

# The Maden Community and Children's Centre

Evaluation Report: June 2011

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change for children, families and communities

## Evaluation and impact study

In October 2010, Capacity was commissioned to undertake a research study of the work of the Maden Community and Children's Centre which is based in Bacup, in Rossendale.

The aims of the study were to:

- Assess how the children's centre meets the needs of its various stakeholders
- Evaluate the delivery of the children's centre's services, from the perspective of stakeholders
- Measure the impact of the children's centre
- Assess the children's centre's cost effectiveness
- Provide recommendations based on the findings

This document, in April 2011, contains a report of the study and its findings.

We would like to express our thanks to the staff, volunteers and supporters and partner agencies of the Maden Centre for their unstinting help. The children's centre, recently judged by Ofsted to be outstanding, is empowering families: helping to achieve the best possible outcomes for children; and reaching and supporting very many of those families who are in the greatest need. Much of this reflects the inspiring leadership of Kaela Francioli, but this should not obscure the considerable talents of her colleagues and the commitment of the team as a whole.

## Table of contents

	<b>Glossary</b>	5
<b>1</b>	<b>Summary of findings and recommendations</b>	6
<b>2</b>	<b>Maden Centre</b>	12
<b>3</b>	<b>Methodology</b>	14
3.1	Participatory evaluation - the reference group	14
3.2	Desk Review	15
3.3	Partner Interviews	16
3.4	Staff Interviews	16
3.5	Qualitative Interviews	17
3.6	Community Survey	18
<b>4</b>	<b>Structure of the report</b>	19
<b>5</b>	<b>Findings: use and non-use</b>	20
5.1	Registered families	20
5.2	Registered families across the reach area	22
5.3	Active and inactive families	23
5.4	Activities accessed	24
5.5	Reasons for use	26
5.6	Reasons for non-use	27
5.7	The services which families are aware of	29
5.8	The services which families want	29
5.9	Use and non-use: recommendations	30
<b>6</b>	<b>Inclusion and the Maden Centre</b>	32
6.1	Parent/carer interviews	33
6.2	Inclusion: inactive parents/carers	34
6.3	Staff interviews	35
6.4	Recommendations	35
<b>7</b>	<b>Childcare</b>	37
7.1	Use of childcare	37
7.2	The nursery	38
7.3	A social enterprise	39
7.4	Working to improve outcomes	39
7.5	Nursery practice	40
	- Care and learning	
	- Assessment and planning	
7.6	Recommendations	41
<b>8</b>	<b>Family support</b>	43
8.1	Families in Need	44
8.2	The effectiveness of family support	44

8.3	Parents' views	46
8.4	Developing outcome measures	46
8.5	Conclusion and Recommendations	47
<b>9</b>	<b>Health</b>	48
9.1	Ante-natal and post-natal	48
9.2	Dental registrations	49
9.3	Smoking Cessation	49
9.4	Emotional Health	49
9.5	Tracking outcomes	50
9.6	What parents said	50
9.7	Conclusions and recommendations	52
<b>10</b>	<b>Fathers and male carers</b>	53
10.1	Research	54
10.2	Recommendations	55
<b>11</b>	<b>Skills and employment: addressing child poverty</b>	56
11.1	Tackling poverty	57
11.2	Basic Skills	57
11.3	Training and Employment Referrals	58
11.4	Jobcentre Plus	59
11.5	Citizens Advice Bureau	60
11.6	Volunteering	60
11.7	What parents said	61
11.8	Child poverty: conclusion and recommendations	61
<b>12</b>	<b>Outcomes, progression and impact</b>	63
12.1	Assessing effectiveness	64
12.2	Baseline information	65
12.3	Progression and distance travelled	65
12.4	Assessing outcomes: recommendations	66
<b>13</b>	<b>Other issues</b>	67
13.1	Structure	67
13.2	Best value	67
13.3	Policies and procedures	68
13.4	Financial probity	68
13.5	Other issues: summary	68
	<b>List of Appendices</b>	
A1	Letter to all parents inviting participation in the evaluation	70
A2	Topic guide for partner agency interviews	71
A3	Topic guide for staff interviews	73
A4	Topic guides for Qualitative Parent Interviews	74

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## Glossary

C4EO	Centre for Excellence and Outcomes
CAB	Citizens Advice Bureau
CAF	Common Assessment Framework
CCMIS	Children’s Centre Management Information System
ECM	Every Child Matters
ESF	European Social Fund
EYFS	Early Years Foundation Stage
HTGC	Hit the Ground Crawling
HIS	Health Improvement Service
IAG	Information Advice and Guidance
IMD	Index of Multiple Deprivation
LCC	Lancashire County Council
LSOA	Lower Level Super Output Area
NESS	National Evaluation of Sure Start
PcEmp	Parent and Child Empowerment Programme
PCT	Primary Care Trust
PSA	Public Service Agreement
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinator

# 1. Summary of findings and recommendations

## Use and non-use

Most families within the Bacup area are aware of the Maden Centre, its purpose and the main services it provides. The centre has successfully engaged a large proportion of its reach population including very significant numbers of priority families. The children's centre has a high approval rating among users.

Awareness of the children's centre is greater in some neighbourhoods than others and some families within the reach area find other adjacent children's centres more convenient for travel. A significant proportion of families who are registered with the centre do not make use of its services and among those who do, the largest number use only one service. Among both users and non-users the full range of activities on offer is not always evident or fully understood.

The evaluation showed, too, that while there is a considerable agreement between the children's centre and the local community about the services which are needed, there is evidence that families construct their needs in different ways, with a considerable number wanting opportunities for social contact.

### Recommendations:

The CCMIS database should be kept up to date and used to track participation and usage rates, using small area analysis to inform targeted outreach and promotion.

The initial registration form is standard across Lancashire children's centres and captures much useful baseline information. It is important that the information for each family is complete.

If staffing resources allow, it would be useful if every registering family could be offered a short meeting with a member of staff to discuss how the children's centre can help and to ensure that families are aware of all of the activities and services on offer.

The Maden Centre already devotes considerable effort to ensuring that families are aware of services, but it may be that additional media could be helpful, including local radio or promotional events in shopping and other public areas.

The findings show that families' needs are reasonably consistent across different types of families, but they are not always the same.

## Inclusion

It is clear that the Centre is very inclusive when parents or children with additional needs attend the centre. It offers a largely accessible setting that enables parents/carers and children with additional needs to receive a range of services and support, without labelling and without stigmatising. The majority of parents had only good things to say about the centre's welcoming and inclusive approach – notably, some felt it had made all the difference to their parenting and as a consequence to the likely outcomes for their children.

The first steps towards Early Support that the centre is taking fits very well with the current Government agenda, and the centre should probably consider extending their use of Early Support.

Although the centre is experienced as very welcoming and accessible by those who use it regularly, there are still some areas that might benefit from review and additional planning. The four suggestions are:-

- Review how services and activities are publicised
- Focus on demonstrating the centre's inclusiveness.
- Review disability awareness among all staff
- Consider planning to use Early Support approaches and materials

## Childcare

The nursery and related crèche activity and holiday care is integral to the children's centre and the achievement of its aims. Although there is now no requirement on children's centres to offer year-round full daycare, the Maden Early Years and Childcare Centre is part of a seamless provision of free and moderately priced, high quality childcare, which enables parents to work, study, attend other activities or to have respite.

The effort to track child outcomes, as children start and go through schooling is commendable. The use of the Foundation Stage assessment results is a relevant way of monitoring progress towards narrowing the gap between low income children and the rest.

In respect of the nursery, suggestions for further developing the good practice which already exists are:

- Ongoing evaluations of the room layout.
- Well presented displays which show children's work and are celebrated by the children.

- More mobiles in the baby room, clear definition of areas and the provision of cosy corners for the children to pick up books, more heuristic play and the use of more familiar items from the home for all the rooms.
- More environmental print in the pre-school and other areas.
- Clear storage of accessible resources in the baby room, more soft furnishings in all the rooms and books clearly displayed and easily accessible.
- Planning in the rooms clearly reflects the EYFS recommendations and is on display for parents; outcomes of activities displayed for the parents.
- The observations, assessment and planning methodology could be subject to further review and development, including ways of involving parents in the planning.

## Family support

Family support is a necessary and key service for parent users of the children's centre. Many of those who make use of it are affected by poverty and it may be that some of the problems which bring them into family support are related to having insufficient income. Others have different issues, including alcohol dependency, disability, domestic violence or depression.

The level and intensity of support varies according to need and the children's centre works well with other agencies which have a role in supporting families.

Parents are clear about the benefits of family support, some seeing it as having "saved" or changed their lives.

There is a well developed framework for recording assessments, planning and the discontinuation of support. This could be developed further to clarify and evidence the skills, knowledge and abilities which parents gain as a result of support and the associated outcomes for children.

Individual planning records could clarify more the short and long term goals for parents and the steps which they will take to achieve such objectives. A coaching model might be of relevance.

## Health

It is evident that the children's centre is supporting health improvement, within and beyond its reach area, across a wide range of health issues, including emotional health. The use of the children's centre for ante-natal appointments has proved an effective strategy for supporting pregnancy.

The children's centre has made a very distinctive contribution to preventative health programmes, whether through *Smoke Free homes*, the Parent and Child Empowerment Programme or peer support programmes.

A number of families have used the children's centre to access other health services, including specialist services such as Speech and Language or emergency GP appointments.

Healthcare and health advice services received a relatively low rating from those responding to the community survey, but this may simply reflect a lower level of awareness about the help on offer. In contrast families placed health near the top of their list of the services they most needed.

Much of the evidence for health improvement is found in local health impact data. To complement this, we suggest that further tools might developed for tracking user outcomes such as smoking cessation and any subsequent steps taken to achieve or maintain health and fitness.

As a first step the children's centre should bring together data held in separate data stores, if feasible within the CCMIS. There is a risk, currently, that some of the activity related to e.g. *Smoke Free Homes* and *Mum to Mum* is not captured by the CCMIS and achievements understated.

## Fathers

The children's centre is known in the community to fathers and male carers and appears to be highly regarded. However, the active participation of fathers is relatively limited. We believe that the approach taken by the centre is right, but there may be further steps which could address this, including:

- More visible “branding” within the centre aimed at fathers and male carers to help counter the perception of the children's centre as a female - orientated environment. This might include the recruitment of more male staff, including reception staff as and when staff turnover permits.
- The targeting of particular gender “neutral” services to male carers and fathers, such as the basic skills courses and training and employment referrals.
- Exploring, with local employers, the possibility of work-place based sessions on parenting.
- The extension - as resources allow - of activities for the whole family, including older children, in the evenings and at weekends.

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## Child poverty

Levels of child poverty within the Maden Centre reach are significantly higher than in Rossendale or Lancashire as a whole. It is not possible to determine how many of the children among registered families fall within the official definition of poverty, as parents are not asked to supply details of their family income. However, the numbers of lone parent families and workless families and the low pay which characterises the area, suggest that the numbers living on very low incomes are significant.

The children's centre is already doing a great deal to both mitigate the effects of low income on families and to support aspiration, encourage parents to re-enter education and to move into volunteering or work. More could be done to track progress and to support those attempting to achieve qualifications. There is scope to develop further work to support financial capability, in partnership with CAB.

Local authorities have a legal duty, with their partners, to undertake a needs assessment and to formulate a strategy to tackle child poverty. It may be that when the Lancashire strategy is available, children's centres will want to review how they can best support poverty reduction in Lancashire.

The evidence from parents is that many, if not most, would like to improve their financial circumstances and see work as a means of doing so. We recommend:

- Tracking systems are put in place and used to monitor the progress of individuals who are the subject of Training and Employment referrals
- Consideration is given to how best those referred can be supported – possibly through peer mentoring
- More promotion of support for training and employment is undertaken as some parents are not aware of these opportunities

Consideration should be given to extending the scope of social enterprise related activities.

## Assessing outcomes and impact

The Maden Centre is achieving a great deal in terms of its aims and objectives, including better outcomes for children, improved health and well-being, improved educational achievement and higher aspirations. The centre is valued by users and stakeholders to a degree which is relatively unusual. Most people felt that the children's centre had brought the community together.

However there is a danger that the full range of outcomes achieved is not always captured by current monitoring and recording systems. We suggest that:

- More use is made of the CCMIS data, in the form of trend reports relating to usage and participation by different types of families and across the differing neighbourhoods which make up the reach area.
- Baseline data, extracted from the registration reports is regularly checked and updated.
- Output data is regularly analysed.
- Further outcome measures are developed for assessment purposes.
- Individual progression is monitored and recorded.

## Other issues

The Maden Centre is well managed, makes good use of its resources and has all the necessary policies and procedures to safeguard children and adults, to ensure safety, equality and diversity. It has good financial controls, sound financial management techniques and – in our opinion – offers best value. The staff team is committed and cohesive.

As funding for public services contracts, there may be a need to generate additional revenue streams and as a part social enterprise, already providing commissioned services to other bodies, the Maden Centre is in a better position than some to create and/or acquire new business. Under forthcoming localism legislation it is conceivable that the Maden Centre could contract with the local authority to provide some services across a wider area than the current reach area. However, the feasibility of this was not considered as part of the evaluation.

## 2. Maden Centre

The Maden Community and Children's Centre is based in Bacup in Rossendale. A former Phase 1 Sure Start Local Programme, the centre was formed in 2000 with the PCT as the Accountable Body and Spurgeon's as the Lead Agency. The centre is now directly managed by Lancashire County Council (LCC).

The three wards – Irwell, Greenclough and Stacksteads – which constitute the reach area of the children's centre – have a population of slightly more than 14,500 people.

The District of Rossendale covers more and less deprived wards and Lower Level Super Output Areas (LSOAs). The reach area of the Maden Centre contains a number of severely deprived neighbourhoods. In the 2007 Index of Multiple Deprivation (IMD) Irwell was the most deprived ward in Rossendale and within the top decile, nationally. Stackstead and Greensclough were both in the 20% most deprived nationally and all three wards are among the most deprived within the District.

Child poverty has been shown to have the greatest impact on child outcomes, but is lower in Lancashire (18.2%) and Rossendale (17.60%) than in England as a whole (22.8%). However, in Irwell and Stacksteads, the rates are higher (25.8% and 24.8% respectively). In six of the ten LSOAs which constitute the reach area, child poverty is above the District average. In three of those 6 LSOAs the percentage of children in poverty - as defined by the government is between 33% and 35.6%.

Awarded *Children's Centre of the Year* in 2007, the Maden Centre takes a broad and inclusive approach to securing good outcomes for children. The programme of activities and services is very large, encompassing some 45 interrelated strands or elements, from breastfeeding to baby massage, stay and play and support for early literacy, exercise and dance, holiday activities and outings, adult learning and volunteering, family support and parenting.

There are very close links with health, the centre providing a variety of health clinics, a base for ante-natal care and advice and home visits undertaken by family support staff eight weeks following birth. The children's centre has also developed a number of health-related programmes such as a commissioned programme - *Smoke Free Homes* - and the *Mum to Mum* peer support programme and is leading the roll-out of these across Rossendale, in partnership with other children's centres.

Parents can attend basic Maths, English and IT courses within the centre or be referred, through partnership arrangements to college-based courses and Information, Advice and Guidance (IAG). Referrals to Jobcentre Plus enable parents to take the first steps towards gaining employment.

A full-time nursery is based at the centre, established as a social enterprise, while a charitable company, The Friends of the Maden Centre, brings a range of partners and supporters together to fundraise on behalf of the centre and to develop holiday and family activities.

There is support for childminders in the area through a childminding network which promotes the training and development of childminders, a crèche service and holiday care.

The Maden Centre works closely with Social Care and with the Lancashire Emotional Health team. In addition, two family support workers undertake home visits, offer centre-based support to those in need and deliver the Parent and Child Empowerment Programme - a home visiting programme covering nutrition, health, safety, child development and parenting skills - to first-time mothers and others on request.

Many, if not most of the services and activities are free, but where charges are made, e.g. for childcare, the charges are moderate. Trips and outings for families typically cost no more than £5.00.

The children's centre also has an added dimension as a hub for the community. One of the largest employers in the area, it has also created jobs and promoted regeneration and social enterprise. In addition, a number of staff are former parent users.

The Maden Centre has also created and sustained a network of volunteers. This is the subject of commissioning arrangements between it and other children's centres within the area. The children's centre is currently working with Accrington College to provide accredited training for volunteers at Levels 2 and 3.

The Maden Centre is now one of a number of local authority managed centres, but is encouraged to be responsive to local needs. The framework set by Lancashire County Council provides targets in relation to priority families and encourages practice sharing, but expects centres to tailor service delivery to local circumstances.

## 3. Methodology

### 3.1 The reference group

The brief for the evaluation included a requirement for participative methods. It was decided, therefore, to adopt a *Theory of Change* approach to the evaluation.

A theory of change is an approach to evaluation rather than an evaluation method in itself. Put simply, a theory of change is a theory of why and how an initiative works.

The approach makes use of conventional evaluation methods, but within an approach which is inclusive of staff, users, partners and volunteers.

It makes use of three distinct stages:

- defining the situation which the project set out to address; the long term aims, interim aims to reach longer term objectives and the outcomes hoped for.
- assessing activities against intended outcomes, including measures of impact, quality and cost effectiveness
- analysing and interpreting the findings of the evaluation, including any implications for future delivery or need for adjustments in the allocation of resources

A reference group of nearly thirty staff, parents and partner representatives was established to steer the evaluation. At its first meeting, the group identified issues where they hoped to bring about change:

- Lack of access to services
- Poor transport
- Lack of employment opportunities
- Isolation
- Drug and alcohol issues
- Negative stigma attached to being a disadvantaged area

A key aim of the centre is to raise aspirations; support change in parenting, building confidence and self-esteem; improve health; and work towards better outcomes for children and parents.

A particular aim of stakeholders was to identify strategies for engaging families who do not currently use the centre and to increase participation across the range of centre activities.

The reference group met half-way through the study to receive and advise on interim findings and to shape the qualitative element of the study. Individual members of the

group met with the evaluation team on an ongoing basis, to examine and share knowledge about specific areas of work.

To ensure that users were included from the outset, a letter was sent to all parents, inviting participation in the evaluation. This is attached as Appendix 1.

A Head, Heart, Carrier Bag and Dustbin exercise was set up in the reception area of the centre, inviting users and visitors to submit comments on post-it notes in sealed boxes.

## 3.2 Desk review

The research team reviewed a considerable number of documents relevant to strategic and operational matters including:

- Business Plan and Budget
- Activity and course outlines
- Staff records
- Memoranda and Articles for the Friends of the Maden Community and Children Centre and Maden Early Years and Childcare Centre together with associated financial reports
- Financial controls for the children's centre
- LCC guidance documents for children's centres and recording templates
- Evaluations and planning documents
- Policy documents

The desk review also entailed analysis of the records held by the centre relating to the families who are registered and/or active. This data is stored on the Lancashire County Council Children's Centre Management Information System (CCMIS) and the local authority not only monitors this, but draws down useful management reports for each of its children's centres. We are particularly grateful to LCC for allowing us to have access to this data store.

The CCMIS system is relatively new and there has not yet been an opportunity for Maden Centre staff to be trained in its use. This has led to some teething problems which have now been resolved.

The reports generated by the evaluation were, in the main, additional to those provided by LCC and focused on:

- Family registration and activity by location of residence
- Levels of activity and patterns of take-up by specific groups
- Most used and least used activities
- Popular combinations of services
- Involvement by particular groups of families, including those statistically at risk of poverty e.g. lone parents, workless families

The CCMIS data was combined with small area data relating to the overall Index of Multiple Deprivation (IMD). This small area data was initially based on the 2007 Index of Multiple Deprivation but was subsequently altered to reflect the 2010 IMD, published in March 2011.

The overall IMD rankings of small areas (LSOAs) within the reach area have in some cases changed since 2007.

### 3.3 Partner Interviews

Key informant interviews were conducted with 11 partner agencies with the purpose of exploring their perceptions of the children's centre, its impact and the contribution of partnership working to achieving area objectives. Interviews were completed with:

- Chair of Friends of the Maden Centre
- Jobcentre Plus
- Citizens Advice Bureau
- Health: Children and Family Integrated Team
- East Lancs PCT Emotional Health Team
- Smoking Cessation
- Accrington and Rossendale College
- Health Improvement Service
- St Saviours Primary School
- Rossendale Borough Council
- PCT Public Health Midwives

An outline topic guide was developed for the partner agency interviews and is contained in Appendix 2.

### 3.4 Staff Interviews

The research team interviewed, individually or in groups, the following members of staff:

Head of Centre  
Deputy Head, Education and Childcare  
Enhanced Services Manager  
Children's Centre Teacher  
Senior Family Support Worker  
Family Support Worker  
Childminding Network Coordinator  
Training and Employment Liaison Officer  
Parental Involvement Officer  
Finance Officer  
Nursery Manager  
Business Support Officer  
Play Coordinator  
Smoke-free Homes Worker

## Caretaker/resources

An outline topic guide was developed for staff interviews and group discussions and is contained in Appendix 3.

### 3.5 Qualitative interviews

A total of 53 qualitative interviews were conducted with parents, of whom 34 were current active users of the children's centre, 15 were registered but inactive and 4 were non-users. Parents were selected on a non-random basis, to reflect a balance of lone parent and two-parent families, the ethnicity and age profile of the centre's reach population, employed and unemployed, usage of and participation/non participation in key children's centre activities.

Among active users, the majority, 26, were aged between 20 and 39, 11 were lone parents and 17 had no adult in employment within the family. Five respondents were fathers and ten had children with disabilities or additional needs. One parent was disabled and one had a long-term illness. Two were members of Black Minority Ethnic Groups

Interviewees had used a range of centre services, with 18 having used the nursery, 18 having used the crèche and 18 having made use of ante-natal care. Seventeen had used family support, 22 had used the cafe, and 17 had used Shape-up with Sure Start.

Ten parent users had made use of between 1 and 3 services, 14 had made use of between 4 and 10 services and 10 had used between 11 and 19 children's centre services.

Among the inactive parents and non-users, 7 were lone parents, 7 were in families where no-one was in employment and 6 had children with disabilities or additional needs.

A Topic guide was developed for the interviews and is attached as Appendix 4.

Topics explored with users included:

- parents' perceptions of their needs
- value and relevance of activities and services
- what benefits have been obtained for parents and children
- impact of the children's centre
- any gaps in services
- whether there is a continuum of benefits associated with the time involved
- informal sources of support within the community
- what encouraged parents to use the centre or its services
- hopes for the future

Among non-users and inactive parents, topics explored included:

- parents' perceptions of the children's centre
- any barriers to participation
- other sources of support and any gaps
- hopes for the future

### 3.6 Community Survey

A community survey was undertaken, using a short questionnaire designed with input from the reference group. Ten questions were formulated, relating to:

- awareness of the children's centre and its services
- reasons for use/non-use
- benefits of use
- barriers to usage
- the help families need
- preference for particular types of service
- impact of the children's centre

A copy of the questionnaire is contained in Appendix 5

Children's centre staff and partners helped with the distribution of the survey, both to users of and visitors to the centre; through childcare providers and other community organisations and through face-to-face contact at different community locations.

1,500 copies were distributed and the survey was also made available electronically, by email.

Two hundred completed questionnaires were returned. Among those responding, the largest number (74%) were mothers, 6% were fathers, 10% were grandparents, 3% were carers and 7% described themselves as community members.

A very large majority (85%) had children or were expecting a child and among those 75% had a child under 4 or were pregnant. Among those who were prepared to disclose this information (88%), a quarter described themselves as lone parents.

Among those responding, 35% were confirmed as registered with the children's centre, 34% were unregistered and 31% did not disclose this information. Whether registered or otherwise, 72% of all those responding had used the children's centre at some point.

## 4. Structure of the report

The findings of the evaluation draw on the desk study; the community survey, qualitative interviews and discussions and interviews with staff and partner agencies.

The findings are structured to consider the following areas of operation:

- Usage and take-up of Maden Centre services across the reach area
- Support for inclusion
- Childcare
- Family support
- Health
- Fathers
- Addressing child poverty
- Outcomes and impact
- Other issues

## 5. Findings: Use and non-use

The children's centre, occupying a landmark site - the former swimming baths in the centre of Bacup - is highly visible to passing families. Registrations among families with children under five are at a high level and - in the neighbourhoods closest to the centre - very high.

Families may become registered with the children's centre at any point before or after the birth of a child. As ante-natal appointments are held at the children's centre, many families are registered at this time or during home visits, eight weeks after birth.

A registration form captures key data about families, including address, ethnicity, marital status, employment, partner details, disability, birth weight smoking in pregnancy and breast feeding.

Not all user families are registered. Some user families may be registered with another children's centre, or not registered with any. In addition, the details of some families are held separately on other databases, e.g. *Smoke Free Homes* or *Mum-to-Mum*, without necessarily. Some of those families may not be registered.

### 5.1 Registered Families

An analysis of the registration report at 17<sup>th</sup> December shows that there were 855 families at 17<sup>th</sup> December 2010. Of these:

- 372 families had a child under five
- 661 families had a child aged five or younger
- 65 families had a child aged 6 or older
- 129 families had no children – this includes pregnant mothers and their families

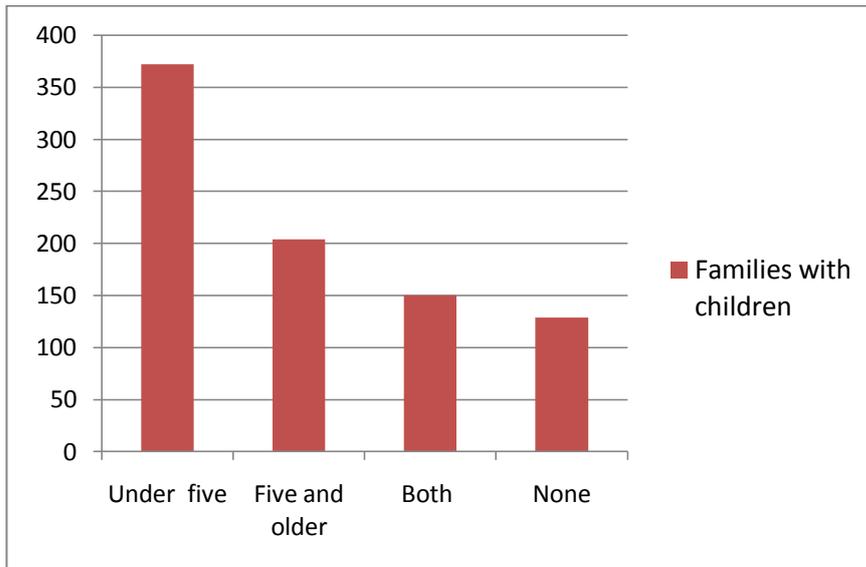
Among registered families:

- 31 parents were 19 or younger (including 16 pregnant mothers)
- 42 were of non-White British heritage
- 461 had only one child
- 13 had four or more children

Among registered families, some had children both under and five and over; others only had children under the age of five.

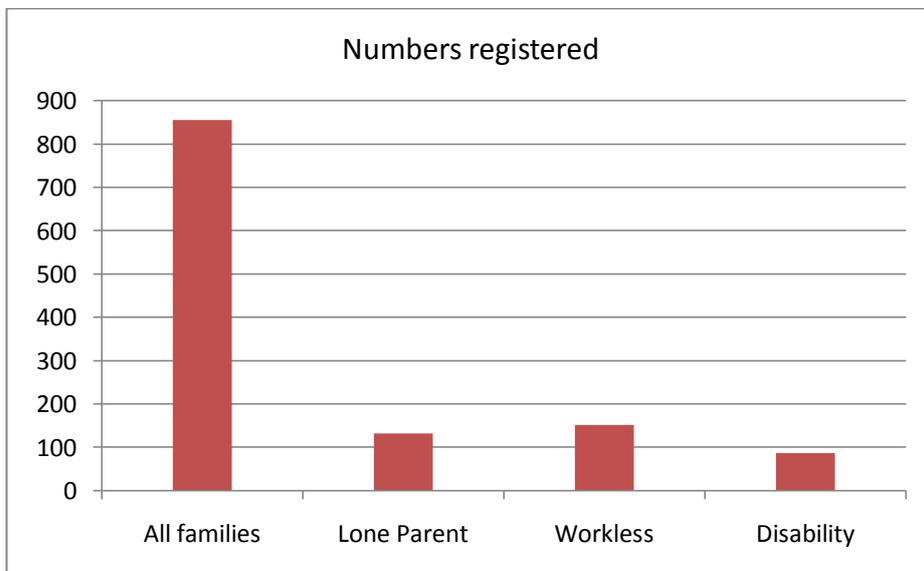
The age structure of children in registered families is shown in the following figure:

Fig 1: Age of children



A significant number of registered families (128) are lone parent families and 151 are workless families. Among lone parent families, 92 (72%) are workless families. Among all families, 86 were those where a carer or child has a disability, Special Educational Need, or Additional Need. This analysis confirms that the children’s centre is reaching priority groups of families.

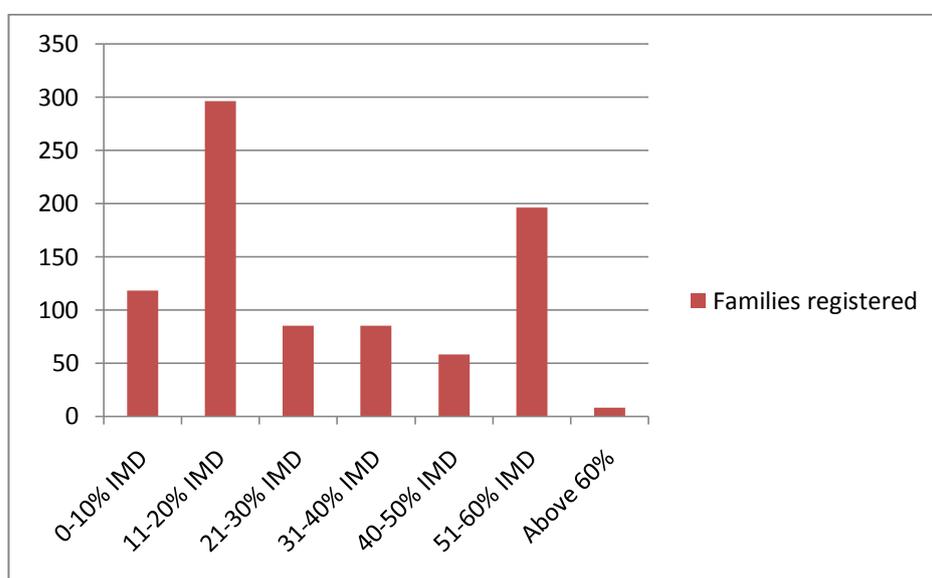
Fig2: Registrations and family types



## 5.2 Registered families across the reach area

Nearly half of all registered families live in neighbourhoods which are within the 30% most deprived, indicating that the centre is successful in reaching many of those families most likely to be in need.

Fig 3: Registrations and local deprivation



Within each local neighbourhood or LSOA, the percentage of families with children aged 0-4 registered with the centre ranged from 48% - 92%

Fig 4: Percentage of families registered by LSOA

LSOA	IMD	Ward	% registered
Rossendale 003f	52%	Irwell	92%
Rossendale 003d	14%	Irwell	48%
Rossendale 003e	6%	Irwell	79%
Rossendale 006c	12%	Stacksteads	57%
Rossendale 006b	32%	Stacksteads	62%
Rossendale 006d	19%	Stacksteads	54%
Rossendale 003b	27%	Greensclough	71%
Rossendale 003C	15%	Greensclough	80%
Rossendale 006a	47%	Greensclough	56%
Rossendale 003a	53%	Greensclough	52%

In all parts of the reach area there are postcodes where no families are registered. A significant number of these are in non-residential areas, but others relate to residential areas to the east, west and north of Bacup.

LSOAs Rossendale 003D and 0006C are neighbourhoods where registrations are at lower levels and these are both areas where child poverty is higher than average. In some cases, transport links to the town may be poor and or other children's centres are more accessible.

However, through tracking registrations in this way, the children's centre can target outreach and promotion to any particular areas where registrations are relatively low.

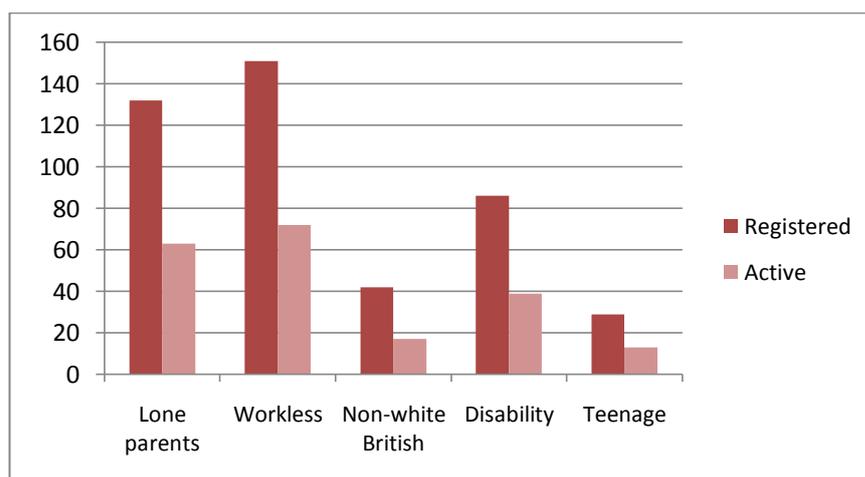
### 5.3 Active and inactive families

Families may be registered with the children's centre but remain or become inactive. In the period from 1<sup>st</sup> April to 17<sup>th</sup> December, 2010, just over half (447) of families took part in one or more activities offered by the children's centre.

Many of the registered families who did not take part in any activities are still listed as *active*. The period of the activity report is quite long and we would suggest that some protocols are developed for deciding when a family has become inactive, together with any follow-up of that family which might be agreed.

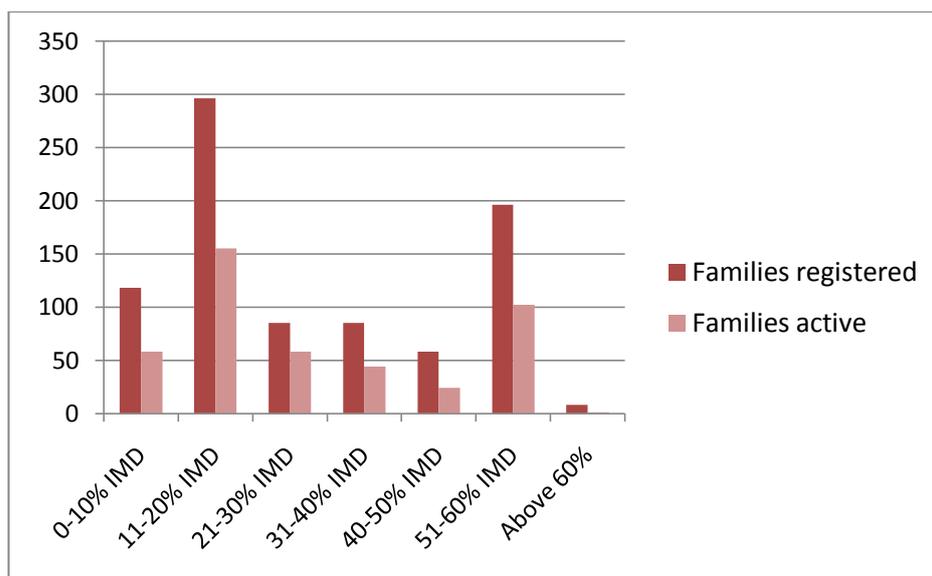
The ratio of active families is fairly consistent across different groups of families.

Fig 5: Registered and active by family type



Families in disadvantaged neighbourhoods are more likely to be active users than those living in more affluent areas. Whereas 47% of families registered live in the 30% most deprived neighbourhoods, more than 60% of active users are in disadvantaged neighbourhoods.

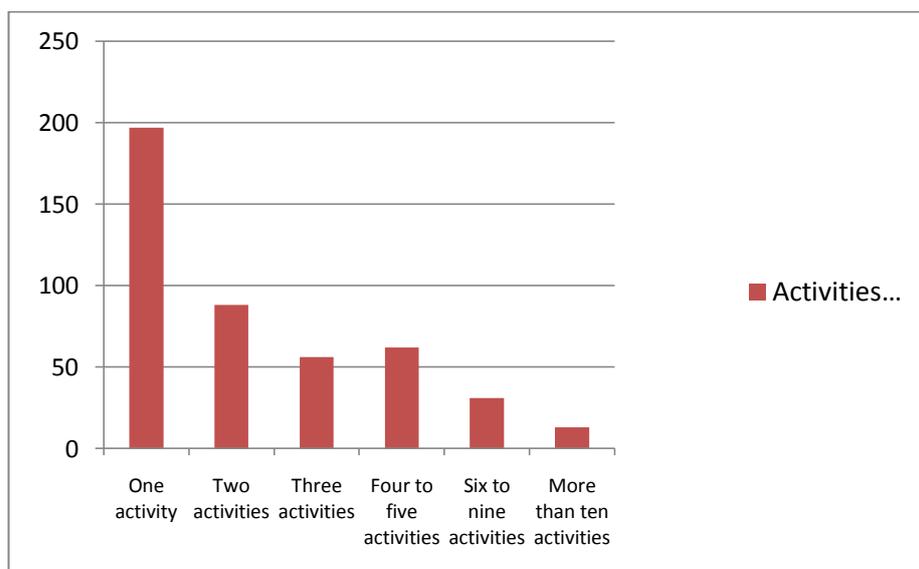
Fig 6: Active families by residence



## 5.4 Activities accessed

During the period under review, families used the children’s centre in different ways. By far the largest number accessed only one activity, but many families used more and a few accessed more than ten different services or activities. In some cases, individual families accessed as many as 19 or 20 services and activities.

Fig 7: numbers of activities accessed

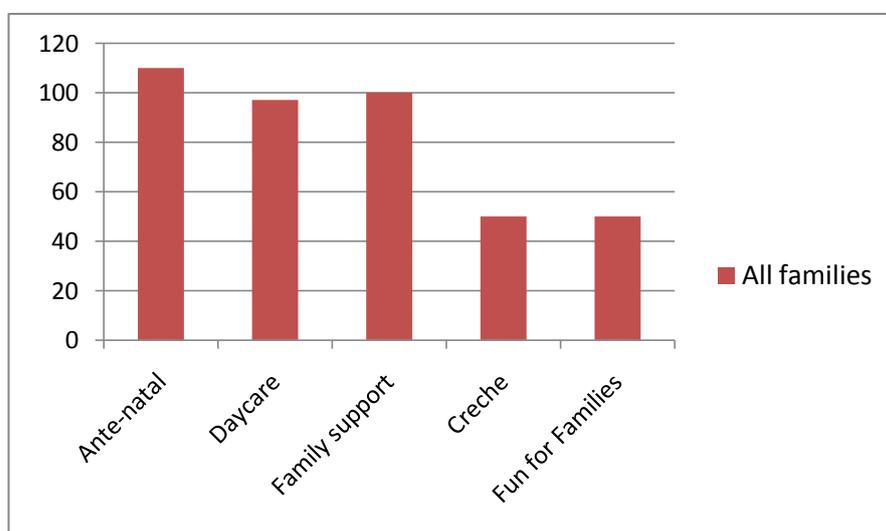


The activity report offers only a snapshot of activity within a given period. Some of the individuals or families using only one service or activity may have accessed others in the past, or may use more services in the future.

Not all of the data relating to activity is held on the CCMIS system. Participants in e.g. *Smoke-free Homes* are held on a separate database as are details relating to *Mum-to Mum* support. It was not possible to integrate these smaller databases with the main CCMIS system because the data fields are not in all cases the same.

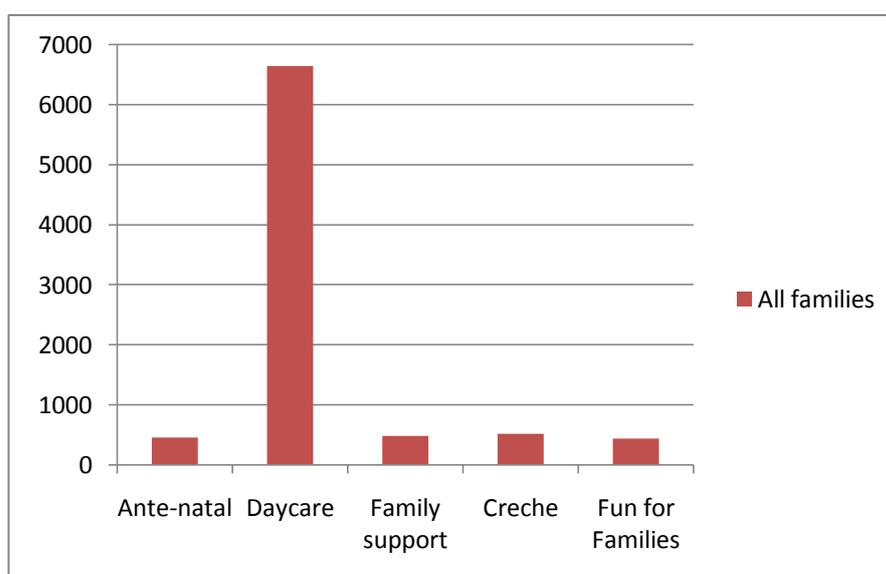
The most used activities are ante-natal appointments, childcare and family support.

Figure 8: Most used activities, all families



Measured by volume of sessions, the daycare nursery represents the single largest strand of delivery.

Figure 9: Most used activities, sessions accessed



## 5.5 Reasons for use

There are very high levels of awareness about the existence of the Maden Centre not only in Bacup but throughout the reach area. A very large majority of those who responded to the community survey and all of the parents who took part in the qualitative interviews, both users and non users, were aware of the existence of the children's centre.

The purpose of the children's centre is also widely understood as support for families with young children. Childcare is the service which is most associated with the centre but supporting families was another recurrent theme in responses from both the community survey and qualitative interviews.

However, both users and non-users were rarely aware of the full-range of services and activities. They were less likely to be aware of, for example, the adult learning opportunities in the centre or the training and employment service, the gym or volunteering opportunities.

From the qualitative interviews with users, three main reasons emerged for becoming involved with the children's centre. These were:

- attending for ante-natal appointments
- new to the area and interested in meeting other families
- the centre was recommended by friends or health visitor or GP, or a specialist worker

Attending for ante-natal appointments was the reason given by most respondents. This suggests that the basing of ante-natal clinics in the children's centre has helped to introduce and promote children's centre services.

I came here for ante-natal – I have no friends locally - so this has helped for my son to interact with local children.

I came from Sheffield with my partner I had no family around. I had three children and needed for them to meet new children in the area.

I was aware of Sure Start - but the Government message indicated it wasn't for me but when I was pregnant with my youngest, the messages had changed.

My sister said I should come as there was loads to do and not only for the kids.

I have friends that have used the centre and I pass it every day.

I know it from passing when I am shopping.

The centre is to help families and young children but they do so much more in helping other people.

It's a place where new and other mums can meet and take part in various groups with their babies.

Nearly a quarter of those interviewed had been new to the area at the time of registering with or accessing services at the children's centre. Some had used a children's centre where they had lived previously; others felt the need for themselves and their children to meet other parents and children.

In some cases, the nursery was the main reason for joining and in one or two instances, where children had additional needs, the Maden Centre nursery was the only one regarded as capable of meeting the children's needs.

## 5.6 Reasons for non-use

Both the qualitative interviews and the community survey provided some insights into non-use of the children's centre.

Among those completing the community survey, the most frequently given reason for non-use was lack of knowledge about what services and activities are available, followed by not needing help or services or - in a number of cases - finding another children's centre easier to get to. No-one had used the centre and disliked what it had to offer and only one person said that the activities did not interest them.

A few parents associated the children's centre with childcare for working parents and were not aware of other types of help.

Asked about the main barrier to using the children's centre, the most frequent responses were

- no need of services
- lack of knowledge
- use another provider

Cost was cited as a factor by only ten users and non-users.

Qualitative interviews, both with non-users and with registered families who were not active revealed a similar combination of reasons.

Among unregistered non-users, two had used the café and other activities in the past. Reasons given for non-use included parking difficulties, finding another children's centre more convenient, the perception that there was nothing for older children at the Maden Centre and lack of knowledge of what is available.

I work long hours and don't know what's on, when.

I've only just had my baby two weeks ago.

If I knew there was something there for me, I'd use it.

I looked at the Nursery because I was looking to go to work, but it didn't work out.

I came along to see it but I've never really used the services because I have my mother.

I don't choose to associate with a lot of the people that I have seen use the centre.

Among parents who had been registered while attending ante-natal appointments but had never used the children's centre, the reasons for non-use were varied.

A number found other children's centres more convenient, others cited lack of time - in one case because of other specialist appointments - and one older mother who didn't feel "at home" with other users of the centre. One parent felt she got the support she needed from her church, while another found that her mother gave her all the support she needed.

Most of the inactive parents, however, were surprised at the number and types of activities available at the Maden Centre and a number were interested in finding out more.

Some inactive parents had previously used services and reasons given for stopping included moving to a different area, children going on to school and not having the time.

I use Haslingden because I know people there, I don't know people at Maden - but if there was something I wanted to do, I would go to the Maden Centre.

It's time. I drive but the cost of running two cars is an issue and walking takes precious time.

On occasions when I've gone, you had to buzz and there wasn't anyone at reception, they were busy.

The close partnership with Health means that Health visitors encourage parents to use the children's centre and provide information about it on first and subsequent visits.

The Team Leader for the Rossendale East Children & Families Integrated Team believes that there are some families in Bacup with supportive networks of families and friends who may have less need for the children's centre. A further group are those who "don't go anywhere", but who might benefit from its activities.

She is aware of parents who lack the confidence to walk down the street and who would need to be picked up to attend. On occasions, Maden Centre staff have done just that.

From all of the evidence it is clear that families in the Bacup are, for the most part aware of the children's centre and a high proportion make use of at least one of its services. The children's centre devotes time and effort to keeping families informed about what is on offer and can demonstrate significant success in engaging the most disadvantaged families.

However, there are a small number of neighbourhoods which have high deprivation rankings and these might be the focus of future targeting. It is also clear that families - both users and non-users - are not always aware of the full range of activities and services on offer and further efforts, using a variety of media - leaflets, letters, text, emails, website radio and face to face contact - might be a means of improving communication about the impressive breadth of activities on offer.

## 5.7 The services which families are aware of

Respondents to the community survey were asked about the services offered by the children's centres. The vast majority (89%) knew that the centre provided childcare; a similar number (87%) were aware of the café; 81% were aware of Stay and Play sessions; and 76% were aware of family support.

A majority were also aware of help available with giving up smoking (70%); holiday activities (69%); adult learning (65%); and healthcare and health advice (60%). Less well known were exercise and fitness (38%) and volunteering opportunities (40%).

Among non-users, all but one were aware of childcare; two thirds were aware of the café; and more than half were aware of Stay and Play activities. A number of non-users were aware of family support opportunities and help with giving up smoking.

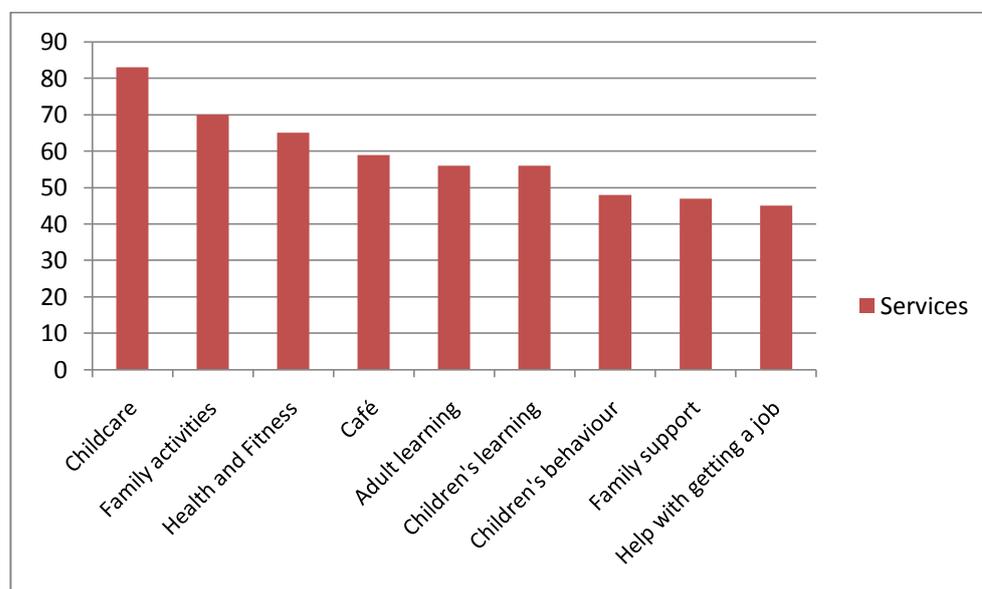
Among current users, the services most highly rated were childcare, Stay and Play, and the café. The services least highly rated were help with giving up smoking and healthcare and health advice. The support for the café is interesting as it is not, strictly, a children's centre service.

## 5.8 The services which families want

Asked about the help they needed or wanted, the parents in the survey continued to make childcare as a main choice, followed by family activities, health and fitness, a café, help to support children's learning and adult learning.

A smaller but still significant proportion wanted family support, help with children's behaviour, advice and help with money matters and help with getting a job.

Fig 10: Community Survey – services which would be helpful



Other specific suggestions included an over 60's group and a daily after-school club.

The qualitative interviews revealed similarities in the kinds of help parents say they want.

Two thirds of those interviewed said they needed help with childcare, but more than half said they wanted help with children's learning and slightly less than half said they would like help in finding work and help with children's behaviour.

More than a third said that they needed help with housing problems and a quarter said they would like help with overcoming transport problems.

Among inactive parent and non-users, help with getting back to work was more important than help with children's learning or behaviour.

The three main priorities for non-users and inactive parents were childcare, help with finding work and help with housing problems.

Among users, a number said that they would like more activities for older children including regular after-school care, homework clubs, sports and activities for older boys.

Other, individual, suggestions included more family trips, a ball pool, martial arts, more support for foster carers and more activities for dads.

However, a third of users were perfectly satisfied with the activities which are already on offer, or wouldn't have the time to access anything more.

I want to get my own place. At my Mums I have a small box room, which I share with my daughter. But as she gets older she needs more space. I want to go back to college and finish the beauty course I started.

I want to get the foot on the ladder towards employment.

I'd like help with housing - my flat is damp.

A Time for Me for older kids.

I'd like a course about managing children's behaviour.

I've asked if they can do practical courses like DIY and car care.

I'd like a study buddy - someone to help me to think when I'm studying, to ask me questions.

Some support for foster carers and a homework club for older children.

## 5.9 Use and non-use: recommendations

Most families within the Bacup area are aware of the Maden Centre, its purpose and the main services it provides. The centre has successfully engaged a large proportion of its reach population including very significant numbers of priority families. The children's centre has a high approval rating among users.

Awareness of the children's centre is greater in some neighbourhoods than others and some families within the reach area find other adjacent children's centres more convenient for travel. A significant proportion of families who are registered with the centre do not make use of its services and among those who do, the largest number use only one service. Among both users and non-users the full range of activities on offer is not always evident or fully understood.

The evaluation showed, too, that while there is a considerable agreement between the children's centre and the local community about the services which are needed, there is evidence that families construct their needs in different ways, with a considerable number wanting opportunities for social contact.

#### Recommendations:

The CCMIS database should be kept up to date and used to track participation and usage rates, using small area analysis to inform targeted outreach and promotion. Activity should also be monitored and protocols agreed to determine what follow-up should take place when a family has never been active or has ceased to be active.

The initial registration form is standard across Lancashire children's centres and captures much useful baseline information. It is important that the information for each family is complete as, without information about, for example, marital and employment status, or disability and SEN, the children's centre will lack some of the information necessary to tailor services and track outcomes. The initial registration details should be checked and updated at intervals to record any salient changes within the family.

At initial registration, some families may be reluctant to provide all of the information which is required for the registration form. If staffing resources allow, it would be useful if every registering family could be offered a short meeting with a member of staff to discuss how the children's centre can help and to ensure that families are aware of all of the activities and services on offer.

The Maden Centre already devotes considerable effort to ensuring that families are aware of services, but it may be that additional media could be helpful, including local radio or promotional events in shopping and other public areas.

The findings show that families' needs are reasonably consistent across different types of families, but they are not always the same. There is evidence that help with housing or transport issues would help some families and for those with older children, activities which are age-appropriate for the whole family.

## 6. Inclusion and the Maden Centre

“Children’s centres play a key role for disabled children with SEN and their families”  
*Support and aspiration: A new approach to special educational needs and disability.*  
Department for Education Green Paper (March 2011)

This slightly abridged report presents the findings from qualitative interviews with staff and with parents/carers of children with additional needs and parents/carers who are themselves disabled. These interviews were carried out as part of the wider evaluation of the children’s centre. The full report has been made available separately to the Head of the Maden Centre.

A key aim of children’s centres is to be inclusive. There is little doubt that families living with disability experience significant disadvantages. Disabled children are among the most likely to experience poverty and poor children are more likely to become disabled than those who are better off<sup>1</sup>. However, disabled children and their families are among those least likely to access provision even though they are also amongst those who are most likely to benefit from it<sup>2</sup>.

The Government’s 2011 green paper<sup>3</sup> states “Families with disabled children are less likely to use early years and childcare settings even when it is free as they may feel that settings do not offer support appropriate for their particular needs”. This means that children’s centres need to make real and proactive efforts to enable disabled children and their families to feel included and to understand the benefits they can gain from the services and activities on offer.

Parents generally find it difficult to entrust the care of their child to others – and for many, the first time they do this is when they take their child to a children’s centre. Parents of disabled children can find this a particularly challenging time and they may find it extremely difficult to build trusting relationships with children’s centre practitioners.

The Maden Centre strives to engender this trust and to generate confidence in families who are living with disability and/or additional needs. Therefore, this part of the Evaluation and Impact study was designed to find out how well the centre is doing in terms of its inclusiveness and its approach to disability and additional needs. Inclusion is not just about accessibility – it is also about participation. Some of the key questions asked of the parents and carers who were interviewed for this study focused on their participation and the ease with which they felt they could participate.

<sup>1</sup> *Disability 2020: Opportunities for the full and equal citizenship of disabled people in Britain in 2020* Rachel Pillai, Jennifer Rankin and Kate Stanley (2007). Available from [www.ippr.org](http://www.ippr.org)

<sup>2</sup> Sylva K., et al - *The Effective Provision of Pre-School Education [EPPE] Project A Longitudinal Study* funded by the DFES (1997-2003). (64k pdf file) The EPPE Symposium at the British Educational Research Association (BERA) Annual Conference. Herriot Watt, September 2003.

<sup>3</sup> *Support and aspiration: A new approach to special educational needs and disability.* Department for Education Green Paper (March 2011)

## 6.1 Parent/carer interviews

Nine parents were interviewed. Six of these parents were active users of the centre, three were inactive. Four of the active users were female, two were male. One of the inactive parents was male, two were female.

Of the six active parents, two used only the nursery and didn't access any other service at the centre. The other four parents used a range of services; only one parent said that she was likely to use some of the adult learning opportunities at the centre.

One of the active parents and one of the inactive parents considered themselves to have additional needs. One of these parents had cerebral palsy and the other was deaf.

The remaining 7 parents/carers had children with additional needs but they had no additional needs themselves. Of these seven, one was a foster carer and the other 6 were the children's biological parents.

The 7 children had the following additional needs:-

- Speech, language and communication difficulties and developmental delay
- Hearing impairment
- Autistic spectrum disorder (two)
- Developmental delay
- Hearing difficulties and speech delay
- Mobility problems

The children's ages ranged from 13 months to 6 years, with an average age of 3 years. The parents/carers ages ranged from 24 years to 41 years.

The active parents were overwhelmingly positive in their responses, suggesting that the centre is extremely welcoming, flexible and non-judgemental in its approach.

Asked about the purpose of the centre, parents' responses suggested confidence and trust in the centre – if parents get through the door and start to access services they have an extremely positive, affirming experience.

The Maden Centre is extremely good. They should take all of the other nurseries in the area and amalgamate them into the children's centre because they are the best.

They are completely non-judgemental – they see me, not the disability.

The staff at the Maden Centre understand what we are going through.

It has allowed me to parent independently.

They are invaluable.

I now realise it is a place of security and safety where people like me, with a disability, can find the confidence to be a good parent, through working with the practitioners.”

Only two parents were fully aware of all the services and activities available at and through the children's centre and it may be that communication about what is on offer needs to be reviewed. In addition, only one parent had heard about the centre through publicity sources (The Scallywag magazine) – all the others had personal or professional recommendations.

Parents of disabled children, or parents who themselves are disabled, are less likely to attend a setting through recommendation – they need to have more information about exactly what they and their disabled child can get out of the centre that they couldn't get elsewhere – so perhaps this type of publicity also needs to be reviewed.

## 6.2 Inclusion: inactive parents/carers

Although not currently making use the centre, the majority of responses were positive. Parents felt that the centre had things for everyone and that there is a great deal on offer, even if they do not always know what is available.

This was echoed by another parent who expressed some frustration at not realising how accessible the centre was. She is deaf and her hearing problems make communication difficult. She is, therefore, reluctant to access activities that she is unsure of and that she has no confidence in. She did try, in the early days, to get some support with a specific issue but did not get the responses she was looking for because she felt her additional need was ignored.

I know that the centre offers lots of things but I'm not sure exactly what they are.

People don't pay enough attention to what I need to help me access services – it would be good if the centre could publicise more what they have to offer in terms of accessibility so that disabled parents could know there's something here for them.

The father who was interviewed felt that the centre could not offer his son what he needs and that he was better using services elsewhere. He is very happy with the support he receives and doesn't feel the centre could offer anything more.

A mother whose child has mobility difficulties, felt that the centre was a great place to be, with lots of things on offer, but she didn't have the time to access any of it. Also, she said that her family give her a huge amount of support, so she doesn't really need support from the centre, even though her child has additional needs.

One mother who has a hearing impairment was less positive, saying she didn't use the centre because she didn't know what was on offer or how accessible it would be for her. She was worried about it and her early experiences with the centre had not suggested that it was particularly accessible.

Three key messages emerging from the inactive parents were:-

- Lack of information about what was on offer

- Concern about how inclusive the centre is
- Some lack of confidence about disability awareness.

All three of these messages could be a result of perception rather than reality.

Nevertheless, they suggest that the centre could review:-

- How it publicises its services and activities
- How it demonstrates its inclusiveness for parents/carers and children with additional needs
- Whether disability awareness amongst all staff is an issue or not.

### 6.3 Staff interviews

Five staff members were informally interviewed about the children and parents/carers they were aware of in the centre with additional needs. Two were nursery staff, one was the nursery manager and one was the deputy head of the centre.

Generally the staff expressed an interest in children and parents/carers with additional needs and they emphasised how much they wanted to ensure that such families felt included and had confidence in the centre.

Two nursery staff are currently undertaking the SENCO training and were very keen to learn more about how they could provide more effective support for children with additional needs and their families. They were in the early days of planning to use Early Support with children and families, but had not accessed any training on this and were not entirely sure how the approach should be implemented and the materials should be used. They could see their usefulness, however.

Both managers who were interviewed were very aware of the issues faced by families living with disability. The nursery manager explained how closely they monitor children to pick up early signs of disability and described an example, one of many, of early identification, early intervention and sensitive handling that is evident within the Maden Centre.

The deputy manager was keen to discuss promotion of the centre and the discussions that had taken place in the centre about publicising its accessibility to parents/carers and children with additional needs. She said that part of the debate that had taken place within the centre was focused on whether publicising its accessibility and inclusive approach would stigmatise families living with disability and whether they would feel patronised.

### 6.4 Inclusion: recommendations

It is clear that the centre is very inclusive when parents or children with additional needs attend the centre. It offers a largely accessible setting that enables parents/carers and children with additional needs to receive a range of services and support, without labelling

and without stigmatising. The majority of parents had only good things to say about the centre's welcoming and inclusive approach – notably, some felt it had made all the difference to their parenting and as a consequence to the likely outcomes for their children.

However, the issues around publicity are worth addressing, particularly because lack of information has been shown to be one of the factors affecting access to children's centres and extended services for disabled children.

The first steps towards Early Support that the centre is taking fits very well with the current Government agenda, and the centre should probably consider extending their use of Early Support.

Moreover, the use of Early Support could make a difference to the worries expressed by some of the inactive parents and its approach to working in partnership with parents could prove to be very beneficial.

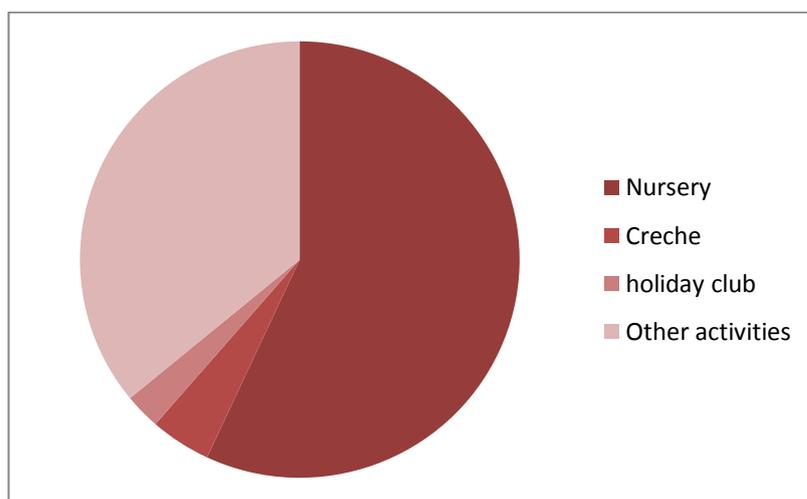
Although the centre is experienced as very welcoming and accessible by those who use it regularly, there are still some areas that might benefit from review and additional planning. The four suggestions are:-

- Review how services and activities are publicised, particularly in terms of reaching families who may have a disabled child or who may be disabled themselves.
- Focus on demonstrating the centre's inclusiveness. Make sure the values it espouses and the inclusive approach it implements are widely known. One way to do this would be to ensure that all health visitors, social workers, GPs, local voluntary sector organisations and local parents' groups are aware of the centre's approach.
- Review disability awareness among all staff. If it is seen to be an issue, plan in some training around it. Disability awareness could also form a larger part of the centre's self-assessment too – diversity is covered extremely well, but disability specifically is hardly mentioned.
- Consider planning to use Early Support approaches and materials, in partnership with parents, for children with additional or complex needs. This might involve some training needs to go alongside disability awareness training.

## 7. Childcare

Childcare is the service which is most accessed by families and which, among the families who were consulted during the study, was most likely to be associated with the Maden Centre. In terms of the numbers of sessions offered, it represents the largest output of activity, larger than all other services even when other services are combined.

Fig 11: Childcare: sessions accessed in the period 1<sup>st</sup> April – 17<sup>th</sup> December 2010



The range of childcare available consists of a 61 place nursery offering sessional and full day places; crèche sessions which include *Time for me* - to enable parents to attend appointments; childcare alongside courses, *Shape up with Sure Start*; and some respite crèche sessions. Crèches are also provided outside the centre in outreach venues. A holiday club provides care for children aged three and over during the school holidays.

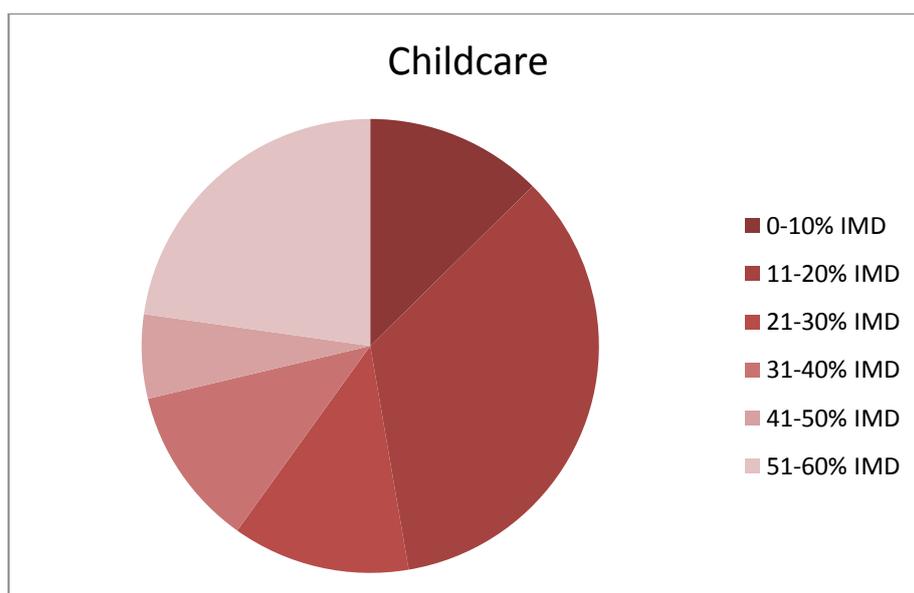
### 7.1 Use of childcare

Childcare is used by a wide cross-section of families. A quarter of crèche users are lone parents who are full-time carers and therefore not employed and nearly a third of all families making use of crèche sessions have no-one in employment and are therefore, on very low incomes.

Among 97 families who use the nursery, two thirds are employed, almost all with partners who are also employed. Five lone parents who are in employment use the nursery.

Across all types of childcare, families living in disadvantaged neighbourhoods are well represented among users.

Fig 12: Childcare: take up by families by residence and overall deprivation



## 7.2 The Maden Early Years and Childcare Centre

The nursery has around 100 children attending, although the numbers vary across the year and tend to be lower in the autumn term, following the intake of older children into school. A minimum of 50 children are required to maintain sustainability and - at the time of the study - the number was 54.

Approximately a quarter of children attending nursery are aged 0-2, a similar proportion are aged between 2 and 3 and the largest group are aged between 3 and 4. In the period 1<sup>st</sup> April 2010 occupancy was 89%, dropping to 77% in the following quarter.

The nursery charges are £37 for a full day for under 2s and £33 for over 2s. The cost of a half-day session is £21 and £19 respectively for each age group. A full-time weekly place is £160 and £142 respectively. The fees are described as being in the mid-range, locally.

Places are offered on an impressively flexible basis, which may well account for the relatively high occupancy. The nursery is in this way able to effectively support parents with part-time or shifting hours. If a family works two days in one week and three days in the following week, only the hours used are charged. Among 95 children at the time of our visit, 6 were paid for by Social Care or Care to Learn, 17 were supported by Nursery education Grant and the rest were paid for by parents, or part supported by nursery grant. For some reason, the children's centre was not, in the initial pilot, allocated free places for disadvantaged two year olds.

### 7.3 A social enterprise

The nursery is legally separate from the children's centre and is constituted as a company and social enterprise - the Maden Early Years and Childcare Centre. Parents are represented on the board and the nursery is supported by and linked to the children's centre by Julie Smith, Deputy Head of Centre and Team Leader for Integrated Care and Education. The financial turnover of the company is just under £400,000 a year and the nursery employs 14 staff and trainees. The childcare provision is made at no net cost to the children's centre.

### 7.4 Working to improve outcomes

The approach is to identify children's needs at an early stage and - where needed, to put in professional support. If more money were available they would like to work with the children in smaller groups. Children are tracked against the EYFS foundation stage framework. Some liaison has taken place with local schools in relation to a small sample of children. Maden children were described by schools as doing well in Mathematics and English, scoring highly in the Foundation Stage assessment.

Marion Nuttall, Early Years Teacher at Bacup St Saviour's Community Primary School, who agreed to be interviewed, regards the nursery at the Maden Centre as one of two outstanding local pre-school settings.

In Rossendale as a whole, the proportion of pupils achieving a good stage of development at the Foundation Stage is, at 55% higher than the North West (53%) and English (52%) averages. However, the gap between children receiving Free School Meals (a measure of low income) and the rest is 24%.

The tracking of children against Foundation Stage Profile results is a useful exercise. In 2009, the results for the reach area ranged from 38% of children achieving a good stage of development to 64%.

Fig 13: EYFS 2009

LSOA	IMD	EYFS 2009 % achieving a good stage of development
Rossendale 003f	52%	53%
Rossendale 003d	14%	64%
Rossendale 003e	6%	44%
Rossendale 006c	12%	38%
Rossendale 006b	32%	x
Rossendale 006d	19%	x
Rossendale 003b	27%	59%
Rossendale 003C	15%	50%
Rossendale 006a	47%	x
Rossendale 003a	53%	43%

Parents who use the nursery were clear that it had provided significant benefits for their children. The benefits or outcomes described included social skills, improved behaviour, language and number and better relationships.

Some parents also felt that they had learned useful insights from the nursery staff - particularly about playing and supporting their children's learning.

Most were happy with the costs of childcare and only a couple of parents said that they found the cost a bit of a struggle. A common view was that any costs were outweighed by the importance of getting the right care for their children.

It's built up his confidence and creative skills, helped him to interact with other children.

They have learnt very quickly to share, mix and socialise with others.

It has brought the twins out and the older one has good counting skills and knows the alphabet and is brilliant at jigsaws.

## 7.5 Nursery practice

The practice in the nursery was observed during the evaluation. A separate report has been made to the children's centre, the summary points of which are as follows.

### Care and learning

The staff work effectively as a team and support one another. This adds to the effective emotional stability and continuity of care for all the children accessing the day care, and to the welcoming and warm ethos.

The interaction witnessed between the staff and the children in general was appropriate, clear and challenging for the older children and questions were open-ended requiring a response. The staff scaffold the children's language and give them appropriate time for responding as well as the opportunities for thinking and questioning.

Throughout the nursery and in all the rooms it is clear that the centre operates a child-centred approach where children's individual needs are supported by personalised learning opportunities. Staff know the children well and the children in all the rooms seemed settled, happy and confident in the main. The key worker system further supports the induction for children and for parents.

It is clear that the children's enjoyment and wellbeing is of high priority to most of the staff, their understanding of children's individual needs and development enables them to offer a tailored approach based on their understanding of when children are ready to progress and move from one room to the next phase within the children's centre. Praise and incentive is embedded in the practice as all the staff promote children's achievements

## Assessment and Planning

Planning is for the continuous development and stimulation of each individual child and crucial to their future success.

The planning for the pre school children is clearly based on the staff knowing their children and on observations, tracking children and linking observations to the Early Years Foundation Stage Curriculum. The gathering of the observations to inform the next steps for the children in their key worker group is the best way to ensure the planning both interests and stimulates the children. The process of planning and linking observations to planning could be improved further.

The staff “hone- in” on the children’s interests and this is clear in their practice but could be reflected in the planning more effectively. Observations are done on post-it notes and kept for planning sessions, then collated and recorded in the *My Development* file for each individual child. The observations are further enhanced by photographs and comments from the observer including comments about the child’s disposition, attitude and likes and dislikes. Reactions from the individual children to different events and situations are also recorded and this is also good practice when it comes to planning for the child’s next steps.

Planning in all the rooms needs to reflect the continuous provision as well as the specific activities. It should also reflect the experiences children are familiar with from home as well as new skills.

Weekly observations in the areas of learning from the EYFS are transferred to the Developmental Tracker and the child achieving the core skill indicated in the curriculum is indicated by a tick. This may be an unnecessary duplication. A spread sheet for the age-appropriate stage of the children could be devised to record the achievement of the skill after clear observations over time.

### 7.6 Childcare: recommendations

The nursery and related crèche activity and holiday care is integral to the children’s centre and the achievement of its aims. Although there is now no requirement on children’s centres to offer year-round full daycare, the Maden Early Years and Childcare Centre is part of a seamless provision of free and moderately priced childcare, which enables parents to work, study, attend other activities of have respite.

The effort to track child outcomes, as children start and go through schooling is commendable. Although the EYFS framework is likely to be simplified, following the recent review by Dame Clare Tickell, the use of the Foundation Stage assessment results is a relevant way of monitoring progress towards narrowing the gap between low income children and the rest.

In respect of the nursery, recommendations for further developing the good practice which already exists are:

- Ongoing evaluations of the room layout and use by children to ensure its most effective use appropriate to the age of the children in that room and support future development and continuous improvement.
- Well presented displays which show children's work and are celebrated by the children.
- More mobiles in the baby room to stimulate interest and "babble", clear definition of areas and the provision of cosy corners for the children to pick up books.
- More heuristic play and the use of more familiar items from the home for all the rooms.
- More environmental print in the pre-school and other areas.
- Outcomes of activities displayed for the parents.
- Clear storage of accessible resources in the baby room, more soft furnishings in all the rooms and books clearly displayed and easily accessible.
- Planning in the rooms clearly reflects the EYFS recommendations and is on display for parents.
- All rooms plan in the long, medium and short term to ensure all areas of the curriculum are covered over a period of time.
- The observations, assessment and planning methodology should be subject to further review and development, which would be timely if the EYFS is revised and simplified.
- Parents are involved in the planning and a comments box or a *You said... We did* tree is in place for the parents to make comments and observations.

## 8. Family support

Family support is, next to childcare, the most accessed service. More than 100 families used family support in the activity period in question. In addition, 30 families made use of the Parent and Child Empowerment Programme (PCemp) and of these 21 were also making use of family support.

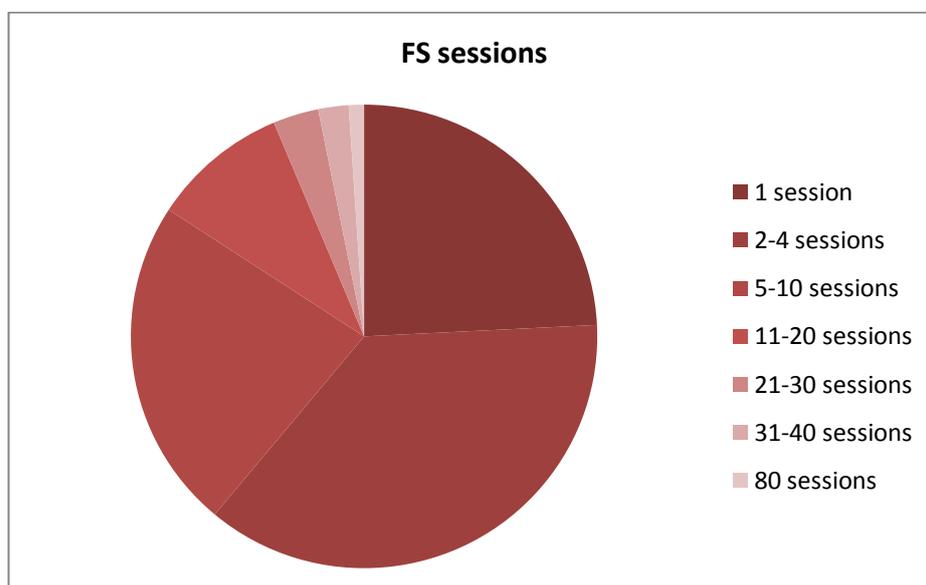
The period when children reach two years is when many parents feel the need for additional support. Some families may be involved in child protection proceedings and some may have alcohol or substance dependencies, depression or be involved in violent relationships.

Family support may take the form of home visiting or centre-based support. The Parent and Child Empowerment Programme is a one year home visiting package, normally entailing one visit each month. Using an empowerment model, it covers nutrition, health, child development, parenting skills and child safety and is offered by the children's centre to all first-time parents. There are plans to introduce the Solihull Approach - an integrated psychodynamic and behavioural model of working focusing on parent/child relationships and attachment behaviours.

There is one senior full-time family support officer and one part time family support worker. However, other services and activities involving other staff members also contribute to support for families.

Families are often referred by health visitors, sometimes by social care, or can self-refer. The numbers of sessions a family receives varies from one or two contacts to as many as 80 contacts or sessions, according to the complexity and intensity of need. The most frequent number of sessions is between 2 and 4.

*Fig 14: Family support sessions*



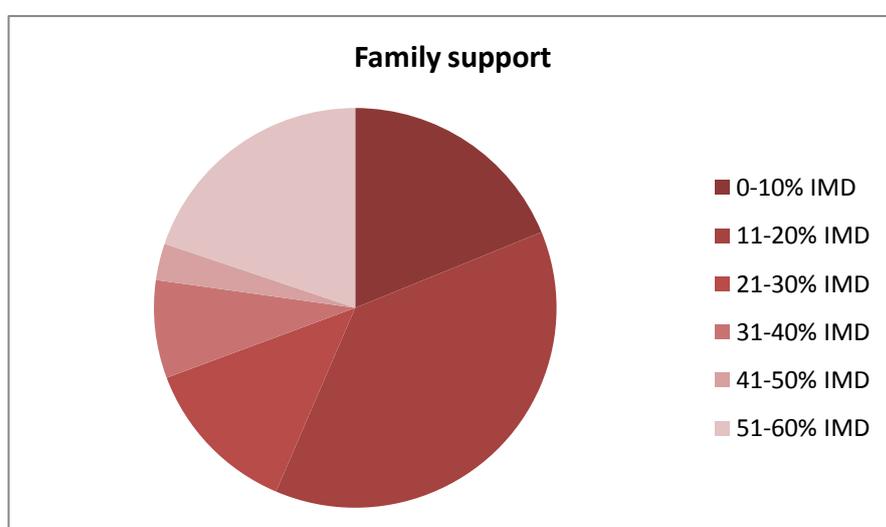
## 8.1 Families in Need

Families living in the most disadvantaged neighbourhoods, lone parents and those living on out of work benefits are more likely to make use of family support. Seven in ten of families using the service live in neighbourhoods which have a ranking of between 0 and 30% most deprived.

Among all registered families, lone parent families represent 15% of the total. However, among families accessing family support three in ten are lone parents. Similarly, at least three in ten families using family support have no adult in employment.

Among families accessing more intensive support, i.e. 10 or more contacts or sessions, the representation of lone parents and those living in workless households is proportionately greater. Within this smaller group, at least half of supported families are living on out of work benefits.

*Fig 15: Family support and area deprivation*



## 8.2 The effectiveness of family support

Despite the emphasis, in policy and practice, on family support services, there are difficulties of definition about what exactly constitutes “family support”.

Key messages from the knowledge reviews undertaken by the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) are that services are more likely to improve outcomes for children through:

- Using joined up multi-agency approaches
- Having a well trained workforce
- Engaging hard to reach people, removing the fear of stigmatisation

- Using both practical and therapeutic interventions at the same time <sup>4</sup>

The approach of the Maden Centre meets each and all of these criteria.

However, as the C4EO review acknowledges, very few family support services have been rigorously evaluated. Problematic issues include finding appropriate outcome measures; disentangling the impact family support services from other services which may be combined with it; deciding the time scale over which outcomes may be manifest; determining whose perspective – family or professional - should decide whether an outcome is positive; and the sheer complexity of family life.<sup>5</sup>

The National Evaluation of Sure Start (NESS) study of Family and Parenting Support reviewed a number of structured parenting programmes, noting research findings which suggest that evidenced-based programmes are more likely to be effective in supporting parenting. Structured programmes include examples such as Webster Stratton's *The Incredible Years*, Triple P - a multi-level parenting and family support strategy designed to reduce the prevalence of behavioural and emotional problems in preadolescent children - and the Solihull Approach.<sup>6</sup>

The Parent and Child Empowerment Programme is a structured programme which aims to “hand back” to parents responsibility for their own health and for the health and development of their children. Independent studies suggest that the programme may increase uptake of immunisations, decrease early childhood hospitalisations, reduce physical punishments and improve nutrition.

As a participating agency, the children's centre collects evaluative data from participating parents which is sent back to the national evaluation team. Unfortunately the evaluation team had mislaid the Maden Centre data and so we were not able to access this.

In relation to family support, we asked the Senior Family Support Officer to help us to identify outcomes for the 100 family support users within the CCMIS. Brief summaries were provided for 25 users. Outcomes were described in terms of:

- Increased parenting confidence
- Reduction in alcohol intake
- Behaviour strategies put in place
- CAF in place
- Return to work
- Use of other children's centre services

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<sup>4</sup> C4EO (2010) Improving children and young people's outcomes through support for mothers, fathers and carers

<sup>5</sup> Statham, J. (2000) Outcomes and Effectiveness of Family Support Services : A Research Review Thomas Coram

<sup>6</sup> NESS (2007). Family and Parenting Support in Sure Start Local Programmes. Research Report NESS/2007/FR/023

### 8.3 Parents' views

Qualitative interviews were conducted with 17 parent users of family support, 6 of whom had also used the Parent and Child Empowerment Programme.

Parents were very clear about the benefits they had obtained and only one parent had been disappointed in the support received.

The outcomes were expressed in terms of new confidence, willingness to undertake new activities, increased use of other services and - in some cases - new life starts.

A number of parents described their experience of the children's centre as different from other types of provision, how much they felt cared for and valued and respected. This appeared to be a pivotal factor in helping them to gain confidence and raise aspirations.

A number commented on the help of the children's centre in an emergency. One mother, who had to undergo an operation, described how the staff had picked up her children for her and looked after other issues while she was hospitalised.

I am more confident, I can manage the children's behaviour better as I know sometimes why they are kicking off. I can cook!

My daughter was a toddler who had tantrums and bad behaviour and now she's fine.

I feel more confident and am more trusting of people and don't think they are all looking at me and my kids.

I couldn't see the doctor for a week and came to the children's centre and they got me an emergency appointment as it was urgent.

I have learnt so much and they really care and respect you and listen no matter what the problem. Look how far I have come!!

### 8.4 Developing outcome measures

Family support documentation and templates have been developed centrally for use by Lancashire children's centres as part of a framework and guidance for the delivery of family support and outreach. Guidance encourages children's centres to involve children and parents and carers in planning support needs and in recording progress. The framework for family support is closely aligned with the Common Assessment Framework (CAF).

The supporting documentation, which is constructed around the outcomes linked to the former Every Child Matters framework, includes a tool for assessment of the level of support needed in relation to the ECM outcome and the action planned to secure those outcomes. A closure form requires information about the child's current status in relation to each outcome.

The documentation is used by family support staff and records kept up to date. In our view, the contact and planning reports could be usefully coded and analysed, providing reports e.g. on relative weight of the each of the five ECM outcomes in the instigation of the referral and subsequent planning. This, in turn, could inform service planning priorities.

What the documentation does not routinely provide for, are the actions which parents will undertake to achieve particular outcomes. If desired, this could be incorporated within a coaching model, which we have found to work well in other family support services.

Coaching is an adult learning strategy is used to build the capacity of a parent or carer to improve existing abilities, develop new skills and gain a deeper understanding of his or her practices in current and future situations. In early childhood intervention programmes, practitioners use coaching to build the capacity of family members to promote their child's learning and development. Within the model, recipients are encouraged to frame overall goals and intermediate steps towards those goals which are recorded and monitored. In this way the realisation of key parenting skills and practices can be recorded as outcomes.

## 8.5 Family support: recommendations

Family support is a necessary and key service for parent users of the children's centre. Many of those who make use of it are affected by poverty and it may be that some of the problems which bring them into family support are related to having insufficient income. Others have different issues, including alcohol dependency, disability, domestic violence or depression.

The level and intensity of support varies according to need and the children's centre works well with other agencies which have a role in supporting families.

Parents are clear about the benefits of family support, some seeing it as having "saved" or changed their lives.

There is a well developed framework for recording assessments, planning and the discontinuation of support. This could be developed further to clarify and evidence the skills, knowledge and abilities which parents gain as a result of support and the associated outcomes for children.

Individual planning records could clarify more the short and long term goals for parents and the steps which they will take to achieve such objectives. A coaching model might be of relevance.

## 9 Health

The health profile for Rossendale identifies inequalities in health and life expectancy both within the District and compared with England as a whole.<sup>7</sup> Adult males in the most deprived areas can expect to live 7 years less than those from the least deprived areas; levels of binge drinking, smoking and non-healthy eating are worse than the English average. The health of children and young people is generally worse than the England average, including the percentages of physically active children and tooth decay in children aged 5 years.

The incidence of smoking in pregnancy is relatively high and breast feeding initiation rates are lower than the national average. The numbers of adults who are deemed to be incapacitated because of mental illness is higher than the national average.

The Maden Centre - alongside other children's centres and in partnership with the Health Improvement Service (HIS) - is making a significant contribution to key priority health priorities. It does this in an impressive variety of ways - through the Smoke Free Homes programme, which is rolled out across East Lancashire; the Parent and Child Improvement Service; home visits within two months of births; through support for breastfeeding, including *Mum-to-Mum*, a peer support programme; by working with midwives to introduce parents to other services; by identifying parents who may be experiencing post natal depression or other emotional illness; through promoting dental registrations; and by providing exercise and advice on nutrition.

### 9.1 Ante-natal and post-natal

The public health midwife service, funded by PCT in East Lancashire was developed with the Maden Centre to engage families who were hard to reach, by locating the midwife at the children's centre. The result was that families were not only accessing ante-natal services but also engaged with other services. The model at the Maden Centre has been rolled out to Rossendale and then across East Lancashire.

Since the ante-natal service was established at the Maden Centre, the proportion of mothers attending appointments has increased. The Maden Centre developed an initial registration form, which has since been adopted across as the Early Notification form to record pregnancies in the area. To address infant mortality, staff and volunteers have been trained to deliver *Baby Safe* messages and midwives give out pamper packs vouchers for parents to collect from the centre.

Breastfeeding initiation rates in Rossendale have grown steadily over a 5 year period up to 2009. The rate was below the English average in 2006 but in 2009 was the joint highest in Lancashire. Within the District, the East Rossendale locality, which includes Bacup, the percentage of women who breastfeed, partially or totally is 35%, ranking joint 5<sup>th</sup> among 13 localities.

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<sup>7</sup> Health Profile Rossendale 2010 [www.healthprofiles.info](http://www.healthprofiles.info)

## 9.2 Dental registrations

Children's centres distribute tooth brushes and toothpaste encouraging families to register with a dentist and where necessary undertake treatment. The average number of decayed, missing or filled teeth in 5 year olds in Rossendale fell from 2.2 in 2005/6 to 1.6 in 2007/8. However tooth decay remains above average in Rossendale.

## 9.3 Smoking Cessation

The initiative developed by the Maden Centre has had an impressive impact. Cumulatively, more than 3,000 people have pledged to make their homes either totally or partially smoke free. This includes some non-smokers, but outcomes have included some adults giving up smoking altogether or restricting it to one room or to an outside area.

The programme also includes smoke-free vouchers for pregnant mothers, which can be redeemed against Bounty Packs. The service is promoted by the two children's centre Smoke Free workers at local events, in supermarkets, parks and other places where people come together. The service has also trained other professionals – health visitors, dentists, midwives and other front-line professionals.

Smokers are referred to the Smoking Cessation Service which operates a clinic in the Maden Centre one evening each week and which is regularly attended by 30-70 people per week. Rossendale exceeds its target for smoking cessation, with 427 achieved in the 9 month period to December 10, compared to a target of 378.

## 9.4 Emotional Health

The Emotional Health Team is part of the Health Improvement Service and works across East Lancashire for families with children aged 0-5. The service is broadly framed, including therapeutic interventions for parents/carers of pre-school children and their families who are living substance misuse including alcohol; support for families where emotional health issues are impacting on parent/child relationships; support for behaviour management and support for new parents around attachment and for parents who have a baby in neonatal intensive care. The main areas of work are substance misuse and depression.

The team works with a substance misuse worker and an infant mental health worker based in children's centres across each area. Referrals are made in both directions; a particular value of the relationship is that the children's centre is perceived by parents to be less stigmatising and less intimidating than visiting a clinic or hospital. Participation in the activities of the children's centre and feeling accepted as a parent, like any other, is part of building self-esteem.

Laura Mbinga Libaba, Emotional Health Team Leader, considers that the Maden Centre has made an invaluable contribution to the work that she and colleagues are doing. A measure of this, in her view, is that during the summer of 2010, while holiday and theatre activities were in full swing at the Maden Centre, requests from clients for help decreased - “they were having fun” - while at other centres, demand for support increased.

The Teenage Health works from the Maden Centre Team, offering a weekly confidential sexual health clinic. The Team works across Rossendale **Team** offering not only sexual health services but other health related services for young people.

## 9.5 Tracking outcomes

The close working relationship between the Health Improvement Service and children’s centres appears to be particularly productive. The Maden Centre has helped to instigate and drive much of this work forward, innovating programmes and enabling other children’s centres to adopt particular initiatives.

The work relies heavily - for evaluation purposes - on area impact data (which is suggestive of health improvements). A further development would be to monitor results across small areas, in order, e.g. to assess health improvements in the most deprived LSOAS.

Impact data does not permit the children’s centre to relate outcomes to particular users and it might be useful in this and other areas of activity, to develop tracking tools to monitor outcomes for individual users and groups of users.

## 9.6 What parents said

Among the parent users who participated in qualitative interviews, more than half had been first referred to the children’s centre by a health professional or the first contact was for a health service.

In more than one case, health problems were first noticed by the nursery staff or other staff at the centre.

My eldest daughter had glue ear which was not diagnosed until she was almost 3 years old, she had significant speech, language and communication issues as well as some behavioural issues.

The nursery noticed that something wasn’t quite right with her communication. I am so grateful to the nursery for listening to me, taking my concerns seriously and actually noticing that not all was well with my daughter’s communication.

He has a hearing impairment and the nursery has been very helpful in getting the support he needs.

I couldn’t find a dentist.

Audrey also sorted out a health visitor appointment - I couldn’t get one for three months.

They let me go to the gym and I feel fitter now.

With my son’s ADHD Denise comes with me to some appointments, they use big words and she helps me to understand.

Just under half of this group said that the Maden Centre had helped them to access other services, including health, dentistry, or gym. In some cases, the Maden Centre intervened when parents couldn't get appointments themselves.

Two parent users said that their health visitor would be their first choice for support, as opposed to 14 who said the children's centre would be their first choice. Only one person said that their GP would be the first choice. Inactive and non-user parents, in contrast, would choose a member of the family or a friend as a first choice for support and none would make the children's centre or health professional a first choice.

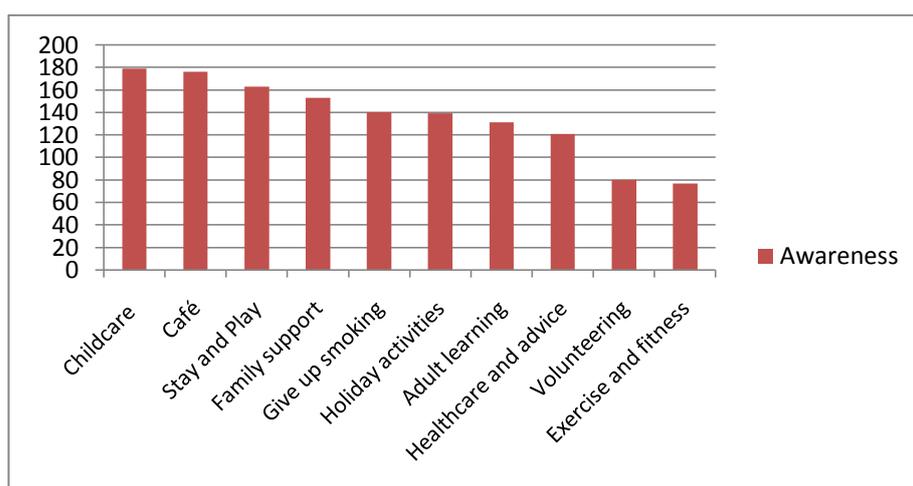
Two thirds of the registered but inactive parents were either referred to the Maden Centre by a health professional or the first contact was for a health service.

Among all those interviewed, 4 out of 10 said they would like help with health. Among users this was nearer half and among inactive parents was almost a quarter.

Around a half of those interviewed had used ante-natal services, a third of users had make use of smoke free homes or smoking cessation and half had used the gym.

It was evident from the community survey that people in the area are aware of the health advice and healthcare opportunities available at the children's centre, but fewer are aware of this than of childcare or the café or of family support.

Figure 16: Community survey: Awareness of activities



Asked about the services which they rated most highly, healthcare and advice was the least highly rated, but asked about the types of help which would be useful, healthcare and health advice was the third most wanted, after childcare and family sports and creative activities.

## 9.7 Health: recommendations

It is evident that the children's centre is supporting health improvement, within and beyond its reach area, across a wide range of health issues, including emotional health. The use of the children's centre for ante-natal appointments has proved an effective strategy for supporting pregnancy.

The children's centre has made a very distinctive contribution to preventative health programmes, whether through *Smoke Free homes*, the Parent and Child Empowerment Programme or peer support programmes.

A number of families have used the children's centre to access other health services, including specialist services such as Speech and Language or emergency GP appointments.

Healthcare and health advice services received a relatively low rating from those responding to the community survey, but this may simply reflect a lower level of awareness about the help on offer. In contrast families placed health near the top of their list of the services they most needed.

Much of the evidence for health improvement is found in local health impact data. To complement this, we suggest that further tools might developed for tracking user outcomes such as smoking cessation and any subsequent steps taken to achieve or maintain health and fitness.

As a first step the children's centre should bring together data held in separate data stores, if feasible within the CCMIS. There is a risk, currently that some of the activity related to e.g. *Smoke Free Homes* and *Mum to Mum* is not captured by the CCMIS and achievements understated.

## 10. Fathers and male carers

During the activity period of the study, 29 fathers were recorded as participating in activities. Among them, five were unemployed and two were full-time carers. Eighteen live in 30% most disadvantaged neighbourhoods.

The activities accessed included *Shape up with Sure Start*, Fun for Families, the Blackpool trip *Bumps to Birth and Beyond*, the Dad's Group, Baby Massage, Saturday Club and Family support. In the period immediately before the activity report studied, 3 fathers had been the subject of Training and Employment referrals.

The approach taken by the centre - to engage male carers across the spread of its activities - seems right. However, the level of involvement of male carers is relatively low. There is a view that not all the male activity is captured on the CCMIS. Holiday activities, including the summer theatre activities, include fathers. There is a Dad's group every third Saturday. There are also activities arranged at the park with Play Rangers.

Among those responding to the community survey, 12 were male carers, all but 2 with children under the age of 5. Only four were confirmed as being in work.

Nine respondents described themselves as users of the children's centres. Asked to describe the activities offered by the centre, their replies were similar to those of mothers and other community members. Childcare was the most frequent response, followed by the café, family support, Stay and Play and help with giving up smoking. Only 3 dads described themselves as non-users. In two cases this was because they felt they had no need of the centre and the third didn't know what was on offer.

Among the fathers who were aware of children's centres, most had heard about them from friends or family.

Asked about the kinds of help which might be needed, most of the dads responding were diffident about needing help.

Three felt that childcare would be helpful, four thought that family sports and creative activities would be helpful, two thought that adult learning would be helpful and only one person thought that help with finding a job would be useful.

My wife has improved her fitness and wellbeing and my daughter enjoys the crèche.

They have given our son so much more confidence.

My daughter has lived to see her second birthday.

The main benefit has been the interaction between mum and daughter.

Despite limited involvement in the children's centre, the fathers responding were highly positive about its achievements. Asked about the benefits, most expressed these in terms of benefits for their partners and or children.

Of the twelve fathers responding, 8 felt that the children's centre had improved outcomes for children and 6 felt that it had helped with parenting, helped people to get to know each other and helped to create a sense of community.

The care of continues to rest, for the most part, with mothers. The challenges of engaging fathers were mirrored in the difficulties in getting male respondents for the community survey and persuading fathers to take part in the qualitative interviews.

Seven fathers agreed to be interviewed, all of whom had children with disabilities or Special Educational Needs and/or had a partner with a disability.

Among the five users, all were clear that the children's centres had been of great assistance. Again, the benefits were expressed mainly in terms of the children or female partners.

She sings rhymes and she's playing. It's also given us the confidence for her to handle baby. She's used to playing with little children at Stay and Play

It's all in one place, without having to go to lots of different appointments.

It's free and it's local

He's gained in confidence and his language has improved

## 10.1 Research evidence

From the relatively limited evidence gained, fathers and male carers are apt to see the children's centre as somewhere predominantly for their partners and children. In addition, since many of the activities take place during the day, fathers and male carers who are in paid work are less able to attend. Activities which take place at the weekend and which also cater for older children seem better able to engage fathers.

However, the Fatherhood Institute has published a body of research evidence which shows that strengthening father-child relationships improves outcomes for children, including improved educational outcomes – particularly for those in vulnerable families. A study in 1992 found that unemployed fathers' support for their children's education was strongly connected with those children's escape from disadvantage.<sup>8</sup> In low income families, fathers' and mothers' joint supportiveness of their two-year-olds was found to correlate, independently of other effects, with the children's language and arithmetic scores just before starting school at age 5.<sup>9</sup>

<sup>8</sup> Dennis, N., & Erdos, G. (1992). Families without Fatherhood. IEA Health & Welfare Unit. Now available at <http://www.civitas.org.uk/pdf/cs03.pdf>

<sup>9</sup> Martin, A., Ryan, R. M., & Brooks-Gunn, J. (2007). The Joint Influence of Mother and Father Parenting on Child Cognitive Outcomes at Age 5. *Early Childhood Research Quarterly*, 22, 423-439.

And while childcare continues to rest principally with mothers, research shows that the involvement of fathers is increasing. In the UK, fathers in two-parent families carry out an average of 25% of the family's childcare related activities during the week, and one-third at weekends, with higher absolute and relative levels where both parents work full-time.<sup>10</sup>

Hit the Ground Crawling (HTGC) is an ante-natal training programme for expectant fathers, available from the Fatherhood Institute. Facilitated by trained midwives, health visitors or children's centre staff, HTGC gives groups of dads-to-be the opportunity to learn childcare skills from new dads and their babies.

In addition, the Institute is piloting a new workplace-based course for separated fathers, called Staying Connected. This short half-day course aims to enable fathers to build positive and child focused relationships with former partners, take better care of their own mental health and wellbeing and stay connected to their children.

The approach taken by the Maden Centre to involving fathers at the ante-natal stage and beyond is a similar approach, but it might be that a programme targeted on fathers would help to engage participants.

## 10.2 Fathers: recommendations

The children's centre is known in the community to fathers and male carers and appears to be highly regarded. However, the active participation of fathers is relatively limited. We believe that the approach taken by the centre is right, but there may be further steps which could address this, including:

- More visible “branding” within the centre aimed at fathers and male carers to help counter the perception of the children's centre as a female - orientated environment. This might include the recruitment of more male staff, including reception staff as and when staff turnover permits.
- The targeting of particular gender “neutral” services to male carers and fathers, such as the basic skills courses and training and employment referrals.
- Exploring, with local employers, the possibility of work-place based sessions on parenting.
- The extension - as resources allow - of activities for the whole family, including older children, in the evenings and at weekends.

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<sup>10</sup> EOC. (2006). Twenty-first Century Dad. Manchester: Equal Opportunities Commission

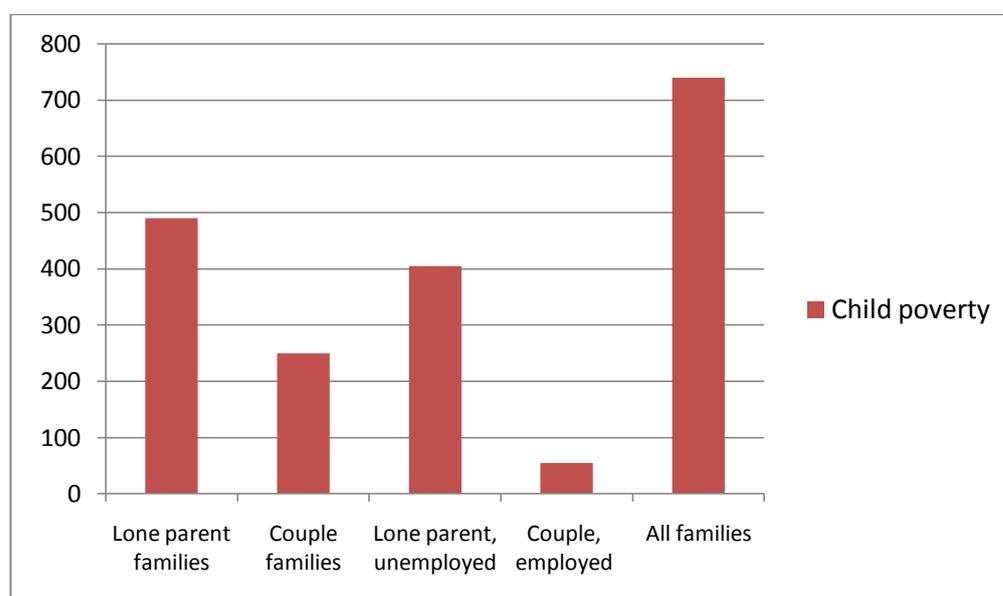
## 11. Skills and employment: child poverty

There are 740 children living in poverty within the Maden Centre's reach area, according to the government's official definition.<sup>11</sup> In Rossendale as a whole, 17.6% of children live in poverty, lower than the English average (20.9%), but in some of the LSOAs within the reach area between 28% and 36% of children are living in poverty.<sup>12</sup>

Nearly half of those children (49%) are under the age of 5. The next largest age group is children between the ages of 5 and 10 years.

Three quarters of children affected by poverty within the reach area are living in families where no adult is in employment and 73% of this group of children are living in lone parent families. Among those living in families where at least one adult is in work, the majority are in families headed by couples.

Figure 16: Children in poverty within reach area



Poverty increases the probability that children will be subject to poorer health, higher rates of infant mortality, accidental injury, lower educational achievement and increased risk of mental disorders.

The factors influencing child poverty include family size and structure, the age and educational qualifications of parents, low earnings, ethnicity and lack of employment. The UK has a higher proportion of workless families than almost any EU country. Lone parent families are particularly vulnerable to poverty, as are teenage mothers. More than half of families with disabled children live on low incomes and people from ethnic minorities are more likely to live in low income households.

<sup>11</sup> <60% median income before housing costs

<sup>12</sup> HMRC N116 data 2008

Children's centres are linked to a number of PSA targets, including a reduction of the number of children living in workless households. The Coalition government is planning to issue a policy statement for the Early Years later in the year, but recently issued Children's Centres Statutory Guidance underlines the need for links between Jobcentre Plus and children's centres, including the possibility of active linking with skills development training and return to work courses.<sup>13</sup>

The government's child poverty strategy – *A New Approach to Tackling Child Poverty* – rests substantially on supporting families to move into employment, at the same time supporting family life and children's life chances. Children's centres are seen as an integral element of the strategy.<sup>14</sup>

### 11.1 Tackling poverty

In its work to support children and their families and to improve health, the Maden Centre is already helping to ensure that low income does not translate into poor outcomes for children. In addition, the provision of childcare enables parents to work or study and provides a means of both identifying and supporting children at risk of not developing to their full potential.

The children's centre is also tackling child poverty in a number of other ways, through:

- Providing opportunities to address basic skills
- Referrals to Jobcentre Plus and local training providers
- Support for financial capability
- Volunteering

### 11.2 Basic skills

Low or no qualifications presents a particular risk factor for child poverty. In addition, parents with poor basic skills are less able to support their children's emerging language and number skills.

In each of the wards which make up the Maden Centre reach area, the percentage of people of working age who lack qualifications is significantly above the national and Rossendale average. In Irwell and Stacksteads, almost half the working age population have no qualifications.

Accrington and Rossendale College has worked in partnership with the children's centre over a number of years and has the use of the room at the centre to deliver basic skills and IT as well as parenting and volunteering courses. Charlotte Scheffman, Skills Development Manager for the college, believes that the children's centre provides support

<sup>13</sup> <http://www.education.gov.uk/publications/eOrderingDownload/SSCC%20statutory%20guidance-2010.pdf>

<sup>14</sup> <http://www.education.gov.uk/publications/eOrderingDownload/CM-8061.pdf>

which is crucial for parents taking first steps into learning and helps to build their confidence as learners. The crèche helps to increase retention and achievement.

Within the activity report, 12 individuals are recorded as having been referred for help with basic skills, but in the academic year 2009/10, a total of 22 individuals were referred for Basic English or Maths.

### 11.3 Training and employment referrals

The children's centre also refers parents on to other forms of adult training provision, Information, Advice and Guidance (IAG), to Jobcentre Plus and to the Citizens Advice Bureau. Together, these referrals are grouped under the heading of Training and Employment referrals.

In the activity period studied, 30 individuals were referred for one or more of these purposes. However, the evaluation also considered the outcomes for a larger group of 54 referrals, from March 2009, the earliest date for which data is held on the CCMIS.

Of the 54 referrals, the vast majority were for training purposes. Four referrals were made to the Citizens Advice Bureau, one referral to Jobcentre Plus and three to the Volunteer Co-ordinator. More than half of those referred were unemployed and a third had no-one in the family in employment.

From achievement data provided by Accrington and Rossendale College, 9 individuals have achieved 17 full accredited qualifications at Levels 1 and 2. These are mainly related to Literacy and Numeracy.

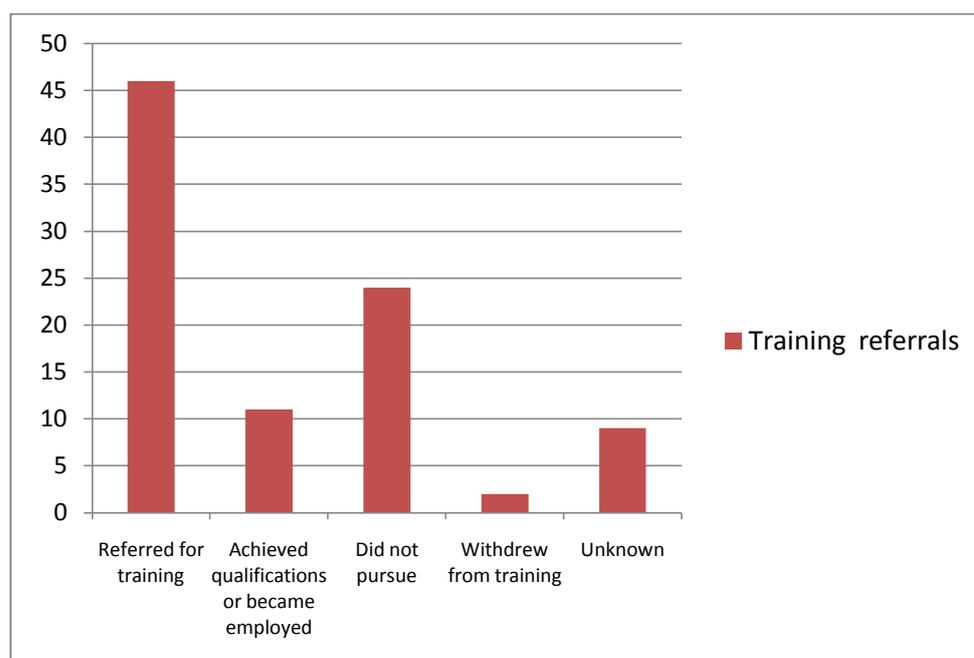
However, 24 individuals, despite being referred, did not enrol or attend training courses or, in the case of two people, enrolled then withdrew from courses. The parents who were referred as possible volunteers did not pursue this option. This information was obtained by the Training and Employment Liaison Officer, for the purpose of the evaluation. The individuals who had not gone ahead with training had made no contact with the children's centre to make their inactivity or withdrawal known.

The reasons given for not making use of the opportunity were described as mainly personal and – in a couple of cases – financial. Two people did not pursue training because they found employment. Nine people could not be contacted.

It is not unusual for adults with poor qualifications or in low income groups to withdraw from courses or not to start in the first place. The additional pressures which those individuals are likely to face in their personal lives act as a further deterrent.

We suggest, however, that it is important that - once referred - individuals are followed up at regular intervals to track progress and - if possible - to be given encouragement to pursue their training and employment objectives. Our own experience from our *Wishes* programme is that having a mentor is a significant factor in motivation and retention and it might be that this could be a further area for peer support, utilising Maden Centre volunteers.

Figure 17: Outcome of training referrals



## 11.4 Jobcentre Plus

Although only 1 referral was made, in a period of more than a year, to Jobcentre Plus, Elaine Laraway, JCP Lone Parent Adviser, believes that the links between the service and the Maden Centre are significant and that the children's centre is among the best provision in the area. The basic skills and other courses, confidence raising, childcare and family support are all seen as part of the support parents, particularly lone parents, need to get back to work.

Jobcentre Plus used to have a presence in the children's centre, but there were insufficient referrals and now clients come from Bacup to Rawtenstall, where the nearest JCP office is based. There is a process of reciprocal referrals between JCP and the Maden Centre. Courses funded by JCP include employability skills, motivation, and CVs. Childcare places are also provided. As and when resources allow Elaine would welcome more vocational courses being offered in the children's centre.

By supporting parents to obtain employment, the children's centre is helping to improve outcomes for children. The level of child poverty within the locality suggests that this is an area of work which might be usefully strengthened.

The Work Programme and further changes in the rules relating to lone parent benefits are likely to increase the need for such support. This might be an area of work for review.

## 11.5 Citizens Advice Bureau

The Citizens Advice Bureau in Rossendale has 6 full-time staff and 20 volunteers. CAB has worked with the Maden Centre for a number of years but now has a relationship with all Rossendale children's centres. Keston Dean, the Bureau Manager, describes the volume of referrals from children's centres as "significant"

Over half of the referrals received by CAB are debt-related. Sometimes this is related to unemployment but it can arise because of low pay. Rossendale has twice the national average proportion of people in debt - which is main cause of suicide in the District. The Bureau works with families, sometimes over a considerable period. The family support provided by the children's centre complements this.

There are believed to be many more families in need of help with debt but not willing to come forward. The work which CAB would like to develop is preventative, building financial capability and this is believed to be an area which could be developed jointly with children's centres. CAB would like to do more training with children's centre staff to enable them to more readily spot signs of debt or other financial issues.

## 11.6 Volunteering

The Maden Centre has developed and trained a network of 36 volunteers, working across Rossendale children's centres and supporting families alongside staff. The impact of this is to increase the capacity of the children's centre, build community capacity and to provide individuals with experience of a working environment and related skills.

Plans are now in place with Accrington and Rossendale College to provide accredited training at Levels 1 and 2 for volunteers. This will further contribute to raising skills in the community.

Elsewhere in the country, volunteering projects have stimulated social enterprises, some of which – in the form of craft cooperatives, food and growing cooperatives, charity shops and salvage projects - have demonstrated success in generating jobs and economic value. One of the best known of these is the Tyneside Community Entrepreneurs, where parents who have experienced poverty are trained to become community entrepreneurs and to stimulate projects.

Bacup already has a social enterprise sector. It is beyond the scope of the current evaluation to assess the feasibility of particular projects, but the structure of the Maden Centre, as a part social enterprise, would make it suitable for this direction of travel, if this were thought to be desirable.

I want to get the foot on the ladder towards employment which I am accessing through the children's centre.

To be working, children go to a good school and not to be worried.

I want to be a manager.

## 11.7 What parents said

Among the qualitative interviews, parents repeatedly stressed the value of having attended courses, both for their children but also for their own personal confidence and future development.

In addition, among those taking part in the community survey, 28% said that they would like help with getting a job, only slightly less than the percentage who wanted help with children's learning or family support.

Asked about where they would like to be in ten years time, 23 of those interviewed, both users and non-users, wanted to be in work or running their own business and this was the single most frequently mentioned aspiration.

It was clear too that, for some, the confidence and the support they had gained from involvement in the children's centre had raised them to aspirations which they would not previously entertained.

In 10 years time I want to own my own house and have a mortgage and a good job!

I want to study to be a nurse. The centre and staff have given me the confidence and I already have certificates and credits towards that.

I want to own my own hairdressing salon and work to get off benefit.

I want more children and a decent job.

In ten years time I want to have won the lottery!! Live in a safe area and have a decent job and a nice house where the kids are happy and have more freedom.

## 11.8 Child poverty: recommendations

Levels of child poverty within the Maden Centre reach are significantly higher than in Rossendale or Lancashire as a whole. It is not possible to determine how many of the children among registered families fall within the official definition of poverty, as parents are not asked to supply details of their family income. However, the numbers of lone parent families and workless families and the low pay which characterises the area, suggest that the numbers living on very low incomes are significant.

The children's centre is already doing a great deal to both mitigate the effects of low income on families and to support aspiration, encourage parents to re-enter education and to move into volunteering or work. More could be done to track progress and to support those attempting to achieve qualifications. There is scope to develop further work to support financial capability, in partnership with CAB.

Local authorities have a legal duty, with their partners, to undertake a needs assessment and to formulate a strategy to tackle child poverty. It may be that when the Lancashire strategy is available, children's centres will want to review how they can best support poverty reduction in Lancashire.

The evidence from parents is that many, if not most would like to improve their financial circumstances and see work as a means of doing so. We recommend:

- Tracking systems are put in place and used to monitor the progress of individuals who are the subject of Training and Employment referrals.
- Consideration is given to how best those referred can be supported – possibly through peer mentoring.
- More promotion of support for training and employment is undertaken as some parents are not aware of these opportunities.
- Consideration might given to extending the scope of social enterprise related activities.

## 12. Outcomes, progression and impact

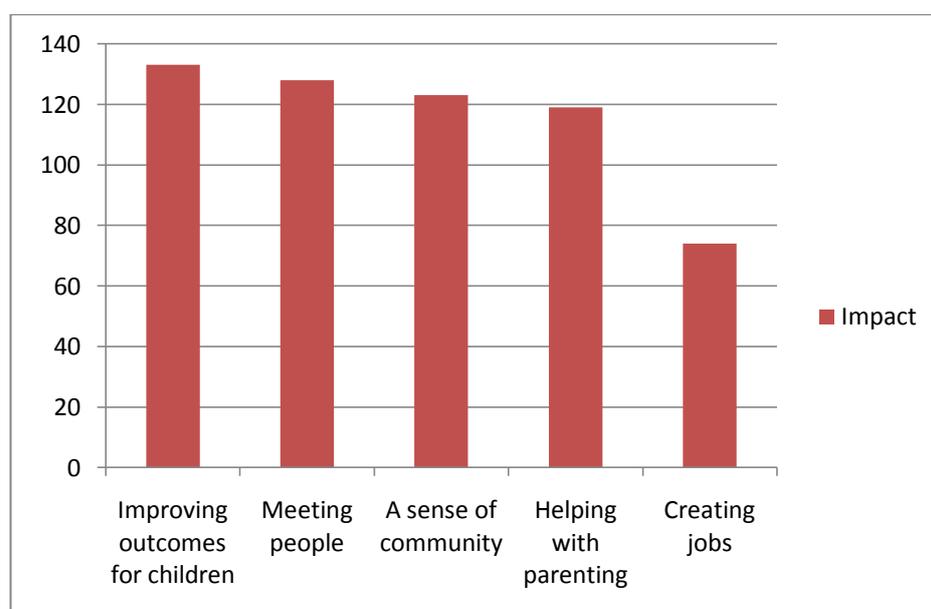
From all of the findings amassed by the evaluation, it is clear that the Maden Centre is achieving a great deal. Among the range of outcome described to us were:

- families which are happier;
- children overcoming behavioural or learning difficulties;
- parents enabled to work or study;
- more confident parenting;
- friends gained;
- debt worries resolved; and
- emotional difficulties overcome.

In addition, many of those interviewed felt that the children's centre had brought the community together, whether through the café as a meeting place or through creative activities for the families and the whole community. The social and community aspects of the children's centre were emphasised over and over again throughout the qualitative interviews.

As part of the community survey, respondents were asked about the kinds of impact the centre had achieved. The most frequent response was that the centre had improved outcomes for children, followed by helping people to get to know each other, creating a sense of community, help with parenting, and creating jobs.

*Fig 18: Community Survey Impact of the children's centre*



Without exception, the partner agencies consulted also agreed that the children's centre had made a very substantial improvement to the lives of children within the area and to the community as a whole.

In our experience it is rare for a statutory service to have such a high approval rating across a community and is in itself evidence of the inclusive and consultative approach of the centre. It is clear that the centre is valued for the things which most matter to people – their children and the community itself.

## 12.1 Assessing effectiveness

However, we also believe that the present systems for assessing and monitoring outcomes may fail to capture the full range of achievements both of individuals and of the children's centre as a whole. The lack of outcome measures, in particular, is an issue.

There are three separate components of effectiveness and impact. These are:

- Process - the way a service is delivered and how it was delivered in practice
- Outputs - which measures the 'products' of a service, e.g. how many families took part, how many progressed to a further activity or service
- Outcomes - the impact of the service on those who receive it, or on the community, the difference it made, both short and longer term

At the moment, the children's centre has an abundance of data on process and outputs, both one-off evaluations and the data recorded on the CCMIS. This is very valuable data providing unique "business" intelligence about the families who use the centre, the activities they accessed, what they enjoy and how well they respond to particular services.

Now that staff are familiar with the CCMIS, this data should be used to generate reports. These can help to identify any "cold spots" within the reach area, follow up inactive parents and anticipate activity and participation levels.

Outcomes, as already noted, are harder to evidence, because some may relate to changes in attitude or perception, or take place over a long period of time, or may be wholly or partly attributable to other factors in the lives of families. Nevertheless, if any service wants to bring about change in the lives of its users, it must have measures for recognising and describing those changes.

The stakeholders of the Maden Centre told us that their aims were to raise aspirations; support change in parenting, build confidence and self-esteem; improve health and work towards better outcomes for children and parents. There is much evidence from the findings that the centre is making a substantial contribution in these areas, but for ongoing assessment purposes evidenced outcome measures should be an integrated tool for management.

Some outcomes, like birth weight, breast feeding initiation, smoking or alcohol cessation are readily measurable both as outcomes in their own right and as intermediate steps towards improved health. We believe that the start which has been made to capture user data in relation to these variables is positive. In addition, the work that the nursery has done to track children through to the Foundation Stage Assessment is also of value.

Other outcomes are “soft” - relating to self-esteem and parenting confidence, motivation or aspiration, but it is perfectly possible to order and quantify these through rating scales and other forms of soft outcome measurement.

The skills that people have acquired - what they can *do* - is another approach. We understand that the Lancashire children’s centre team is currently working on outcome measures and this is very timely.

## 12.2 Baseline information

The baseline for part of the process of determining effectiveness is provided by the initial registration information. As already noted it is important, for monitoring purposes, that this is complete and kept up to date.

## 12.3 Progression and distance travelled

The term *distance travelled* was originally developed for ESF employment programmes and is taken to mean the progress a person makes towards a goal as a result of a project intervention. Individual outcomes, like the acquisition of key skills, the development of motivation and confidence, cease to be treated as separate measures but are grouped together to show the *progression* and individual is making towards a particular objective.

It is clear, from observing and talking with staff, that they are continuously thinking in terms of progression for individual users and for this reason will make internal referrals to particular colleagues, but that this is very rarely recorded.

The value in planned progression is that:

- Parents or families are encouraged to decide on their goals, short and long-term
- Activities or services are selected as the best means of achieving these objectives
- Small achievements or steps towards longer term objectives are recorded and reviewed
- Agencies share information to ensure that progression is recorded

The achievements across a group can also be recorded in terms of numbers of hard and soft outcomes achieved.

## 12.4 Assessing outcomes - recommendations

The Maden Centre is achieving a great deal in terms of its aims and objectives, including better outcomes for children, improved health and well-being, improved educational achievement and higher aspirations. The centre is valued by user and stakeholders to a degree which is relatively unusual and most also felt that the children's centre had brought the community together.

However there is a danger that the full range outcomes achieved is not always captured by current monitoring and recording systems. We suggest that:

- More use is made of the CCMIS data, in the form of trend reports relating to usage and participation by different types of families and across the differing neighbourhoods which make up the reach area.
- Baseline data, extracted from the registration reports is regularly checked and updated.
- Output data is regularly analysed.
- Further outcome measures are developed for assessment purposes.
- Individual progression is monitored and recorded.

## 13. Other issues

The evaluation brief also required that the study should consider issues of best value, financial probity, data, equality and diversity and safeguarding.

### 13.1 Structure

The Maden Community and Children's Centre is, legally, three separate entities, viz. a local authority managed children's centre, a social enterprise and a further social enterprise, The Friends of the Maden Centre.

On a day to day basis, the three parts function seamlessly as a single organisation. The supervision by and involvement of the Deputy Head of Centre, Julie Smith, ensures that early educational and care is well integrated with family support and other services.

The Friends of the Maden Centre is currently relatively inactive, but could be developed to spearhead wider community, social enterprise or fundraising activities. As austerity measures impose cuts on local authorities in funding for frontline services, this may be worthy of further consideration.

The legal separation of functions, within an overall operational structure, offers a measure of protection against exposure to liabilities. The children's centre (and local authority) potentially enjoys the greatest benefit from this, in the event, e.g. the nursery getting into financial difficulty and debt.

However, the separation of functions may reduce, to a degree, the flexibility to manage funds. There are a number of restricted funds in place and it may be worth exploring whether any of these could be legitimately transferred to general funds, should the financial need arise.

### 13.2 Best Value

There can be no doubt that the local authority and stakeholders obtain best value from their investment in the children's centre. The Maden Centre has an explicit culture of continuous improvement and leadership and management are very strong.

Partnerships work well and resources are soundly deployed. We observed meeting of the Board and this was well run, with a clear agenda and supporting papers.

The children's centre now receives a lower amount of funding, in relative and absolute terms, than it did as a Sure Start Local Programme. If funding contracts further, it may be necessary to consider where activities could be reduced or eliminated, with the least disruption to priority aims and objectives.

Family Support, one of the most accessed services has a team of less than 2 full-time equivalent posts, where once there was a team of 5 full-time equivalents. It may be that other staff who contribute to the support of families could be formally recognised within the family support team.

The staff are, in the main, fully stretched. Noting that slightly more than half of registered families actively participate in activities and services, it is possible to imagine the staffing challenges which might arise, if higher levels of family involvement were to occur. This needs to be considered. The broad social mix which is found among current users contributes to social solidarity and community cohesion. This would be undermined if it became necessary to restrict activities and services to families living in the most disadvantaged neighbourhoods.

The children's centre has shown great creativity and vision in developing initiatives which can be rolled out across other children's centre. It is clearly important that commissioning contracts reflect adequately the costs of the commissioned service.

### 13.3 Policies and Procedures

The Maden Centre has sound policies and procedures in relation to safeguarding, equality and diversity, sustainability and safety. Many of these are common to all Lancashire children's centres. There is sufficient evidence that these are read and understood by staff members, who receive full induction and ongoing in-service training, as necessary. As and when possible, it would be desirable to have more male members of staff and staff from Black Minority Ethnic groups.

### 13.4 Financial Probity

The budget management and financial reporting system provided by the local authority is very sound. Within a small administration team, it is difficult to provide much separation of duties, but the financial controls which are part of the system are very robust.

The Deputy Head of Centre oversees the finances of the nursery and these are also regularly checked and reviewed by independent accountants, who also undertake the annual audit. Good financial controls are in place, but we suggest that they are written down and form part of the policies and procedures of the centre. Financial controls are also in place to safeguard the Friends of the Maden Centre and the day to day bookkeeping is undertaken by the children's centre's Finance Officer.

### 13.5 Other issues: summary

The Maden Centre is well managed, makes good use of its resources and has all the necessary policies and procedures to safeguard children and adults, to ensure safety, equality and diversity. It has good financial controls, sound financial management techniques and – in our opinion – offers best value. The staff team is committed and cohesive.

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As funding for public services contracts, there may be a need to generate additional revenue streams and as a part social enterprise, already providing commissioned services to other bodies, the Maden centre is in a better position than some to create and/or acquire new business. Under forthcoming localism legislation it is conceivable that the Maden Centre could contract with the local authority to provide some services across a wider area than the current reach area. However, the feasibility of this was not considered as part of the evaluation.

## Appendix 1

### Letter to Parents

Dear Parent

#### **Evaluation and impact study – we would love to have your help**

Capacity is a research and training consultancy and we are delighted to have been appointed to help the Maden Centre to evaluate how well it is doing and what impact it is having in the local community.

The experts in this are you – those of you who are involved with the children's centre and who use its activities. Over the coming weeks, we will be working alongside staff and volunteers and if you are willing, there are a number of different ways in which we love to have your help:

- In some cases joining a group to discuss issues or particular areas of work
- Talking to us in an interview about your experience of the centre
- Taking part in or helping with a community survey
- Helping us to identify families who don't yet use the centre or its activities

By doing any of these things, you will be helping to ensure that the Maden Centre can continue to do all in its power to support families and we also hope that the evaluation will be interesting and enjoyable. In addition, any views expressed in the evaluation will not be individually identified and confidentiality will at all times be respected.

We hope to meet you very soon, but in the meantime, if you are interested in helping with the study, please could you let staff at reception know?

Best wishes

Margaret Lochrie  
Director

## Appendix 2

### Interview Schedule for Partner Agencies

#### 1. Introduction

Thank you very much for agreeing to talk with me and to help with this evaluation.

As you know, we have been commissioned by the Maden Centre to undertake an evaluation and impact study. As one element of this, we want to explore how the children's centre works with other services and agencies to achieve common aims and how partnership working adds value to outcomes for children and families.

In this interview we are interested in the aims of your service or organisation and how you measure success; what your experience of the children's centre has been; and what, in your view has been the impact on children, families and the local community.

You will see that the questions are focussed on these topics.

#### 2. Conduct of the interview

2.1 Explain that, with consent of the participant, the interview will be recorded

2.2 Confirm the length of the interview –

2.3 Check to see if there are any questions or concerns

#### 3. About the interviewee/service/organisation

3.1 Can you tell me a little about your service/ organisation and your role within it, please?

3.2 Who, primarily, is your service for?

3.3 What are the aims of the service?

3.4 How do you evidence whether and how it is achieving its aims?

3.5 What are the key outcomes you hope to achieve for children, families and/or the community?

#### 4. Partnership with the Maden Community and Children's Centre

4.1 What is the nature of your work with and involvement with the Maden Centre?

4.2 How long have you been working together?

4.3 What aims do you share with the children's centre?

4.4 What information about children and/or families do you share with each other?

- 4.5 How are referrals instigated and followed up?
- 4.6 How is the work you do together funded and do you have any shared budgets?
- 4.7 What, in your view, is achieved by working together?
- 4.8 Are there any activities/services you would like to offer in partnership, but are not able to do so? If yes, what are the barriers?
- 4.9 How far, if at all, does funding act as a constraint or barrier to what you hope to achieve?

## **5. Reaching Families**

- 5.1 Are there families that you and the centre are not reaching?
- 5.2 If yes, what do you think are the reasons why families do not make use of services?
- 5.3 Can you think of any changes to the service which might help to engage those families?

## **6. Impact of the Children's Centre**

- 6.1 What, in your view, is the most important service offered by the Maden Centre?
- 6.2 In your view, are there any services or activities offered by the children's centre, which are less relevant or have limited value?
- 6.3 What do you think has been the impact of the children's centre within the local area?
- 6.4 Who has benefited most?
- 6.4 Are there any groups which have not benefited?
- 6.5 The Maden Centre includes a social enterprise (Friends of the Maden Community and Children's Centre). What do you feel is the benefit, if any, of having part of the children's centre as a social enterprise?
- 6.6 The government has stated its intention of introducing an element of funding by results for children's centres and of possibly introducing charges for better off families. What if any impact, do you think this might have on the Maden Centre?

## Appendix 3

### Topic Guide for Staff interviews

Tell me about your role

What is the full range of the work that you are doing?

What are your aims?

Who else do you work with?

How do families/parents/ children become referred to you?

How do you assess the outcomes of your work?

What, if any, are the barriers to success?

## Appendix 4A

### Interview Schedule for Parent Users

#### 1 Introduction

Thank you very much for agreeing to talk with me and to help us with this evaluation.

As you may have been told, we are conducting an evaluation with and for the Maden Community and Children's Centre. This is to identify how and in what ways the children's centre can best support families and children.

We are talking to parents, trying to build up a picture of why and how parents get involved in the centre and the kinds of activities which are most useful and where, if at all, there are any gaps. We are talking not just to those parents who are currently using the centre but non-users as well.

We have already spoken to the staff, but we are very keen to get your views. By telling us about your experience, you will be helping to ensure that, in future, more parents can get the support they need, when they need it and delivered in the way that best suits them.

Everything you tell us will be completely confidential and you will not be identified by name within our report. It might be that, while we are speaking, something you say will be so helpful that we might want use it as a quote, but we will first check that you are happy for us to do so, either during the interview or afterwards and we will not use your name. You do not have to answer a question if you don't want to and if anything in our discussion makes you feel uncomfortable, I want you to tell me and we can stop or move on to another question

#### 2 The interviewee

Name:	Family reference:	Age:
Number of Children	Ages	Disability /SEN/Additional Need
Lone parent	Employed	Workless family
Activities/Services Used		
Highest Qualification?		

### 3 Becoming Involved

- 3.1 How long have you been using the children's centre?
- 3.2 Why did you become involved?
- 3.3 Can you tell me how you first came to be involved?
- 3.4 Was this before/after the birth of a child?
- 3.5 Where did you hear about the centre?
- 3.6 Did any of your friends use the centre?
- 3.7 What do you think is the purpose of the children's centre?

### 4 About the services used

- 4.1 Confirm with interviewee the services currently used (Page 1)
- 4.2 Are you aware of any other activities and services offered by the centre and, if so can you tell me what these are?

#### Prompt

Childcare: Nursery/Crèche/ Holiday Club/ Time for me

Antenatal

Stay and Play and other toddler activities

Adult learning/Basic Skills

Training and Employment

Family Support/ PcEmp

Children's Centre Teacher

Fun for Families

Smoke-free homes

Exercise and fitness

A café

Volunteering

Help with baby care and development

Holiday activities

- 4.3 Do you feel that you or your family have benefited from the children's centre?  
If yes, how would you describe the benefits?  
If no, why do you think this is?
- 4.4 Has the children's centre helped you with any specific problem or problems?  
If yes, could you tell me a little bit about this, please?
- 4.5 Has the children's centre helped in meeting new people?
- 4.6 Has the children's centre made a difference to your general confidence or how you feel about yourself?  
If yes, can you tell me about this?
- 4.7 Has the children's centre helped you to gain specific skills?  
If yes, could you describe anything you can do now, which wasn't possible before?
- 4.8 Has the children's centre helped your children to gain skills or abilities?  
If yes, could you describe these?
- 4.9 Has the children's centre helped you to make more use of other services in the community, like your GP or health clinics?
- 4.10 If you feel you have benefitted, do you feel the benefits have increased as the visits have gone on? If yes, could you say a little more about this, please?
- 4.11 If you feel that you have not benefited what do you think are the reasons e.g.  
The service did not meet your needs  
The timing/frequency didn't suit  
Other – please specify  
Please can you tell me more about this?
- 4.12 How far is cost a factor in deciding whether to take part in a children's service activity?

## 5 Supporting Families

Being a parent can be challenging at times – under any circumstances. I'm now going to ask you some general questions about where you find support and the types of help which might be most useful.

5.1 Who would be your first choice to get support in relation to parenting or family matters?

- Family member
- Children’s centre
- Friend
- Health Visitor
- GP
- Other

5.2 At the times you need help, which of these might you need?

- Practical help e.g. with housework or transport or respite care where a family member is disabled
- Advice and information e.g. benefits or tribunals, or about health or schooling
- Someone to talk to
- Someone with specialised knowledge

5.3 Which, if any, are the areas of family life that you might like help with?

- |  |                          |
|--|--------------------------|
| <b>Prompt</b>                                    | <input type="checkbox"/> |
| Health   | <input type="checkbox"/> |
| Managing children’s behaviour                    | <input type="checkbox"/> |
| Relationships                                    | <input type="checkbox"/> |
| Managing money Tax credits and/or benefit claims | <input type="checkbox"/> |
| Helping children with their learning             | <input type="checkbox"/> |
| Understanding what goes on at school better      | <input type="checkbox"/> |
| Overcoming transport problems                    | <input type="checkbox"/> |
| Childcare  | <input type="checkbox"/> |
| Getting back to work                             | <input type="checkbox"/> |
| Housing issues                                   | <input type="checkbox"/> |
| Other – please state                             |                          |

5.4 Are there any services or activities not offered by the children’s centre which you would find useful? If yes what would these be?

5.5 Are there any types of families that you think the centre should do more for?

**Prompt e.g.** homeless families, lone parent families

5.5 What are your aims for yourself and your family in the next year or two?

5.6 Where would you like to be in 10 years time?

**Thank you**

## APPENDIX 4B

## Interview Schedule for INACTIVE Parent Users

### 1 Introduction

Thank you very much for agreeing to talk with me and to help us with this evaluation.

As you may have been told, we are conducting an evaluation with and for the Maden Community and Children's Centre. This is to identify how and in what ways the children's centre can best support families and children.

We are talking to parents, trying to build up a picture of why and how parents get involved in the centre and the kinds of activities which are most useful and where, if at all, there are any gaps. We are talking not just to those parents who are currently using the centre but also to parents who are not active and to non-users as well.

We are very keen to get your views. By telling us about your experience, you will be helping to ensure that, in future, more parents can get the support they need, when they need it and delivered in the way that best suits them.

Everything you tell us will be completely confidential and you will not be identified by name within our report. It might be that, while we are speaking, something you say will be so helpful that we might want use it as a quote, but we will first check that you are happy for us to do so, either during the interview or afterwards and we will not use your name. You do not have to answer a question if you don't want to and if anything in our discussion makes you feel uncomfortable, I want you to tell me and we can stop or move on to another question

### 2 The interviewee

Name:	Family reference:	Age:
Number of Children	Ages	Disability /SEN/additional need?
Lone parent	Employed	Workless family
Activities used:		

Highest Qualification?

**3 Becoming Involved**

- 3.1 You are registered with the children’s centre. Can you tell me how you came to be registered?
- 3.2 Was this before/after the birth of a child?
- 3.5 Where did you hear about the centre?
- 3.6 Do any of your friends use the centre?
- 3.7 What do you think is the purpose of the children’s centre?

**4 About the services offered**

- 4.1 Are you aware of the activities and services offered by the centre and, if so can you tell me what these are?

**Prompt**

- Childcare: Nursery/Crèche/ Holiday Club/ Time for me
- Antenatal
- Stay and Play and other toddler activities
- Adult learning/Basic Skills
- Training and Employment
- Family Support/ PcEmp
- Children’s Centre Teacher
- Fun for Families
- Smoke-free homes
- Exercise and fitness
- A café
- Volunteering
- Help with baby care and development
- Holiday activities

- 4.2 Have you ever used any of those activities or services?

If yes, which have you used and when was this?

**If no, go to question 4.13**

- 4.5 Did the children’s centre help you with any specific problem or problems?  
If yes, could you tell me a little bit about this, please?

- 4.5 Did the children’s centre help in meeting new people?
- 4.6 Did the children’s centre made a difference to your general confidence or how you feel about yourself?
- If yes, can you tell me about this?
- 4.7 Did the children’s centre help you to gain specific skills?
- If yes, could you describe anything you can do now, which wasn’t possible before?
- 4.8 Did the children’s centre help your children to gain skills or abilities?
- If yes, could you describe these?
- 4.9 Did the children’s centre lead you to make more use of other services in the community, like your GP or health clinics?
- 4.10 If you feel you have benefitted, do you feel the benefits have increased as the visits have gone on? If yes, could you say a little more about this, please?
- 4.11 If you feel that you did not benefitted what do you think are the reasons e.g.?
- The service did not meet your needs
- The timing/frequency didn’t suit
- Other – please specify
- Please can you tell me more about this?
- 4.12 What were your reasons for stopping making use of the children’s centre?

**Never active**

- 4.14 Can you tell me why you have not made use of the children’s centre?

**Prompt** Is your non-use of the centre because?

- You don’t know what it offers
- You use another children’s centre
- You don’t need any help or services
- It’s too far away/no transport
- You use another provider e.g. playgroup
- You tried it and didn’t like it
- The children’s centre doesn’t offer the help you want

The activities are at the wrong time of day/week

You cannot afford the cost

Other, please state

4.15 Is there any one thing which would make it easier for you to use the centre?

4.16 Would cost be a factor in deciding whether to take part in a children’s service activity?

## 5 Supporting Families

Being a parent can be challenging at times – under any circumstances. I’m now going to ask you some general questions about where you find support and the types of help which might be most useful.

5.1 Who would be your first choice to get support in relation to parenting or family matters?

- Family member
- Children’s centre
- Friend
- Health Visitor
- GP
- Other

5.2 At the times you need help, which of these might you need?

- Practical help e.g. with housework or transport or respite care where a family member is disabled
- Advice and information e.g. benefits or tribunals, or about health or schooling
- Someone to talk to
- Someone with specialised knowledge

5.3 Which, if any, are the areas of family life that you might like help with?

### Prompt

Health

Managing children’s behaviour

Relationships

Managing money Tax credits and/or benefit claims

Helping children with their learning

Understanding what goes on at school better

Overcoming transport problems

Childcare

Getting back to work

Housing issues

Other – please state

5.4 Are there any services or activities not offered by the children’s centre which you would find useful? If yes what would these be?

5.5 Are there any types of families that you think the centre should do more for?

**Prompt** e.g. homeless families, lone parent families

5.5 What are your aims for yourself and your family in the next year or two?

5.6 Where would you like to be in 10 years time?

**Thank you**

## APPENDIX 4C

### Interview Schedule for Parent Non-Users

#### 1 Introduction

Thank you very much for agreeing to talk with me and to help us with this evaluation.

As you may have been told, we are conducting an evaluation with and for the Maden Community and Children’s Centre. This is to identify how and in what ways the children’s centre can best support families and children.

We are talking to parents, trying to build up a picture of why and how parents get involved in the centre and the kinds of activities which are most useful and where, if at all, there are any gaps. We are talking not just to those parents who are currently using the centre but, just as important, those who do not use the centre.

We have identified you as a non-user.

We are very keen to get your views. By telling us about your experience, you will be helping to ensure that, in future, more parents can get the support they need, when they need it and delivered in the way that best suits them.

Everything you tell us will be completely confidential and you will not be identified by name within our report. It might be that, while we are speaking, something you say will be so helpful that we might want use it as a quote, but we will first check that you are happy for us to do so, either during the interview or afterwards and we will not use your name. You do not have to answer a question if you don’t want to and if anything in our discussion makes you feel uncomfortable, I want you to tell me and we can stop or move on to another question

## 2 The interviewee

Firstly, tell me about yourself

2.1 Do you live with a partner, wife or husband?

2.2 How many children do you have?

Under 1 year 1 1 - 2 years .... 2 - 5 years .....

5-8 years .... 8-11years .... 11-14 years .... 14-16 years ....

2.3. Do any of your children have any ongoing health problems or any special needs?

If so, can you tell me a little bit about this?

2.4 Do you have any disability or long-term health problem? No

If yes, can you tell me a little bit about this?

## 3. Awareness

3.1 Have you heard of the Maden Community and Children’s Centre?

3.2 If yes, where did you hear about the centre?

3.5 What do you think is the purpose of the centre?

3.6 Do any of your friends use the centre?

## 4 About the services offered

4.1 Are you aware of the activities and services offered by the Maden centre and, if so can you tell me what these are?

### Prompt

- |  |                          |
|--|--------------------------|
| Childcare: Nursery/Crèche/ Holiday Club/ Time for me | <input type="checkbox"/> |
| Antenatal  | <input type="checkbox"/> |
| Stay and Play and other toddler activities           | <input type="checkbox"/> |
| Adult learning/Basic Skills                          | <input type="checkbox"/> |
| Training and Employment                              | <input type="checkbox"/> |
| Family Support/ PcEmp                                | <input type="checkbox"/> |
| Children’s Centre Teacher                            | <input type="checkbox"/> |
| Fun for Families                                     | <input type="checkbox"/> |

- Smoke-free homes
- Exercise and fitness
- A café
- Volunteering
- Help with baby care and development
- Holiday activities

4.2 Can you tell me why you have not made use of the children’s centre?

**Prompt** Is your non-use of the centre because?

- You don’t know what it offers
- You use another children’s centre
- You don’t need any help or services
- It’s too far away/no transport
- You use another provider e.g. playgroup
- You tried it and didn’t like it
- The children’s centre doesn’t offer the help you want
- The activities are at the wrong time of day/week
- You cannot afford the cost
- Other, please state

4.3 If you are registered with another children’s centre can you tell me the reasons for your choice?

4.4 Is there any one thing which would make it easier for you to use the centre?

4.5 For your child aged under 5, do you use any of the following?

- Playgroup
- Parent and toddler group
- Childminder
- Private nursery
- Friends and family childcare

4.6 I am now going to show you a list of some of the services offered by the centre. Do you think any of these might be helpful for you and your family?

- Childcare: Nursery/Crèche/ Holiday Club/ Time for me
- Antenatal

Stay and Play and other toddler activities	<input type="checkbox"/>
Adult learning/Basic Skills	<input type="checkbox"/>
Training and Employment	<input type="checkbox"/>
Family Support/ PcEmp	<input type="checkbox"/>
Children's Centre Teacher	<input type="checkbox"/>
Fun for Families	<input type="checkbox"/>
Smoke-free homes	<input type="checkbox"/>
Exercise and fitness	<input type="checkbox"/>
A café	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>
Help with baby care and development	<input type="checkbox"/>
Holiday activities	

4.7 Would cost be a factor in deciding whether to take part in a children's service activity?

## 5 Supporting Families

Being a parent can be challenging at times – under any circumstances. I'm now going to ask you some general questions about where you find support and the types of help which might be most useful.

5.1 Who would be your first choice to get support in relation to parenting or family matters?

- Family member
- Children's centre
- Friend
- Health Visitor
- GP
- Other

5.2 At the times you need help, which of these might you need?

- Practical help e.g. with housework or transport or respite care where a family member is disabled
- Advice and information e.g. benefits or tribunals, or about health or schooling
- Someone to talk to
- Someone with specialised knowledge

5.3 Which, if any, are the areas of family life that you might like help with?

Prompt

- Health
- Managing children’s behaviour
- Relationships
- Managing money Tax credits and/or benefit claims
- Helping children with their learning
- Understanding what goes on at school better
- Overcoming transport problems
- Childcare
- Getting back to work
- Housing issues
- Other – please state

5.4 Are there any services or activities to your knowledge **not** offered by the children’s centre which you would find useful? If yes what would these be?

5.5 Are there any types of families that you think the centre should do more for?

**Prompt e.g.** homeless families, lone parent families

5.5 What are your aims for yourself and your family in the next year or two?

5.6 Where would you like to be in 10 years time?

## 6 Supporting Families

Before we finish, I am going to ask you a few more questions about yourself and your family. Remember you do not have to answer a question if you do not want to.

6.1 What is your postcode?

6.2 What age are you? **Age:** 16 – 24  25 – 35  35 and over

6.3 Which ethnic group do you consider that you belong to?

Asian		Mixed Dual Heritage	
Bangladeshi		White and Asian	
Chinese		White and Black African	
Indian		White and Black Caribbean	
Pakistani		Other mixed background	
Vietnamese		Please specify	

Other Asian background			
Please specify			
<b>Black</b>		<b>White</b>	
Caribbean		UK	
African		Other	
Somali		Please specify	
Other African			

- 6.4 Do you own or have access to a car?
- 6.5 Are you in paid work?
- 6.6 If you live with a partner, is he/she in employed work?
- 6.7 Have you any formal qualifications? If yes, what is your highest qualification?

**Thank you**