. However, where, despite this, high-achieving Sure Start children's centres are faced with tapering levels of funding, the pressures to attract and retain a more middle-class clientele, who can afford to pay for services, will almost certainly increase. Where this occurs the Department for Children, Schools and Families should take steps to evaluate and monitor the capacity of those children's centres to reach those families most in need.

Reach strategies

The reach strategies adopted by successful centres have been implemented in a particularly thorough way. Some of the community consultations, for example, have been extensive and highly structured, utilising focus groups, outreach and public information campaigns, as opposed to more limited consultations and surveys. Centres know their communities well, staff are knowledgeable about the effects of poverty and understand that the lives of poor families can become chaotic for reasons beyond their control. By making the effort to find out and then deliver what families want, they have secured the trust of their communities.

Achieving high visibility for the work and value of children's centres, particularly among those who are most remote from services, requires motivation, painstaking research, rigorous planning, effective communication and a range of professional skills and expertise. Children's centres which have not yet formulated their strategies may not have ready access to this range of skills and expertise. As a starting point, the *Together for Children Toolkit for Reaching Priority and Excluded Families* offers a highly valuable planning resource. The Department for Children, Schools and Families, however, should take responsibility for the identification and dissemination of best practice in the design and implementation of strategies for reaching those most excluded.

A new approach to monitoring and evaluation

If children's centres are to achieve their objectives, they need to capture detailed information about their users, both at the point of first contact and at subsequent intervals. Only by this can they demonstrate both that they are engaging the most "difficult to include" and offering them services of value. To assist with this process, it would be helpful for the government's main monitoring tool – the Children's Centre Performance Management Self-Evaluation Pro-forma – to be brought into closer alignment with the factors which are associated with severe deprivation. The development of a model registration form would help to ensure that children's centres have sufficient baseline information on which to plan and evaluate their performance.

Planning around the needs of users

In all four centres, best practice involved highly differentiated and personalised planning for individual parents, built around their specific circumstances and needs, whether in relation to support for particular family difficulties, or involvement in centre activities, learning or volunteering opportunities. The concept of progression was very evident, each parent moving through a continuum of involvement at the pace which was most appropriate. The capacity to plan and provide for progression for parents is sufficiently important to be part of the training of the children's centre workforce.

Care needs to be taken, to ensure that in trying to help families, children's centres do not fall into the trap of unintentionally limiting opportunities on the basis of narrow judgements about what is best for them. The values and ideas of those leading children's centres shape the model of what a children's centre is within their localities. The model of early education and family support within a broader framework of building individual and social capital appears to be particularly successful and merits further evaluation.

Children's centres need to be better able to assess the outcomes that are achieved for users, both generally and for particular target groups and to be able to relate these, as far as is reasonably possible, to particular interventions or inputs. Better tools are needed for them to do so than are currently available. Local authorities and their partners are responsible for monitoring performance in this area, but the Department for Children, Schools and Families should commission and disseminate an appropriate framework, taking into account the current Performance Management Self-evaluation Methodology. Best practice would be served by the development and inclusion of a soft outcome framework.

The impact of leadership

In all four centres, the expertise and depth of experience of those leading the work was very considerable and this was a critical factor in their extensive achievements. It would be difficult for any qualification to provide benefits comparable to this level of experience. In the wider roll-out of children's centres, effective use of high-achieving centres could be made by utilising them in a consultancy role to others at an earlier stage of development.

On the evidence of the studies, a critical requirement for reaching the most disadvantaged families is an understanding of poverty and disadvantage. Training to provide skills and knowledge in this area should be part of the updated strategy for the children's workforce.

The centres in the study are unusually proactive in encouraging and providing access for parents to skills-related and other learning. The Department of Children, Schools and Families should raise the profile of this objective, with *Together for Children*, collating and disseminating good practice of the kind described here and providing any further support and guidance which may be necessary for centres to make these opportunities more widely available.

Conclusion

Sure Start was conceived with the aim of helping to reduce poverty. If it is to achieve its aim, support for parents to gain employment or to move into better paid work must have a higher priority and children's centres will need to ensure that they have effective links, not only with Jobcentre Plus but with employers and training providers.

Support for employment should be closely integrated with the core children's centre offer and those leading centres should be pro-actively engaged in ensuring that this is a priority for delivery and that parents are given sufficient personal support when moving through programmes of vocational or other training. Innovative strategies like the trainee scheme in Carlisle South and Maden Centre's *Achieving Together Workshops* should be widely disseminated.

Children's centres are also employers and consideration should be given in employment policies to the scope for training and employing parents. Benefits disregards should be considered as a means of providing transitional employment opportunities for parents on supplemented benefits. Linking with appropriate business partners, centres could also provide support for co-ops and self-employment.

Children's centres will be more effective where their local communities are persuaded to accept and back the need for change. Co-production, which involves the beneficiaries of public services as active agents is a model which is worthy of exploration. Further research is needed to test the effectiveness, in the medium and longer term, of using parents as children's centre delivery partners.

In what was a limited qualitative analysis of a small number of children's centres, the study found that they were capable of reaching highly disadvantaged families and had well developed strategies for meeting the expressed needs of those families.

The study raised a number of more general questions about the children's centre initiative and its capacity to deliver on its policy objectives, in particular, its promise to reduce poverty and improve outcomes for children.

But in the longer run, the success of the initiative will depend most on the people on the ground, working with families. In the best of the centres visited here, those leading the delivery were explicit in their aims to tackle poverty and had engaged their communities in a process of regeneration which had the capacity to transform the economic and social landscape, as well as to change the lives of individuals.



Introduction

Sure Start

Sure Start, announced in 1998 and concentrated in deprived areas, for the first time brought together child and family-centred services, including health, family support and out-reach, early learning and play. Locally administered by partnerships led by local authorities, primary care trusts or voluntary organisations and charities, local programmes were accorded substantial autonomy to decide on the content and delivery of services and encouraged to involve local people, particularly parents, in the design and management of Sure Start within their areas.

Local programmes were neighbourhood-based, available to all families living within prescribed catchment areas. The first Sure Start guidance outlined the core services which all programmes were expected to provide, which included out-reach and home visiting and support for families; support for good quality play, learning and childcare experiences for children; primary and community health care and support for people with special needs.

From 2002, promoting the employability of parents became one of four core Sure Start service targets, the others committing Sure Start to improving the social and emotional development of children, reducing smoking during pregnancy and improving children's language and communication skills. Specifically, the employability target required:

In fully operational programmes, to achieve by 2005-06 a 12 per cent reduction in the proportion of young children (aged 0-4) living in households where no one is working.

Sure Start was designed to combat poverty by supporting young children and their families, helping to reduce unemployment and acting to strengthen communities. However, Sure Start local programmes were restricted in number and confined to a relatively small number of postcodes within larger areas of deprivation.

The children's centre programme, which has replaced Sure Start will, in contrast, provide a much larger network of 3,500 centres by 2010. Some will be "virtual" centres linking related but separately located agencies, while others will bring services together on one site. The core "offer" in each case is set out in DfES guidance, spanning early learning, childcare for working parents, identification of children with special needs, child and family health services, family support, links with Jobcentre Plus and parental involvement. Other services – such as adult basic skills training, benefits advice, toy libraries or adult relationship counselling are not part of the core offer, but, it is suggested, *may be* provided where funding is available.

In less disadvantaged areas, there is more flexibility in the services which must be provided, but in these areas, too, children's centres will have to ensure that children and families who are disadvantaged, vulnerable or who have special needs have access to the full range of integrated services, available in more deprived areas.¹

The local authority's role in delivering children's centres is underpinned by the Childcare Act 2006, which requires local authorities to improve outcomes for all young children and to reduce inequalities between them, through integrated early childhood services. The new duty comes into force in April 2008.

Child and Family Poverty

The government's anti-poverty strategy has achieved a significant reduction in child and family poverty; has succeeded in getting more lone parents back into work, and in lifting a number of working families out of poverty through tax credits. The number of children affected by poverty has therefore fallen steadily, but it has not diminished quickly enough to meet the government's own targets and remains close to the highest in the EU.

More than half of children in poor households live in homes which are workless and the UK has a higher proportion of its children living in

1 Department for Education and Skills (2006) Sure Start Children's Centres Planning and Performance Management Guidance: DfES 2006

workless households than any other EU country.² Social mobility has not increased and a recent report from the Joseph Rowntree Foundation claims that inequality is at as high a level as 40 years ago.³

Among the 3 million children living in poverty, many face long-term hardship. Two in three children have been in poverty for at least 3 of the past 4 years. In addition, the risk posed to children's development by poverty appears to be growing over the longer term.⁴ Longitudinal studies of teenagers in the 1970's and 1980's, respectively, show that the relative impact of poverty on adult outcomes doubled for the latter group.

Poverty is only partly explicable as a material process, e.g. poor quality housing impacting on health, or the effect on diet of a restricted income. It can also be experienced, variously as rejection, isolation or exclusion, affects self-esteem and is incorporated into personal identity. Ethnic minority and lone parent families are particularly vulnerable to the effects of poverty, because they are over-represented among the unemployed, low-paid and those living on state benefits.⁵

Poverty does not directly affect educational achievement, but is believed to operate through a number of mediating mechanisms which, in the case of children, might include limited resources for play and learning, poorer health and nutrition and the impact of poverty on family relationships.⁶

Factors within the family can also create or contribute to poverty. For example, It is estimated that approximately 1.25 million children in England and Wales are living with parents or carers who have a mental health problem. Less than a quarter of adults with long-term mental illness are in employment.⁷

The Social Exclusion Task Force has identified the existence of a minority of families and individuals who *may be trapped in a lifetime of poverty and social harm* and who are at risk of persistent extreme deprivation⁸. This minority,

representing 2% of the population, is likely to be at risk of experiencing acute, multiple, problems, including alcohol and drug misuse, educational failure, contact with the police and early sexual activity. Those with five or more problems are viewed as part of an inter-generational pattern of disadvantage, with those children born into "high-risk" families likely to experience similar problems as they grow up.

Breaking with the old Certainties

Children's centres are part of a continuum of initiatives to support both early child development and parenting and to reduce poverty and social exclusion. Related initiatives include free early learning and childcare for 3 and 4 year olds; demonstration projects to help parents to support their children's early learning; and the creation of a *National Academy for Parenting Practitioners*. The government's growing interest in building family "capital" culminated in the publication, in March, 2007, of *Every Parent Matters*, a position paper on services for parents.

The idea of government support for the family is not new. In 1995, the United Nations set out a clear rationale for governmental action to provide family education, through all stages of the life-cycle, to support the sound development of children and to sustain family life.

Nor is the idea of transmitted disadvantage. It is more than 30 years since the publication of *Cycles of Disadvantage*⁹. The idea of inherited deprivation is also famously associated with the Conservative Minister, Keith Joseph.

Whereas Joseph's interest was primarily in the problem family, the present government has recognised and attempted to address some of the structural components of disadvantage and this has provided the driver for tax and benefit changes which have lifted many children out of poverty.

2 Palmer, G., MacInnes, T. and Kenway, P. (2006) Monitoring poverty and social exclusion 2006: Joseph Rowntree Foundation 2006

3 Poverty and Wealth Across Britain 1968 to 2005, Joseph Rowntree Foundation 2007

4 Hirsch, D. (2006) Where poverty intersects with social exclusion Evidence and features of solutions: Joseph Rowntree Foundation 2006

5 Kumar, V. (1993) Poverty and Inequality in the UK: National Children's Bureau 1993

6 Guang, G. and Harris, (2000) The Mechanisms Mediating the Effects of Poverty on Children's Intellectual Development: Demography, Volume 37-No 4, November 2000

7 Gould, N. (2006) Mental Health and Child Poverty: Joseph Rowntree Foundation 2006

8 Reaching Out: An Action Plan on Social Exclusion, Cabinet Office 2006

9 Michael Rutter, M. and Madge, N. (1976) Cycles of Disadvantage: A Review of Research: Ashgate 1976

However, it is worth noting that the 55 page document *Every Parent Matters* mentions poverty no more than four times. The majority of parents are projected as driven by *high aspirations and expectations* of their children, with only a minority who *have lost, or never had, the capacity to parent responsibly*, and for whom *public services must be ready to intervene promptly and sensitively*.

In the context of the latter group, change for children and families is predicated on two propositions; firstly that early intervention can prevent problems arising for children and secondly, that parenting behaviours can be standardised within a model of "good for children" and thus enhanced.

Is Sure Start working?

Robust as Sure Start may be as a conceptual model, the evidence for its effectiveness in practice is, at least as yet, uncertain and it is widely acknowledged that Sure Start has not yet done enough to help the neediest children and families, or achieved its aim of combating child poverty.¹⁰

The first main impact study, published in 2005, revealed little or no improvement in the areas targeted by the initiative. In some cases, adverse impacts were associated with Sure Start. A further finding was that Sure Start created more benefits for moderately disadvantaged families, who were better placed to access services, than for those who were severely disadvantaged.¹¹

A separate, earlier, evaluation report showed that few programmes made active efforts to reduce the number of children who live in workless households, with only a minority adopting active strategies with partner agencies to encourage parents to take advantage of employment opportunities.¹² On average, across Sure Start local programme areas, just under half of 0-4s lived in workless households.

A number of reasons have been offered in explanation of the lack of evidence of effectiveness. A key one is that many of the programmes took time to get started and it

may be simply too early to assess their impact. A further report on the impact of Sure Start on children and families is due to be published early in 2008.

A central problem, however, is that there is no single version of what Sure Start *is*, mainly because the freedom granted to local programmes to develop their own curriculum and style of delivery and the resulting variation of approach.

The children's centre model built on lessons learned from local and national evaluations of Sure Start local programmes, but was informed, also, by longitudinal research relating to the benefits of early education for 3 and 4 year olds and by the Inter-Departmental Childcare Review 2002 which found that there are significant 'pay-offs' in offering children, parents and communities health, family support, childcare and early education in an integrated way¹⁴.

Children's centres bring Sure Start within the reach of all communities. The level of investment, however, while very substantial, is lower, at centre level, than the original funding for local programmes.

It is widely believed that, despite the lack of robust evidence, the children's centre model is capable of improving outcomes for children whose development is most at risk of being compromised. There is an intrinsic logic in re-shaping local services to create better access for families who are in need but who are reluctant to ask for help. And the model is supported by research evidence from programmes elsewhere, most particularly the US Head Start, on which Sure Start was substantially modelled.

However, in December, 2006, the National Audit Office (NAO) published a study of Sure Start children's centres which, among other things, focused on the capacity of the centres currently established to reach the most disadvantaged families; and to monitor their performance effectively. The study found that less than a third of centres were pro-actively targeting hard-to-reach families and few of the centres had developed any systematic method for identifying excluded children and families in their area.

10 The Guardian, May 16th 2006

11 Department for Education and Skills (2005) Early Impacts of Sure Start Local Programmes on Children and Families (2005) DfES Research Report NESS/2005/Fr/013

12 Department of Education and Skills (2004) Sure Start Local Programmes and Improving the Employability of Parents DfES 2004

13 Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, J. & Taggart, B. (2004). Effective Provision of Pre-school Education (EPPE) project: Final Report: DfES 2004
14 http://www.surestart.gov.uk/_doc/P0000689.pdf

In the wake of this, both Ministerial statements and guidance have emphasised the pre-eminent priority of reaching those who are most in need. This finds its fullest expression in the current consultation on guidance for local authorities on the Early Outcomes duty.

*Much more needs to be done to identify excluded families and work with communities to encourage them to take up the services that can help and benefit them, ensuring those who most need services receive them. This will help to break the inter-generation cycle of deprivation.*¹⁵

Reaching Out

Why might it be hard for children's centres to reach the neediest families?

One reason might be that families are simply not aware of Sure Start and what it has to offer. Some children's centres are still being created and even where they do exist they depend, largely, on word of mouth and referral from specialist agencies.

In addition, poor families do not always experience the help they are offered as supportive. A study for the Department of Health consulted 1754 families living in very disadvantaged circumstances. The research concluded that helping services didn't meet parents' own idea of their needs. They are offered what the service providers think they want or should want, rather than what would really be of use.¹⁶

Echoing this, data from the ESRC Families and Social Capital Project suggest that child-rearing practices among poor families may be grounded in a "material and social reality" which, because of negative experiences, can lead them to disinvest from education and other services. In contrast to middle class parents who actively invested in their children's education, disadvantaged parents in the research were engaged in 'getting by' and prioritised helping their children negotiate disadvantages and adversities which middle class families rarely face.¹⁷

What would constitute an effective model for engaging disadvantaged families? The National Evaluation of Sure Start considered variation in effectiveness of local programmes. Their early findings were that those programmes which had been most proficient in putting in place the original goals of Sure Start – holistic, integrated services – were more likely to secure better child and parenting outcomes.¹⁸

Family out-reach provides one possible model for engaging hard-to-reach families. The Family and Parenting Institute has published findings from a 2006 study on the planning and delivery of family support through children's centres, in which children's centres reported that successful engagement depended on effective home visiting strategies.¹⁹

A number of voluntary organisations have well defined strategies for engaging parents, including disadvantaged parents. Playgroups and pre-schools, for example, incorporate rules for the participation of parents as decision-makers and co-workers. In a NIACE study of pre-schools operating in disadvantaged communities, it was found that while parents joined the pre-schools, initially, for the benefit of their children, the experience acted as a gateway for parents to access activities which built confidence and self-esteem and provided routes into study, employment or greater community involvement.²⁰

Toy library projects also utilise parent volunteers as a means of engaging hard-to-reach parents, providing opportunities for training and progression for those parents who are involved.²¹

Using people from the community to co-deliver services provides another possible approach. Community Mothers is an example of this model, while the Community Consultant model developed by Parenting UK in Wigan has provided encouraging evidence of the capacity to engage parents as co-workers in and for children's centres.²²

15 dfes.gov.uk/consultations

16 Ghate, D. and Hazell, N. (2000), Parenting in Poor Environments Department of Health 2000 cited by Mary Crowley in Reaching Hard to Reach Parents, Parenting UK 2005

17 Gillies, V. (2006) Parenting, Class and Culture: Exploring the Context of Childrearing, Community Practitioner; 79, 4: 114-117, 2006

18 Department for Education and Skills (2005) Variation in Sure Start Local Programmes 'Effectiveness: Report of the NESS Programmes Variability Study, DfES Research Report NESS/2005/Fr/014

19 Family Support in Children's Centres (2007) Family and Parenting Institute, 2007

20 McGivney, V. (2000) The Contribution of Pre-schools to the Community, Pre-school Learning Alliance 2000

21 Toy Libraries: Benefits for Children, Families and Communities: Capacity/Playmatters, 2007

22 Parenting UK and Comino Foundation (2006) Giving Parents a Voice: The Community Consultant Project in Wigan, A qualitative evaluation

The value of using local people is that it may help to overcome any perceived stigma attached to seeking help with parenting and peer-support programmes have been used to positive effect in the mental health field and across the field of education. However, other evidence suggests that well-trained professionals, particularly health workers, may be more effective than paraprofessionals.²³

Together for Children, commissioned by DfES to support local authorities with the delivery of the children's centre initiative has published a *Toolkit for Reaching Priority and Excluded Families*, which contains useful information on benchmarking user profiles against local demographic information and ideas for approaching particular priority groups.²⁴

Parenting UK has developed a Commissioners Toolkit, in the form of a database containing information about a wide range of parenting programmes.²⁵ *Parenting UK* has also developed national occupational standards for the sector; established a core curriculum and published its own accredited *Training for Work with Parents* and with partners is leading on the testing and trialing of units of assessment and qualifications for those who work with parents.

Achieving and Assessing Outcomes

In their original form, Sure Start local programmes relied on a diversity of evaluation methods and feedback mechanisms to monitor their own performance. Many commissioned

independent evaluations, while internal monitoring might include measures of user satisfaction with particular parts of the service or with the programme as a whole, at the same time relying on a range of proxy indicators such as smoking cessation and attendance at ante-natal appointments.

A self-evaluation framework is now provided within the current Sure Start Children's Centres Planning and Performance Management Guidance. This requires centres to analyse information about the characteristics of users, the content of activities, the quality of leadership, parental involvement, value for money and the strength of partnership arrangements.

The National Evaluation of Sure Start identified 18 dimensions which could collectively differentiate the most and least effective Sure Start local programmes. Among those dimensions, empowerment, partnership composition and functioning, communication, leadership, multi-agency working and ethos were positively related to better outcomes. It is possible to see some of these dimensions reflected in the self-evaluation framework, but self-evaluation, while requiring information in relation to a range of national performance indicators, does not require much information about the specific outcomes obtained for users as a direct result of services provided.

²³ Rutter M., (2006) Is Sure start an Effective Intervention? Child and Adolescent Mental Health Volume 11, No. 3, 2006, pp. 135-141

²⁴ Together for children, (2006) Toolkit for Reaching Priority and Excluded Families

²⁵ www.toolkit.parentinguk.org



The Study

The success of the children's centre programme – as a tool for combating poverty and improving outcomes for all children – will rest, substantially, on the capacity of centres to engage and involve families who may not know of or are currently reluctant to make use of childcare and other related services.

The pace of establishment of children's centres is fast. As yet, little information is available on the most effective practice in reaching those families. This makes it difficult for staff to develop the approaches that are likely to be effective with 'difficult to include' families and presents the danger that children's centres will be dominated by parents and children with less serious needs.

This short, small-scale feasibility study was undertaken to try to identify what "works" and to examine the evidence base; in particular to examine the role of centre managers and others in leading and supporting the engagement of users.

From this, it was hoped that the study would provide preliminary evidence of the efficacy of approaches in engaging the most disadvantaged children and parents in the services offered by children's centres – and from this the likely prospect of the children's centre programme achieving its aim of improving outcomes for all children.

Specifically, the aims of the study were to:

- provide an informed critique of existing strategies in relation to engaging 'difficult to include' parents and their children in children's centres;
- distinguish objectively evaluated approaches from more subjectively evaluated approaches and case studies; and
- indicate how best practice could be disseminated effectively to inform the work of those working in children's centres.

The approach adopted was to examine a small number of children's centres which could reasonably be considered as exemplars of good practice, to determine whether they were able to reach the neediest families within their local communities and to consider both their methods and the outcomes secured. In this context, it was decided to explore the following questions.

- What might be the most practical, feasible and successful strategies for making contact with those families who may not make use of statutory or other services?
- What types of support might be most relevant to their needs and what insights are provided by research evidence relating to child development, parenting, poverty and social exclusion?
- What would constitute evidence of success?
- What skills are required for those leading and working in children's centres?
- What are the types of progression offered to children and parents by good children's centres?

Methodology

More specifically, the methodology included:

- a desk study of existing approaches and the evaluation of these approaches;
- the involvement of an 'expert' advisory group;
- field visits to a small number of 'exemplar' children's centres; and
- focus groups of parents, from the target centres, if possible including parents who were non-users.

Desk Study

Within this part of the study, the aim was to review a wide range of research studies relating to child and adult development, parenting and social exclusion and to review evaluations and other material relating to Sure Start children's centres and other related initiatives. This element of the study afforded an opportunity to look for evidence of clear methodologies, as

well as systems for monitoring soft and hard outcomes, for parents and for the centres and for the evaluation of “reach”.

In addition, the team at the National Audit Office, which led the Sure Start children’s centres study, kindly made available much of the raw data relating to their visits to 30 children’s centres, as well as the MORI study, commissioned by them, on the perceptions of parents and national charities.

Expert Advisory Group

A list of the group members is appended. Chaired by Alan Wells, former Director of the Basic Skills Agency, the membership of the group included experts from the fields of Parenting Education, Early Years, Literacy and Basic Skills, Family Learning, Community Development, Research and included representatives from the Department for Children, Schools and Families (DCFS).

The group guided the study through all its stages, advising on the selection of case studies, the evaluation of the findings as well as thematic content.

Selection of case studies and field visits

All Sure Start children’s centres listed on the Sure Start website were contacted by e-mail and invited to participate. A brief pro-forma for those which wished to offer themselves as case studies enabled them to provide preliminary information about why they might be considered “exemplar” centres, their strategies for “reach” and any innovative features of their work.

It was agreed to focus on centres which, in terms of infrastructure and resources, were reasonably typical of other Sure Start children’s centres. This precluded the inclusion of “flag ship” centres like Coram Family, Pen Green or the Bromley by Bow Centre. It was also agreed not to include centres which had been visited as part of the NAO study.

With the help of the advisory group, those responding were considered against a number of criteria:

- local deprivation indicators;
- breadth of the children’s centre offer;
- range of partners;
- evidence of involvement of “difficult to include families”;
- evidence of innovation; and
- geographical spread.

Following this, the selected centres were asked to provide further information in the form of a pre-visit questionnaire and the visits were arranged over a period of a month. The visits took the form of interviews with managers and staff, reviews of completed evaluations, policy and other documents and any material relating to outcomes.

Focus groups and other interviews with parents formed the other purpose of the visits. These were arranged by the centres and the precise arrangements varied according to the availability of parents, in one case involving a series of discussions with individuals and small groups of parents. It was hoped to arrange discussions with non-users, but this proved difficult. Where possible, parents in the wider locality were approached for their views.

A semi-structured interview and discussion format was developed seeking parents’ views on their involvement in children’s centres and their wider perspectives on the types of support needed by families to secure better outcomes for children, to support parenting and to help families on low incomes.

Five children’s centres were selected, in Rossendale, Herefordshire, Croydon, Carlisle and Weymouth. In the event, it was decided not to include the Weymouth Centre in the report as the Manager was new in post, did not have all information to hand at the time of the visit and because of malfunctioning software systems no monitoring data could be provided.



Results: The case studies

The Maden Community and Children's Centre: Rossendale, Lancashire

The Maden Centre occupies a former Victorian Swimming Baths in Bacup, Rossendale, Lancashire. Bacup is part of Irwell ward, which has some of the highest deprivation indicators in Rossendale. More than a third of children live in conditions of economic deprivation. Within Lancashire, Rossendale has the highest proportion of young people who are not in education, employment or training and only 41% achieve 5 GCSE's at A* to C. More than 40% of the adult population has no qualifications and crime rates are particularly high.

Bacup is a poor village. People used to work in shoe manufacturing, but the last factory closed two years ago. Now kitchen manufacturing and Sure Start are the largest employers. Sure Start has 37 employees. There are also casual staff and many volunteers. Sure Start has been responsible for regeneration in the area.

More than 600 families use the centre. The main problems they face are unemployment and low skills, alcohol and substance misuse, lack of aspiration, poor transport and external perceptions of the area.

The Head of Centre, Kaela Francioli, describes the approach of the centre as based on "respect for people and cultural heritage" and commitment to regeneration.

We have a shared ethos, we challenge attitudes, we have a belief in what we do, a synergy and we listen to people. Most of the staff live in the local area. They live it, breathe it. Also we believe that work and training help to raise self esteem. We want to empower parents, give them choices.

When the centre – which this year won the Children's Centre of the Year award - first began as a Sure Start local programme it consulted families widely through fun days, schools, pre-schools and other groups. People said they wanted the swimming baths back, but that wasn't possible. The programme obtained trust by founding a scheme of volunteer drivers to take families to health and other appointments. Prior to this some parents were seen to be failing because of not turning up for children's appointments but, reliant on public transport, the journey might take three hours and clash with picking other children up from schools.

It's not people who are hard to reach, but services. We listened hard to get the trust.

The Maden Centre works with a wide range of partners, including adult training providers, Jobcentre Plus, the PCT, Credit Union, community associations and arts organisations. There is a 51 place nursery, which is run as a social enterprise, crèche, ante-natal and baby clinic, a teenage parent's lunch club, speech and language group, baby massage, breast feeding support and a CAMHS-led emotional support service.

The centre appears never to have stood still. Innovative activities include art therapy, acupuncture, a volunteer network which involves more than 100 parents and Achieving Together Workshops, providing advice and guidance on employment and training opportunities. There is a community café, which is temporarily closed because of lack of funding.

Laura, Maden's Drug and Alcohol worker is a trained psychotherapist with five years experience of mental health/alcohol issues. The original users of the service were referrals but now word of mouth acts as the main factor. Approximately 120 families are supported to become/remain abstinent. The problems which lead them to use alcohol/drugs might be marital violence, mental health problems, or poverty. In Laura's view, *the substance is not the problem it's their lives. For some people, alcohol or drug dependency is embedded in the family's way of life.* She will knock on doors until people let her in and she offers a 24 hour helpline. The family support team work with her, they use acupuncture as a means of easing the anxiety of withdrawal. They would like next to do a mediation service. When parents do become clean, their children are often holding feelings of anger or hurt about the way things were before, or of physical or sexual abuse and substance misuse. In 2006, of 77 people supported in this way, 8 went on to further education, 10 returned to employment and 7 children were removed from the Child Protection register.

Sue coordinates the volunteer network which provides transitional employment opportunities for parents as well as creating a strong sense of community ownership. Volunteers may act as breast-feeding or cooking buddies, as befrienders or help out with holiday activities. They are given general 12 week training and provided with an induction pack. Many go on to paid work, 19 volunteers went into training last year and more than 40 local parents have gone on to further training or employment.

Gina is the training co-ordinator, co-planning courses with partner training providers.

Some element of basic skills is embedded in most courses. Courses are funded by various agencies, including Jobcentre Plus and co-delivery of courses saves costs. Last year 20 parents achieved Level 1 qualifications and fourteen achieved at Level 2. In her view, the motivation among parents to undertake training is often for the

benefits of self-esteem and of being engaged with their community, but there are tailored progression routes available for all and Gina is currently researching sustainable employment opportunities within the Rossendale area.

A health-led parent empowerment programme, based on a methodology developed by Walter Barker provides out-reach visits on a monthly basis, for one year. The methodology builds on parent's strengths, avoids criticism and empowers parents to develop their own parenting solutions. Parents say that they have a better awareness of their children's needs and can cope better with their behaviours.

The centre has what it believes are robust monitoring and evaluation systems, has the ability to track families via its database and has produced flowcharts of their journeys and the outcomes achieved.

Evidence of effectiveness spans a wide range of outcomes, from breastfeeding and birth weight to parents gaining qualifications and/or employment, becoming independent of drugs and alcohol and generally feeling better, more confident and more able to cope.

Evaluations ensure evidence is gained in a variety of formats. As an example, the effectiveness of baby massage was tested by collecting baseline evidence and then followed up at 6-8 weeks, 3 months and 6 months.

There is a Parent Forum, shortly to be re-launched and two parents serve on the board. The nursery and community cafe, which are constituted separately as a social enterprise, provide further opportunities for parents to gain and exercise governance and management skills.

The centre did not arrange a parent focus group but there were many opportunities to talk to parents, both individually and in small groups. Some of them talked about the value of meeting other parents. For many, the opportunity to volunteer and to receive training was the single most important aspect of the centre.

One parent came along most days simply so that her child could use the soft play available in the cafe area.

The Maden Centre reaches many families who would in any context be described as highly disadvantaged, can furnish evidence of its cost-effectiveness and can describe its considerable achievements whether in terms of smoking cessation, abstinence, breast feeding, volunteering, adult qualifications or involvement by parents in children's play and learning. It does not reach all highly disadvantaged families – there are obvious resource implications – but, with support, it has the strategic capability to do much more.



The HOPE Centre, Bromyard, Herefordshire

Bromyard is a small town in rural Herefordshire – set in the most beautiful scenery and countryside. However, its lack of services combined with low wages for the limited employment that does exist in the area, means that it is a classic example of contemporary rural poverty and is currently part of a study by Bristol University's rural media team.

HOPE (Holistic Opportunities for Play and Education) was started in 1999 by two parents as a playgroup in a church hall, where Sheenagh Davis, the present Head of Centre first became involved. She and her husband subsequently developed the play group into a more wide-ranging project including young people, which in turn started to involve young parents. HOPE became designated as a "Mini-Sure Start Programme", is now a children's centre and registered charity in a new building, funded partly by Sure Start and partly with European money.

Bromyard was hit hard by the foot and mouth outbreak and much of the agricultural work which provided a way of life has been eroded. It is a tight-knit community, but a number of families re-housed in the area have brought with them heroin usage and links with dealers.

HOPE also works with both traditional travellers families, who have their roots in the area as well as with newer travellers.

HOPE provides a playgroup, offering sessional education and care at very low cost – Sheenagh believes most parents don't claim tax credits because they are 'too complicated' and because people fear that they will be reclaimed the following year. Phase two of the centre, will include a new nursery for babies and under 2s, but it will continue to be called a playgroup to preserve continuity.

There are also a range of classes for parents, including baby massage, IT, Driving Awareness, Healthy Living, Sewing, Children's Language, Parenting and Self-Esteem.

At the heart of the centre is family support, indeed the main aim of the centre is to *be like a family*, using a transactional analysis model, where boundaries are clearly drawn, but child-like behaviour tolerated and understood, up to a point. A core belief is that the key to successful working with hard to include families is that of continuity and long-term commitment.

The 'huge mixture of parents' who use the centre is regarded as a strength, with the involvement of some middle class parents providing balance.

Sheenagh's personal involvement with parents is evident – and her support is wide-ranging. From time to time, some parents may use the centre for supervised contact sessions with their children, or as a personal refuge; many use the family room and take courses. Where necessary, Sheenagh will become involved as a supporter and advocate for parents with a range of other agencies. Given her own investment in ensuring continuity for families, it is not surprising that the most frustrating and disruptive influences that she experiences are the apparently rapid turnover of key staff in the structures that she deals with and funding issues.

With a ratio of 1:4, the playgroup has good staffing levels and as a designated children's centre, they also have the input of a qualified teacher to support the delivery of the Early Years Foundation Stage. Two family support workers provide an outreach service to parents. They have their own house-keeper, who does the cooking and cleaning – and they grow and eat their own vegetables. They are linked into the Hereford Literacy Project bank of tutors who deliver courses on site.

Phase two will also include live-work units to provide training and employment opportunities.

Families hear about the centre from leaflets and posters, from other agencies and from the local newspaper, but mainly by word of mouth. One of the challenges for a centre like this, in a small community, is that disputes between neighbours and dislikes between individual families can be significant. The centre can also 'get a reputation' by being perceived by others in the community as a place for e.g. drug users. All of this is monitored carefully and good external communications are seen as a priority.

The centre is reaching very disadvantaged families, but is unable to evidence this in statistical form as the responsibility for monitoring is held by the local authority.

Herefordshire developed a comprehensive monitoring form which HOPE filled in for a long period, but the local authority never collected them. The only data now required is postcodes.

None of the parents were involved in the community before the centre existed, except as young people in the now defunct youth club. One, the eldest daughter of a traveller family, who has six children aged between 3 and 16, had left school at 11 and – accompanied by her 16 year old son – is attending the centre for English language classes. Her son had additional needs which his mum said had 'never been picked up'.

Another parent is a mother of three, her eldest child is in the playgroup and she has one year old twin girls. She was a trained welder, working locally until the factory closed down, but she left school with no qualifications and had significant literacy problems. She is now studying for her GCSE English and her ambition is to train as a counsellor. She is adamant that she would never have been able to access this course without HOPE.

Parents describe the centre as a *neutral place where you have the chance to talk and to find your way to help*. They also value the centre on behalf of their children, because they feel that it offers 'early identification of problems – like speaking difficulties'.

Work is not easy to access as transport problems for those without cars are acute. Parents say there are no work opportunities in Bromyard and they are critical of the lack of facilities for families.

Asked what it would mean for them if the centre was not there, the word used was devastation; they said that they would be 'climbing walls', 'talking to cats'; one said she would be 'depressed – I can understand why people turn to drink'. In terms of the future, they said that they wanted their children's education to be better than theirs had been; that they wanted to see Bromyard change. Asked if they could make a contribution to that change, they said, on reflection, that they might.



Sure Start Broad Green: Croydon

Broad Green is a Wave 2 Sure Start programme, which has developed a multi-site facility to deliver the children's centre core offer. More than 300 families use the service, among whom the main users are from the Tamil community, followed by white and Black Caribbean.

Broad Green has the lowest life expectancy of any of Croydon's wards. Unemployment is higher than for London as a whole. Education and skills deprivation among adults is higher than in the rest of Croydon or in London as a whole. More than half of Broad Green's population is black minority ethnic.

The high street Play Zone ball-pit is a Stay and Play area, and the venue also provides baby clinics and breast feeding advice. It is open and staffed 7 days a week, with the ball pit available to all Croydon residents at the weekend. There is a well-attended Fathers Group which meets independently from the rest of the centre activities on a Saturday morning.

Broad Green provides the full core children's centre offer including health-related workshops, basic skills for parents, volunteering opportunities for parents and family support and outreach. The Stay and Play group is contracted to the Pre-school Learning Alliance, which also manages the Learning Through Play sessions on the Kingsley Road site.

The centre is highly focused on family support. There are close multi-agency links with Health Visitors, Midwives, CAMHS, Welfare Benefits advisers and with Croydon Education Service, the Stay and Play sessions act as a doorway to specialist services on other sites.

Beverly Noble is the Programme Manager for Broad Green. Her background is in Social Care and Health and she was responsible for developing the family support strategy for Early Years Centres at Lewisham before taking on the role in Croydon. She believes in 'a very holistic approach' to family support and sees the Play Zone as providing the opportunity to *'normalise the concept of providing information, support and advice to parents, within which we have a strategy for vulnerable families'*.

Their engagement with 'difficult to include' families includes working with ethnic minorities, asylum seekers, refugees, families with mental health difficulties, single parents, teenage parents, and male carers. The main problems which families face are described as language barriers, low self-esteem and confidence, isolation and no social networks. The centre provides interactive play and language groups for

parents and children, parenting support, IT, English and Family Learning classes, and individual advice and support in practical, educational and parenting issues, through direct access to professionals working within these fields.

Close partnership with health visitors allows the programme to identify families in need and wider co-operation with provider organisations, like Croydon Education and Training Service CETS, CAMHS, Well Care, Speech Therapy, ABC Project (behaviour advice) and the Welfare Benefit Project, enables the programme to provide the broad services required and to engage with harder to reach families. The family support programme also includes an out-reach team, and a parent co-ordinator, whose work is specifically designed to reach more vulnerable families.

Broad Green has a systematic approach to identifying and developing services to those most in need because they have been able to bring other professionals and agencies alongside. The Tamil community form a majority of their users and many specialist resources are directed towards ESOL and Learn and Play sessions in very small groups away from the main base.

The centre is professionally led. The monthly Family Support Panel is a crucial part of the service, because it brings together those professionals to 'think together' about what has to be done. The links with CETS are important, allowing families to access English classes, organised by CETS and the Family Support Team, which includes the outreach team, who themselves speak a number of languages and have the benefit of a Tamil interpreter.

Nechama, the Family Support Co-ordinator, has been at Broad Green for six years. While she acknowledged her commitment to universal services, she is clear that her emphasis was on '*vulnerable families*', who are referred to her by Health Visitors and linked through her to specialist services and follow-up.

Meticulous data collection procedures are in place for usage of services; and there are robust review processes for tracking activity around families who are deemed to have the greatest need.

However, evidence on impact and outcomes is not available and Beverley feels that it would be difficult to accurately assess impact '*unless there was a much more prescriptive role*' for the programme. In addition, the centre had not been in a position to evaluate their programmes because of lack of funding and the pressure to develop services rather than measure impact. She feels that the new children's

centre guidance and performance management system would *'provide the tools...to help measure the impact of change'* and *'we need someone to pull it all together and separate funding to ensure independence'*. With hindsight, it is felt that evaluation is impossible without more baseline information than was currently available and which should include more *about the parents, their states of mind and their skills*.

Discussions took place with individual parents using the Play Zone.

A grandmother who heard about the centre through home visiting to her daughter uses the Play Zone frequently *'so that my grandson can meet other children.'* Other parents, there with their own children, said that they used the centre as much as they could because of the lack of other facilities locally.



Sure Start Carlisle South

Sure Start Carlisle South operates across 4 wards, two of which are in the 10% most deprived, but all suffer from deprivation. The area is characterised by mainly social housing, poor health and a general lack of facilities. Within Carlisle as a whole, Carlisle South is an unemployment hotspot, particularly for men. A number of jobs have been lost e.g. in food manufacture and much of the work which is available is seasonal e.g. tourism. Carlisle has just been designated as a learning city but the level of success in secondary schools is poor. There are plans, currently, to close several local secondary schools and replace with a city academy. Crime rates are high; vandalism is a problem, there is a drug and alcohol problem and teenage pregnancy rates are higher in Carlisle than in the rest of Cumbria.

An award-winning centre, Carlisle South was a 4th wave programme, approved in 2001. There are now 42 members of staff, involving 8 employers. The work is categorised into health support, childcare, family support, play and community support.

Nearly 300 families use the centre. Very few come as referrals, as the policy is to make activities open to all and the use of the word referral is discouraged.

Lynda Hassall, the Head of Centre sees their work as being, essentially, about community development.

We (the staff) don't live in this area. We see our role as trying to help the community to become strong enough to solve problems. Parents who come, often feel empty, we help and try to empower them.

Lynda took the decision to invest capital in existing community facilities in each of the four wards rather than creating a separate Sure Start building. In this way, Sure Start is threaded through other services. She had seen the value of a community development approach in Barrow and saw how well that worked. Sure Start was an opportunity to do things with people rather than to people.

The centre attributes its success in reaching very disadvantaged families to a very extensive consultation which took place prior to Sure Start being established. The consultation had taken place in community centres, shops, clubs, schools, pubs and other centres.

A key thing people wanted was the opportunity for local services. Up to that point some health and other specialist services, e.g. speech and language support, were

available only in the city centre, difficult to access for those without private transport. People were also fed up being asked what they wanted and then nothing happened. Sure Start responded to this by developing toy and book lending and maternity and health clinics services available locally. They have worked intensively to do what they have said they will do; to keep people informed about progress and through these and other means to try to build up trust.

Responding to local opinion is regarded as important. For example, plans for outdoor play locations were dropped in favour of indoor play areas, because that's what people wanted.

Carlisle South provides the full core offer and also provides basic skills and other informal and vocational training opportunities, family outreach, volunteering opportunities and jobs for parents. The centre works with more than 30 partner organisations, including training providers, Jobcentre Plus, Credit Union, housing associations, CVS, Connexions and Arts organisations.

A particularly innovative scheme is a traineeship programme for parents, providing both training and work placements. The numbers are quite small, which ensures that trainees can have proper support. Many trainees are able to use this as a stepping-stone to employment. However the take up of learning and training opportunities by parents as a whole is considered to be very good.

There are five part-time family support workers, two of whom are former parent users. Poverty is the main problem, with so many families dependent on benefits or low-paid temporary work. The housing stock is in a poor condition and many families with drug and alcohol problems live in Carlisle South. Parents with mental health problems are difficult to reach, but the Sure Start Family Worker often gets access where other services don't. A drug and alcohol outreach project is about to get underway.

Support for parenting is "built on strengths" and a working agreement with parents is formed at the start, covering the aims of the involvement. Family support staff go with people to appointments where that is needed. There is a Dads worker and this is reflected in the involvement of fathers in the Parents Forum, a Dads group and in other activities. A course for fathers is being validated.

Progression for parents has been thought about, carefully, with activities sensitively selected, from an initial visit by a parent, to the centre, through various stages, to a fuller involvement.

The community development approach is seen as key to successful reach. Strategies have included going out to where people are – clubs, pubs, shopping centres, school gates; free gifts and parties – e.g. baby weaning; a befriending/buddy system for first timers; baby photographs and using taxis to overcome the difficulties of local transport.

Communication skills are regarded as very important – being able to talk to people but not talk down to them – staff have been recruited for having the right skills and training is provided. The parent trainee scheme and other opportunities for parents' involvement mean that local people are part of the delivery model.

This highly successful centre is reaching some very disadvantaged parents. There are first contact forms, which are completed and logged into an electronic system and information about each activity and event is recorded, using hand-held PDAs. However, gaps in staffing have meant that the centre has not been able to use the system to obtain analyses of user profiles.

Courses, workshops and other activities are evaluated, on a routine basis. Outcomes are illustrated through the development of case studies.

Parents are highly supportive of the project, which they also see as helping the community to help itself. One parent points out that seeing her studying has changed her son's attitude to school. Two members of the Parent's Forum are about to begin their traineeship and have already gained qualifications which they say they wouldn't otherwise have. A number of them are lone parents.

They believe that there is more to be done to raise awareness in the local community about Sure Start and they want to help with this. Sure Start is seen as a friend, but also as a catalyst for aspiration. This is one of the main things they feel they have gained, along with confidence.

Parents have also become active in other community organisations and one or two are involved in the campaign to keep the local secondary school open. They talk with pride about being confident to attend meetings and about finding their voices.

Some of the parents are former trainees. One was a former drug user. She says *"Sure Start has taken the place of drugs"*.

All failed to get qualifications while at school – for a wide range of reasons. All want to work and some are working. One parent describes living on benefits and getting into debt after the breakdown of her relationship. With Sure Start's help she studied and went to university and is now buying her own house. Parents also see the value to the centre of their involvement – those who are working within Family Support comment that other new parents *"see that we are normal people"*.

Discussion

This study provides an overview and analysis of four children's centres considered to offer good or best practice. Three of the centres are former Sure Start programmes, while HOPE, a voluntary organisation and charity, was a former Mini-Sure Start local programme. All have developed their ethos, services and style of delivery according to local circumstances and the views and values of staff and other stakeholders.

All of the centres have established a track record in delivering multi-agency services to and for children and families in their respective localities and have, in each case, formulated innovative strategies to engage and assist families suffering a range of adversities. All have been successful in reaching a number of families who would be considered "difficult to include", giving thought to and overcoming the practical and other barriers which might prevent those families using the various services on offer.

The style and content of services has been developed in response to local needs, as these have been expressed through a variety of consultations and feedback mechanisms. The configuration of services on offer in each has been predominantly influenced by the experience and instincts of those leading the delivery, together with a degree of trial and error about "what works". Best practice has been developed in relative isolation from other Sure Start children's centres and from the central Sure Start Unit. Collectively, they show that the Sure Start model does work. In their diversity of approaches, the centres also lend weight to the claim that Sure Start, far from being a defined intervention *constitutes a large 'family' of programmes that involve as much diversity as commonality.*²⁶

Are centres reaching the neediest families?

The centres have confidence that, through close working with health and other services, through befriending schemes and word of mouth, they can identify families who are most at risk and actively prioritise those cases for engagement and family support.

From the interviews and focus groups which took place with parents and from case studies and other descriptive material provided by the centres, it was clear that all centres have succeeded in involving and helping families who are struggling with acute problems, which, variously, include poverty and debt, marital violence, isolation, alcohol and drug dependence and mental health issues.

Many of those families might present the profile of five or more risks suggested by the Social Exclusion Task Force as a definition of persistent and extreme deprivation, but this is not something the centres would yet be able to analyse or quantify. One reason for this is that the Task Force report is a relatively recent development, but a more general reason is that the initial registration process is not robust enough to capture this information. This is discussed, further, below.

It is unlikely that the centres are reaching all of the families in their areas which might most need their services. Funding and staffing levels are one explanation for this. Some of the work with families is intensive and it appeared that out-reach teams are already working at full capacity. In at least one centre – the Maden Centre – services such as the creche, which had previously been funded from Sure Start grant, may soon be dependent on full cost recovery. With funding for former Sure Start local programmes already tapering and likely to reduce further "reach" is, logically, unlikely to grow.

There is now a wider roll-out of new children's centres, on significantly smaller budgets than those currently available to former Sure Start local programmes. On the evidence of the case studies, the capacity of this wave of children's centres to address the needs of very disadvantaged families may depend, substantially on other mainstream agencies and budgets – a pooling of resources which in some areas is not yet established.

It is possible that more resources than are currently allocated for the children's centre programme are needed to ensure that it can meet its objectives. In acknowledgement of this, the Department for Children, Schools and Families has recently announced a cash injection of more than £4billion to children's centres, early years education and childcare, which will include additional funds for out-reach workers. However, where, despite this, high-achieving Sure Start children's centres are faced with tapering levels of funding, the pressures to attract and retain a more middle-class clientele, who can afford to pay for services, will almost certainly increase. Where this occurs, the Department for Children, Schools and Families should take steps to evaluate and monitor the capacity of those children's centres to reach those families most in need.

Successful Reach Strategies

In fulfilling their objectives, these and other centres are attempting to counter a multiplicity of other influences within their neighbourhoods, whether in relation to eating habits, smoking, alcohol dependence or other lifestyle choices. These influences are visibly reinforced by the preponderance of fast food outlets, pubs, by a lack of affordable fresh food, sports facilities and places to meet, by unemployment and by ready access to recreational and other drugs.

The implementation module of the National Evaluation of Sure Start has studied the main ways in which Sure Start local programmes

identified and engaged families. Common methods included low-level marketing techniques like leaflets and posters, referrals from health visitors and other agencies, access to a centralised database of families and dedicated Sure Start workers. Overall, programmes reported that a central database was the most effective means, but not all enjoyed this access.²⁷

Within this study, centres used all of these methods, but a main source of new users is by word of mouth.

The centres which have been most active in taking the message out beyond schools and health clinics to places like shopping centres, pubs and clubs seemed to have achieved the greatest degree of success. Other ideas or strategies which were reported as being successful include:

- extensive community-led consultation;
- employing local people in staff and volunteer roles;
- working with and through partner agencies to engage particular target groups;
- incentives such as baby photos, weaning parties and gifts;
- co-locating health services like ante-natal appointments;
- services which offer value to families on restricted incomes – community cafes and toy lending schemes; and
- willingness to learn from the community.

Carlisle South believes that by investing in existing community facilities, rather than a separate Sure Start building, it has made it easier for people to access its offer. The Maden Centre's community café can be accessed from a side entrance, without the need to use the main door, while in Croydon, the ball-pit area is open to and used by many families at weekends.

²⁷ Garbers, G., Tunstill, J., Allnock, D. and Ackhurst, S. (2006) Facilitating access to services for children and families: lessons from Sure Start Local Programmes: *Child and Family Social Work*, Vol 11, Issue 4 pp 287-296 (2006)

The use of specialist workers – e.g. for fathers – or bilingual support workers is, not surprisingly, associated with an increased access by the groups targeted. Befriending "buddies" who attend with new users was reported by two centres as an effective means of engaging less confident parents.

Most of the parents interviewed said they had come along, initially, because of the recommendation from a friend, or because their health visitors had suggested it. Parents also reported that having services which they feel *entitled* to use, like ante-natal appointments, makes it easier to cross the threshold.

The reach strategies adopted by these successful centres have been implemented in a particularly thorough way. Some of the community consultations, for example, were extensive and highly structured, utilising focus groups, out-reach and public information campaigns, as opposed to more limited surveys. Centres know their communities well, staff are knowledgeable about the effects of poverty and understand that the lives of poor families can become chaotic for reasons beyond their control. By making a very sustained effort to find out and then delivering what families want, they have secured the trust of their communities.

Achieving high visibility for the work and value of children's centres, particularly among those who are most remote from services, requires motivation, painstaking research, rigorous planning, effective communication and a range of professional skills and expertise. Children's centres which have not yet formulated their strategies may not have ready access to this range of skills and expertise. As a starting point, the *Together for Children Toolkit for Reaching Priority and Excluded Families* offers a highly valuable planning resource. The Department for Children, Schools and Families, however, should take responsibility for the identification and dissemination of best practice in the design and implementation of strategies for reaching those most excluded.

Evidencing Reach

Although all centres use some form of registration for new parents, it was not, as noted, inclusive of all of the information which would, ideally, be required to assess whether they are engaging those children and families most at risk nor, for a variety of reasons, is the information which is collected necessarily analysed in the form of user profiles and trend reports.

We have the information, but there is nobody at the moment who can use the software

We could and should analyse this information, but we know we are doing all we can to reach out to the community

All centres make efforts to track users, but the sophistication of the methods adopted vary considerably. Only two centres use local demographic data to benchmark their user profiles and those two were able to supply information about the numbers of parent users by age, marital status and ethnicity. Only one centre was able to supply information in respect of the numbers of parent users with children with additional needs.

The self-evaluation form provided in guidance requires children's centres to analyse users by ethnicity, marital status, disability indicators, the percentage of teenage mothers and the proportion of children living in workless households. These are relevant categories, representing key target groups for children's centres but will not, alone, indicate whether children's centres are reaching families experiencing more extreme deprivation.

The Guidance on the Early Outcomes Duty reinforces the need to do more to identify excluded families, to encourage them to take up services and to help to break the cycle of deprivation. Within this context, local authority data analysis is seen as essential for assessing the reach, appropriateness and quality of services.

If children's centres are to achieve their objectives, they need to capture detailed information about their users, both at the point of first contact and at subsequent intervals. Only by this can they demonstrate both that they are engaging the most "difficult to include" and offering them services of value. To assist with this process, it would be helpful for the children's centre Performance Management Self-evaluation Pro-forma to be brought into closer alignment with the factors which are associated with severe deprivation. The development of a model registration form would help to ensure that children's centres have sufficient baseline information on which to plan and evaluate their performance.

What types of support are offered to families?

The four centres deliver a similar mix of services, which includes early education and childcare, family out-reach, support for special needs and a variety of adult learning opportunities but, beyond this similarity, the model of a children's centre is nuanced in very different ways. While this may simply indicate different local circumstances, it appears also to reflect the differing ideas and value systems of those leading the work.

As Sure Start local programmes, those responsible for leading and delivering the work were able, within certain broad limits, to invent their own version of Sure Start and the differences of approach have been taken forward into children's centre delivery.

In response to the question of what was the single most important driver for their work, the responses from the Heads of Centres varied:

Parents need information. We help them find it

We try to build self-esteem. That is the most important thing we do

We want to empower parents. Sure Start is about regeneration

The issues faced by parents arise, not from an isolated incident or event, but from years of emotional or physical abuse... a first requirement for us is to deliver support over the long-term

HOPE operates within a model of "the good family", emphasising continuity for its members and providing, as good families would do, warmth and support for aspiration and education. In keeping with this, the centre engages with its users in a highly personal way. All aspects of the centre and service reinforce this – in the design and materials of the building and the high staff/child ratios. There is day-to-day access to the Head of Centre, who is highly visible at all times and there is evident reciprocity among the families, who help each other in a variety of ways. The parents who use the centre look and say they feel 'at home'. They described it as 'friendly and welcoming', 'a lifeline'. Without it, they would be 'devastated'.

Broad Green feels less intimate, but has created a more sophisticated set of structures to deliver the offer to a much bigger catchment area. An initial visit is offered to all families who join the programme, when they are taken through a "check list" of the services on offer. The priority is to universalise the provision of information, support and advice, in order to reach vulnerable families. The centre works very closely with its partner agencies, pooling intellectual and other resources. The model here is of a service hub.

In contrast, the adopted model for Carlisle South and the Maden Centre is one of community development and there is more emphasis on supporting parents to move towards employment. The term *vulnerable families* would be less likely to be used, because there is a more defined focus on the structural problems of the area, whether unemployment, poor housing or education and skills deprivation. In these centres, the style of the model appears more democratic; parents play a more active role as volunteers, helping to deliver the services and a wider range of community organisations are active partners.



What is immediately relevant is the observable way in which the values of those leading the delivery influence the perspectives held by parents and the aspirations which they go on to develop.

For example, within two of the centres, helping parents to gain employment, or to become volunteers, was not regarded by staff as a high priority and this view was shared by the parents themselves. In the other two centres, where there is a marked emphasis on supporting parents to gain qualifications and to move towards volunteering or employment, parents relate this as very important, for some providing almost the whole purpose of their involvement.

In all centres, best practice involves highly differentiated and personalised planning for individual parents, built around their specific circumstances and needs, whether in relation to support for particular family difficulties, or involvement in centre activities, learning or volunteering opportunities. The concept of progression was very evident, each parent moving through a continuum of involvement at the pace which was most appropriate. The capacity to plan and provide for progression for parents is sufficiently important to be part of the training of the children's centre workforce.

Care needs to be taken, to ensure that in trying to help families, children's centres do not fall into the trap of unintentionally limiting opportunities on the basis of narrow judgements about what is best for them. The values and ideas of those leading children's centres shape the model of what a children's centre is within their localities. The model of early education and family support within a broader framework of building individual and social capital appears to be particularly successful and merits further evaluation.

Evidencing outcomes

Within the confines of this study, it was clear that some very positive outcomes are being achieved for families, but that these can't always be fully captured, quantified, or related to particular inputs.

Each of the centres collects relatively large amounts of data, but isn't necessarily able to use it in a completely effective way. Each has strategies for developing their services on the basis of feedback mechanisms, review and comments from parents, but the centres varied in the extent to which they were able to capture and articulate outcomes. Staff know parents well and are assessing progress on a continuous basis, but this information may not be fully recorded.

Much of the information children's centres are required to record relates to parents attending particular activities, rather than the outcome of the activities and this is a feature also of the national performance framework for self-evaluation.

Three of the centres make extensive use of case studies to illustrate outcomes for parents. Two were able to provide more specific outcome information, in respect of smoking cessation, attendance at ante-natal visits, breastfeeding, qualifications obtained by parents and numbers moving into employment, and many of these outcomes were highly impressive. However, positive as these results are, the drawback to this type of reporting is that, without adequate baseline information about the starting points of parents, it is not possible to assess fully the value added, nor does it capture incidental gains and outcomes, e.g. parents who fail to gain qualifications, but acquire confidence by attending a course.

Among those parents who do use children's centres, some may make only limited use of perhaps one service whereas others become involved across a spread of activities. The concept of a "continuum of access" has been articulated from findings from the implementation module of the National Evaluation of Sure Start.

It would clearly be useful to understand better and to be able to capture the full range of benefits associated with such a continuum, but this would require appropriate evaluation tools.

Soft outcome measurement would provide such a means and would have the benefit of measuring progression. Some parents, finding a taste for learning, go on to do all the courses available in a particular centre. This is not necessarily a good thing if progression is not considered or provided. As children's centres offer an increasing range of learning opportunities, whether informally in groups or workshops, or as more formal courses, they will need to consider appropriate progression, built round the needs of individual parents and to ensure the quality of the learning offer.

Soft outcome measurement can also help those who lack confidence to have evidence of their achievement and can be used alongside "harder" outcomes.

Soft outcomes are those that cannot be measured directly or tangibly, such as: relationship skills, increased confidence; organisational skills, time management, or problem solving. They can also include skills which have been gained, but which do not constitute a "hard" qualification. When discussing soft outcomes, the term "distance travelled" is used.

Children's centres need to be better able to assess the outcomes that are achieved for users, both generally and for particular target groups and to be able to relate these, as far as is reasonably possible, to particular interventions or inputs. Better tools are needed for them to do so than are currently available. Local

authorities and their partners are responsible for monitoring performance in this area, but the Department for Children, Schools and Families should commission and disseminate an appropriate framework, taking into account the current Performance Management Self-evaluation Methodology. Best practice might be served by the development and inclusion of a soft outcome framework.

Skills and Leadership

From the evidence of the case studies, the skills and knowledge required of front-line staff are both wide-ranging and variable, sometimes requiring specialist knowledge e.g. of mental health issues and at other times generic. These would appear to be best served by a flexible unit-based framework.

The new *National Professional Qualification in Integrated Centre Leadership* (NPQICL) is a level 7 post-graduate qualification, recognised as the appropriate qualification for a head of a children's centre. In addition and as noted, Parenting UK and others are leading on the testing and trialing of units of assessment and qualifications for those who work with parents.

However, in all four centres, the expertise and depth of experience of those leading the work is very considerable and this must be a critical factor in their extensive achievements. It would be difficult for any qualification to provide benefits comparable to this level of experience. In the wider roll-out of children's centres, effective use of high-achieving centres could be made by utilising them in a consultancy role to others at an earlier stage of development.

On the evidence of the studies, a critical requirement for reaching the most disadvantaged families is an understanding of poverty and disadvantage. Training to provide skills and knowledge in this area should be part of the updated strategy for the children's workforce.

The National Standards for Children's Centres set out the key areas of responsibility for heads of centres. These include the responsibility to:

*Help parents overcome barriers such as lack of confidence or poor basic skills and support them to take decisive action to return to study, training and employment*²⁸

As the case studies illustrate, in disadvantaged areas, the proportions of adults lacking Entry Level or Level 1 and 2 qualifications are very high. Without ready access to learning, their capacity to support children's learning or genuine choice to move from benefits into anything other than low-paid work will be more limited. Examples of successful strategies used by the case study centres have been described above. The evidence also indicates the wider benefits, in terms of parenting, family relationships, health and well-being, for those who make the transition into study.

The centres in the study are unusually pro-active in encouraging and providing access for parents to skills-related and other learning. The Department of Children, Schools and Families should raise the profile of this objective, with *Together for Children* collating and disseminating good practice of the kind described here and providing any further support and guidance which may be necessary for centres to make these opportunities more widely available.

Coping with poverty or curing it?

Sure Start was conceived with the aim of helping to reduce poverty. If it is to achieve its aim, support for parents to gain employment or to move into better paid work must have a higher priority and children's centres will need to ensure that they have effective links, not only with Job Centre Plus but with employers and training providers.

This is not to argue against further tax and benefits changes which would also address child poverty, or to suggest that unemployed parents should be pressured to take up employment or that paid work is feasible or desirable for every

parent. Rather, it is about giving parents a meaningful choice to work if they want to. In many cases that will be at the point when their children go to school but, as the case studies show, effective children centres can, while children are still very young, support parents to take the first steps towards that choice.

The importance of employment goes beyond the material benefits for families, significant as those are. Children who grow up in workless families, where long-term unemployment is the norm, may be cut off from positive role models which would help them to develop confidence in their own futures. Many of the parents in the study emphasised the importance, for their children's attitudes and behaviour, of their own growing confidence and the fact that they were in work.

This is confirmed by research which suggests that employment programmes for parents, where these are associated with income gains, result in better school outcomes for their children, particularly for children aged 4-5 years.²⁹ In addition, evidence from programmes like *The Minnesota Family Investment Program* show that appropriately tailored schemes can result in improvements for families and better achievement for children.

Support for employment should be closely integrated with the core children's centre offer and those leading centres should be pro-actively engaged in ensuring that this is a priority for delivery and that parents are given sufficient personal support when moving through programmes of vocational or other training. Innovative strategies like the trainee scheme in Carlisle South and Maden Centre's *Achieving Together Workshops* should be widely disseminated.

Children's centres are also employers and consideration should be given in employment policies to the scope for training and employing parents. Benefits disregards should be considered as a means of providing transitional employment opportunities for parents on supplemented benefits. Linking with appropriate business partners, centres could also provide support for co-ops and self-employment.

28 National Standards for Children's Centres DfES 2007

29 Morris, P. Gennetian, L. Duncan, G. (2005) Effects of Welfare and Employment Policies on Young Children: New Findings on Policy Experiments Conducted in the Early 1990s: Social Policy Report, Vol.10 No 2 2005

Parents as Co-producers

Should parents have a role in the delivery of services? The extent of this varies in the four case study centres, but where it is most developed and where parents are trained and prepared for their roles, staff felt that it was a key factor in the success of their delivery.

Children's centre guidance stresses the importance of all parents having *every chance to get involved, have their say and secure what is best for their children*, although the main role envisaged is in governance or participation in consultations.³⁰

Governance may not be the best way of involving highly disadvantaged parents. Governing bodies tend to most easily attract more middle-class parents, already well-placed to articulate their needs. This is acknowledged in the Guidance for the Early Outcomes Duty, but only to the extent that it is suggested that less confident parents might be involved in *forums and focus groups*.

Hidden Work, a report from the Joseph Rowntree Foundation, describes the ways in which other public service agencies have adopted *co-production*, that is, involving their beneficiaries as partners in the delivery of services, with the intention of improving their lives and also strengthening the reach and effectiveness of the services.³¹

The report concludes that co-production can help to break down barriers, improve individual lives, increase social cohesion and develop the relationship between public service institutions and the communities they serve; but, to be successful, requires some blurring of boundaries between provider/user roles and is also dependent on shifts in the role of professionals, operating less as "fixers" and more as facilitators.

The same principles are adopted, across Europe, to tackle persistent social exclusion by engaging people in solving local problems and by encouraging mutual help and solidarity. This has come about through the recognition that the complexity of social problems makes them resistant to standardised solutions.³²

In those centres where parents were actively involved as delivery partners, there was an observable sense of ownership for the aims of Sure Start and a greater feeling of entitlement, that this was something which belonged to the community.

Children's centres will be more effective where their local communities are persuaded to accept and back the need for change. Co-production, which involves the beneficiaries of public services as active agents, is a model which is worthy of exploration. Further research is needed to test the effectiveness, in the medium and longer term, of using parents as children's centre delivery partners.

Conclusion

In what was a limited qualitative analysis of a small number of children's centres, the study found that they are reaching highly disadvantaged families and have well developed strategies for meeting the expressed needs of those families.

The study raised a number of more general questions about the children's centre initiative and its capacity to deliver on its policy objectives.

The most important of these is whether it can deliver its promise to reduce poverty and improve outcomes for children.

In relation to the latter, it is well established that high quality early education can enhance children's development and act as compensation for other factors which could compromise satisfactory outcomes.

30 Governance guidance for Sure Start Children's Centres and extended schools, DFES 2007

31 Hidden Work Co-production by people outside employment JRF 2006

32 Borzaga, C and Defourney, J. (2001) *The Emergence of Social Enterprise in Europe*. Routledge.

This element of the children's centre offer can, with some reasonable degree of reliability, be expected to work. The Early Years Foundation Stage has been carefully researched and developed over time. The inputs required from practitioners have been mapped in considerable detail and there is a direct relationship between inputs and outcomes through the Foundation Stage Profile, on which all children are scored on personal, social and emotional development and communication, language and literacy scales.

In relation to the work of children's centres with parents, there is less clarity about what the key inputs are, what are the relevant outcomes, even what the main priority or purpose of some activities might be. Are they about building family capital, social capital or both?

Some discrete elements of parenting programmes, it is true, have been rigorously evaluated and further work is in progress, although, as evidenced by the recent publication of a themed study of family and parenting support in Sure Start local programmes, there is considerable diversity in the nature of what is being offered, with a majority of parenting programmes being designed locally, in some cases without an explicit format or training for delivery.³³

The current focus on supporting parents to be involved in their children's early learning is also well grounded in independent research about the influence of intergenerational learning. However, as with more general parenting programmes, the focus is the relational behaviour between parent and child as distinct from the economic needs of disadvantaged families and it is not clear that such programmes will have any direct bearing on poverty reduction.

An element of confusion also pervades much of the policy and guidance – which emphasises the need to reduce poverty and inequality but often emphasises parental deficit – those parents who *have lost, or never had, the capacity to parent responsibly* – without placing this in the broader context of unemployment and/or poor skills and the resulting effects on family well-being.

The different approaches of the centres described here are reflective of those varying and occasionally inconsistent perspectives. This is not to suggest that children's centres should aspire to a standardised and rigid delivery model, rather it is to suggest that more needs to be learned, if success is to be achieved.

But in the longer run, the success of the initiative will depend most on the people on the ground, working with families. Poverty is a pervasive and life-compromising experience. In the best of the centres visited here, those leading the delivery were not diffident about giving poverty its name and had engaged their communities in a process of regeneration which had the capacity to transform the economic and social landscape, as well as to change the lives of individuals. In this uncertain context, these would seem to be good leads, worthy of follow-up.

33 National Evaluation of Sure Start (2007) Family and Parenting Support in Sure Start Local Programmes: DCSF Research Report NESS/2007/FR/023



Project Advisory Group

Alan Wells OBE (Chair)

Former Director Basic Skills Agency

Geoff Bateson MBE

Core Skills Manager, Birmingham Core Skills Development Partnership

Mary Crowley MBE

Chief Executive, Parenting UK

Val Gillies

Senior Research Fellow, Families & Social Capital Research Group, London South Bank University

Gill Haynes OBE

Director, Capacity

Annabel Hempstead

Former Deputy Director, Basic Skills Agency

Pauline Henniker

Chief Executive, Play Matters (National Association of Toy and Leisure Libraries)

Margaret Leopold

Department for Children, Schools and Families

Margaret Lochrie

Director, Capacity

Neil McLelland OBE

Former Director, National Literacy Trust

Adam Micklethwaite

Department for Children, Schools and Families

Sue Owen

Director, Early Childhood Unit National Children's Bureau



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This short study focuses on four Sure Start children's centres selected as models of good practice in terms of engaging with and securing better outcomes for those families suffering the most extreme forms of economic and social disadvantage. The strategies adopted by those centres are analysed in depth, offering valuable insights into "what works" as well as ways in which differing models impact on delivery.

The study also offers a broader critique of the challenges facing children's centres in reaching those most remote from services and suggest ways in which the impact of the programme – as a tool for combating poverty and improving outcomes for all children – might be strengthened. Recommendations include an improved infrastructure to help parents to move into employment; better systems for tracking users and measuring outcomes; and training for staff to help them to engage and meet the needs of those most affected by poverty.