Research Report DCSF-RR116

Outreach to Children and Families

A Scoping Study

Capacity

department for
children, schools and families

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We would like to express our warmest thanks and gratitude to the staff and parents of the children's centres and schools offering access to extended services which helped with the study. Similarly, our thanks are due also to the local authority officers who helped with the study and to the many organisations and service providers who contributed to the focus groups and national incubators.

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Sure Start Children's Centres and schools offering access to extended activities have a remit to undertake outreach services to engage and support disadvantaged families. This study looked at the ways in which outreach is being delivered by children's centres and schools offering access to extended services; the aims of those leading and managing the work and the skills utilised; the benefits identified by parents; and the arrangements, at local level, to secure a multi-agency approach to outreach.[1]

The study was conducted by Capacity, on behalf of the Department for Children, Schools and Families, between August and December 2008. Neither the study nor its findings constitute an evaluation of the settings which took part. Rather, the study attempted to capture a broad spectrum of approaches to outreach, the outcomes which are thought to be achieved and the associated attitudes, beliefs and values which underpin this work. The findings are based on one-to-one interviews with fifty five children's centres and extended services staff, twenty two local authority managers and two hundred and forty two parents; conducted on site in a total of fifteen local authority areas. In addition, the opinions of a further eighty one national and local representatives of statutory and other services with an interest in outreach were captured through focus group discussions.

KEY FINDINGS

- Outreach is used as a means of reaching out to and supporting families, making them aware of activities which can help them and providing some of these activities in the home.

- Children's centres and schools successfully engage families who are among those who are considered to be *hard-to-reach*, including families affected by poverty, poor living environments, health problems and other features of social exclusion.

- Those leading and managing the work are committed to supporting families across a wide range of issues, helping parents to deal with problems which may be complex and resistant to solution.

- Parents value the support they receive and are able to describe the benefits for their children and for themselves. A number believe that the experience of family outreach has set their lives on an entirely new track.

- Among professionals, there is a consensus that effective outreach requires particular skills and experience as well as commitment and that it works best where it is supported by good multi-agency partnerships and in particular, by data-sharing. There is also agreement that effective outreach needs to be underpinned by clear aims and measurable outcomes, but the ways in which outcomes are conceptualised vary from setting to setting.

- There is general support for the idea of a framework of qualifications relating to outreach. In certain circumstances and with appropriate training and support, parent volunteers make very good outreach workers.

[1] The study does not cover the delivery of health services in the home such as the Healthy Child Programme, general practice, community children's nursing and other domiciliary health services.

- Children's centres and schools offering extended services have a key role in addressing child poverty. With additional support and guidance, this role could be enhanced.

BACKGROUND

The Children's Plan, published in 2007, states that:

Effective home-visiting outreach and other outreach services can make a real difference to families who cannot or choose not to access services, providing important information and access to services such as childcare and family support. [2]

The Plan makes specific funding commitments to strengthen outreach family support, including resources to fund two additional outreach workers for each children's centre serving the most disadvantaged communities; funding to support the expansion of parent advisers in schools; and funding for specialist parent advisers in each local authority. Other promised commitments in this area include the development of core principles to underpin effective outreach to children and families, associated training materials, courses and - where needed - funding for courses.

This scoping study forms one strand of a three-year project, led by the Department for Children, Schools and Families (DCSF), to take forward work on core principles and standards and support for outreach.

AIMS AND OBJECTIVES

The aims of the study were to gather information which would identify and document best practice in outreach and home-visiting services; capture the ways in which outreach is being delivered across a range of Sure Start Children's Centres and schools offering access to extended services; and identify the characteristics of and skills associated with successful outreach. Key questions were:

- Is outreach successful in engaging those who are most disadvantaged?
- What is best practice?
- What are the relevant skills, qualifications and experience for good outreach and what support needs exist?

METHODOLOGY

Qualitative case studies were developed with fifteen Sure Start Children's Centres and six schools providing access to extended services. These utilised face-to-face interviews with staff and parents and with local authority officers. The views of other service providers and stakeholders were obtained through national and local focus groups. A literature review formed a further element of the study.

[2] Department for Children, Schools and Families. (2007). The Children's Plan

Children's centres and schools offering extended services were identified through a network of contacts as likely exemplars. Parents were selected by settings as representative of users, former users and other parents identified as non-users. Settings were drawn from across all the government regions and served a mix of more and less disadvantaged areas.

FINDINGS AND CONCLUSIONS

The findings suggest that, overall, the children's centres visited are reaching and supporting families who are in need and who are in what have been termed priority categories. Many have long-term health problems and also have children with chronic health problems or disabilities. Some of those parents are coping with a number of adversities, live in, or have escaped from, violent relationships or are in families where drugs and alcohol are an issue, or lack a permanent home. For many of those families, these difficulties are compounded by poverty.

In a similar way, schools engage disadvantaged families and while family support staff make this engagement more effective, head teachers are closely involved in leading the work.

Centres and schools offering extended services are working with a broad range of partner services and agencies; health and social services are key partners, but the extent of embedding of multi-agency working is variable.

Settings vary in their capacity to evidence their reach to disadvantaged families and document this mainly through case histories; limited use is made of benchmarking tools such as local demographic profiles or population flows. Schools have even less developed systems for recording or analysing data of this kind.

The support provided by settings provides some element of progression; but systems for expressing outcomes or robust links with the Every Child Matters Framework or wider poverty reduction are less well-developed.

Many local authorities are moving towards locality or cluster structures, aligned with health and other services. These are seen as providing a more effective foundation for joint planning and working and as a possible precursor to integration and budget-sharing. Authorities are developing strategic policies for family outreach from children's centres, moving away from the more localised planning and delivery mechanisms which characterised Sure Start. This may include standardised outreach job descriptions, central recruitment and deployment of staff, needs analysis and data management. Some children's centres expressed anxiety that centralised strategies, while increasing cohesion, could erode local responsiveness and the capacity for innovation. Most local authorities and their partners would welcome a tiered framework of qualifications for outreach and guidance relating to standards in outreach work.

A majority of parents interviewed are on low incomes and are economically inactive. A very large majority are mothers, with a significant proportion bringing up children alone. Many have long-term health problems or have children who have additional needs. The frequency of visits and the period of time during which parents are supported is very variable. In some of the centres visited, families receive support from universal health services mainly from health visitors; this will be increased where families need additional preventive interventions,

as set out in Healthy Child Programme and they will also receive support from family support outreach workers.[3]

Parents believe that they have benefited from family support and those benefits relate not only to their children's development and welfare, but to their own well-being, self-confidence and engagement with children's centres and other services. For a significant minority, family support has had a positive bearing on their involvement in training and steps towards employment.

The types of support which parents believe they most need are someone to talk to, advice and information and practical help. Non-users are aware of the potential of support from children's centres but their first preference would be for a family member.

Although called children's centres, in reality much, if not most, of their work is with parents who are adults. Some of this work might be considered as education, other elements as counselling or, alternatively, advocacy. There may be a need for more support for the workforce for some or all of those areas and there may be scope to further strengthen links, at a local level, between children's centres and colleges and other training providers and with third sector and advocacy and community development bodies. This might be equally applicable to schools offering extended services.

Staff in all settings were clear about the centrality of poverty elimination as a policy goal, but further guidance and support for this, including training, might be helpful. The range of child poverty pilots announced in the 2008 Budget may provide the stimulus and evidence for this, as may the Poverty and Disadvantage strand of work recently initiated by the Children's Workforce Development Council.

[3] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400

2. INTRODUCTION

Outreach, in its sense of reaching out beyond the traditional boundaries of public services, is now widely deployed as a means of communicating information to the public and raising awareness of helping services.[4] Outreach is also used as a means of engaging directly - and sometimes intensively - with families whose lives are shaped by poverty and social exclusion.

The benefits of many public services are not distributed equally across society. Engagement and inclusion are particularly important for preventive services but families most at risk of social exclusion are less likely to engage with mainstream health, education and other services. This, in turn, is seen as having a close bearing on outcomes for children and a contributory factor to continuing inequalities in health, personal and social development and educational achievement.

Sure Start Children's Centres and schools offering access to extended activities have, in particular, a remit to develop outreach services to engage and support disadvantaged families. The Children Plan, published in 2007, underlines this commitment, asserting that:

Effective home-visiting outreach and other outreach services can make a real difference to families who cannot or choose not to access services, providing important information and access to services such as childcare and family support. [5]

The Plan makes specific funding commitments to strengthen outreach family support, including resources to fund two additional outreach workers for each children's centre serving the most disadvantaged communities; funding to support the expansion of parent advisers in schools; and funding for specialist parent advisers in each local authority. Other promised commitments in this area include the development of core principles to underpin effective outreach to children and families, associated training materials, courses and - where needed - funding for courses.

This short scoping study forms one strand of a three-year project, led by the Department for Children, Schools and Families (DCSF), to take forward work on core principles and standards and support for professional development for outreach. It was conducted by Capacity, on behalf of the DCSF, between August and December 2008.

The aims of the study were to gather information which would identify and document best practice in outreach and home-visiting services; capture the ways in which outreach is being delivered across a range of Sure Start Children's Centres and schools offering access to extended services; and identify the characteristics of and skills associated with successful outreach.

Questions for the study were:

Outreach is a term which has a wide variety of meanings, depending on its context. What are the purposes served by outreach and what are the benefits for children and families? How are benefits tracked and measured in the short and longer term?

[4] In this context, the term *public services* is used to refer to education, health and welfare services.
[5] Department for Children, Schools and Families (2007). The Children Plan Ibid

How effective is outreach in engaging disadvantaged families and how does it tackle persistent gaps in outcomes for children? How successful is it as a delivery mechanism for providing parenting and family support and does the support provided offer a sufficient match with the needs which families identify for themselves?

What is best practice in respect of outreach as an engagement and assessment tool or as a form of service delivery? How are the criteria associated with best practice validated? How well does outreach perform compared with other forms of service delivery?

Does outreach require a set of generic skills, or should it be a specialist role? What types of prior experience are relevant and what are appropriate qualifications for undertaking successful outreach?

3. RESEARCH DESIGN AND METHODOLOGY

Given the nature of the research, it was decided to undertake a series of face-to-face interviews with staff working in children's centres, schools offering access to extended services, local authorities and key stakeholder organisations. Those interviews were part of twenty one qualitative case studies of children's centres and schools offering access to extended services. Parent users or non-users resident near to those centres and schools were also interviewed on a face-to-face basis.

The fieldwork was undertaken in two phases, between August and December 2008.

3.1 PHASE 1

There were three strands to Phase 1.

- A literature review
- Consultation with more than forty key stakeholders, taking the form of three half-day meetings or *incubators* for representatives of relevant government departments, local government and national agencies, non-governmental organisations and individuals with recognised experience
- Qualitative case studies, involving in-depth interviews with local authority officers, staff and parents in fifteen children's centres, chosen as possible exemplars of good practice

3.1.1 Literature review

The literature review comprised relevant UK and other research and policy documents relating to family outreach; research to date on Sure Start and Sure Start Children's Centres and Full Service Extended Schools; outreach studies, particularly those relating to why interventions fail; literature on hard-to-reach populations; parenting and parenting interventions; and poverty as a context for child and adult development. The aims and methodology for the literature review are described in more detail in chapter 4.

3.1.2 Incubators

Key stakeholders were identified in a non-random process, using known contacts and networks to identify national organisations and individuals playing a strategic role in the delivery of outreach services to children and families. The incubators were held early in the study as a means of helping the research team to have access to a range of understandings of the purpose and scope of outreach.

These included representatives of major children's charities, adult and community learning, housing, volunteering, relationship counselling and mental health organisations, the Local Government Association, the Department for Children, Schools and Families, Department for Work and Pensions and Department of Health, together with a number of those responsible for leading and managing specific outreach initiatives, such as Home-Start. A full list of attendees is contained in Appendix 1.

Stakeholders were invited to attend one of three half-day focus group meetings or incubators. A topic guide was developed, which is contained in Appendix 2. Key questions related to the purpose and scope of outreach, a framework for understanding hard-to-reach, impact and outcome measurement and the skills associated with outreach.

3.1.3 Identification of Sure Start Children's Centres

Sure Start Children's Centres were identified through known contacts using *snowball sampling* - a non-random approach to sampling using existing networks to help identify appropriate centres. This method was adopted as a means of ensuring that the centres studied included known exemplars which, it was felt, was essential if the aims of study in relation to the identification of best practice were to be achieved.

The fifteen children centres which accepted the invitation to participate in the research represented established children's centres as well as more recent starts, north / south / urban / city and rural areas; and less deprived as well as more acutely deprived areas.

The government regions in which the centres were based were Greater London (three centres); Eastern (two centres); East Midlands (one centre); South East (two centres); South West (one centre); North East (two centres); North West (one centre); West Midlands (one centre); and Yorkshire & Humberside (two centres). The majority of centres were based in urban areas but three were based in small towns in rural areas.

The fifteen children's centres are listed in Appendix 3. The local authorities in which they were based included shire counties, unitary and metropolitan authorities, each with high levels of deprivation and child poverty within their boundaries, in the form of isolated wards or larger areas.

Within the sample, five were in 5% most deprived wards, one in 10%, three in 20%, three in 30% most deprived wards and the remainder in smaller pockets of deprivation within less disadvantaged areas. Five were health-led; more than half were operating from school sites or were adjacent to schools.

3.1.4 Development of children's centre case studies

Visits, over a two-three day period, were undertaken in each area by a member of the study team. Each was preceded by a telephone call with the Centre Head and the completion, by the children's centre, of a short pre-visit questionnaire. This provided summary information about reach, the numbers and roles of outreach staff, a short description of the service, methods of engaging parents, partner agencies and the nature and scope of outreach. The pre-visit questionnaire is attached as Appendix 4.

Centre Heads were also asked to provide, in advance, any reports and evaluations relating to their outreach programme and copies of outreach job descriptions. These documents were reviewed prior to the visits.

Other outreach worker job descriptions were obtained from a variety of sources and reviewed.

Semi-structured interview formats were developed for children's centre heads, outreach co-ordinators and - where available - a further outreach worker. The interviews included closed and open questions. A topic guide was developed relating to the nature of the outreach service, its aims, target groups, needs analysis, selection of families, the training of staff and other issues. The topic guide is contained in Appendix 5.

A total of forty staff interviews were completed. The number of interviews in each centre was not less than two or more than three, depending on whether one or two outreach staff were available. The interviews typically took one hour and were, in the majority of cases, recorded digitally and recorded in note form.

A similar interview format was developed for local authority officers in each of the case study areas.

The local authority officers interviewed were, in each case, the person responsible for the strategic management of children's centres. For each visit, the Children and Young People's Plan, Local Area Agreement and other relevant policy documents / needs assessments were downloaded and reviewed prior to the visits.

A total of fourteen interviews were completed. The interviews took approximately one hour and were, in the majority of cases, recorded digitally and recorded in note form.

3.1.5 Children's centres: parent interviews

A separate semi-structured interview format was developed for parents, designated as current users, former users and non-users. Parents were considered to be users if they were, at the time of the interview, being visited in their homes, or near to their homes by a member of the children's centre team, or a professional or agency linked to the children's centre. Parents were considered to be former users if they had been visited in this way in the past, but those visits had been discontinued, either because they had come to an end or had been discontinued by the recipient. Parents were considered to be non-users if they were not being visited and had no involvement or very restricted involvement in the children's centre.

The topic guide for the interviews is contained in Appendix 6. In addition, a short questionnaire, relating to health, qualifications, income, ethnicity and other demographic variables, was incorporated within the interview format.

The participating children's centres were asked for help in arranging parents for interviews, both those currently receiving outreach and former users / recipients. In this respect, they were asked to select users and former users who were representative of both categories. In addition, centres were asked for help in arranging interviews with non-users of children's centre services. Those invited to participate were, in some case, parents known to the children's centre team or identified by Health Visitors or other agencies.

A total of one hundred and ninety six interviews with parents were conducted. Of these seventy five were currently being visited in the home or other location, eighty three were formerly visited in the home or other location and thirty eight were non-users of children's centres and / or had not been the target of family outreach.

The parent interviews typically took forty minutes. Some were interviewed in their homes, others at children's centres or at satellite venues. Interviews were, in the majority of cases, recorded digitally and in note form. In others, interviewees were uncomfortable with this and those interviews were recorded in note form only.

3.2 PHASE 2

There were two strands to Phase 2.

- Consultation with more than thirty five key stakeholders, taking the form of six half-day focus groups for local providers of outreach including health, social services, schools, children's centres, voluntary organisations and specialist services

- Qualitative case studies, involving in-depth interviews with local authority officers, staff and parents in six schools offering access to extended services chosen in consultation with the local authority as possible exemplars of good practice

3.2.1 Local focus groups

Invitations to the focus groups were issued to service providers who were identified in consultation with the local authority officers and the participating children's centres and schools offering access to extended services from Phases 1 and 2.

A topic guide was developed and is contained in Appendix 7.

3.2.2 Identification of schools offering access to extended services

Schools offering access to extended services were identified in six of the fifteen children's centre case study areas. Factors in the selection of the sample included geographical spread, secondary and primary schools, urban and rural, acutely and less deprived and willingness of the local authority to sponsor the second phase of the research.

The six schools which were developed as case studies are listed in Appendix 8.

3.2.3 Development of school case studies

Visits, over a two/three day period, were undertaken in each area by a member of the study team. A pre-visit questionnaire is attached as Appendix 9.

Semi-structured interview formats, similar to those for Phase 1 were developed for the Head Teacher and Family Support Worker or Parent Support Advisor. The interviews included closed and open questions. The topic guide is contained in Appendix 10.

A total of fifteen staff interviews were completed. The interviews typically took one hour. Interviews were recorded and were, in the majority of cases, recorded digitally and recorded in note form.

A similar interview format was developed for local authority officers in each of the case study areas. The local authority officers interviewed were, in each case, the person responsible for the strategic coordination of schools offering access to extended services.

A total of four interviews were completed. The interviews took approximately one hour and were, in the majority of cases, recorded digitally and recorded in note form.

3.2.4 Schools: parent interviews

The topic guide used for children's centres was used, with slight amendments, for the school parent interviews. This is contained in Appendix 11.

The participating schools were asked for help in arranging parents for interviews, both those currently receiving outreach and former users/recipients. Those selected were believed, by the participating schools, to be representative of users.

A total of forty six interviews with parents were conducted. Of these twenty two were currently being visited in the home or other location, eleven were formerly visited in the home or other location and thirteen were non-users who had not been the target of family outreach.

The parent interviews typically took forty minutes. Some were interviewed in their homes, others at schools or children's centres. Interviews were, in the majority of cases, recorded digitally and in note form. In others, interviewees were uncomfortable with this and those interviews were recorded in note form only.

3.3 ANALYSIS AND REPORTING

A coding structure was developed for the analysis of qualitative material. This was based on a previous study undertaken for a large local authority in relation to children's centre support for families in the priority categories.

The coding structure was also informed by published descriptions of children's centre practice and benefits described by parents. The use, within the topic guides, of recurring questions allowed direct comparison of answers and views expressed by each category of interviewee, across differing localities.

This has allowed some of the responses to be expressed in tabular form, with the caveat that, given the small sample size and the method of selection, the study provides data of a descriptive rather than statistical data.

The findings reported have been illustrated with the use of verbatim quotations, case studies and examples.

The term *parent* is used to include carers and step-parents, as well as biological parents.

The description *hard-to-reach* is used throughout the document as a description for particular groups of families. This is a construct which is discussed in some depth below.

4. LITERATURE REVIEW

Veronica McGivney is regarded, within the field of adult education, as providing the most comprehensive definition of outreach - as a process that involves going out from a specific organisation or centre to work in locations with sets of people who typically do not or cannot avail themselves of the services of that centre - as a marketing or recruitment strategy; as a delivery mechanism; as a networking process; and a method or approach to working with people.[6]

Across the spectrum of services for children and families, there is, similarly, no single definition of outreach. It is constructed, variously, as services provided within the home or within the local community; as a means informing families about services; and as a style of working, designed to gain the trust of families who may not make use of services.

Outreach - as a means of engaging users or participants, or as a delivery mechanism - is not a new concept. It has been widely used, over many years, by charities, faith groups, libraries and by voluntary and community organisations.

Some services have always been delivered in people's homes, such as community health services, social care and general practice. Community nursing and midwifery services such as district nursing and health visiting services are more than 100 years old. Health visiting has always been concerned with improving public health through working with families and communities focusing on maternal and child health.

In the last ten years, however, outreach has acquired a particular significance, as a description for recasting public services, making them more accessible, and more redistributive. Outreach strategies are widely used in the treatment of mental illness, in adult and further education, in support services for the homeless, by arts organisations, universities, welfare-to-work programmes, family planning services, by drug and alcohol teams and in many other areas of public sector service delivery.

The proliferation of outreach across the spectrum of public service delivery can best be understood in the context of continuing high levels of child poverty and social exclusion and the apparent resistance of these problems to simple or standardised solutions.

Outreach has thus become emblematic of a changing landscape of public services, in which the overriding policy goal is to end child poverty and to increase social justice. This changing landscape is based also on an enhanced understanding of the role social, economic and health inequalities play in parenting and child outcomes and a commitment to personalising services around specific and individual needs.

This chapter presents research, policy and other evidence relating to outreach to children and families, drawn mainly, though not exclusively, from the period since New Labour took office and instituted these policy aims.

The literature review aimed to:

- explore the conceptual links between outreach and the wider policy aims of government in terms of improving child outcomes, addressing social exclusion and eliminating child poverty;

[6] McGivney, V. (2000). Recovering outreach: Concepts, issues and practices. NIACE: Leicester

- examine the scope of outreach services available to families through a range of public sector and non-governmental agencies focusing, in particular, on Sure Start Children's Centres and schools providing access to extended services and considering different models of family support;

- review evidence on families who are considered to be hard-to-reach and the effectiveness of outreach, both as a tool for engagement and as a delivery mechanism for family support; and

- assess a range of perspectives on the skills, occupational standards and training which may be associated with effective outreach.

4.1 METHODOLOGY

The available literature relates to a wide spectrum of policy and practice areas, including drug and alcohol addiction, homelessness, offending, welfare-to-work health and education. Within the confines of a short exploratory study, it was not feasible to undertake a comprehensive and systematic review of this entire body of evidence. Instead, the review focuses primarily on literature relating to policy issues and interventions which have a bearing on child outcomes and the functioning of families.

Because of the multiple meanings associated with outreach, a broad number of search terms were used, including *outreach, home-visiting, parenting, hard-to-reach, Sure Start, extended schools, child poverty, social exclusion and family support.*

Databases searched included Campbell Collaboration, British Library, Blackwell Synergy, Department for Children, Schools and Families, Department of Work and Pensions, Department of Health, Joseph Rowntree Foundation, National Institute of Adult Continuing Education, VCS Engage, charities, Together for Children and the Children's Workforce Development Council.

The types of literature reviewed included research studies, guidance documents, policy statements, conference proceedings and toolkits.

The main documents searched were from 1997 onwards, because of the major shift in policy and investment in child and family services occurring during this period, but earlier studies and policy documents which had particular relevance to the aims of the study were also included.

The review has drawn, very substantially on UK sources but, where relevant, has drawn on sources from elsewhere, mainly from the US.

Selection criteria included appropriateness to the questions addressed by the study; objectivity, quality and credibility, and relevance to current priorities in education and family policy.

4.2 OUTREACH AND SOCIAL EXCLUSION

Across most countries of the European Union and the Organisation of Economic Cooperation and Development (OECD), child poverty is a major challenge for national states. In 2005, 19% of children under the age of 16 in the EU 27 were living in low income households, equivalent to 19 million in total. Among the factors influencing child poverty are family size and structure - 23% of poor children in Europe live in lone-parent households and 27% in large families - the age and educational qualifications of parents, low earnings and joblessness.[7]

Since 1997, the UK has adopted a robust approach to tackling child poverty. This has three main strands:

- Income transfers to poorer families through tax and benefit measures
- Active labour programmes, skills training and targeted support to help people into work
- Increased investment in public services with a significant degree of targeting towards the most disadvantaged sections of the population

On taking office, New Labour pledged to halve poverty by 2010 and set a target of poverty elimination by 2020. An international survey published in 2008 by OECD found that, between 2000 and 2005, poverty and income equality fell faster in the UK than in any other OECD country. However, the gap between the rich and poor remains larger in the UK than in the majority of other OECD member countries.[8]

The effects of poverty have been extensively documented.[9] Poverty is not a static or homogenous phenomenon, but varies according to a number of dimensions, including length of time spent in poverty, ethnicity and family structure. In the UK, lone parent families are particularly vulnerable to poverty and teenage mothers are three times as likely to suffer poverty compared with older mothers.[10] Disabled adults of working age are twice as likely as non-disabled adults to live in poor households and more than half of families with disabled children live on low incomes.

Black and Minority Ethnic families are also vulnerable to poverty. In all parts of the country, people from ethnic minorities are, on average, more likely to live in low income households than white British people.[11]

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.[12] [13]

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[7] European Commission (2008). Joint Report on Social Protection and Social Inclusion. Brussels
[8] OECD (2008). Growing Unequal?: Income Distribution and Poverty in OECD Countries, Employment 2008, Vol. 2008, no. 10, pp. 1-312
[9] Griggs, J. & Walker, R, (2008). The costs of child poverty for individuals and society: Joseph Rowntree Foundation
[10] Katz, I., La Placa,V.& Hunter, S. (2007). Barriers to inclusion and successful engagement of parents in mainstream services: Joseph Rowntree Foundation
[11] Kenway, P. & Palmer, G. (2007). Poverty among ethnic groups how and why does it differ? New Policy Institute for Joseph Rowntree Foundation
[12] Bradshaw, B (2002). Poverty and child outcomes. Children & Society Volume 16 pp. 131-140
[13] ONS (2005). Mental health of children and young people in Great Britain, 2004; http/www.statistics.gov.uk/downloads/theme_health/GB2004.pdf

Social exclusion is not simply about the deprivation of material resources, but refers to the ways in which poverty also acts as a context for child and adult development, influencing personal identity, aspiration and self-esteem.[14] Not all children who grow up in poverty, however, will experience adverse outcomes or experience them to the same degree and protective factors are thought to include the availability of supportive social networks, authoritative parenting and support for aspiration and parental level of education.[15] [16] [17]

Studies which have sought to analyse the mediating influences of poverty have turned, chiefly, to ecological models of child development, first described by Bronfenbrenner, which provide a framework for understanding how stresses and supports which impinge on parents and children interact and nest together within a hierarchy of four levels; socio-cultural, community, family and individual.[18]

Being poor is, therefore, not synonymous with inadequate parenting, but may diminish the capacity for supportive parenting, where stress or depression caused by financial and other types of adversity decreases parents' coping abilities and parents may not have the resources for outings, trips and other social experiences. The poorer health and other problems experienced by children may in turn influence parental responses.[19]

The Social Exclusion Task Force has identified the existence of a minority of families and individuals who may be *trapped in a lifetime of poverty and social harm* and who are at risk of persistent extreme deprivation. Those with five or more problems are viewed as part of an intergenerational pattern of disadvantage, with those children born into *high-risk* families likely to experience similar problems as they grow up.[20]

4.2.1 Securing better outcomes for children

The 2008 Pre-Budget Statement made the clearest possible commitment to ending child poverty in the UK, with further fiscal measures to boost the income of the poorest families and proposals to increase the numbers of poor parents entering employment.[21]

Enhanced public services, targeted on those most disadvantaged, are conceived as the best means of reducing the impact of poverty on children's experiences and life chances and breaking cycles of deprivation.[22]

Those enhanced services include expanded early years education and childcare, children's centres, schools offering access to extended services, improving schools and the structural integration of children's services, together with additional support for children who are particularly vulnerable, at risk of harm or with additional needs and support for parenting.

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[17] Feinstein, L., Duckworth, K. & Sabates, R. (2004.) A Model of the Inter-generational Transmission of Educational Success. The Centre for Research on the Wider Benefits of Learning Institute of Education, 2004
[18] Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press
[19] Guo, G. & Harris, K. (2000). The mechanisms mediating the effects of poverty on children's intellectual development. Demography, Volume 37-Number 4, November 431-447
[20] Cabinet Office (2006). Reaching Out: An Action Plan on Social Exclusion,
[21] HM Treasury (2008). Ending child poverty: everybody's business
[22] HM Treasury (2008). Ibid

However, while, in spending terms, poorer families benefit more from increased investment in public services,[23] they are, in reality, less likely to make use of or access those services.[24] This may be partly because parents in poverty are more likely to suffer from stress or depression which, in turn, deters them from seeking or accessing family support services.[25]

In this context, outreach, as a strategy for making people aware of and inducing them to make use of services becomes an indispensable requirement if social policy aims are to be successfully realised.

4.2.2 "Hard-to-reach" groups

In a large body of research evidence relating to low take-up of public service by particular types of families or individuals, common findings include lack of knowledge of services; unsuitable or inconvenient locations; transport difficulties; language and cultural barriers; poor basic skills; depression and feelings of helplessness; costs; distrust of services, suspicion and stigma; and fears over loss of privacy and confidentiality.[26]

Hard-to-reach groups of families are described in some detail in practice guidance for children's centres. The types of families identified as *priority* include teenage parents, lone parents, families living with disability, Black and Minority Ethnic (BME) families, prisoners' families, homeless families, victims of domestic violence and asylum seekers. Fathers also form a priority category.[27]

These are specific groups of parents who are less likely to make use of Sure Start Children's Centre services. They are also groups of families which are more vulnerable to poverty. In 2001, the National Family and Parenting Institute (NFPI) conducted a national mapping of family services in England and Wales and the specific groups of families less likely to access services were similar to those now forming the targets for children's centres viz.

- fathers
- disabled parents
- parents of teenagers
- black and minority ethnic (BME) families
- asylum-seeking parents
- homeless or peripatetic families
- rural families [28]

Families do not always experience or perceive the help they are offered as supportive. A study for the Department of Health in 2000 consulted 1754 families living in very disadvantaged circumstances. The research concluded that helping services didn't meet parents' own idea of their needs. They are offered what the service providers think they want or should want, rather than what would really be of use.[29]

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[23] HM Treasury (2008). Ibid
[24] Katz, I., La Placa,V. & Hunter, S. (2007). Barriers to inclusion and successful engagement of parents in mainstream services. Joseph Rowntree Foundation
[25] Elder, G., Van Nguyen, T. & Caspi, A. (1985). Linking family hardship to children's lives. Child Development, Vol. 56, pp. 361-75
[26] Katz, I. & Pinkerton, J. (2003). Evaluating Family Support: Thinking Internationally, Thinking Critically. Chichester: Wiley & Sons
[27] Department for Children, Schools and Families. (2006). Children's Centres Practice Guidance
[28] Henricson, C., Katz, I., Mesie, J., Sandison, M. & Tunstill, J. (2001). National Mapping of Services in England and Wales: A Consultation Document. London: NFPI
[29] Ghate, D. & Hazell, N. (2000). Parenting in Poor Environments. Department of Health

In contrast, a study undertaken in 2008, with parents and carers in 120 children's centre catchment areas found very high levels of satisfaction with services available from centres. Among the target population, nearly half had some dealings with their children's centres and this was consistent across different types of families.[30]

A study in 2005 of early interventions and the reasons given by mothers for why they had refused an intensive home-visiting support programme found, as a main reason, a preference for informal sources of support from within the family. Some mothers reported feeling too burdened by other commitments to agree to commit time to service engagement, even though the service might have helped them.[31]

In addition, data from the ESRC Families and Social Capital Project suggest that child-rearing practices among poor families may be grounded in a *material and social reality* which, because of negative experiences, can lead them to disinvest from education and other services. In contrast to middle class parents who actively invested in their children's education, disadvantaged parents in the research were engaged in *getting by* and prioritised helping their children negotiate disadvantages and adversities which middle class families rarely face.[32]

Low take-up by fathers of services is thought to be related, variously, to the gendered nature of child care within families, the attitudes of fathers themselves and the culture and organisation of many institutions which mainly frame services around mothers.[33]

Cultural differences in attitudes to parenting may similarly be relevant to the low take-up of services by some ethnic minorities. It has been suggested that some minority ethnic and refugee parents may also originate from cultures where parents are not expected to take an active interest in child education or educational services.[34]

Some parents may be unaware of their existence or of how services could help them. An evaluation of father involvement in Sure Start Local Programmes found that this was one potential barrier to father participation. Some fathers who used Sure Start said that they would have used them earlier had they been aware of their existence.[35]

The nature and character of the relationship between the service provider and user may affect parent's willingness to engage with services. It has been suggested that if practitioners are to develop trusting relationships with service users, they must work within an organisational context where they themselves are trusted, and where professionals from different organisations trust each other.[36]

However, it may also be true that families want to access services, but are prevented from doing so for practical reasons, for example, by lack of access to transport, or the cost of public transport, or because the service is located in a place or offered at a time which is incompatible with family commitments such as dropping off and picking up children from schools.[37] Parents may be prevented from accessing training courses or other opportunities

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[30] TNS. (2009). Sure Start Children's Centres Survey of Parents. DCSF Research Report DCSF-RR083
[31] Barlow, JS, S Kirkpatrick, S Stewart-Brown & H Davis (2005). Hard-to-reach or out-of-reach? Reasons why women refuse to take part in early interventions. Children and Society, 19: 199-210.
[32] Gillies, V**,** (2008). Perspectives on parenting responsibilities: Contextualising Values and Practices. Journal of Law and Society, Volume 35, No 1 pp95-118
[33] Ghate, D., Shaw, C & Hazel, N. (2000). Fathers and family centres: Engaging fathers in preventive services: Policy Research Bureau
[34] Katz, I.& Pinkerton, J. (2003) Ibid
[35] Lloyd, N, O'Brien, M, & Lewis, C (2003). Fathers in Sure Start Local Programmes. Report 04 National Evaluation of Sure Start. London: Birkbeck, University of London
[36] Katz, I., La Placa,V. & Hunter, S. (2007). Joseph Rowntree Foundation
[37] Katz, I., La Placa,V.& Hunter, S. (2007). Ibid

because of lack of appropriate childcare. Disabled parents, or families with a child or children with disabilities, are often unable to access childcare or other services because the settings are inaccessible, or don't meet their needs.[38] For ethnic minority parents, who are unable to communicate in English, the lack of bilingual support may create an insurmountable barrier to engagement with services.[39]

The complexity of factors involved means that it is far from clear, whether and to what extent, the low participation of certain families, or family members, in education, health and other services can be considered to be voluntary or involuntary. The fact of low participation has led to the coining of the concept of hard-to-reach but the use of this description may, in some circumstances, obscure the barriers which families encounter in seeking help, or the failure of services to identify and meet needs.

4.2.3 Family outreach

As well as a tool for making people aware of services, outreach is used as a delivery mechanism for providing intensive support to families in their homes, or other non-institutional locations. Through this form of delivery, it is hoped to build capacity within families where children are judged as being at risk of harm, under-achievement, or of not meeting normal developmental goals.

Government support for the family is not a new phenomenon but the imperative of reducing persistent inequalities between children from different backgrounds has led to a raft of new initiatives to lend greater support for parenting.

Some of these are described in the policy statement *Every Parent Matters,* which lists a range of projects to help parents to support their children's early learning. Other measures include the creation of a National Academy for Parenting Practitioners and the requirement on local authorities to develop a strategic and joined up approach to the design and delivery of parenting support services in their areas.[40]

In the context of *Every Parent Matters*, change for children and families is predicated on at least two propositions; that family background is a main factor, implicated in poor outcomes for children; and that changes in employment patterns and family and social structures have created additional pressures on family life and parenting, requiring support from outside the family.[41]

These propositions have, to a degree, been contested. It has been argued, for example, that the expanding domain of professional support for parenting ignores class differences. In this view, middle-class parents are able to command better resources, e.g. schools, which, in turn, enable them to more effectively support their children's education. It is, therefore, primarily a lack of access to resources, rather than deficient parenting, which accounts for poorer outcomes for disadvantaged children.[42]

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[38] Olsen, R. & Wates, M. (2003). Disabled Parents: Examining Research Assumptions. Dartington: Research in Practice. www.rip.org.uk
[39] Katz, I., La Placa,V. & Hunter, S. (2007). Ibid
[40] Department for Education and Skills (2006). Every Parent Matters
[41] Department for Education and Skills (2006).Ibid
[42] Gewirtz, S. (2001). Cloning the Blairs: New Labour's programme for the re-socialization of working-class parents. Journal of Education Policy, 2001, Vol. 16, N0. 4, 365- 378

Other qualitative research among poorer and better off parents has been cited in support of fundamental class differences in the types of resources accessed by parents.[43] In support of this, studies of poorer parents suggest, firstly, that they consistently identify financial hardship as the primary barrier to effective parenting and secondly, that they report experiences of being unfairly stigmatised in relation to their parenting abilities. One of these, an in-depth study of parents living in poor environments, found that they were typically exposed to multiple sources of stress, many of which arose from their physical environments, which were considered to be dirty and degraded. Low income was a critical stress factor, with many families lacking basic necessities. Those stresses were cumulative and overlapping, but a finding was that many families coped well in these circumstances.[44] [45]

4.3 THE SCOPE OF OUTREACH TO CHILDREN AND FAMILIES

The multiple meanings of outreach create difficulties in defining the scope and range of outreach to children and families. For the purpose of this study, the types of outreach considered are those which involve some element of individualised and/or home-based support and which have aims which relate to improving outcomes for children, supporting parenting and/or addressing poverty.

The focus of the study was children's centres and schools offering access to extended services. Other services delivered in the home such as social care, the Healthy Child Programme, general practice, midwifery, community children's nursing and other domiciliary health services have not been looked at specifically. However, a number of those services were working closely or were co-located within the sampled children's centres and schools offering extended services and in a small number of cases contributed to the interviews and focus groups.

Also excluded are more informal sources of support, involving friends, families and mutual self-help groups. This is because outreach, across all its meanings, would appear to require a connection, not previously existing, between institutions and individuals, or groups of individuals. In this view, family members cannot outreach to each other for they are already connected, but although support from other family members or friends does not, in these terms, constitute outreach, this does not lessen its intrinsic value or impact.

The same could be said of other affinity networks, based on neighbourhoods, religious faith, or shared goals, which constitute:

an interlocking pattern of just human relationships in which people have at least a minimal sense of consensus, within a definable territory. People within a community actively participate and cooperate with others to create their own self-worth, a sense of caring about others and a feeling for the spirit of connectedness [46]

Where such groups, e.g. faith communities, are reaching to enlist new members, this would constitute outreach, but those activities are beyond the scope of this study to capture. However, some of those activities could take the form of pastoral, family or parenting support.

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[43]Edwards, R. & Gillies, V. (2005). Resources in Parenting: Access to Capitals Project Report. Families & Social Capital ESRC Research Group, London South Bank University

[44]Ghate, D. & Hazell, N. (2000). Ibid

[45] Russell,M., Harris,B. & Gockel, A. (2008). Parenting in Poverty: Perspectives of high-risk parents. Journal of Children and Poverty Vol 14, No 1, March 2008, 83-98

[46] Freie,J.F. (1998). Counterfeit Community: The Exploitation of our Longing for Connectedness. Rowman & Littelefield Publishers, inc

Even with these exclusions, the range of services, initiatives and agencies implicated in outreach to children and families is very broad, involves a large number of statutory and voluntary sector agencies and includes specialised, targeted and universal services. *Every Child Matters*, the over-arching framework for the delivery of services to young people, subsumes a wide range of interlocking policy initiatives.

4.3.1 Universal services

Services delivered within the local community, for the community, are long established in health and health visitors and midwives have the longest history of guiding and caring for mothers with infants and children. Health Visitors are qualified registered nurses, with specialist qualifications in community and public health. They have a lead role in prevention and early intervention in child and family health. They lead and deliver the Healthy Child Programme which is the universal schedule of health reviews, screening, immunisations, health promotion and parenting support. They may co-ordinate the delivery of health work in children's centres and parenting programmes and will work closely with General practice. Some Health Visitors have specialist roles and work within multi-disciplinary teams to support asylum seekers, victims of domestic violence, looked after children, drug and alcohol users, homeless families and children with complex needs or disabilities.

Community midwives provide maternity care outside of hospitals and may be attached to a hospital or a GP surgery. They provide antenatal and postnatal care in local clinics or visit women in their homes. They can attend women in labour or giving birth at home, or may accompany women to hospital to give birth. Specialist midwives provide additional support to particular groups of mothers, e.g. teenage mothers and women exposed to domestic violence or involved in substance misuse.

Children's centres are integrated service hubs for children under the age of five and their families. Centres serving the most deprived areas have access to family healthcare, advice and support for parents including drop-in sessions, outreach services, integrated early education and childcare and links through to training and employment. There are currently over 3,000 children's centres offering services to over 2.4 million children under 5 and their families and the Government is committed to delivering 3,500 - a children's centre for every community by 2010.[47]

Schools providing access to extended services are also at the heart of the delivery of improved outcomes for children. There are now more than 17,000 (79%) schools providing the full core offer of extended services, with others on the way to doing so. The core offer comprises a varied menu of activities in a safe place for primary and secondary schools; childcare for primary schools; parenting support; swift and easy access to targeted and specialist services such as speech and language therapy; and community access to facilities including adult learning, ICT and school facilities. The Parent Support Adviser Pilot (PSA) is a government funded initiative to support 20 local authorities to introduce Parent Support Advisers, based in a school or school cluster, into their workforce.

Family Literacy, Language and Numeracy (FLLN) and Wider Family Learning are provided by colleges and adult and community education teams, in schools, children's centres and other accessible locations. Funding for FLLN is focused on the most deprived local authorities in England. Skills for Life courses can also be provided on an outreach basis. Libraries also engage in outreach work.

[47] HM Treasury (2008). Ibid

4.3.2 Specialist or targeted services

At local level, multi-agency disability teams, including voluntary organisations and other stakeholders, provide a range of outreach services for children and their families, the scope and intensity of support shaped by children's needs.

Targeted services work with specific groups of families or family members, e.g. teenage parents, Travellers, asylum seekers, BME groups or homeless families. Specialised services may target particular issues e.g. drug and alcohol misuse, or domestic violence and also include child protection and safeguarding teams. Many of these services will be delivered through multi-agency teams, some of which may involve children's centres or involve co-location within a children's centre. Other agencies include Health, Social Care, the Police, Education, Connexions and Jobcentre Plus. Also working in this area is the Child and Adolescent Mental Health Service (CAMHS) and multi-agency teams to support - depending on the level of need - parents with mental health problems and/or learning disabilities.

Aiming High for Disabled Children (AHDC) launched in May 2007, is a transformation programme for disabled children's services. The programme aims to deliver access and empowerment for disabled children and families; responsive services and timely support; and improved quantity and quality of service.[48]

Drug and substance misuse affects disadvantaged families disproportionately and parental drug use has adverse effects on children. The Home Office 2008 strategy *Drugs: protecting families and communities* contains, as one strand of planned action, a refocusing on families, including Family Pathfinders, for families at risk.[49]

The Family Nurse Partnership programme is an intensive preventive programme for vulnerable young first-time parents and is currently being tested in 30 sites across England and plans for further expansion have been recently set out in the Child Health Strategy.[50] It is delivered in the home by specially trained nurses who visit from early pregnancy until the child is 2 years old.

4.3.3 Voluntary Sector

A very wide range of smaller and larger voluntary organisations are involved in outreach initiatives to support families, many of them as providers of commissioned services. In some cases those organisations will have taken the lead in identifying needs and developing practice models. Action for Children (formerly NCH) and Barnardos are both leading providers of family support, in the form of parenting education and support, crisis intervention, disability and support for marginalised groups and projects for children and young people. Other voluntary organisations which have a substantial role include Home-Start, Community Mothers, Contact-a-Family and the Family Action (formerly Family Welfare Association).

[48] HM Treasury (2007). Aiming high for disabled children: better support for families.
[49] Home Office (2008). Drugs: protecting families and communities. The 2008 Drug Strategy.
[50] Healthy Lives, Brighter Futures - the Strategy for children and young people's health (2009). DH, DCSF February 2009

4.3.4 Projects and Initiatives

A very wide range of initiatives and programmes offer support to families or particular groups of families and are based on outreach or involve an element of outreach. These include:

- parenting programmes - examples include Webster Stratton, Solihull Method, Triple P

- programmes to support parental involvement in early learning - examples include Bookstart, Early Learning Partnerships, Parents, Early Years and Learning (PEAL) and Peers Early Education Partnership (PEEP)

- targeted intervention programmes examples include New Deal for Lone Parents (NDLP) and New Deal Plus for Lone Parents, Care to Learn, Family Nurse Partnership, Family Intervention Projects, On Track Early Intervention Programmes, Family Pathfinders, Parenting Early Intervention Pathfinders, Partners Outreach for Ethnic Minorities

4.4 THE EFFECTIVENESS OF OUTREACH

Is outreach successful? The evidence base which exists, relating to numerous initiatives, programmes and projects which incorporate one or more aspects of outreach, is very wide-ranging, involving evaluations, themed research and impact studies. The most substantial body of evidence comprises the studies which form the National Evaluation of Sure Start and these are considered in some depth. Other key studies relate to the evaluation of schools offering access to extended services and other mainstream services, targeted initiatives and innovative pilot programmes, like the Family Nurse Partnership.

However, many of the studies reviewed focus on delivery models which incorporate outreach as one component, alongside other delivery elements and are not able to identify the singular impact of outreach as distinct from other supporting activities.

More widely, thematic studies and reviews of what works in parenting and family support are also relevant, as are studies which provide parental *voice* about the needs they identify for themselves and their children and their perspectives on helping services.

The questions which are of particular relevance to this study are:

- How effective is outreach in involving families who would be considered hard-to-reach and what makes outreach effective?

- What are the benefits for families?

- Are particular models of family support more likely to be effective in breaking cycles of deprivation?

4.4.1 Outreach as a means of connecting with hard-to-reach groups

There is generalised data, across a range of public sector initiatives, to suggest that outreach can be a useful method of reaching those who typically do not engage with services.

In an outreach engagement programme among older black and minority ethnic people, outreach and localised face-to-face provision were found to be central to increasing benefit take-up among this target group.[51]

[51] Barnard, H. & Pettigrew, H. (2003). Delivering benefits and services for black and minority ethnic older people. DWP Research Report No. 201.

Outreach events were used successfully in the early stages of the New Deal for Lone Parents (NDLP) in the UK to raise awareness, market and encourage lone parents to join the mainstream programme.[52]

The National Evaluation of the Neighbourhood Nursery Initiative found that it had been successful in reaching the most disadvantaged groups including lone mothers, some ethnic minority groups, low income families and those with low qualification levels. Half of the parents had not used any formal or informal care, prior to using the Neighbourhood Nursery.[53]

Outreach strategies were effective in engaging disadvantaged families to take-up free part-time early education places in the pilot scheme for two-year old children.[54]

The most recent impact study, from the National Evaluation of Sure Start (NESS), published in 2008, suggests that there have been demonstrable benefits for three year olds living in Sure Start areas, compared with a comparison group of three year olds living in similar areas.[55] However, evidence that children's centres are making a sufficient response to families in the priority categories is less clear cut.

A themed study of Sure Start Local Programmes in relation to participation by Black Minority Ethnic populations found that there was a need to strengthen the focus on community development, build better links with minorities groups, target services and strengthen outreach. The study recommended reviews of staffing policies, as a means of increasing the proportions of minority staff, particularly at a senior level.[56]

A NESS evaluation of father involvement, in 2003, found that the majority of local programmes reported low levels of father involvement and where fathers took part, it was most likely to be in outdoor, active fun-type activities. In terms of positive practice, the study found that fathers continued to come to Sure Start Local Programme services when they had seen a positive benefit for themselves or their children; where programmes had high levels of father involvement; and where there had been a decision, early in the planning stages, that fathers would be central to their work.[57]

Children with complex needs or disabilities constitute a further priority group for children's centres. The 2007 NESS study of children and families with special needs and disabilities in Sure Start Local Programmes noted evidence of positive work but found that, within a sample of programmes reporting extensive involvement in this area, a quarter of those visited had worked with few, if any, children with significant and complex needs. Almost half of the local programmes visited had no staff member playing a lead role in relation to children and families with special needs and disabilities. Reviewing examples of positive practice, the study found that home-visiting was particularly important for reaching families whose children have more significant and complex needs, parents with learning difficulties and those who face language and cultural barriers to services. Services worked well where there was strong

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[52] Evans, M., Eyre, J., Millar, J. & Sarre, S. (2003). New Deal for Lone Parents: Second Synthesis Report of the National Evaluation. Sheffield: DWP.
[53] La Valle I., Smith R., Purdon S., Bell A., Shaw J. & Sibieta L. (2007). National Evaluation of the Neighbourhood Nurseries Initiative. DCSF Research Report SSU/2007/FR/020
[54] Kazimirski A., Dickens S. & White C. (2008). Pilot Scheme for Two Year Old Children, Evaluation of Outreach Approaches. National Centre for Social Research
[55] NESS (2008). The Impact of Sure Start Local Programmes on Three Year Olds and Their Families. DCSF Research Report NESS/2008/FR/027
[56] NESS (2007). Sure Start and Black and Minority Ethnic Populations. DCSF Research Report NESS/2007/FR/020
[57] NESS (2003). Fathers in Sure Start Local Programmes. DCSF Research Report

leadership for and commitment to inclusion, effective involvement of and consultation with parents, good partnership working and the availability of a special needs/disability expert.[58]

A study of fathers of children with complex needs or disabilities found little evidence of fathers receiving direct support for their needs and insufficient acknowledgement from services for their roles in supporting their children's development.[59]

The NESS study of variations in effectiveness amongst Sure Start Local Programmes provided interview evidence with non-users who represented hard-to-reach groups. Some barriers were specific to certain groups, e.g. fathers or working parents, or based on the attitudes of staff to changing their own ways of working, or practicalities such as location, timing and the format of services. Messages from non-users included sensitivity about stigma, cultural and language barriers, perceptions about *cliques* and preferences for specialised provision. Exemplar approaches were identified, but a general recommendation was that children's centres need to investigate barriers to non-use.[60]

In a review of children's centres and extended schools, Ofsted found that extended services were helping to enhance self-confidence, improve relationships, raise attainment and create better attitudes to learning. The majority of parents who participated in training or used the support services were highly satisfied with what was provided. However, there were still groups of parents who were considered hard-to-reach.[61] A follow-up report, published in 2008, found that individuals and families were well served by the children's centres and schools they attended, with the lives of some vulnerable families reported to have been transformed. However, settings were judged to be not doing enough to reach out to particularly disadvantaged families.[62]

Echoing this, an evaluation of the delivery of the extended school core offer found that a lack of interest in parental support services or engagement from parents was the main challenge faced by many schools. Some schools spoke of *preaching to the converted,* acknowledging that the parents who are willing to engage and who access parental support services are often those who need the help the least.[63]

4.4.1.1 Consulting with hard-to-reach groups and tracking users

It might be that services are engaging with hard-to-reach or priority users, but do not have data systems which capture the demographic and other information from users which would allow them to demonstrate evidence of effective practice.

The National Evaluation study of variations in effectiveness among Sure Start Local Programmes, found that the most proficient centres had robust data systems and effective systems for auditing local needs and community priorities.[64]

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[58] NESS (2006). A Better Start: Children and Families with Special Needs and Disabilities in Sure Start Local Programmes. DCSF Research report NESS/2006/FR/019
[59] Towers, C. & Swift, P (2007). Recognising Fathers: understanding the issues faced by fathers of children with a learning disability. London: Foundation for People with Learning Disabilities.
[60] NESS (2007). Understanding Variations in Effectiveness amongst Sure Start Local Programmes. DCSF Research Report NESS/2007/FR/024
[61] Ofsted (2006). Extended services in schools and children's centres, Report 2609
[62] Ofsted (2008). How well are they doing: the impact of children's centres and extended schools
[63] Ipsos Mori (2008).Testing the Delivery of the Core Offer in and around Extended Schools - Final Report
[64] NESS (2007). Understanding Variations in Effectiveness amongst Sure Start Local Programmes. Ibid

On Track was a Government programme for preventative crime reduction, launched in 1999, aimed at developing multi-agency partnerships and delivering a range of services to children aged four to twelve and their families. While the main evaluation focused on the impacts of the projects, a separate evaluation of the consultation strategies adopted and the definitions arrived at for hard-to-reach, found considerable variations in those definitions, both between and within the agencies represented in local partnerships. Consultations were found, frequently, to rely too heavily on relatively small samples of existing users and subjective perceptions of characteristics of particular groups. The study concluded that outreach was more likely to be successful where it was based on extended consultations and assessment of individual needs rather than on the basis of group characteristics.[65]

This was echoed in a study which explored how children's and parental services can engage effectively with black and minority ethnic parents. Key findings included the need to recognise diversity across and within different minority groups. Effective outreach was associated with a holistic approach to families' problems; a member of staff dedicated to parental engagement; local community staff; and engaging parents in social capital building.

A study of outreach to families in need, focusing on exemplar children's centres, found that effective outreach was likely to be achieved where consultations were thorough and where those leading the work were clear about their objectives and what they wanted to achieve.[66]

The national evaluation of the early education two year old pilot investigated how outreach strategies had been designed by six local authorities involved in the pilot, including how effective those strategies had been in encouraging disadvantaged families to take up places for their children. Recommendations for effective outreach included:

- building on pre-existing multi-agency relationships and existing experience of outreach and knowledge of target groups;
- personalised and tailored approaches with families;
- strategic commitment from all agencies; and
- well-developed communication ensuring that professionals are informed and understand the rationale of the project, together with ongoing support and guidance.[67]

4.4.2 Outreach as a delivery mechanism

As noted above, the most recent NESS impact study suggests that there have been demonstrable benefits for three year olds living in Sure Start areas. These gains relate to better social development, more positive social behaviour and exhibiting greater independence/self regulation. Benefits are also reflected *in less negative parenting,* and increased take-up, by parents, of child and family-related support services.[68]

Schools providing access to extended services can also be associated with benefits for disadvantaged children and families. There was some evidence from case study schools in the evaluation of Full Service Extended Schools (FSESs) that this approach could impact positively on pupil's attainment. These individual instances were lent weight by an analysis of

[65] Doherty, P., Stott, A. & Kinder, K. (2004). Delivering services to hard-to-reach children and their families in On Track areas: definition, consultation and needs assessment. London: Home Office.
[66] Capacity (2007). Children's Centres Ensuring that families most in need benefit
[67] Kazimirski A., Dickens S. & White C. (2008). Ibid
[68] NESS (2008). The Impact of Sure Start Local Programmes on Three Year Olds and Their Families: Ibid

the performance of all FSESs produced internally by DCSF. Extended schools were also having a range of other impacts on outcomes for pupils, including engagement with learning, family stability and enhanced life chances.[69]

Findings from the case studies found that schools offering access to extended services could be particularly beneficial for pupils from the most disadvantaged backgrounds and also suggested a positive impact on the wider community, with parents and other *adults beginning to see themselves as learners*.

In addition, a wide range of programmes and initiatives, which involve a greater or lesser element of outreach, have also been associated with benefits for participants.

The Family Nurse Partnership is an intensive preventive, home-visiting programme for first-time vulnerable young parents, and is currently being piloted in England. Evaluated in three randomised control trials it has been shown to be very successful in the US, effecting significant and consistent improvements in the health and well-being of the most disadvantaged children and their families, it is delivered by highly trained nurses through a structured programme of visits, from pregnancy until the child is two years old. It is a relationship based programme using evidence-based methods to improve antenatal health, child health and development and economic self-sufficiency. The first year evaluation published in 2008 is encouraging.[70]

The 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.[71] 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 behavioral and emotional problems in preadolescent children - and the Solihull Approach - an integrated psychodynamic and behavioural approach for professionals working with children and families who are affected by behavioural and emotional difficulties.

The DCSF Parenting Early Intervention Pathfinder (PEIP) is an initiative which funded selected local authorities to implement one of three parenting programmes Triple P, Webster-Stratton Incredible Years and Strengthening Families, Strengthening Communities. The Pathfinder provided training for more than 3,500 parents with a child in the 8-13 age range. The training was very successful as measured by improvements in the parents'

mental well-being, their parenting skills, their perceptions of themselves as parents and also in the behaviour of the children about whom they were concerned.[72]

[69] Cummings et al (2007). Evaluation of the Full Service Extended Schools Initiative. DCSF Research Report RR852

[70] Barnes, J., Ball, M., Meadows, P.,McLeish, J. & Belsky J. (2008). Nurse-Family Partnership Programme. First Year Pilot Sites Implementation in England

[71] NESS (2007). Family and Parenting Support in Sure Start Local Programmes. Research Report NESS/2007/FR/023

[72] Lindsay, G., Davies, H., Band, S., Cullen, M.A., Cullen, S., Strand, S., Hasluck, C., Evans, R. & Stewart-Brown, S. (2008). Parenting Early Intervention Pathfinder Evaluation. DCSF Research Report DCSF-RW054

4.4.2.1 Reducing anti-social behaviour

A number of initiatives are aimed at addressing anti-social behaviour and reducing offending.

A national network of Family Intervention Projects was set up as part of the Respect Action Plan, launched in January 2006. The projects are a key part of the Cross-Government Respect programme. Working with anti-social families, they combine intensive support with focused challenge. There are different ways in which the service can be delivered, including outreach support to families in their own homes; support in temporary (non-secure) accommodation located in the community; and 24 hour support in a residential core unit. The evaluation suggests that the projects have been successful in reducing anti-social behaviour.[73]

On Track projects were, as noted, asked to develop multi-agency partnerships to deliver portfolios of services, including home-school partnerships, parenting support, home-visiting, family therapy, and pre-school services, to participating families. Services could be offered on a universal or targeted basis. Across the programme as a whole, nearly seventeen thousand children and parents were recorded as users of On Track services.

The Phase 2 evaluation found that, while there was only weak evidence of impact in reducing youth crime and anti-social behaviour, there were positive impacts on parenting practices, parents' coping skills, parent-child relationships and home-school relationships.[74]

4.4.2.2 Supporting children's learning

Parental involvement in their young children's play and education is widely evidenced to be associated with better outcomes for children. The EPPE (Effective Provision of Pre-school Education) study represents, in the UK, the first large-scale longitudinal study of children's development, between the ages of 3 and 7, to document the importance of a good home learning environment, rich in both stimulation and in the level of interaction between parents and children. Parenting activities, reading and other interactions with children were found to be strongly related to child outcomes. A key finding was that, for all children, the quality of the home learning is more important for intellectual and social development than parental occupation, education or income.[75]

The Birth to School Study, a six year evaluation of the impact of Peers Early Education Partnership (PEEP), within disadvantaged areas of Oxford, found that the programme - which supports parents in particular, mothers, as their children's first educators - had a significant impact on the quality of parents' interaction with their children and on children's progress in literacy-related skills and in measures of self-esteem.[76]

The Early Learning Parenting Project (ELPP) was a two-year initiative ending in March 2008 and taken forward by the Family and Parenting Institute. Its aim was to put in place family-based educational support as a protective factor in the lives of young children. ELPP worked through voluntary sector agencies to encourage and develop practices which could help parents of children between the ages of one and three, who were at risk of learning delay, to engage with their children's learning. The project worked through nine voluntary agencies,

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[73] White, C., Warrener, M, Reeves, A. & Lavalle, I. (2008). Family Intervention Projects**:** An Evaluation of their Design, Set-up and Early Outcomes. National Centre for Social Research. Research Report DCSF-RW047

[74] Ghate, D., Asmussen, K., Tian, Y. & Hauari, H. (2008). 'On Track' Phase Two National Evaluation Reducing Risk and Increasing Resilience - How Did 'On Track' Work? Policy Research Bureau DCSF-RR035

[75] Sylva,K., Melhuish,E., Sammons,P., Siraj-Blatchford,I. & Taggart, B. (2004). Effective Provision of Pre-school Education (EPPE) Project - Final Report. London: DfES.

[76] Evangelou,M., Brooks,G, Smith,S. & Jennings, D. (2005). Birth to School Study: A Longitudinal Evaluation of the Peers Early Education Early Education Partnership (PEEP). 1998-2005, DfES

using twelve different approaches aimed at helping parents recognise and develop their important role in their children's learning. The project was evaluated to have been successful in drawing in vulnerable families. Interviews with parents revealed many benefits of participation in the project, including fresh ideas for playing and talking with children and new confidence in their role as educators. Other perceived benefits included support through contact and interaction with other parents and members of the ELPP team; emotional well-being; practical help; greater awareness of their children and new skills.[77]

SHARE is a family learning initiative developed by Continyou. Learning materials are provided for children and their parents to work with at home. Parents can receive accreditation through the Open College Network. Evaluations of the project demonstrate benefits in terms of parents' progression to further education and in terms of children's attitudes to learning and their attainment. Other gains included increased parental confidence and increased social networking. Accreditation led to a wide range of progression routes to employment, further learning and voluntary opportunities, such as being classroom assistants.[78]

4.4.3 Outreach - what works best?

Are particular models of family support more beneficial than others?

In a comprehensive review of what works in parenting support, Moran et al, among a number of other principles, suggest that interventions are more likely to work where:

- There is a strong theory-base and clearly articulated model of the predicted mechanism of change
- Interventions have measurable, concrete objectives as well as overarching aims
- Services allow multiple routes in for families [79]

Services and programmes to support families vary widely in terms of aims, content and format. Some home-visiting programmes are highly structured, other less so; some are delivered by professionals, others by volunteers or by a combination of staff and volunteers. Some may focus on a particular element of parenting, e.g. breastfeeding, while others offer more generalised support. Some entail home-visiting over a sustained period of time: in others home visits are a preliminary to engagement in centre-based activities.

A NESS study of outreach and home-visiting in Sure Start Local Programmes distinguished between outreach - as a means of engaging families wherever they might be - and home-visiting - to provide support to individual families, for shorter or longer periods. In practice, the two overlapped, with some programmes considering home-visiting principally as a short-term means of encouraging parents to come to centre-based activities.[80]

The study found that while validated and evidenced-based programmes of parenting support were commonly utilised in centre-based programmes, home-visiting was more likely to be concerned with generalised family support.

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[77] Evangelou, M., Sylva, K., Edwards, A. & Smith, T. (2008). Supporting Parents in Promoting Early Learning: The Evaluation of the Early Learning Partnership Project. DCSF Research Report DCSF-RR039
[78] Bastiani, J. (1999). Share - An evaluation of the first two years (September 1996-July 1998). CEDC, Coventry.
[79] Moran P., Ghate,G. & Van der Merwe, A. (2004). What Works in Parenting Support? A Review of the International Evidence. DCSF Research Report No 574
[80] NESS (2006). Outreach and Home Visiting Services in Sure Start Local Programmes. DCSF Research Report NESS/2006/FR/017

Among the sample of programmes, the study identified no less than nine separate models for organising family outreach and home-visiting. The factors which distinguished these models related, variously, to who did outreach; whether it was constructed as a separate or generic role; whether it was a commissioned service or provided directly; used volunteers or staff or a combination of the two.[81] The amount of outreach provided by programmes varied significantly. In some instances, outreach was led by health staff; in others it was part of a wider community development model, but one of the key lessons for practice identified by the study, was the essential importance of recognising the contribution that health services can make to outreach alongside other services. Other requirements for effective practice included a clear strategic vision; good communication; written protocols; a centralised database; some co-location; an understanding of the role of voluntary organisations; and professional supervision for those going into families homes.

Within schools providing access to extended services, examples of outreach work include parenting skills, IT and basic skills for parents, outreach work involving Child and Adolescent Mental Health Services CAMHS and respite care. The evaluation of the Full Service Extended Schools project found that there was considerable overlap between parent support, family learning and life-long learning.[82]

Children's centres and schools offering access to extended services operate through a multi-faceted model of support, whereas other, discrete, initiatives may focus on a particular issue or behaviour, e.g. reading to children. However, a common finding of evaluations of diverse types of initiatives is that, whatever the primary purpose, there are likely to be a range of outcomes like increases in confidence, or well-being.

Research studies relating to family learning have identified a range of benefits, including more confident parenting, better family relationships, improved attainment for children and for parents, progression to further education and training.[83] [84]

Children's centres have a family support brief which includes, or potentially includes, further training and education for parents and support to move into employment.

Some well-established children's centres, which have grown out of Sure Start Local Programmes, have developed services which include helping families with debt, housing, or benefit problems, or sponsoring food co-ops and cafes, delivering arts projects or arranging outings and holidays for families needing respite. In many cases they will deliver these services in partnership with other agencies and voluntary organisations.

In this context, the form of support is much broader than help with parenting and might be considered to be closer to ecological models of child development, addressing all levels of influence on children's development.

Results show time and time again that it is difficult for stressed families to benefit from parenting programmes when they face multiple disadvantages and thus policies that reduce everyday stresses in the lives of families (including poverty, unemployment, poor health, housing and education) will support parents in caring for their children.[85]

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[81] NESS (2006).Ibid
[82] Cummings et al, (2005). Evaluation of the Full Service Extended Schools Project. End of First Year Report 2005
[83] Brassett-Grundy (2002). Parental Perspectives of Family Learning
[84] Brooks et al. (1996). Family Literacy Works: The NFER Evaluation of the Basic Skills Agency's Demonstration Programmes
[85] Moran P.,Ghate,G. & Van der Merwe, A. (2004). Ibid.

Advice on handling debt has been found to result not only in reduced levels of debt but improvements in reported health and well-being, reduced anxiety with these improvements being linked to the debt advice received.[86]

Inferior housing has been linked to lower educational attainment and health problems and outreach support for families with children living in temporary accommodation is highly relevant to improving outcomes for those children.[87]

Moving workless parents into employment is an important feature of addressing poverty and, through this, child outcomes. However, at the bottom end of the labour market, work may not be sufficient protection against poverty, hence the requirement for training and education for those parents.[88]

Aspiration is widely seen to be part of the intergenerational transmission of education, but less clear are the mechanisms by which it can be altered or increased.

A recent review of research relating to the determinants of aspiration, by the Centre for Research on the Wider Benefits of Learning, draws on a wide number of theoretical frameworks and empirical resources, which might usefully inform and strengthen work through children's centres.

A main finding is that parents' aspirations for their children have a strong association with their children's achievement, above and beyond their socio-economic background. It is suggested that those who work with parents may require training and support to be able to help those parents to raise and realise their aspirations for their children. Social learning theory is identified as a relevant theoretical resource and the Family Nurse Partnerships programme is identified by the authors as an example of potential good practice, *offering intensive, sustained and holistic support to first-time, young parents*.[89]

4.4.4 Outreach and social capital

Some outreach programmes involve volunteers and utilise peer support. Home-Start provides one-to-one, personalised, support for parents, mainly mothers, with children under five; with the aim of reaching out to families who do not engage with other services. Home-Start places trained volunteers alongside parents, with the ethos that support is tailored to the individual needs of each family and is provided for as long as the family needs it.

Community Mothers is a peer outreach programme delivering early parenting skills, breastfeeding skills, signposting to services, health education and community involvement to parents in their homes. It is delivered by trained parents and other volunteers to first-time mothers who are judged to be disadvantaged. High quality introductory and ongoing training for volunteers helps to assure the fidelity and quality of the programme and also enables parent volunteers to gain accredited qualifications.

Toy libraries also utilise parent volunteers and provide training for volunteers and staff running toy libraries. Mobile toy libraries offer toy lending on an outreach basis. A study for the National Association of Toy and Leisure Libraries - *Playmatters* - found that toy libraries offer, on a variety of levels, family support, social networking and build social capital.[90]

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[86] Pleasence, P. Buck, A. Balmer, N. & Williams, K. (2006). A Helping Hand: The Impact of Debt Advice on People's Lives. Legal Services Research Centre
[87] Harker L. (2006) Chance of a lifetime: the impact of bad housing on children's lives. London: Shelter
[88] Hirsch, D. (2006). What will it take to end child poverty? Joseph Rowntree Foundation
[89] Gutman, L.M. & Akerman,R. (2008). Determinants of Aspiration. Institute of Education
[90] Capacity (2007). Toy Libraries, their benefits for children, families and communities.

Family Action, formerly the Family Welfare Association, provides a range of support services for families, including Newpin, which works to reduce parental isolation or reduce mental health problems, at the same time supporting the parent-child relationship. Mothers are matched with *befrienders* and encouraged to attend a local centre where they will have a programme of support which may last for more than a year. An evaluation of Newpin in Southwark found that parental outcomes included reduced mental health problems. Many mothers reported that they felt more confident and were motivated and empowered to take control of their lives.[91]

4.4.5 Co-production

The use of parents as volunteers in outreach is intrinsically related to concepts of empowerment and the creation of social capital, based on wider benefits of learning. The impact of education on health, family life and social capital is comprehensively analysed in *The Benefits of Learning.* Those benefits are triangulated into three *capitals* - identity, human and social. Identity capital is associated with self-concept, plans and goals, while social capital is related to networks and civic participation.[92]

At the heart of the Sure Start model, was the idea of breaking with hierarchical models of service delivery and aligning support for families with community empowerment. The aim was to form effective partnerships between local authorities, primary care trusts, voluntary and private organisations, parents and other members of the local community, which would tackle local problems and work towards reducing social exclusion.

The extent to which that aim has been realised is not well-evidenced and it has been suggested that parental *voice* is only heard through relatively restricted informal contacts and processes, rather than through representation and power-sharing.[93]

A themed NESS study of empowerment found consistent evidence of individual empowerment, in terms of coping with crises, developing skills and aspirations, social networking and moving away. There was less evidence of collective empowerment.

Variation in this was found to be influenced by the programme ethos, how it interpreted empowerment in practice, and how its messages were communicated to the local community.[94]

It is established that family support can sustain and support the well-being of families, but the issue is whether it can also bring about transformation, in the lives of individuals, in the economic and social vitality of family units and - by extension - the wider community. Many children's centres aim to empower and yet it is not immediately obvious whether there is evidence of a distinct and coherent methodology for empowerment. Such a methodology might relate less to the concept of outreach than its more radical corollary - *in-reach* - the means by which services become transformed from within by users.

A co-production model, which involves the beneficiaries of public services as active agents, is considered by many to offer a better model for transforming public services and for persuading communities to accept and adopt change strategies. *Hidden Work*, a report from the Joseph Rowntree Foundation, describes the ways in which other public service agencies

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[91] http://www.family-action.org.uk/uploads/documents/family action newpin perinatal support report.pdf
[92] Schuller T., Preston, J., Hammond, C., Basset-Grundy, A. & Bynner, J. (2004). The Benefits of Learning: The impact of education on health, family life and social capital. Routledge Falmer
[93] Gustafsson, U. & Driver, S., (2005). Parents, Power and Public Participation: Sure Start, an Experiment in New Labour Governance Social Policy & Administration. Vol. 39 No. 5, pp 528-543
[94] NESS (2006). Empowering parents in Sure Start Local Programme. NESS/2006/FR/018

have adopted co-production as a means of improving the lives of beneficiaries and also strengthening the reach and effectiveness of the services.[95] There are many examples of public service co-production, particularly in the field of childcare.[96]

4.4.6 What do parents want?

Parent users, of children's centres and schools offering access to extended services, believe that they benefit from this involvement. They feel they have been helped and can identify benefits for themselves and their children. Learning and socialising are seen as key benefits for children and for parents; meeting other parents is a further benefit.[97] [98]

A consultation with parents conducted by the Family and Parenting Institute found that the factor which concerned parents most of all was their children's education. While many parents expressed an interest in and need for information relating to children's development, almost half said they did not need this information and more than half nominated friends and families as their first choice for help and support.[99]

A mapping study of the needs of priority families in an English shire county found that parents perceptions of their needs from children's centres were related to income and other deprivation variables, with families in the priority categories attaching greater importance to the availability of training and education for themselves, childcare and help with benefits and other money matters than middle class parents, who attached more importance to socialising and play for their children. Both groups rated the opportunity to meet other parents as a top priority.[100]

A qualitative study commissioned by the Scottish Government Education Directorate, to explore the views of parents, carers and children in relation to early interventions, early years services and family support services, found that families feel that there is a lack of joined up working between support services. This is felt to be particularly important where families have a complex range of needs; many families need better access to money, debt and benefits advice; and there should be clear accessible information when partners separate or divorce. Parents and carers do not want to be forced to return to work but if they do want to, they want a package of support to help them and to support them through the transition back into employment. Access to support services is a particular issue in rural areas and outreach and home-visiting services are considered crucial.[101]

Parents living in poor environments identified a number of principles about what they wanted from services. These included:

- Services which allow parents to feel in control
- Practical useful services that meet parents' self-defined needs
- Timely services [102]

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[95] Joseph Rowntree Foundation (2006). Hidden Work Co-production by people outside employment
[96] Capacity (2008). Social Enterprise: a childcare solution for London
[97] Ridley-Moy, K. (2007). Sure Start Children's Centres Parental Satisfaction Survey Report and Annexes 2007 DCSF Research Report RW108
[98] Ipsos Mori. Ibid
[99] Family and Parenting Institute. (2001). Listening to parents
[100] Capacity in progress
[101] Scottish Government Education Directorate (2008). Perspectives on Early Years Services: Qualitative Research with Service Users http://cci.nhs.uk/Publications/2008/09/10110456/1
[102] Ghate, D. & Hazell, N. (2002). Ibid

4.5 SKILLS, OCCUPATIONAL STANDARDS AND TRAINING

The 2020 Children and Young People's Workforce Strategy, which provides a framework and priorities for the development of the workforce, does not at this stage provide a reference source on the skills or standards required for outreach. Outreach is referenced only once and located solely within the Social, Community and Family Support strand of the core and wider children's workforce and not within Education, Early Years and Childcare, Health or other strands.

4.5.1 Occupational Standards

n considering the roles of outreach workers, the various suites of national occupational standards may be relevant. National Occupational Standards (NOS) define the competences which apply to job roles or occupations in the form of statements of performance, knowledge and the evidence required to confirm competence. They cover the key activities undertaken within the occupation in question under all the circumstances the job holder is likely to encounter.

They can be used to:

- describe good practice in particular areas of work
- set out a statement of competence which bring together the skills, knowledge and understanding necessary to do the work
- provide managers with a tool for a wide variety of workforce management and quality control
- offer a framework for training and development
- form the basis of National Vocational Qualifications (NVQs), Scottish Vocational Qualifications (SVQs) and Vocationally Related Qualifications (VRQs)[103]

The National Occupational Standards for Children's Care, Learning and Development (CCLD) for people who work with children from 0-16 years are of direct relevance. Within those standards are specific units relating to family support and home-visiting.[104]

Research into the awareness and use of NOS by local authorities, undertaken as part of the Children's Workforce Development Council (CWDC) sector learning strategy, shows that it has declined in recent years, and as a result this has now been identified as one of CWDC's key areas for change.[105]

Other relevant National Occupational Standards for roles identified during the scoping study are those for Working with Parents,[106] Health and Social Care,[107] and Supporting Teaching and Learning in Schools.[108]

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[103] www.ukstandards.org.uk
[104] CCLD 331 Support children and families through home visiting; CCLD 422 Co-ordinate work with families; CCLD 423 Manage Multi-agency working arrangements
[105] Children's Workforce Development Council. (2000). Sector Learning Strategy April 2008
[106] www.parentinguk.org/2/standards/units-and-elements
[107] www.skillsforcare.org
[108] www.tda.gov.uk/stlnosunits

The relevant National Occupational Standards are neutral in terms of the engagement of particular priority groups or individuals, e.g. fathers and this may obscure the need for particular skills, competences and values if services are to be distributed more equally.

The National Academy of Parenting Practitioner's (NAPP) government-funded Training and Support Offer for 2008-2010 requires co-facilitators on evidence-based parenting programmes (who do not have graduate level qualifications) to have achieved a Level 3 certificate in Working with Parents or Support Work in Schools (SWiS).[109] Information on the requirements for levels has now been published by the Office of the Qualifications and Examinations Regulator (Ofqual).[110]

More widely, questions exist about whether outreach is or should be a separate role, or an element of the work of all family support staff; about the level of qualification(s) which may be appropriate, about the nature of supervision arrangements; and about accountability.

Ofsted, in an examination of the impact of local authority support and outreach services, in relation to inclusion, noted that the effectiveness of all support services depended crucially on the specialist expertise of the staff.[111]

The second interim report on the evaluation of the Parent Support Adviser (PSA) Pilot, notes that, some PSAs were very aware of the danger of being *left holding high need cases as a result of gaps in other services, without access to appropriate professional support for this work.*[112]

Also of relevance are interviews with Sure Start Local Programme staff, conducted as part of the NESS study of variations in programmes. Among the issues elicited were:

- There was acceptance for professionals and para-professionals working together in engaging the community and delivering support, but concern to what extent a para-professional is competent, without appropriate training, to deliver treatments for specialised conditions such as post-natal depression

- The majority of services had their own mandatory training requirements. Low level joint training seemed to be offered in generic statutory requirements for all children's services, but providers believed that there was insufficient specialised training for providers in fields such as drug/alcohol abuse

- Grounded knowledge of child development was believed to be important for all outreach workers so that they could recognise whether key milestones are being reached by children. Some managers stipulated a minimal requirement to be qualified at National Vocational Qualification Level 2 or Level 3 for staff who do outreach work and home-visiting

- Peer support workers or *buddies* had proven a useful way to engage hard-to-reach communities

[109] www.parentingacademy.org
[110] QCF Regulatory arrangements: Ofqual/08/3726
[111] Ofsted (2005). Inclusion: the impact of LEA support and outreach services
[112] Lindsay, G., Cullen, M.A., Band, S., Cullen, S., Davis, L. & Davis, H. (2008). Parent Support Advisor Pilot Evaluation Second Interim Report. DCSF Research Report RR037

4.5.2 Leadership

The NESS study of variations in effectiveness between programmes developed a model of high, medium and low levels of proficiency. Proficiency was constructed to include:

- Holistic aspects such as establishing a welcoming, friendly and professional ethos and empowering parents and providers of services.
- Ensuring that strategic, systemic processes are firmly in place such as governance that is representative of key stakeholders and functions well
- Having clear operational systems for identifying users, monitoring service use and identifying service impact at both group and individual levels

Features of proficiency which were linked to effectiveness included:

- Auditing local needs in order to continually tune local services to community priorities
- Identifying users and targeting those with specialist needs for appropriate treatments as early as possible
- Recruiting, allocating, training and deploying appropriate providers to deliver services, including a firm understanding of the impact and costs of deploying generic and specialist workers
- Managing multi-agency teamwork at service delivery levels
- Sustaining service use and striving to continually increase reach figures with particular attention to accessing the hard-to-reach.

4.5.3 Values

A review, in the US, of promising practice in fatherhood programmes, derived from experimental evaluations, identified ten principles for effective practice, one of which was belief and commitment to the programme.[113] This echoes the finding, noted above, that Sure Start Local Programmes which had successfully involved fathers, were those who chose at an early stage to make a strategic commitment to father involvement.

Successful outreach with black minority ethic families has been found to be associated with preparedness to challenge racism and to promote different cultures.[114]

The Children's Workforce Strategy makes no reference to poverty, but the pre-budget statement asserts government's expectation that front line workers involved in the delivery of public services need to ensure their work benefits children from poor backgrounds and closes the gap in outcomes between children from low income families.[115]

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[113] Bronte-Tinkew,J., Carrano,J., Allen,T.,Bowie,L., Mbawa,K.& Matthews,G. (2008). Elements of Promising Practice for Fatherhood Programs: Evidence-Based Research Findings on programs for Fathers. US Department of Health and Human Services

[114] Page J., Whiting G. & Mclean C. (2007). Engaging effectively with black and minority ethnic parents in children's and parental services. DCSF Research Report RR013

[115] H.M. Treasury Ibid

Poor families may experience negative attitudes from others, in the form of *povertyism*.[116] It has been suggested that training in poverty awareness may be useful for working with low income families.[117]

An exploratory study of frontline perspectives of child poverty published in 2008 found that poverty was *not commonly recognised as a relevant or appropriate construct for practitioners* and while practitioners welcomed wider roles in addressing poverty, a number of support needs were identified, associated with wider roles in addressing poverty.[118]

4.6 CONCLUSION

A wide variety of services and initiatives use outreach as an engagement, assessment and delivery mechanism for working with parents and children. It is established that those services incorporating outreach can be effective in engaging families who are considered to be in need but hard-to-reach. Factors associated with successful engagement include effective multi-agency services, experienced and competent staff or volunteers, personalised services, an understanding of the barriers which particular families or family members face in accessing services, local knowledge and the capacity to establish trusting relationships.

Outreach, in the form of home-visiting, or parenting programmes which focus on the home environment are evidenced to deliver benefits for parents and children.

However, many of the services and initiatives reviewed here have been in place for a relatively short period of time, or were specifically designed as pilot exercises and any longer-term benefits are not yet available.

In addition and as noted, evaluations of multi-agency or multi-faceted services have, for the most part, focused on overall impact rather than on the distinct contribution of one component, like outreach.

And support for parents can take very different forms, variously addressing different aspects of children's development, such as health or early learning or alternatively, focussing on psycho-social factors relating to parents or to the home environment. Some are delivered by qualified professionals, others by staff without a specific health or education qualification, or by volunteers. Most, if not all, appear to be associated with generic gains in parental confidence and efficacy.

Gaps in evidence, therefore, relate to:

- the types of support which will have the greatest impact on reducing inequalities in outcomes for children and end cycles of deprivation
- The longer-term outcomes of specific interventions
- A sufficient model or theory of change, in relation to tackling social exclusion and reducing inequality and persistent cycles of deprivation
- The balance of skills, prior experience and qualifications required for effective outreach
- The ways in which outreach can best contribute, in the longer-term, to community empowerment.

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[116] Kelleen D. (2008). Is Poverty in the UK a denial of human rights? Joesph Rowntree Foundation
[117] Capacity (2006). The Learning We Live by
[118] Cameron, D., Fryer-Smith, E., Harvey, P. &Wallace, E. (2008). Practitioners Perspectives on Child Poverty. DCSF-RR058

5. PERSPECTIVES ON OUTREACH

This short chapter relates to a series of three half-day focus groups or incubators, held with 40 key stakeholders in service delivery for children and families.

The incubators also provided valuable input on a range of issues relating to support for the outreach workforce, including the appropriate qualifications and experience for outreach staff, best practice and training needs. This input is incorporated in later chapters.

Summary

- Outreach is felt to be both a process for taking services to people and a method for relating to families
- Family support is only one part of outreach but is the key focus for children's centres
- Outreach is a generic function and though it often takes place in people's homes, it can take place in a wide number of other settings
- Outreach is a key element of a change model for narrowing the gap in outcomes for children
- Evidence systems need to be capable of capturing outcomes at the levels of the individual, family and community

5.1 DEFINING OUTREACH

Outreach was viewed to be or to incorporate

- a means of reaching the most disadvantaged families and those most at risk of social exclusion, allowing them to determine their needs and shape services
- a way of relating to communities, a trust-building process and a gateway to services
- a means of professionals giving up *power* to empower families
- a service which may take place in the home, but may also take place elsewhere
- a process of empowerment - contributing to social capital
- a means of prevention, supporting families to avoid crises

Within children's centres and schools, outreach should serve all of these purposes, but has a particular focus on family support, often provided intensively, on a one-to-one basis, for families whose needs require this.

5.2 THE SCOPE OF OUTREACH

Outreach was felt to incorporate:

- peer support
- provision of a specialised service or programme e.g. Family Nurse Partnership
- advice and information relating to health and parenting (by a trained health professional)
- advocacy - helping with e.g. housing and benefit appeals
- practical help in the home
- befriending
- skill development
- play activities in the home
- confidence and self-esteem building
- help with a specific problem
- engaging families to attend centre-based activities

A wide range of services and agencies should be involved in delivering outreach, which was felt to be a generic, rather than a specialist, role. Outreach often takes place in the home, but can also take place in prisons, cafes, hospitals and a wide range of community settings.

5.3 CHANGE MODELS

Outreach encompasses change at the level of the individual child or family, within particular groups of families, or at the level of communities.

The outcomes associated with outreach to children and families relate to those of the Every Child Matters Framework and can also be seen to mean:

- Families receiving services more closely matched to their needs and priorities
- Prevention of problems for children and families
- Gains in individual and social capital

Other outcomes were identified as:

- Increased resilience in families
- Confident parenting
- Feeding, behaviour and other child concerns helped
- Resolving housing, debt or other money problems

- Relationships improved or parents in abusive relationships leave
- More engagement with communities
- Engagement with adult learning for parents, sometimes leading to employment
- Parents enjoying being with children
- Trusting relationships created between service providers and users
- Exchange of information improved

5.4 MEASURING EFFECTIVENESS

Among the principles suggested for measuring effectiveness were the following:

- Family-led
- Must include a measure of how successful service has been in reaching those whose needs may be greatest
- Should be related to better outcomes for children
- Should be related to what service is trying to achieve
- Baseline should include a measure of parents' strengths not just weaknesses
- Should try to capture progression - staged small steps toward outcomes and wishes

Among the ways identified for measuring effectiveness were:

- Impact data - e.g. immunisations
- Output measurement systems e.g. Soft Smart
- Rating scales
- Child attainment
- Reduction of risk
- Soft Outcome measurement
- Case studies
- Evaluations
- Customer satisfaction surveys
- Diaries and storyboards
- Usage and take-up of services
- Interviews
- Self-evaluation frameworks

6. SURE START CHILDREN'S CENTRES AND EXTENDED SERVICES

This chapter analyses the outreach activities of fifteen children's centres and six schools providing access to extended services. It describes the range and types of family support offered and strategies adopted for engaging those families likely to be in most need of support.

Summary

- Outreach from children's centres generally, although not exclusively, refers to support across a wide variety of issues, provided to parents in their homes; the nature of the support is based on input from professionals and - in some cases - from parents.

- Centres are working with a broad range of partner services and agencies; health and social services are key partners, but the extent of embedding of multi-agency working is variable.

- In every case, children's centres are making efforts, often very successfully, to engage families in the priority categories and reach these users, principally through referrals, door-knocking and by word of mouth.

- Schools have a smaller outreach capacity, but nevertheless attempt to support families across a range of issues affecting their lives and their children's well-being. Some of the schools work closely with other agencies; in others the links are more tenuous.

- Centres vary in their capacity to evidence their reach to disadvantaged families and document this mainly through case histories; in slightly more than half of the centres use is made of benchmarking tools such as local demographic profiles or population flows. Schools have even less developed systems for recording or analysing data of this kind.

- Children's centres have well-developed strategies for gaining the trust of disadvantaged families and offer support which is shaped and personalised according to family circumstances and expressed needs. The support provided by centres provides some element of progression; but systems for expressing outcomes or robust links with the Every Child Matters Framework or wider poverty reduction are less well-developed. Schools have also used outreach successfully as a tool for engaging and supporting highly disadvantaged families.

6.1 TYPES AND RANGE OF SUPPORT: CHILDREN'S CENTRES

All of the centres except one, which, recently opened, was just developing its outreach strategy, provide support to families in their homes. However most of the centres also define outreach more broadly, both in terms of the wide range of settings in which outreach can take place and as a methodology and process for engaging families in centre activities. Although the home is the setting most used for family support, some centres take this service out to clinics and schools, refugee and other centres.

A number of centres make use of evaluated programmes. One in wide use is *Strengthening Families, Strengthening Communities,* which is designed for parents and carers with children aged three to eighteen years. It provides a cultural framework covering five areas: cultural / spiritual, rites of passage, positive discipline, enhancing relationships, violence prevention and community involvement. The Webster-Stratton programme, *The Incredible Years*, is also widely used.

The use of structured programmes is more often reserved for centre-based groups but, in a small number of the centres visited, structured programmes were used in home-visiting. In one children's centre, the *Parent Child Empowerment Programme* (PCemp) has been developed in collaboration with staff at the Early Childhood Development Centre (ECDC) in Bristol. The programme is based on the concept of empowering and supporting parents, using strategies that have also been developed nationally in a number of other ECDC parent support programmes. This evaluated programme is offered to all first-time parents and to parents with more than one child where help is needed. The same centre has developed a successful outreach smoking cessation programme, which is now being commissioned by local health authorities.

In one other centre, the Family Nurse Partnership programme, an intensive, highly structured home-visiting programme for younger first-time parents, delivered by specially trained nurses, is co-located with and integrated with the children centre's offer.

However, family support also covers a number of other, broader, domains, including health and fitness, money matters and benefits, housing and legal issues, mental health problems, domestic violence, smoking cessation and addiction and substance abuse.

These broader types of support are seen by the staff leading and managing the work to be crucial to securing better outcomes for children. Parenting issues form the core of outreach, but wider forms of family support respond to factors which undermine families and make parenting difficult. In some cases, these wider types of help may be provided directly, by the family support worker; in others, the help may be of a signposting nature.

We try to be the best we can be to help them with the problem. What they express as the need is what we try and help them with - it's a whole family approach and it is completely family led. (Senior Family Support Worker)

The Maden Community and Children's Centre

This award-winning centre is based in a former Victorian swimming baths in the small town of Bacup, a disadvantaged pocket of the Rossendale Valley, in Lancashire. A former Sure Start Local Programme, the services offered include a social enterprise nursery and community cafe, parenting and family support, access to ICT and adult training, antenatal appointments and health visiting, a holiday club and a Saturday club, a smoking cessation programme, specialist help with drug and alcohol addiction, a comprehensive volunteering programme, a teenage lunch club, Parents' Forum and a range of other activities. This centre is continuously developing ways of identifying and meeting the needs of the community and works with more than thirty partner agencies, both statutory and from the voluntary and community sector.

The Achieving Together service enables parents to access various avenues in getting back to work, assessing training and re-training needs and confidence building or on general childminding and childcare issues; support includes CV writing, careers advice, in-work benefits, childcare and job searches.

As part of an extensive outreach programme, all first-time parents and those with older children who need it are offered the Parent Child Empowerment Programme (PCemp), a validated home-visiting support programme, based on creating confident parenting by building on parents' strengths. The programme is now being used more widely by other children's centres, locally.

Smoke-free Homes is a health promotion scheme to raise awareness about the harmful effects of second-hand smoke in the home. Participating families make a 'gold' pledge when they agree to eliminate smoking from their homes and a 'silver' pledge when they agree to restrict it to one well-ventilated room, away from children. The scheme is co-ordinated by the Maden Community and Children's Centre and has been commissioned across East Lancashire Primary Care Trust, to be delivered to every household in Lancashire.

The centre regards all of its services as outreach, in one sense or another. By cross-referencing programmes and projects the staff and volunteer team create a tailored plan with and for all parents.

6.2 TYPES AND RANGE OF SUPPORT: EXTENDED SERVICES

The schools visited included two secondary and four primary schools. Extended services include some element of childcare - breakfast club or after-school care - family learning, homework clubs and sports activities, keep-fit activities for parents, ESOL and Skills for Life courses. In some cases, schools offer access to specialist health appointments. Parenting courses, including Strengthening Families, Strengthening Communities, are offered by schools.

All of the schools engage in outreach, in the form of drop-ins or home-visits, although in some schools the capacity to do this was acknowledged to be limited. In one school, the family support worker post is a fractional appointment, providing only twelve hours a week in which to organise, recruit and manage activities with and for parents.

Family support and outreach, in the schools visited, is largely child-focused and was described by staff as aimed at improving school attendance, attainment and general achievement. The support offered to parents can be broadly based, relating to health, relationship, housing and other issues. In one school, an intensive support programme, involving a range of specialist help, life coaching, away-days and one-to-one support has been used and found to be successful with a small group of families. Like children's centres, many of the schools acknowledge the complex and interlocking factors, including poverty, which make parenting very hard for some families.

'The problems are systemic and they are unbounded. They are altogether these problems - and it's just trying to ease the problems: Some have housing problems, they have different problems and some are beyond my resources. But just by talking to them, we find a solution, we find some way of helping - we are just trying to make life better for them, possibly to make a better future.' (Family Support Worker)

Warren Primary School

Warren Primary is one of a *Big Top* cluster of schools offering extended services to a number of adjacent housing estates on the outer edge of the City of Nottingham.[119] The school catchment includes better off and poorer families but, for all, amenities are lacking, with only one corner shop opening a few hours each day.

This small co-educational primary school employs a Family Support Worker to promote the extended schools agenda. The ethos of the school is to work as part of and for the local community. Parental support is offered on the school site through parenting and other courses. External providers include the national charities, Action for Children and Parentline Plus.

Parents are signposted to organisations providing family support. Family learning is available on the school site and courses run by children's centres and other agencies are actively promoted. A breakfast club is in operation and while plans are in place to develop after-school care, access agreements are in place with local childminders and day nurseries within the area. Other activities include newspaper, ICT and homework clubs, street hockey, chess and draughts, football and dance clubs, cookery, baking and arts and crafts.

The extended school programme is directed by the Head Teacher, who undertakes home-visits personally. The Family Support Worker makes contact with all parents as their children enter the school and keeps careful track of parents who are new to the community.

The school works with a range of partners, including children's centres, health, adult training providers, Social Services and with local community groups. Other agencies with which there are referral links include Early Years, the Behavioural Support Unit, Educational Psychologists and the Area Neighbourhood Management Team.

Impact and outcomes are monitored by reference to child health assessments, pupil attainment and attendance, parental attitudes and parental involvement in further education or training.

6.3 AIMS OF OUTREACH: CHILDREN'S CENTRES

Asked to describe the aims of family support and outreach, many staff referred to the importance of supporting parents in any way which was felt to be necessary.

Support parents and engage them in any way which will promote health and well-being for themselves and their children - and raise their confidence (Family Support Worker)

*To respond to anything parents are asking for (*Family Support Worker)

To give as much support and help with any needs they have in a professional manner. (Family Support Worker)

However, although each centre is delivering or exceeding the core offer and all are committed to supporting parents, the ways in which they characterise those needs varies from centre to centre. Some regard outreach predominantly as a tool for getting parents to join in centre-based activities. Others emphasise more its value as a delivery mechanism.

[119] The Big Top Cluster of Extended Schools was formed in May 2008 and consists of nine schools in the areas of Big Wood, Glade Hill, Robin Hood, Rise Park, Southglade, Stanstead, Top Valley, Warren and Westglade

We're trying to enable parents to access the centre and its services. (Outreach Co-ordinator)

*We work in the home, because that's where the problem is. (*Head of Children's Centre)

The aims which centres attach to outreach are intertwined with their perceptions and understandings of the problems families face, the origins of those problems and the most likely solutions. Health-led centres, understandably, tend to prioritise health education; others focus on parenting behaviours; elsewhere more emphasis is placed on stress factors such as debt or poor housing.

We want to meet families' health education needs so that they can have opportunities to reach their full potential. (Health Visitor)

We improve outcomes for children under five by role modelling play and parenting. (Family Support Worker)

We're trying to create better attachments between child and care give. (Outreach Co-ordinator)

By getting parents into training or volunteering, we're addressing the poverty of opportunity which sums up this area. (Senior Family Support Worker)

6.4 AIMS OF OUTREACH: EXTENDED SERVICES

Among the schools providing extended services, there was more consistency of aim, perhaps because the underlying motives are more child-focused and more concerned with improving children's behaviour and achievement.

There are children in this school whose life chances are being compromised by their homes, their families - parents who just put homework in the bin (Head Teacher)

Our aims are child-focused, to help achievement and attendance. Some families have chaotic lives. There are issues at home, unless these issues are addressed, unless things are emotionally right for the child, he or she won't achieve at school (Parent Support Adviser)'

It's all about the child succeeding - the well rounded child, giving them the skills to equip them in the 21st century (Head Teacher)

Our vision is to bring parents into the school, provide a crèche and facilitate parents developing their own strategies for supporting their children. (Head Teacher)
Head teachers and staff in the schools providing extended services were, however, very aware of the pressures on families caused by poverty, unemployment and poor health. Their aims were focused on the child but not, narrowly, on school performance. Most wanted their schools to become a supportive and accessible resource for their communities and saw the realisation of this as part of their responsibilities.

Community access - yes we are keen on it, but it is one of the things we need to develop. This community, it doesn't have a heartbeat, not even a row of shops (Head Teacher)

Community-focused, we are less so - the PSA remit would become so wide and there is so much to do - but we have to try. (Parent Support Adviser)

Randal Cremer Primary School

The Learning Trust in Hackney has developed a strategic, borough-wide approach to outreach, involving children's centres, schools, voluntary sector partners and a range of specialist and other services. Randal Cremer, a maintained, co-educational primary school for children aged three to eleven, is situated in a quiet street, off the Kingsland Road, in one of London's most deprived boroughs.

Approximately half the pupils are entitled to free school meals and 80% are from minority ethnic groups. The most recent Ofsted inspection noted that nearly half of pupils are in the early stages of learning English and more than a quarter have learning difficulties.

As part of the Shoreditch Family Intervention Pilot, the school has tested an intensive family support model for a small group of families, whose children were giving cause for concern.

The project adopted the 'family at the centre' approach, recommended by the *Families at Risk Review,* using a 'whole family' model, which included support for all family members. Between 5 and 10 families were approached and aims and targets were agreed with each family.

The service was built completely around the needs of the family. Families were asked to identify a few practical targets to deal with the issues which are giving concern, what help they thought was needed and how this could be provided - following this a letter was sent outlining the targets agreed and a programme of tailored support for each family.

The programme of support included life coaching for some parents and carers, mentoring for boys, a black male support worker, after-school activities such as football training, one-on-one support from the Fathers Support Co-ordination Project, a residential family weekend away, telephone and face-to-face support help with CVs and other employment issues.

The project was evaluated to have been very successful in improving, sometimes dramatically, children's behaviour, with children who had regularly been excluded or in detention no longer presenting problems. It also improved school attendance and home behaviour. Relationships between the school and parents who had previously had poor engagement, or rarely visited, were strengthened.

6.5 EMPOWERMENT

Many outreach staff used the concept of empowerment to describe their aims.

We are supporting individuals to realise their potential.

Empowering - supporting families before a big crisis.

Empower, give skills they need to survive, to help through the problems they've got, to help them to feel confident. Not go in and take over and doctor them, give them skills to do things themselves.

This was echoed in the responses from children's centre heads and empowerment was seen by many of them as the main cultural distinction between children's centres and other services.

Enables them to raise their aspirations, to feel worthwhile, to have confidence in themselves, to gain and exercise new skills, to become volunteers

With more parents accessing services and celebrating their children, self-esteem and aspirations rise

However, empowerment has a spectrum of meanings and was constructed in different ways by different centres. In some, empowerment is focused on specific parenting behaviours. In others, the frame of reference is the individual parent or family, helping parents to take more responsibility for the health and well-being of their children and to engage in their own educational development. In this, they might be described as developing human capital. Others were also concerned with social capital - creating jobs and developing social enterprises, fostering volunteering and wider community engagement.

In one centre, the children's centre plan, like others within the area, is linked to the local Community Empowerment Strategy, with a strategic focus on encouraging the development of voluntary and self-help groups. In contrast, in another centre, empowerment was more narrowly related only to the use of centre services.

6.6 PROGRESSION

In the majority of children's centres, outreach family support is offered in the expectation that recipients will, as a next step, travel to the centre for group-based activities. Outreach was specifically mentioned by many as a tool for helping parents to overcome anxiety and mild phobias which prevented them leaving their homes. The centre / outreach relationship is also reflected in the responsibilities outlined in outreach worker job descriptions.

Beyond engagement in centre services, nearly all centres related ways in which parents were offered and accepted opportunities for progression, whether attending workshops and courses, embarking on accredited training, or becoming a member of a parents' forum or a volunteer helper.

However, the ways in which staff think about progression and distance to travel, varies according to their values, what, overall, they are trying to do and the cultural values of each centre.

Some put more emphasis than others on creating opportunities for volunteering, or supporting parents into employment. At least one centre has an explicit policy of employing parents and helping them to achieve the skills and qualifications needed to make this possible. Another centre head has carefully researched opportunities in the local area for self-employment and engaged relevant training providers to work with parents. Providing training enables parents to become childminders or nursery workers and parents might be used as bank staff, for nursery cover.

Volunteering may take place as a separate activity, or offer a progression route to paid employment within the children's centre. Where the latter occurs, it appears to be dependent on structured and appropriate training for volunteers.

Because family support is conceived broadly, progression can be construed in many different ways. Leaving an abusive relationship would be regarded as progression for some parents; for others, leaving their homes to join group activities would similarly represent progression. It is not clear, overall, how systematically progression is thought about or planned. The danger might be that because there are so many possible forms of progression, incremental gains could become substitutes for a fuller distance travelled.

Tilbury Children's Centre

Tilbury Children's centre is based in the town of Tilbury in Thurrock. A former Sure Start Local Programme, it serves an area of high deprivation and poverty and has had considerable success in attracting families which would be considered hard-to-reach, including families from BME groups.

The outreach team describe their work as for all families. They visit every home shortly after a first birth and in this way identify those who may need extra help. The team works closely with Social Services and with Health Visiting and with the local Thurrock Community Mothers, a peer-support programme which addresses health inequalities in disadvantaged communities.

Within its imaginative layout is a community cafe, run by local people and offering value for money. A range of other multi-agency services are available and nearly all mothers in Tilbury receive their ante-natal care at the centre.

The Outreach Team links with the centre, the Parental Support Co-ordinator, social workers and the Speech and Language team. An open door service is offered which includes family support, Playlink, a young parents support group and various age and stage development groups.

Wishes is a borough-wide outreach programme to engage parents in education and training and the programme is embedded across Thurrock children's centres. Parents are offered tailored progression, intensive support and mentoring, free access to childcare and help with the costs of transport. Wishes is based on a partnership of adult training providers, Early Years, Community Mothers, Health, the Library Service and voluntary organisations. It has been very successful in terms of parents gaining accredited qualifications and moving into employment.

Progression does occur in schools providing access to extended services, but is less developed. The family support worker in one of the schools was previously a volunteer within the same school and came to this role from involvement in a parenting programme, run by the school.

Family learning and other opportunities for adult learning also provide opportunities for educational progression for parents. However, it is not clear to what extent schools and their training provider partners plan, systematically, for progression to e.g. vocational training or other employment-related education.

6.7 FLEXIBILITY

Asked to describe how flexible the pattern of home-visiting was, the majority of children's centres described it as very flexible and led by the needs of the family. In some cases, centres worked on the basis of a planned number of visits, typically eight to twelve, but many continued to visit beyond this where, in the assessment of the outreach staff, or partner agencies, families' needs militated a longer period of support. In some cases visits might take place for more than a year.

The service is needs led, it could be a low level of support and befriending or it could be more 'intensive' support for parenting. In referred cases, assessment will have been undertaken by that agency. (Head of Children's Centre)

Fairly flexible, it is constrained by the staff time available, but we can refer to other outreach teams such as educational psychology or Home-Start. (Outreach Co-ordinator)

Completely flexible, sometimes too much so, too reactive (Head of Children's Centre)

Very flexible, when a programme of visits is finished if, later, there is a problem, parents may self-refer - and when we go on a visit and parents are not there, we will go back again. (Head of Children's Centre)

Schools similarly described themselves as very flexible.

Very flexible, the Parent Support Adviser belongs to the parents, it's their service. It's not driven by the school. We want them to think, feel, believe, that it's their. (Head Teacher)

Very flexible - very individual, the parents don't want to be part of a group. It's a very closed community - they don't want others knowing their business. (Parent Support Adviser)

The service is built completely around the needs of the family. Families are asked to identify a few practical targets to deal with the issues which are giving concern, what help they think is needed and how this can be provided. Following this, a letter is sent outlining the targets agreed and a programme of tailored support for each family. (Family Support Worker)

6.8 HOW OUTREACH PROGRAMMES HAVE BEEN DEVELOPED

In each children's centre, the outreach strategy has developed with input from professionals, on the basis of some form of local needs analysis and, in some instances, with the active help of parents. Just over half of centres have developed their outreach strategy as part of a wider local authority plan.

Table 1: Development of the outreach strategy

Centre Heads	Professional Input	Local needs analysis	Parent forum	LA strategy
	12	**10**	**4**	**8**
Respondents	**15**	**15**	**15**	**15**

Asked to describe local needs analyses, nearly half had undertaken an extended consultation, involving users and non-users, stakeholders and other agencies; and going out to a range of public places to make contact, but fewer than half had updated this.

Table 2: Needs analyses undertaken in the development of the outreach strategy

Centre Heads	Survey of users	Local survey of users and non-users	Extended consultation	Demographic information	Consultation with other agencies	Needs assessment updated
	5	**2**	**7**	**8**	**7**	**6**
Respondents	**15**	**15**	**15**	**15**	**15**	**15**

We are part of wider local authority strategy, but allowing a local response within the direction of travel. (Children's Centre Head)

Soundings, consultations with other agencies were originally led by Housing and Communities. (Children's Centre Head)

To an extent we consulted, but didn't use focus groups of local families, we think the input was gathered from parents in one centre. (Children's Centre Head)

The majority of centres said that their outreach strategies were continually evolving, both in term of target groups and the ways in which services were delivered.

Schools have also consulted locally on the development of extended activities, but the form of this has varied. In most cases, there has been close consultation with other agencies and - in particular - with voluntary groups and community associations. Consultation with parents has typically, though not exclusively, been undertaken through the medium of newsletters and annual meetings.

We consulted through parent support groups and questionnaires. School governors ran parent drop-in sessions to find out needs. The school has a council, with parents and pupils in it. (Head Teacher)

*There was consultation with families, but the key participation is from the families in receipt of the service, who shape their own goals and objectives (*Parent Support Adviser)

I suppose there are official channels, but consultation is something I've always done and will continue to do so. On the bottom of any newsletter, I always put a reply slip. Or I do it knocking on doors. (Head Teacher)

Marsh Farm Children's Centre

Partnership and integrated working are the outstanding features of Marsh Farm Children Centre. The weekly activity timetable provides a vivid example of what the Every Child Matters outcomes can look like in practice and illustrates the benefits of having an on-site multi-disciplinary team of Health Visitors, Nursery Nurses, Midwives, a Healthcare Assistant, Drug and Alcohol Outreach worker, Community Food Advisor and Community Development Workers, working alongside nursery and early years provision.

The schedule includes the child health clinic, sessions with Jobcentre Plus, accredited training courses for parents, parenting support courses, ESOL, midwife drop-in sessions, stay and play, baby massage and Family Voices - a weekly parent group which contributes towards the running of the centre by organising events and helping to develop new services.

Colourful, well-produced information packs and an annual report convey strong and positive messages. The imaginative use of case studies, and parents' willingness to share their stories, capture the benefits of the centre's work, and convey a sense of trust and confidence in Marsh Farm, as an important part of the local community.

Sue, a parent, says:

In many ways it can be described as a lifeline as it can help you keep your sanity when you are at home with a baby. There is always someone available to talk to you……that is what is so special about the people who work at Marsh Farm, they care.

The Centre Manager line manages all the outreach work, and professionally qualified staff receive supervision from their funding organisation. A weekly allocations meeting of the whole multi-disciplinary staff team provides the opportunity to pool their knowledge, share local intelligence and informs the Centre's decisions about priorities for home-visiting and

other outreach activities. Good working relationships with the police, and the Accident and Emergency department of the local hospital, alert the centre of any potential child protection concerns. Close links, which includes shared services, have also been forged with the local primary and secondary schools, which are represented on the centre's management board.

6.9 NUMBERS OF FAMILIES SUPPORTED

Children's centre numbers

Most of the children's centres have been unable to supply detailed analyses relating to data about the numbers of families supported through outreach home-visiting, which varies from 24 to 200. Some centres also found it difficult to supply data about the numbers of families dropping out of support programmes, although most staff felt that parents did not drop out. Where and if this occurred this was most likely to be because the need for this type of help had diminished, but other reasons might include pressure from partners, or families moving away.

School numbers

Five of the schools provided data on the number of families supported through outreach which varied from 2 to 30. Outreach is a much smaller part of the school activities where the overall number of children on the schools rolls which ranged from 200 to 1,142.

Willington Children's Centre

Willington is a local authority led, health-managed, children's centre within the Durham Dales. It has particularly strong multi-agency working, which enhances access to services. Mainstream health visitors, midwives and family nurses are based within the centre. Midwives register ante-natal mums and dads and health visitors register all new babies.

There are many examples of integrated working practice, including dads work delivered in conjunction with leisure services, a volunteer programme, family learning, co-ordinated with Bishop Auckland College and Education in the Community, speech enrichment sessions, antenatal and post-natal support. Integrated working includes the domestic violence team who co-deliver groups and provide 121 sessions from the centre.

A broad programme of outreach includes breastfeeding, which is offered in the centre, or on a one-to-one basis in the home, smoking cessation, which can also be provided in the home and targeted home-visiting, on a time-limited basis, for specific problems, like sleep management or behaviour and feeding issues.

The Family Worker Team - for Willington and neighbouring Coundon Centre - consists of four full-time, two part-time staff and one senior family worker. Family workers are geographically aligned with two children's centre and three outreach areas, providing continuity for families, supervision for professionals and seamless integration between the work of health professionals and other staff.

The centre has very robust data systems. The health visitors complete the Sure Start registration form for all new babies at the first visit, providing and discussing a children's centre information pack. All children, parents and carers are registered on the Sure Start database. The new birth visit enables identification of parents needing extra support and referral to a family worker.

Family support record-keeping systems are in place and these and other data systems enable the centre to monitor the use and need for family support, the source and type of problem for which support is needed, the types of referral by agency or self-referral and demographic and other information relating to the supported families.

6.10 PRIORITY FAMILIES

Children's centres are aware of the priority attached to the specific groups of families identified in guidance, but balance this with other risk factors and the need to universalise the offer of outreach support to any family in need.

*We're not tasked with reaching particular groups. We're charged with reaching those most in need. (*Head of Children's Centre)

We're targeting all families, but particularly teenage parents, BME families, and Travellers but we have to be careful not to ghettoise. (Local Authority Officer)

We struggle to work with DCSF targets - the local reach community is white; there's a high level of domestic violence; families have been in the area for a long time and have been known to the centre (which used to be a family centre) for a long time. (Head of Children's Centre)

However, centres are working actively with families across at least some of the priority categories, the precise configuration depending on the nature of their local communities, including demographic characteristics and population movements. Many have outreach projects specifically focused on Travellers communities, Black Minority Ethnic families, families where English is an additional language, fathers, asylum seekers and prisoners' families.

These, recipient-focused, outreach activities are balanced with more generic activities, like smoking cessation or healthy eating, whose users may include priority families, but whose involvement is not the explicit purpose.

Disability was an area mentioned by a number of centres as one where further development was felt to be needed. In many cases, links between the children's centres and Disability teams were not strong. Some children's centre heads felt that consultation with families living with disability was an appropriate next step in understanding better how to support their needs. In one area, staff were in the process of benchmarking their work against guidance from a national disability charity.

A number of centres are reviewing work with fathers and all were sensitive to the importance of involving fathers. Some were considering extending their opening hours to evenings and weekends or had already done so. In two cases, children's centre heads felt that they were satisfied with the level of father involvement.

Numerical data, in relation to income, employment status, ethnicity and specific characteristics, such as being a member of a prisoner's family or at risk of domestic violence, is not routinely analysed by the majority of centres and is more often related within individual case histories.

Nor were all centres able, immediately, to supply data in relation to the breakdown of outreach recipients in terms of the numbers of referrals, self-referrals, or those selected for outreach by other means. One centre did have referral data, readily available for the last 3 years.

We don't have an outreach strategy, more a community development parental Involvement plan - 20% of the population is transient, we do door-knocking, target by age, new births, or neighbourhood, the Polish community, prisoner families, families affected by domestic violence. (Head of Children's Centre)

We target all families but prioritise some groups, for instance dads, families affected by domestic violence, depression, the African women's group. (Head of Children's Centre).

We try to be responsive to community as a whole, and worry about moving into silos' (Head of Children's Centre).

Schools are aware of priority groups of families but are more likely to target families on the basis that their children are giving cause for concern.

The intensive family support is offered where children are judged to be giving concern - this was the focus, though nearly all are BME families. Other criteria were that the family was not involved with the school, were not being "worked" with by other agencies, or the family had been identified by the police as giving concern. (Family Support Worker)

Hillfields - Coventry

Hillfields Children's Centre is located in one of the most deprived areas in England, where more than half of all families in the area have refugee status or are seeking asylum in the UK. Nearly 40 languages are spoken by children, with 80% of all children learning English as an additional language. About 40% of families move in and out of the area in any given year, and Hillfields acknowledges that children and families experience a 'high degree of complex social, emotional, health and other personal needs due to poverty and their vulnerable lifestyles'.

Hillfields acknowledges the rich cultural diversity of the families in the area as one of its strengths, where the *importance of multiple perspectives which don't value any one person more than another* contributes to the welcoming and positive atmosphere that permeates the busy centre. A system of key workers is in place, but the freedom to develop close relationships with any member of the Hillfields team means that greetings and conversations are happening all the time, with parents and staff on close 'first-name' terms with each other.

In response to the Performance Management Guidance for Children's Centres 2006[1], Hillfields tracked key statistics through a document entitled 'A month in the life of Hillfields Children's Centre', with a particular focus on using outreach and sustained home-visiting to support families unlikely to visit a centre. Two dedicated outreach family support workers lead on the work, and have developed powerful links in the community. However, other staff also contribute to outreach, including daycare and nursery staff, some of whom also provide portage or family learning activities in people's homes.

Outreach for Hillfields is not confined to home-visiting, but involves taking services out to the places where families who may need support might be - the Refugee Centre's specialist Health Clinic, local primary schools, and the women's refuge. However, all the twenty plus staff who are employed to deliver Children's Centre services - with the exception of the full day care staff - are involved in one-to-one work.

6.11 FAMILY IDENTIFICATION

Families are selected for outreach through a variety of mechanisms, including referral by other agencies and self-referral; others are identified by children's centre staff; or selected as a result of targeted approaches to priority category families. Of all of these, referral by other agencies is the predominant factor.

Table 3: Identification of families for outreach support

Outreach workers	By referral	Identification within children's centre	Approached as a member of target group
	15	**6**	**6**
Total replies	**15**	**15**	**15**

The chief source of referrals is from health visitors. In a few centres, however, social services form the main source of referrals and in those instances child protection issues shape the types of support offered. In some cases, children's centre outreach staff will provide support which is complementary to the help available from social services staff, ranging from play in the home, to assistance with housing, benefits and other practical issues. A number of outreach workers commented on the necessity for clarity about respective roles.

Families are also identified through a variety of other means - through home-visits by outreach staff to deliver book bags, or to register families - some outreach staff reported that they regularly spoke to parents in the street, to promote children's centre activities.

Other ways include a stall in the local market; summer outings and fun activities, which often draw in families who otherwise are reluctant to use the children's centre.

We visit all new births in area. If there are concerns we meet them again.
*(*Head of Children's Centre)

The family support workers may go in with the health visitor for a joint visit, to discuss with parents and a plan is agreed with the parent and an agreement form completed. Also through home safety visits - we may identify families that would benefit from additional support, and we check with Health if families haven't engaged with services over last four to six months. (Children's Centre Community Worker).

Now we have girls who are referring their mates down the street. We also have referrals via social services, self-referrals and referrals from school nurses, and midwives.
(Outreach Co-ordinator)

The Parent Child Empowerment Programme is offered to all first-time parents and on the basis of need to other parents. Other types of family support are offered on the basis of assessed need. (Head of Children's Centre)

Within schools offering access to extended services, families may be targeted through referral, but are more likely to be identified within the school by teaching staff, or by the family support worker or parent support adviser, because, as noted above, particular children are having problems.

Teaching staff might identify children and families, but it is a small school and the Head Teacher is most likely to. (Family Support Worker)

That would be me and that's ad hoc, although there are systems in the school for monitoring attendance and behaviour. For example, I visited two families yesterday. I went into their houses. In one of them there are two boys, who have very poor attendance, and this is having a massive impact on their schooling. I tried to get the mum on a parenting course. There are self-abuse and alcohol issues and she hadn't collected her child from the after-school club. (Head Teacher)

It is mostly at the PSA's discretion. She runs them past the head teacher and he signs them off. (Family Support Worker)

Tarner Children's Centre - Brighton

Tarner Children's Centre is located in central Brighton, one of two 'full offer' and three 'gateway' children's centres created as part of a service-wide transformation programme. In 2006, Brighton and Hove City Council joined with South Downs Health Trust and the PCT to form Brighton and Hove Children and Young Peoples Trust, bringing together services which had been previously delivered separately. The main feature of the service redesign was to introduce a health visitor led model for the whole city with the aim of equalising access to a universal service for all families with children under five, and freeing up resources for targeted services for families with additional needs.

The universal home-visiting of all new mothers, with a minimum of three visits in the first three months, provides a robust means to reaching 'hard-to-reach' families, where particular needs are identified. Those families are then referred to other members of the integrated children's centre teams, including Early Years visitors, or partner agencies, like Social Services and CAMHS.

As best practice, there is an increasing understanding of which should *be* the target groups for services delivered through the centre. This is to counteract the perception that, prior to the service redesign, groups and activities running from the Sure Start centres were used more by families who needed the services least and less by more vulnerable families.The centre now has a well-attended lunch-time drop-in for families for whom English is an additional language, which includes a Soft Play session; Stepping Stones for teenage mothers; and a new Saturday morning group for fathers. Work is also starting on developing services for prisoner families and the centre also hosts a group - Sweet Peas - which is run by parents with support from an Early Years visitor.

One of the most interesting aspects of Tarner is its relationship to the adjacent Brighton Unemployed Centre Family Project which targets its services on disadvantaged and poor families. Tarner provides funding for a play worker for the centre, which acts as a gateway to the children's centre services, and provides a different model of 'outreach' to complement the formal structures of a home-visiting, health-led approach.

6.12 HARD-TO-REACH

A majority of those responding were not comfortable with the concept of families being hard-to-reach.

We do not consider them as hard-to-reach, just people who have not been given the right opportunities in life. (Head of Children's Centre)

I hate that term, it's how you try to reach them; also the family who is hard-to-reach today might be tomorrow and vice versa; that's why you have to get to know them well. (Assistant Manager Children's Centre)

The term hard-to-reach makes excuses for our own failure. (Head of Children's Centre)

The services are hard-to-reach, but we try to be creative. (Family Support Worker)

Asked why families might not make use of services, a variety of reasons were given, but the most common ones were factors within the individual or family, as distinct from practical barriers. Language barriers were most frequently cited, followed by lack of confidence or self-worth, or worries about losing children.

Less than 20% of those interviewed believed that the reason why families might not engage with services was that those services did not meet their needs.

Children's centres are confident that they are engaging families who would be considered hard-to-reach, but do not claim to do so in a complete way.

*We reach the families on this estate, but that doesn't mean we engage them. They don't see services as being meaningful for them, want to work things out for themselves, it's a cultural way of living. (*Head of Children's Centre)

Some families do not like people coming to their houses, worried that services will take their children away. We are reaching some but not all. (Outreach Co-ordinator).

Some families don't want to be identified. There are guns in some of the homes children are growing up in. (Senior Family Support Worker)

Mums in this area don't like groups, but will attend social events, it's difficult to get them to join in. (Community Family Worker)

Families who don't want the involvement don't understand the reason you are there (Family Support Worker)

Many who are in need are not accessing services - because of cultural barriers, or language barriers, or don't want support. Language is a barrier, cultural sensitivity of the service is an issue - and fear of children being taken away. Parents might not know of the service or think they have to pay. (Local Authority Officer).

Centres employ a wide range of methods for extending reach, but do not always have tools for systematically measuring or recording the respective effectiveness of different reach strategies.

Staff in schools offering extended services held a similar range of views. None expressed the view that parents might not access services because they didn't meet their needs.

People may have negative attitude to institutions because of past experience, they feel threatened, don't want the bad news. In a small number of cases, it might be that they resent their children and the time they take up - maybe hadn't planned them, particularly if they had them young. (Head Teacher)

Many suffer from acute problems, depression, alcohol among them, no employment or low paid employment, most may be lone parents, boys in particular lack good black role models. (Family Support Worker)

Many have low qualifications, live in workless households and have had a poor experience of education. (Head Teacher)

Sure Start Central

Sure Start Central was the second programme to be developed in Southampton, developing a unique approach to service delivery, in response to the diverse communities living within the area. The staff team reflects this diversity, with nearly half of the staff from Black and Ethnic Minorities. The emphasis on empowering local people is reflected in the high levels and diversity of parental involvement.

Children's centre delivery is a partnership between the Primary Care Trust and the City Council. The aim has been to build on what those who are already working with families are doing, rather than to create new posts; to enable existing agencies to build on their outreach work and to increase co-ordination of services.

Family Support Workers are based in the health visiting team and are employed by the PCT. They are targeted in areas of deprivation, working closely with Health Visitors. Within Southampton Children's Centres there are specialist worker with fathers and outreach work is also targeted at Travellers families, prisoners' families and asylum seekers.

Family Support Workers may go to families' homes on a joint visit with Health Visitors, where a plan may be agreed. Overcoming language barriers is a strength of the team, using multi-lingual staff, professional interpreters or parents who are native speakers of particular languages.

Language is seen as a key barrier to the use and take-up services, but overcoming distrust is another identified issue, particularly among the minority white working class community.

The community is very transient and the team puts effort into establishing movement of families, so that the needs of families new to the community can be included. Staff do door-knocking, cross-checking families who have recently arrived, or others who have returned to their home country.

6.13 POVERTY

All of those responding were aware of poverty as an important context for the issues and problems families face, but poverty, as a contributory cause of those problems, was given more emphasis by some centres and less by others. Many of them did not use the word in their descriptions of the families being supported.

Asked about how outreach supports families most at risk of social exclusion, only a small minority of outreach staff specifically mentioned the possibility of moving out of poverty.

For the majority, outreach was more likely to be seen as a first step, as an actualising process, helping people to gain confidence and to engage in problem solving, as well as a means of removing barriers to engagement with services.

They meet up with new people, get new ideas, value play with their children, it builds their confidence. (Head of Children's Centre)

It's an outcome based model, solution focused - more parents accessing services, celebrate their children, self-esteem and aspirations rise. (Head of Children's Centre)

Many families don't have anyone who listens and cares. Three-quarters of families have mental health issues. (Family Support Worker)
When asked why families needed support, responses varied, with the most common reason being membership of a disadvantaged group.

A minority thought poverty was the reason; others cited parenting challenges or the fact that families had not had the right opportunities in life.

Some of the families supported were described as being in very acute need, living in unfit accommodation, lacking basic resources, or experiencing violent relationships, ill health, acute depression or addiction.

Children's centre heads were asked how outreach could help to reduce child poverty and reduce social exclusion and the majority saw this as being linked to improved confidence, engagement in learning activities and eventual entry to training and employment. However, some saw this as a relatively long-term outcome.

They have complex issues, usually lack a role model. They test you to start with, but you build a relationship, in their eyes services doesn't care, think they're going nowhere. We offer lots of interpersonal skills, talking about relationships, listening, communicating.

Training and employment - yes but maybe for the next generation.

It's not just about getting them into work.

Others were more optimistic that positive change could occur more readily.

Other services see the problem; see the substance, that's all they see. We can see the whole problem, the poverty. We deal with the addiction and then we try to deal with the other problems. (Specialist Drug and Alcohol Team Head)

We catch them at the moment they are ready for change, for example, for work - people do have a wish for change.

Embankment Children's Centre

The Embankment Children's Centre is based in Thurnscoe, a former mining village in the Dearne Valley, in Barnsley Yorkshire. Its name is taken from the small railway station, a few steps away and commuters can stop to buy a café latte from the children's centre as they head for their morning trains.

The inviting cafe is just one of the ways in which the Centre Head has put Embankment at the heart of the community; a place where elderly residents and teenagers alike can feel welcome, together with the families with young children, for whom the centre primarily exists. Although now in local authority management, the centre is styled as a social enterprise. Flexible planning and the creative use of special offers has filled a nursery for which there was, initially, little demand and close links with adult training providers underpin the conviction of the whole staff team that the centre can and must play a part in the economic regeneration of the area.

The Centre Head also provides direction for the small outreach team, which works, unremittingly to ensure that vulnerable families are identified and can approach the centre, confident that they will find what they need. Some families are referred by Social Services and the senior outreach worker, the Family Support Worker - one of a team operating across Barnsley - will undertake home-visits on the basis of plan agreed with those parents. Some of the living conditions are very poor and the Outreach Workers may also become involved, helping to secure resources and supporting parents with a range of practical and family issues.

The outreach staff deliver Bookbags as a means of raising awareness of children's services, will knock and doors and talk to people on the street - all as a means of ensuring that the centre is a visible resource for the community. Close working links with Social Services the Drug and Alcohol Misuse, Connexions and the Youth Offending Team, ensure that the Embankment Centre is in close touch with families who would otherwise be hard-to-reach. The centre is able, very successfully, to bring those families into a mutual support network of other parents and children and be the means of encouraging change and progression.

6.14 OUTREACH OUTCOMES

The interviews with parents suggest that children's centres are very successful in engaging the trust of families. In many instances, the support of outreach workers is described as life-changing, leading them towards new experiences and new aspirations.

These beliefs reflect, directly, the views of those leading and delivering outreach and the empowering or actualising nature of what they are trying to do. Within this view, gaining the trust of parents is seen both as a process and as an outcome in itself.

*Parents become empowered, it gives them skills, so they are able to make choices and have options. (*Head of Children's Centre)

They have grown so much - building trust with me - taking the next step in life. (Children's Centre Community Family Worker)

Gaining trust is the key, families need help with a variety of problems - housing, benefits, immigration, no money no roof - these are problems families are facing. (Assistant Manager Children's Centre)

Staff can also describe specific outreach-related outcomes. Many, such as leaving a violent relationship, or children coming off the protection register, or being re-housed, arise from the individual circumstances of families; others, like training and employment, are more generic.

Asked about the types of changes which might be expected for families, the most frequently mentioned were training and employment, improved relationships, speech and language and other gains for children. Most centres expect families to realise these gains in a relatively short time-frame, but a small number of staff feel that their investment is focused more on futurity.

They learn to live with life and to take challenges and have a positive life. So when they have children themselves - in the next generation - we'll see changes.

Schools are very clear that wider extended services, better links with the community, directly impact on outcomes for children.

People are now eager for more - children are doing much better - improved behaviour at school and at home, some parents have become volunteers - they have formed good relationships with other parents. It has built good contact between the school and at least some of the families.

Whaddon Children's Centre

Located in the grounds of a primary school in Cheltenham and well-established as a former Family Centre, Whaddon Children's Centre offers a term-time nursery class and full daycare, together with family and health drop-ins, baby groups, adult learning, Relate and Jobcentre Plus. With good partnership working, it provides supervision and support for a Parent Support Advisor, the post commissioned by a cluster of local schools through the extended services budget, following a successful pilot scheme.

Whaddon's outreach strategy is provided through a team of community family support workers who work with families, mainly in their own homes, to provide individual support that is shaped by the families' needs. In line with Gloucestershire county council's aspiration that every family that has 'one-to-one support' should have a CAF, all outreach staff receive CAF training and are committed to putting parents in charge of their own assessments. CAF is embedded in Whaddon's practice and to date; no family has ever refused to take part in a CAF.

The Family Support outreach team see their role as one of 'early intervention', and they work hand-in-hand with the nursery to engage parents in activities to support their children's development and well-being. Building trust and self-esteem, and creating independence are key aims in this close knit, white working class community. There is also a strong focus on raising aspirations and developing learning pathways for parents who themselves have had a poor educational experience.

The outreach team work flexibly, providing support over a full range of issues and are rated highly by the families they support. The team uses Gloucestershire's own CAF tracking system to measure benefits and evaluate outcomes on a case by case basis, with the involvement of the family. The CAF needs assessments are used to shape the development of services. Whaddon Children's Centre has also been part of the pilot for Budget Holding Lead Professionals, which has enabled the Family Support team to offer timely, practical help to families experiencing poverty.

7. MULTI-AGENCY WORKING

This chapter analyses the experiences of multi-agency working reported by the children's centres and schools in the study; draws on face-to face interviews with local authority officers with strategic responsibility for children's centres and extended schools co-ordinators; and reflects the discussion and input made by representatives of local statutory and voluntary outreach services at local focus groups.

Summary

- All of the children's centres and extended services providers worked with other universal and specialist agencies and many also worked with voluntary sector partners; but the extent and form of partnership working varied in different locations. Extended services also worked with a range of statutory and voluntary sector partners.

- All of the children's centres worked with health visiting teams, but the closeness of the working relationship was variable and data-sharing was taking place in just over half of the centres. Extended services also reported working links with health visitors and other health services and again the nature of the links was variable.

- Many local authorities were moving towards locality or cluster structures, aligned with health and other services. These were seen as providing a more effective foundation for joint planning and as a possible precursor to integration and budget sharing. This more strategic approach was generally welcomed by children's centre and extended services staff, with the caveat that care needs to be taken to preserve local responsiveness and innovation. The Common Assessment Framework (CAF) is widely seen as a tool for closer multi-agency working.

- There was wide agreement among agencies about the value and purpose of outreach as a means of supporting families most in need. There is general agreement that this aim would be best served by stable funding streams rather than short-term pilot initiatives.

7.1 SURE START CHILDREN'S CENTRES

All of the centres in the study were working with other universal and specialist agencies. Health is a key partner and in some centres is the lead agency. Social services are also a key player.

Other services which figure in the delivery of children's centre outreach are:

Child and Adolescent Mental Health Services (CAMHS)

Drug and Alcohol Teams

Disability Teams

Family Learning

Health Visitors

Midwifery Services

Teenage Pregnancy Services

A wide range of voluntary and community sector groups

Other links included the local police; Accident and Emergency departments; prisons; domestic violence services; Travellers services and housing departments. Many centres were keen to develop closer links with housing departments, which are normally in a position to help identify vulnerable families.

The ways in which services work together vary in different children's centre locations. All of the children's centres were working with heath visiting teams and this relationship is pivotal to their efforts to ensure that they reach families most in need of help. However, the closeness of the working relationship was variable and appeared to work best where there was data-sharing.

The majority of centres work with at least three other agencies, with some centres linking with twenty or more services and agencies. It appeared to be the case that where there was a close working relationship with Social Services, children's centre outreach was focused on parents with a high level of need.

7.2 SCHOOLS OFFERING ACCESS TO EXTENDED SERVICES

Five of the six schools reported working with children's centres and one was co-located on the same site. All were working with at least three other services and all but one was working with voluntary sector agencies. Services with which there was a substantial relationship included:

Health Visitors

Police

Connexions

Family Learning

Child and Adolescent Mental Health Services (CAMHS)

Social Services

Drug and Alcohol teams

Neighbourhood Renewal

Children's centres are, or could be, key partners for schools, particularly primary schools. In the centres visited, the working relationships which exist sit on a spectrum from semi-integrated working to arms length contact.

7.3 DEVELOPING A STRATEGIC APPROACH

In just over half of the fifteen local authorities visited, some form of data-sharing took place or was planned to take place. Co-location of services, joint planning mechanisms and the development of standardised procedures and protocols were common features of strategic partnership working.

Multi-agency working is in a process of transition, as is outreach itself. More than half of the local authority officers interviewed believed that their outreach strategies had changed and were continuing to evolve. These changes were expressed both in terms of the families targeted and the way the service is delivered. A number of local authority officers referred to Sure Start Guidance regarding priority families as a driver for refocused strategies.

We have evolved from a universal service to targeting low users

The focus has shifted as a result of stronger guidance.

Many local authorities are moving towards locality or cluster structures, aligned with health and other services. These were seen as providing a more effective foundation for joint planning and working and as a possible precursor to integration and budget sharing.

As part of this, authorities were developing strategic policies for family outreach from children's centres, moving away from the more localised planning and delivery mechanisms which characterised Sure Start. This might include standardised outreach job descriptions, central recruitment and deployment of staff, needs analysis and data management.

Table 4: Development of strategic policies for family outreach

Local authority Officers	Data-sharing	Standardised job descriptions and procedures	Co-location of services	Joint planning	Cluster structure
	8	**4**	**5**	**11**	**6**
Respondents	**14**	**14**	**14**	**14**	**14**

7.4 LOCALITY STRUCTURES

Cluster or locality structures provide an interface for services to work together on broader local authority objectives and provide additional capacity in the form of centralised training, quality improvement strategies and Human Resources.

Some children's centres expressed anxiety that centralised strategies, while increasing cohesion, could erode local responsiveness and the capacity for innovation.

In the focus groups and in at least one local authority, it was observed that aligning school clusters to children's centre clusters had, in some cases, cut across previously established links between schools and reformed clusters would take time to bed down.

The transition to locality structures, with their own planning mechanisms, was observed, in some of the focus groups, to create too many meetings for smaller services, particularly voluntary groups, which, having limited capacity and did not have a sub-structure of people to allocate to each locality.

In more than one focus group it was pointed out that families who are considered hard-to-reach are often highly territorial and that boundaries agreed for planning purposes and for the delivery of services may require people to travel outside of where they feel comfortable. This point was made with particular reference to children's centres. Outreach, in this context, was required to understand not only the needs of individual families, but also the physical dynamics of communities.

7.5 COMMON ASSESSMENT FRAMEWORK (CAF)

Many of the children's centre staff interviewed and those who attended the focus groups regard the CAF as a tool for closer co-operation between services and welcome their roles within the framework. A common view was the need for the process to be used as a developmental tool, *owned* by parents, as part of empowering them to take responsibility for their children's well-being. In some centres, all outreach staff have been trained in using the CAF; and when additional needs are identified for a family, the CAF process is initiated automatically.

Some school staff had received CAF training and others were preparing to do so. In one focus group, it was stated that in some schools CAF can be a barrier because staff are reluctant to take on the lead practitioner role. In another group, concern was expressed as to whether the infrastructure was yet sufficiently in place for the CAF process to achieve its aims.

In most areas, there is movement towards data-sharing but in most it is incomplete. Some local authorities have developed information sharing protocols, but the focus groups believed that the CAF would provide the best driver for information sharing.

7.6 OUTREACH - A SHARED CULTURE

There was a shared consensus and understanding among services about the value and purpose of outreach.

It's about getting out and about, getting the services out to the people who need them, early intervention means less crisis intervention. (Health)

It allows you to work with parents at their own speed, a pace that is right for them and sensitive to their needs, tailored to meet their own individual needs. (PSA)

Outreach is a means by which you can reach within the community and be trusted. (Voluntary sector agency)

It's about going the extra mile for people. (Connexions)

There was also a shared consensus that outreach would take time to yield results and that short-term funding or too many "pilot" initiatives interfered with this.

*Pilot programmes are 'kiss of death' no stability, stability is needed so that evaluation can be done. (*Voluntary sector agency)

There was a clear acknowledgement of the skills and expertise of the voluntary sector in generating trust from hard-to-reach families, but it was pointed out by many that the voluntary sector was not funded in a way which would easily enable them to participate in devolved planning groups and structures. More generally, uncertainty about both current and future levels of funding - for schools offering access to extended services and for other generic services was expressed as a concern.

This school borders a very needy area and there are more parents needing support. Resources - at the moment, government money is directed towards schools achieving targets re literacy and numeracy, but the social side doesn't get the same support, which I think is quite sad really. It's not enough. When I look at my job, it's on a yearly contract and I don't know if in the next year, it will still be there. (Extended Schools Co-ordinator)

It is a struggle at the moment to deal with identifying families needing support and who to support them. This is because children's services are woefully under resourced. Have huge brief - we manage to help those most in need but miss those less need. (Local Authority Officer)

8. BEST PRACTICE

This chapter describes how best practice is characterised by children's centre and school staff, local authority officers and by and by focus group participants. It also summarises the views of those consulted on the skills which are needed for successful outreach and what guidance might be needed.

Summary

- Best practice is derived both from the skills and experience of outreach staff and evidenced approaches to parenting and child development. Where outreach is linked to the development of human and social capital, less use is made of evidence based theory and practice

- Good outreach practice is seen to be related to particular personal qualities and abilities and types of prior experience. The qualifications and experience of staff who were interviewed were very broad. There is less agreement about the appropriate level of qualification, but in the context of children's centres and schools offering access to extended services, Level 3 was considered right.

- Parents are both the beneficiaries of outreach and are involved in delivery, in some cases this is explicitly regarded as a co-production model

- Centres make use of a wide variety of internal and external training. There was limited reference to multi-agency training or tool-kits and no reference to the new Common Induction Training which has been developed by the Children's Workforce Development Council (CWDC).

- Those consulted agreed that guidance on outreach, relating to standards, role definitions, professional boundaries and the management of risks would be welcomed. Such guidance should however, be sufficiently flexible to be capable of adaptation to local circumstances. Guidance might also suggest which existing qualifications and occupational standards were considered most relevant to those involved in children's centre outreach. If a national training programme were to be developed, there was support for a specific pathway for volunteers.

8.1 BEST PRACTICE DEFINITIONS

Both children's centre staff and local authority officers were asked to describe what they considered to be best practice in outreach. Many defined it as a process, distinct from its outcomes.

Reaching people in the community and forming relationships with families who probably have not had support from anyone.

Acceptance by the parents working with them, partnership, not just through the door, it's the relationship, the person and the job they do - fail or succeed.

Encouraging, enabling people; ensuring people have information that they can use, to suit their needs, sending the service to the parent, rather than wanting the parent to come to the service.

Ensuring that we look systematically at the needs of the family and support effectively and evaluate.

Some emphasised best practice in terms of its success in dismantling barriers to the use of services.

A service where children and families can access a continuum of progressive universalism, at the right level of intervention for the family and of an intensity that meets their need.

Others focused on the qualities of the person who delivers outreach.

Someone who has a qualification in childcare, who knows about children.

Tenacious, focused on why they're here, able to form good relations, honest professionals with a knowledge base.

Having clear boundaries and priorities where parents are concerned and clear expectations of what outreach workers are supposed to do.

Know who you are trying to get at and then taking out skilled delivery and having some impact on them.

Balance between people skills and being prepared to challenge with hard choices.

A small number of those responding looked also to outcomes and the issue of time-frames.

Needs-led, has a purpose, is time limited and is for the benefit of the family; actualising, not encouraging dependency.

Better outcomes for children, schools and families. Better attendance, more attainment.

The end result is the important thing - nobody feels excluded from children's centres, it's about bringing down barriers.

8.2 OUTCOMES

A small number of the children's centres in the study have relatively sophisticated systems for assessing and measuring outcomes, including soft outcomes and progression. In those centres, baseline data is obtained and reviewed at regular intervals, together with case study material

All centres make use of case studies, individual histories, and evaluations of particular activities. Parents are regularly consulted, but this is more likely to take the form of satisfaction surveys. In a small number of centres, outcomes are related, systematically, to the ECM framework.

In one of the schools providing access to extended services, which had adopted a coaching model for its outreach programme, objectives were agreed with individual families, reviewed on a regular basis and tracked systematically. Effectively, the school is able to track the achievement of soft outcomes and to monitor impact on school attendance and achievement.

Overall, however, there is more of a focus, among children's centres and schools, on process, as distinct from outcomes, which tend to be related anecdotally, rather than in a systematised way. This is in relation to both short and longer-term outcomes. Individual action planning is undertaken with some parents, particularly those who have been the subject of referrals, but these may be relatively short-term or relate to specific issues. A lack of tools for measuring outcomes is a factor in the relative absence of systems for tracking progression.

The Self Evaluation Framework which is part of the performance management arrangements for children's centres provides a useful tool for reflective judgement, but does not directly require operational descriptions of outcomes.[120]

Some local authorities are adopting data management systems such as Soft Smart, which are capable of providing robust data across multiple settings, but focused mainly on outputs rather than outcomes.

8.3 CONCEPTS

Best practice was also frequently associated with the concept of empowerment. The meaning of this could be identified in individual case histories and the outcomes of particular interventions, but most centres found it more difficult to describe what they meant by empowerment in relation to more general, measurable, objectives.

The core of family support is help with parenting and in this centres are supported by a broad range of resources, empirical evidence, theories and evaluated programmes. Fewer resources are available or made use of in relation to those parts of their offer connected with adult and community development, where best practice is more likely to be shaped by trial and error.

In this sense outreach workers may work by instincts and intuition, as distinct from empirical evidence or a conceptual model of empowerment. The evidence from parents, summarised below is that they are highly successful in this. However, as already noted, their horizons about what constitutes empowerment are quite variable.

If part of the role of children's centres and schools providing access to extended services is less about reaching out and more about community development or social capital building, there may be resources which could be made available to support them in this.

8.4 STAFF INVOLVED IN OUTREACH

The qualifications and experience of staff who were interviewed were very broad, reflecting the dominant professional ethos and the very different job roles and purpose(s) which had been developed in each centre.

In health-led centres for example, Health Visitors were qualified to Level 6, e.g. BSc Honours in Specialist Community Public Health; in another, former Sure Start programme, the outreach workers included a social work graduate, and a Nursery Nurse studying for a Psychology degree. Other qualifications included the CACHE (full-time) level 3 diploma; NVQ Levels 2 and 3 (CCLD); a degree in Childhood and Youth Studies; Psychotherapy; Registered Nursing; BTEC Health Studies; QTS; a degree in Developmental Psychology.

Where job roles were more clearly defined, e.g. Early Years Visitor/Community Involvement Worker/Family Support Manager, then person specifications set out essential qualifications and experience in more detail. Some outreach workers held qualifications at a higher level than that 'required' by the job description or person specification.

[120] www.surestart.gov.uk/publications/?document=1852

8.5 TRAINING

In terms of the training which the children's centre managers and outreach workers found useful, this was a mixture of in-house and externally provided training covering the wide range of issues that workers were encountering in their locality e.g. ante / post natal depression; PEAL (Parents and Early Learning); Solihull approach; counselling; baby massage; alcohol awareness; substance misuse; First Aid; CAMHS training; CAB training in money/benefits; speech and language; portage; and cultural awareness.

This is in addition to the core process training provided in centres as part of the local authority-wide provision for safeguarding/child protection and, in some cases, the Common Assessment Framework (CAF). External training included evidence based parenting programmes (Webster-Stratton, Incredible Years); and accredited training e.g. NVQ 4. Extended school support staff had experience of similar training programmes.

There was limited reference by children's centre or other staff to multi-agency training or tool-kits and no reference to the new Common Induction Training (based on the common core) which has been developed by the Children's Workforce Development Council (CWDC). [121] There was evidence of centres developing their own training programmes, using peer support and expertise.

8.6 STANDARDISED QUALIFICATIONS

As noted, a number of local authorities are introducing or have introduced standardised job descriptions, among which generic family support workers, centre-based and outreach, are common. In at least two local authorities, pathways have been created between job descriptions and the level of entry qualification, creating levels within outreach teams. In those local authorities, staff are centrally appointed and deployed to children's centre teams.

Centre managers noted that relevant qualifications included those from social care, CCLD, counselling, teaching, and community work. Some centre managers considered knowledge and understanding of child development as an essential requirement for any outreach work and this was also reflected by some outreach workers.

There was no overall consensus about the appropriate level of qualifications for outreach workers from centre managers; however, Level 3 was the most frequently referenced. In some centres/authorities, new job roles were being developed at Level 2, to cover initial contact with families in an information sharing / marketing role and to support group activities. This was seen as a cost-effective way to offer support to more highly qualified and experienced workers so that they could increase their intensive home-visiting services (as family support workers).

There was considerable agreement on the main skills and qualities needed for outreach work from centre managers and outreach workers. In addition to *excellent communication skills*, they included listening, counselling, advocacy, coaching, signposting, flexibility. The most frequently cited qualities were being *non-judgmental, empathic, approachable, robust, warm, persistent and consistent.*

One centre manager was passionate that one *mustn't hive outreach off* - everyone in a children's centre should be engaged in it. This is, perhaps, more feasible in centres which have a reasonably large and differentiated staff team.

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[121] The Common Core of Skills and Knowledge for the Children's Workforce sets out the basic skills and knowledge needed by people whose work brings them into regular contact with children, young people and families. For more information go to www.cwdcouncil.org.uk/common-core

The extended services outreach staff had backgrounds in diverse areas, including, teaching, working with ex-offenders, counselling, HR and disability services. The most common level of qualification was Level 3 and none had qualifications below this level, but some staff had Level 6 qualifications. Similar qualities and skills to those identified for children's centre staff were suggested by school outreach staff. Among extended services co-ordinators, there was no strong feeling about appropriate qualifications but, again, Level 3 was most frequently mentioned.

The national incubators agreed that:

Outreach requires a common set of values and skills and can be undertaken by both volunteers and staff; a number of existing qualifications and occupational standards are relevant to the developing outreach workforce.

The local focus groups were divided in their opinions about whether there should be a specific qualification for outreach to children and families.

Some felt that DCSF should develop a national training programme with a formal qualifications framework based on a tiered structure.

Others felt that the best qualification for family support worker is to have been a parent and to have lived in the area, but the same group felt that an outreach worker with no qualifications encouraging others to take qualification was a contradiction. Training on the job was seen as a way forward.

There was more agreement that whatever the level of qualification required, there needed to be clearer role boundaries and accountabilities, and that more guidance on these issues from the DCSF would be welcomed.

There was also agreement that wider guidance relating to standards in outreach would be welcome, provided it was sufficiently flexible to be capable of local adaptation.

8.7 THE ROLE OF VOLUNTEERS IN OUTREACH

Children's centre heads, head teachers and local authority officers were asked if parents, as volunteers, could make suitable outreach workers. All believed that they could, providing, as a main benefit, increased capacity and a means of developing a peer-support model. A third felt that parents might be more acceptable to families who were considered to be hard-to-reach.

Asked if there were disadvantages to the use of parents in this way, less than half could identify disadvantages, chief of which was a concern about confidentiality, but most of them felt that this could be overcome.

The only other perceived disadvantage was the time which needed to be invested in training.

Among local authority officers, half saw the same disadvantages, but also felt they could be overcome through training. One local authority is actively trying to develop a co-production model for children's centres.

Across the children's centres, volunteers are used in a wide variety of projects and activities, including dad's groups, cafes, gardening projects, breast feeding, befriending, smoking cessation and cookery groups. It is less common for volunteers to be used as outreach workers, but some do use parents in this way, for language support or in more general ways.

Some, but not all, centres have structured training programmes for volunteers. Some focus group members felt that a national training programme for outreach should include training for volunteers.

9. PARENTS

Parents provided an important source of information for the study. This chapter describes their experiences of outreach, and the resulting benefits, as perceived by them. It also relates the kinds of help which are most important to them and the changes, if any, in their lives and those of their families, which have occurred as a result of their involvement with children's centres and extended services.

Summary points

- A majority of parents interviewed are on low incomes and are economically inactive. A very large majority are mothers, with a significant proportion bringing up children alone. Many have long-term health problems or have children who have additional needs. However, the proportions of parents who meet this profile was variable, across centres

- The frequency of visits and the period of time during which parents are supported is very variable. The main sources of outreach family support are health visitors and family support workers

- Parents believe that they have benefited from family support and those benefits relate not only to their children's development and welfare, but to their own well-being, self-confidence and engagement with children's centres and other services. For a significant minority family support has had a positive bearing on their involvement in training and steps towards employment

- The types of support which parents believe they most need are someone to talk to, advice and information and practical help

- Non-users are aware of the potential of support from children's centres but their first preference would be for a family member.

9.1 CHARACTERISTICS OF PARENT INTERVIEWEES

A total of 242 parents were interviewed. Of these, 196 were drawn from 15 children's centres and 46 from 6 extended schools. They were, for the most part, selected by the children's centres and schools in the study as representative of families receiving, or formerly receiving, outreach support. Within the sample, 97 were, at the time of interview, receiving support in their homes, or other location, and were termed 'current users'; while 94 parents had received home-visiting or other one-to-one support in the past, but were no longer doing so and were thus termed 'former user'. A further 51 were categorised as 'non-users' although, within this group, a number had experienced some limited contact with children's centres or schools offering access to extended services.

The interviewees were willing to provide a range of information relating to their own family structure, income, health and educational background. On the basis of the factors which contribute to the Index of Multiple Deprivation (IMD), a majority of those responding, overall, were disadvantaged in one or more respects. Many of them were members of the particular groups of families described as 'priority' in children's centre guidance. However the numbers and proportions which could be identified in this way varied across the children's centres and schools from which they were drawn.

As noted, the parents were selected, for the most part, by the participating children's centres and schools. Insufficient data was available to compare the demographic profiles of the sample with those of other centre users. Therefore, the parents interviewed may or may not have been representative of other parents who were being visited or had been visited at home by outreach staff or those who use other centre services.

9.1.1 Gender and age

Among those who were selected to take part, 221 were female and 21 male.
The predominant age group was 25-35.

Table 5: Age - whole sample

Age: All parents: 241 responses

16-24 years	25-35 years	35-45 years	45 years or over
9%	50%	32%	10%

The predominant age group for the extended schools parents was 36-45.

Table 6: Age - Extended schools parents

Age: All parents: 46 responses

16-24 years	25-35 years	35-45 years	45 years or over
2%	43%	48%	7%

9.1.2 Marital status

More than a third were lone parents. Among fathers, 3 were lone parents.

Table 7: Marital Status

Marital Status: All Parents: 240 responses

Lives with partner	Does not live with partner
36%	64%

9.1.3 Children

The parent interviewees had a total of 547 children; 26 had four or more children, 13 had 5 or more children and 2 had nine children.

Table 8: Age of children

All Parents: 241 responses

Under 1	1-2 years	3-5 years	6-8 years	9-11 years	12-14 years	15-19 years	Over 19
10%	19%	26%	14%	11%	8%	6%	6%

9.1.4 Ethnicity

The majority (79%) of parents were White British. Across the 21 children's centres and schools, the representation of different ethnic groups varied, broadly, reflecting the demographic characteristics of their localities.

Table 9: Ethnicity

Ethnic composition: All Parents 242 responses

Bangladeshi	Indian	Pakistani	Other Asian background	Black Caribbean
<1%	1%	2%	1%	5%
African	**White and Black Caribbean**	**Other mixed background**	**White UK**	**White Other**
3%	1%	1%	79%	4%

9.1.5 Income

A majority of the interviewees reported that they had annual family incomes of less than £15,000 a year. This should be treated with caution, as parents were not asked to specify whether this was before or after housing costs, or included tax credits or in-work benefits. Nevertheless, the responses, overall, provide a clear indication that very many interviewees were living on low incomes and this is supported by other responses, e.g. the numbers living in workless households. Across the children's centres in the study, the proportions of parents with incomes of less than £15,000 ranged from 23% to 89%; among the responding schools, the range was 53% to 83%.

Table 10: Income

Annual Income: All Parents: 233 responses

0-£15,000	£15,000 - £30,000	£30,000 - £45,000	£45,000 - £60,000	More than £60,000
56%	29%	9%	5%	1%

Among all of those interviewed, 66% were not in paid work. Across children's centres, the proportions ranged from 25% to 100% and across schools, 22% to 77%. Within the group as a whole, 102 parents lived in workless households and 50% had no access to a car.

Thirteen fathers were not in paid work.

9.1.6 Qualifications

A fifth of parents lacked any form of qualifications.

Table 11: Qualifications

Qualifications: All parents 240 responses

No qualifications	Entry level	Level 1	Level 2	Level 3	Level 4 and above
22%	3%	13%	28%	19%	15%

9.1.7 Health

Parents were asked about their health and more than a third (36%) reported that they had one or more long-term health problems or disabilities. The most frequently reported health problems were asthma or depression and anxiety. A small number had more serious mental health problems e.g. bipolar illness, or medical conditions and 38 parents were in receipt of disability allowance. Across children's centres and schools, the proportions of parents reporting long-term health problems ranged from 0 to 67%.

Table 12: Health: All Parents

All Parents: Health: 85 responses

Physical disability	Medical condition	Mental health problem	Learning Difficulties
9%	54%	36%	19%

9.1.8 Children with additional needs

More than a third (41%) of parents had children with additional needs. Common needs included speech and language delay, behaviour difficulties, asthma and epilepsy, Aspergers and sight and hearing impairments. Approximately 20% of children were reported as having complex needs or disabilities.

Nearly two thirds (64%) of parents who reported a long-term health problem had children who were described as also having health problems or additional needs.

9.2 SUPPORT RECEIVED

Among the children's centre current users, 75 were being visited by children's centres and 22 by schools; among the former users, 83 had been visited by children's centres and 11 had been visited by schools

Parents were asked to describe the form of support provided, including details of who had visited them and the types of help given.

9.2.1 Visitor

Among those currently receiving support from children's centres, the majority were visited by a generic family support worker, followed, in terms of frequency, by a health visitor or other health worker. A very small number of parents were visited by more than one person.

Table 13: Visitor: Current users / Children's Centres

Current users: 74 responses

Health worker	Family support worker	Play worker	Specialist worker	Volunteer	Social Worker
34%	73%	4%	15%	1%	12%

A slightly different pattern was found among former users, where parents were more likely to have been visited by a health worker. This same variation was repeated across individual children's centres. It might suggest that children's centres have a growing role in home-visiting, in relation to health colleagues.

Table 14: Visitor: Former users / Children's centres

Former users: 81 responses

Health worker	Family support worker	Play worker	Specialist worker	Volunteer	Social Worker
47%	41%	6%	17%	1%	5%

Among the parents linked to schools providing extended services, 91% of the current users were being visited by a parent support adviser or family support worker and the same was true for former users.

9.2.2 Frequency of visits

Children's centres

Among the current users, most received a visit on a weekly basis.

Table 15: Frequency of visit: Current users / Children's centres

Current users: 75 responses

Weekly	Fortnightly	Monthly	Irregular	On request	Other
44%	17%	12%	9%	7%	11%

The majority, 61% were visited for an hour on each occasion. A similar pattern was reported by former users.

Extended services

The same profile was evident for current and former users, with weekly visits being the most frequent intervals.

9.2.3 Duration of visiting

Children's centres

The length of time parents had been receiving visits was variable, with more than a quarter having been visited for more than a year.

Table 16: How long visited: Current users / Children's centres

Current users: 64 responses

Less than 10 weeks	10-26 weeks	26-52 weeks	more than 52 weeks
16%	25%	28%	31%

Among former users, the reported duration of the home-visiting was shorter.

Table 17: How long visited: Former users / Children's centres

Former users: 67 responses

Less than 10 weeks	10-26 weeks	26-52 weeks	more than 52 weeks
46%	12%	16%	21%

Extended services

Among those currently receiving support, more than two-thirds had already been visited more than 52 weeks. Among former users, only one had been visited for more than 52 weeks, with more than half receiving visits for a period between 10 and 52 weeks.

9.2.4 Selection of families

Children's Centres

The most common mechanism by which families were selected for outreach was through health referral, followed by social services referral. Parents do refer themselves, but in smaller numbers. In some instances, contact is made by the children's centres themselves.

Table 18: Selection: Current users / Children's centres

Current users: 73 responses

Self-referral	Health referral	Other referral	Child protection	Contact made by children's centre team
15%	45%	11%	19%	11%

More former users had been health referrals. Almost all of this variation is accounted for by only six centres; in others the proportion of health referrals is constant for current and former users.

Table 19: Selection: Former users / Children's centres

Former users: 77 responses

Self-referral	Health referral	Other referral	Child protection	Contact made by children's centre team
19%	70%	3%	3%	4%

Extended Services

For more than half of the 22 parents currently being visited, this came about because the school had identified a problem and made contact with parents. Among the others, 8 parents had asked for help. In one case, a parent been referred through health and one other by Social Services. The same pattern was reported for former users.

9.2.5 Support provided

Parents were asked about the content of the visits and the activities that the outreach worker did with and for them. Those responses were coded into different types of help and are presented below but many parents described the help they had received as addressing a range of interlocking problems or issues**.** It was the diverse, sometimes unbounded, nature of the support given which made it distinctive for them.

Children's centres

The most frequently reported type of help related to parenting or to some aspect of children's behaviour and learning.

Table 20: Support provided: Current users / Children's centres

Current users: 72 responses

Listening / Talking	Help in the home	Information advice/ practical help	Parenting advice	Health advice	Advice about training and work opportunities	Play	Confidence building
46%	**14%**	**36%**	**60%**	**24%**	**7%**	**17%**	**17%**

Sure Start helped me network and focus on positives

I was down on my luck and they helped me with a food parcel and getting benefits. I had an operation coming up and they supported me.

A similar pattern was reported by former users, except proportionally more described health advice as an element of the support received.

I got help with breastfeeding, a stair-gate fitted and help with the older children who were jealous of the baby, but the main thing was help with the depression, I didn't want to tell anyone about that.

She helped me to settle in when I arrived in the area and supported me after I had surgery for cancer.

Help in the home included simple activities like filling the washing machine or making a cup of tea, while information and advice and practical help included a wide range of support activities, from help with filling in forms, to resolving housing or benefit issues, to help with budgeting, to attending meetings and reviews and acting as a supporter or advocate. Many parents stressed the listening role of the visitor - as someone there for them, as a friend might be, but able to help in a range of practical ways as well.

Extended Services

A similar pattern of activities was reported, with more than three-quarters of parents describing listening and talking as the form of support received and nearly half describing help with children's behaviour or learning.

She would come to important meetings with me, make notes and speak for me.

Getting educational support that I didn't get when I should have.

K - suggested things to try and different approaches to deal with my child's difficult behaviour.

9.2.6 Purpose of outreach

Parents were asked if they had understood/were in agreement about the purposes of the family support they had received. The majority of current and former users felt that this had been explained to them at the start and built round their own expressed needs.

I was feeling low, a bad parent, I felt it was all my fault.

My son had lots of problems at school, he wouldn't go, he was anxious and clingy and his attention span wasn't good. I was depressed at the time.

I had just had the baby and I couldn't get a house, we were living in one room and I had depression and the family support worker, she got in touch with the housing office and it got sorted out and then we worked on getting me out and meeting other parents.

I had to give up drinking

I would have done anything not to lose my daughter.

9.3 BENEFITS

Parents were able, with ease, to describe the benefits of family outreach and almost all were clear that they had benefited, often to a significant degree.

9.3.1 Nature of benefits

The kinds of benefits described were very similar across all groups of parents, current and former users, schools and children's centres. In many cases these related to their children's health, well-being or school progress but for the parents themselves, benefits included increased confidence or aspiration, new friends, a reduction in depression, or tangible benefits like being re-housed.

Table 21: Nature of benefits: All Parents

All Parents: Benefits: 167 responses

Gained parenting skills	Health skills	Reduced mental health problems	Gains in self-confidence	Reduced isolation	Better able to deal with problems	Put in touch with other helping agencies	Benefit to child
55%	**12%**	**14%**	**40%**	**37%**	**41%**	**30%**	**35%**

I would get angry quickly, but A - would be calm. I would watch how she would do things.

I'm more confident to deal with "situations". I'm calmer, take time out.

I used to worry about parent's evenings, but they are not too bad.

Yes practical skills, to see things in a different light, able to string sentences together, confidence skills. Saw the potential was sky high. Then I started volunteering at the centre.

I learnt positive parenting, now feel able to discipline the children when they do wrong without feeling like a cruel mum. I have self-esteem and confidence, belief in my own judgements.

What was evident in many of the interviews was that the experience of support from children's centres and schools was qualitatively different from dealings with other services or agencies. Many parents recounted negative experiences of Social Services or housing departments. Why those prior experiences were negative was not clear but, for those interviewees, the singular factor about outreach family support was that they for the first time felt understood and not stigmatised.

I was p--d off with the world, I was treated properly by Sure Start. I took myself seriously and expected it from other services. Being a single parent is like a house of cards, one thing and the whole topples down.

The visits have taken away the facelessness of a council organisation.

9.3.2 Help with a specific problem

More than half of all parents said that outreach from the children's centre or school had helped them with a specific problem. Those problems related, mainly, to children or health issues. In the case of older children, the problems clustered around behaviour, in school or at home. For younger children, problems included speech and language, feeding and sleeping issues.

Other specific problems related to housing, lack of social contacts, or debt.

Table 22: Help with a specific problem: All Parents

All Parents: Benefits: 131 responses

Deal with a specific problem	Money related	Child related	Health related	Housing related
88%	**10%**	**76%**	**35%**	**11%**

I am more confident to talk to the teacher, help in the classroom.

I am now in control of the household.

I have started to bond with my son and can manage his behaviour better.

We were in a two-bedroom house, three girls to a bed and it was damp now we have been re-housed.

For some parents, the specific problems had been very serious, relating to domestic violence, or homelessness, acute depression or phobias, or issues relating to child protection. In these circumstances, the experience of being supported was described as a lifeline.

If we hadn't had the support - I think we'd have turned up in Social Services' doorstep

My daughter was being bullied at school and ran away from home. Social services were no help at all, but the parent support adviser has helped us a lot.

If it hadn't been for L - I know I would be dead by now.

I don't think we'd be together as a couple, let alone as a family, without the support.

9.3.3 Skills

As part of the benefits received, many parents described the acquisition of new confidence and skills. In some cases these changes were small or related to a discrete element of family life. For others, the experience of outreach had initiated progression – to becoming qualified, or volunteering, or towards employment.

Table 23: Visits helped to develop own skills: All Parents

All Parents: Benefits: 152 responses

Parenting	Relating	Practical	Health issues	Capacity to deal with problems	Managing children's behaviour
66%	**20%**	**15%**	**11%**	**32%**	**22%**

P - took me out of myself gave me a circle of friends, gave me my life, opened doors to everything.

I'm now working in reception at the centre, it's a fantastic team.

I feel more confident about my parenting skills.

Incredible Years was wicked, really helped me to solve problems.

9.3.4 Participation in new activities

Parents confirm the view of children's centre staff that outreach family support can provide a first step towards engagement with children's centre activities and other services.

90% took part in activities at the children's centre or school. 67% took part in other services in the community.

Table 24: Took part in other activities: All Parents

All Parents: Benefits: 158 responses

Volunteering	Stay and play	Workshops/ training courses	Smoking cessation groups	Health appointments	Getting back to work
26%	**63%**	**65%**	**9%**	**35%**	**28%**

Table 25: Participation: Current users

Current users: 67 responses

Increased participation	Stay and play	Training courses	Volunteering	Breastfeeding groups	Smoking cessation groups	Health appointment	Getting back to work
94%	61%	63%	10%	10%	9%	27%	22%

Table 26: Participation: Former users

Former users: 72 responses

Increased participation	Stay and play	Training courses	Volunteering	Breastfeeding groups	Smoking cessation groups	Health appointment	Getting back to work
97%	74%	68%	35%	3%	4%	35%	35%

Two thirds of both current and former users said that the support received had led them to make more use of services in the community.

9.3.5 Changes in the family

A large majority of current and former users said that the support they have received has led to changes in their lives or those of their families. Changes relate, mainly, to family relationships.

Table 27: Changes to parents lives: All Parents

All Parents: Benefits: 131 responses

Family relationships improved	Training and/or employ ment	Parent plays / reads to children on a regular basis	Become a volunteer	Reduced debt and housing problems	Children's immunisations etc up to date	Child's behaviour/ development has improved
63%	29%	26%	16%	11%	8%	38%

Table 28: Changes: Current users

Current users: 54 Responses

The visits have led to changes	Family relationships improved	Training and/or employm ent	Parent plays / reads to children on a regular basis	Become a volunteer	Reduced debt and housing problems	Child's speech and language improved
81%	59%	28%	19%	13%	9%	11%

Table 29: Changes: Former users

Former users: 50 Responses

The visits have led to changes	Family relationships improved	Training and/or employment	Parent plays / reads to children on a regular basis	Become a volunteer	Reduced debt and housing problems
93%	54%	24%	16%	14%	6%

9.3.6 Lack of benefits

Very few parents felt that they had received no benefits and their reasons were, mainly, that the service had not met their needs or that they had come to feel that they didn't need it.

As noted, most former users were highly positive about the support they had received and it had come to an end, in most cases, because parents no longer needed the help. In a small number of cases, parents had opted out of the support for reasons specific to their family circumstances.

They were gradually reduced as I became more confident - but I always knew S - was there if I needed her.

Things had calmed down, children went to Nursery and we were getting on ok.

I left my wife.

9.4 NON-USERS

There were 51 non-users. Nearly all were aware of children's centres or extended services in schools and knew something of the services they provided. Within the children's centre group, less than a third of non-users were aware that children's centres might provide childcare and slightly more than a third were aware that centres provide help with parenting.

Almost three-quarters said that they would be interested in learning more about how children's centres could help their families. Among those who were not interested, the main reason given was they already have the information and support they need.

Asked if problems arose at home, would it be helpful to have someone to visit, nearly all agreed that it would be helpful.

Asked about the kinds of support which might be useful, the main choice, of almost a third, was health advice. Eight parents thought help on parenting issues would be useful; only one parent wanted help with confidence building and four thought it would be helpful to have someone to talk to.

Among the parents linked to schools providing extended services, there were high levels of awareness about the types of activities offered and the majority were interested in finding out more.

9.5 ALL FAMILIES: THE SUPPORT THEY WANT

All parents were asked about type of support person which they would most like to have and the kinds of support they would find helpful. Among those responding, the main preference was for support from the children's centre, closely followed by a family member.

9.5.1 Ideal Support Person

Parents were asked to describe their ideal support person. More than a third described their first choice as a family member, but among those who had been supported through outreach, a more frequent choice was the children's centre or school.

Table 30: Ideal Support Person: All parents / Children's centres

All parents: 188 Responses

Family member	Children's centre	Friend	Health visitor	GP	Other
37%	40%	9%	7%	<1%	6%

Table 31: Ideal Support Person: All parents / Schools

All parents: 46 responses

Family member	Schools	Friend	Health visitor	GP	Children's Centre
35%	48%	9%	0%	0%	9%

A main preference for a family member characterised the non-user group.

Table 32: Ideal Support Person: Non-Users / Children's centres and schools

Non-users: 51 Responses

Family member	Children's centre	Friend	Health visitor	GP	School
47%	16%	14%	4%	2%	18%

Among all fathers, the main preference (43%) was for a family member.

However, these indications conceal wide variation in the views of parents from particular centres. In those centres which are health-led and in those which are relatively new, the preference of parents was for a family member. In former Sure Start programmes, the preference for support was from the children's centre.

Where there was consensus among parents was in relation to the qualities associated with an ideal support person. Those qualities were friendliness, empathy, a non-judgemental attitude, good listening skills and being knowledgeable.

Open, non-judgemental, acts on what you say.

Smiley, not stuck up, good listener, supportive.

Friendly, warm, clear communicator

Friendly, helpful, don't feel pressured to do it their way, listens to you.

Someone easy to talk to, that I like and know, genuine, tells you how it is.

Trustworthiness and reliability were also important.

Trustworthy, someone I could get along with.

Someone you can trust, experienced.

Someone you can trust 100%.

Someone you can trust and feel comfortable with. Someone who listens, is not overpowering, you can rely on.

9.5.2 Type of support needed

Asked about the types of support which would be helpful, the main preference was for someone to talk to, followed by advice and information, specialised help and practical support. This pattern was consistent across all groups, including fathers.

Table 33 Type of support needed: All parents

All parents: 232 Responses

Practical	Advice and Information	Someone to talk with	Specialised knowledge
38%	58%	74%	53%

9.5.3 Areas of family life for which help might be needed

Parents were asked to describe the areas of family life for which help might be needed.

Table 34 Areas of family life: All parents

All parents: 239 Responses

Health	Children's behaviour	Money	Benefits/tax	Children's learning
38%	52%	26%	26%	44%

School	Transport	Childcare	Back to work	Relationships
34%	16%	41%	42%	19%

Parents with income less that £15k more frequently said they would like help with relationships, managing money, overcoming transport problems and support to get back to work.

9.5.4 Parents as outreach workers

Nearly three-quarters of parents said that they would be happy if a support person was a parent from their local community. A small number had concerns about confidentiality, but for others, someone who knew the local community and had been through similar experiences represented the ideal support person.

Yes - the community being together is the way forward.

They would have the same life experience.

Parents - Yes! Health Visitors who don't have children drive me mad.

Good. Even better if person trained. Can believe them when they say they know how I feel.

It would be better; inside knowledge.

Others were less sure.

Not sure, would have to be properly trained and skilled people.

I like it being a professional not a parent that I might know and see at weekend. If it was a parent I didn't know, someone older, that I trusted, with older children than mine.

10. CONCLUDING DISCUSSION and ISSUES

A clear finding of the study is that the children's centres visited are reaching and supporting families who are in need and who are in what have been termed priority categories. Many have long-term health problems and also have children with chronic health problems or disabilities. Some of those parents are coping with a number of adversities, live in, or have escaped from violent relationships or in families where drugs and alcohol are an issue, or lack a permanent home. For many of those families, these difficulties are compounded by poverty.

In a similar way, the schools offering access to extended services in the study have found, in their outreach staff, a means of connecting with families, who lack, but need, support and who are finding parenting challenging. It is clear too, that while family support staff make this engagement more effective, head teachers are closely involved in leading the work.

Outreach has been the means of engaging with those families. Those leading and managing the work of the centres and schools visited, are committed to supporting families across a wide range of issues, helping parents to deal with problems which may be complex and resistant to solution.

10.1 CREATING AN INCLUSIVE BRAND

Parents participating in the study were readily able to describe the benefits of support received through outreach. For the majority, these benefits are predominantly configured around their children's behaviour, health and well-being and their own confidence as parents. However, a number believe that the experience of family outreach has set their lives on an entirely new track. In a few cases, parents believed that the experience had literally saved their lives.

These are very significant experiences and one clear factor is the capacity of outreach staff to gain the trust of parents at an early stage. Parents repeatedly stressed prior, negative, experiences of social workers, housing officials and occasionally, health visitors; of feeling stigmatised, or of being misunderstood, or of services being neglectful towards them.

It is not possible to determine how objective these perceptions are, but what was significant was the number of occasions on which parents described outreach workers in terms which are more normally reserved for friends or other family, members. Comments like *she's always there for me* suggest an emotional connection which is in contrast to the detachment or coldness which parents associated with other professionals and agencies. This is not to suggest that outreach workers were not professional, on the contrary, they were clearly valued also for their skills and knowledge. Rather it is to suggest that one achievement of children's centres is to have 'rebooted' professional family support, in so doing creating a more inclusive or 'family' brand.

10.2 FATHERS

Family support is highly gendered, with women being both the main beneficiaries and practitioners of outreach. Partly, this might be explained by the roles mothers play in managing family life, the preponderance of lone parent families headed by a woman or, the possibility that mothers act as shock absorbers of poverty, the main managers of debt and stress.

However, the culture of children's centres, their method of operation, even opening times, makes them more accessible to women. This is a point which has been made by others. There were very few fathers among the interviewees, but it may be significant that unlike female users or former users, their first choice, for family support, was not a children's centre or school, but a family member. Their preferences, in this respect were closer to those of the non-users.

Children's centres and extended services are aware of the potential for imbalance in this respect and many are reviewing their practice in relation to engaging fathers. However, this is not a simple or easy issue for it raises the question of how far, or at what rate, those services can alter or transcend the gendered realities of the communities they serve; in which women are the primary care-givers for young children.

Many of the centres in the study were supporting mothers in abusive or violent relationships and for those mothers, the gendered nature of family support was seen by staff to be both necessary and therapeutic.

Engaging fathers would, in all probability, be made easier if children's centres and extended services were to focus their services on a broader child age range, with activities for all family members, including older brothers and sisters. However, in terms of the status quo, it was evident that those settings which offered weekend events reported higher levels of father involvement.

10.3 FACTORS INFLUENCING THE SUCCESS OF OUTREACH

From the information supplied by parents, some centres and schools appeared to be more successful than others in engaging those who might be considered *hard-to-reach*. However the numbers of parents involved, in each location, were very small.

A number of factors appear to influence the success of outreach. For children's centres, the relationship with health visitors is pivotal. In small urban areas, outreach staff may be able to identify target families through door-knocking or stopping people in the street; but in larger conurbations, or in rural areas, partnerships with health professionals are essential.

Data-sharing is also of particular importance. Where this is in place, staff are able, more effectively, to identify families in need of support and at a suitably early stage. Looking to the future, a move to full data-sharing, with appropriate safeguards, would appear to be an important requirement for effective targeting of family support.

It is understood that the Department of Health, in partnership with Department for Children, Schools and Families colleagues, have a joint programme of work to improve health engagement in children's centres, to address these types of issues.

Schools with extended services do not have to ‘attract’ families in the same way, because parents are compelled, by law, to send their children to school. In smaller schools, teaching and other staff may know families reasonably well. The challenge for schools is in developing trusting and inclusive relationships with those parents who are remote from school involvement, but who may need support.

Extended services staff also need to be aware of the involvement of other agencies with families of their children. However, evidence that schools are able to benefit from the knowledge held by health, children’s centres, other agencies, of particular families, was inconsistent, across the sample of schools.

A further factor, confirming the findings of other studies, is that good multi-agency working increases the effectiveness of outreach. Children’s centres which work closely with social services and receive referrals from this source are more likely to be working with families with high levels of need and, as a result, to attract other families with similar needs, through word of mouth. In this same context, establishing active links with drug and alcohol teams, adult mental health services and disability teams is of clear relevance in extending reach.

On the evidence of the study, an additional but important factor relates to the use of parents and local community groups, whose voices in reaching particular groups of families cannot be overstated. This was evident across a range of work, from engaging fathers to ethnic and religious minorities, asylum seekers and those with reasons for wishing to avoid contact with services.

10.4 CONFIGURING AIMS

One of the most interesting findings is the way in which a common vocabulary can, on occasions, obscure differences of meaning and purpose. This was, for example, evident in the use of the term ‘empowerment’ the different meanings of which had, as noted, quite significant implications for the ways in which services were configured.

It was observable, too, that, across a possible spectrum of outcomes for families, many, though not all, centres were inclined to focus on those elements which played best to their capabilities, values and to an extent, professional background.

Staff found it easier to describe the process of outreach than to relate their aims. Centres varied in their understandings of why families needed support or the best and most appropriate model of change. The wide spectrum of opinion about forms of progression or capturing measurable outcomes is a related issue.

Parents, in contrast, were much more inclined to describe outcomes and many were clear about the benefits they had received and the kinds of change they wanted for themselves and their families. Those in low income groups were more likely to associate that change with access to training and childcare to support them to move into employment.

Empowerment, for families, can be expressed in any number of ways - relating to behaviour, or feelings, or internal states of mind, economic well-being, or at the level of community. Those with the responsibility for delivering a wide and varied menu of family support might welcome guidance on change models and how these can be developed and implemented.

Although called children’s centres, in reality much, if not most, of their work is with parents who are adults. Some of this work might be considered as education, other elements as counselling or, alternatively, advocacy.

Some of the centres visited had highly developed partnerships with training providers and where these were in place, there appeared to be good opportunities for offering parents opportunities to gain skills and qualifications which, in turn, might be used to secure employment. In these settings volunteering projects also provided transitional employment opportunities. However, this was not the case in all centres visited.

More widely, the Childcare and Early Years Provider Survey in 2007 found that 87% of children's centres provided help with literacy and/or numeracy.[122] However, no information is available on whether this took the form of family learning or more sustained work leading to full qualifications.

There may be a need for more support for the workforce for some or all of those areas and scope to further strengthen links, at a local level, between children's centres and colleges and other training providers and with third sector and advocacy and community development bodies. This might be equally applicable to schools offering extended services.

10.5 POVERTY

Children's centres have a key role to play in narrowing the gap in outcomes between children growing up in poverty and deprivation and those living in more affluent households. Since poverty is associated with so many negative outcomes for children, it is hard to see how the gaps can be effectively addressed without a more explicit focus on economic well-being.

All of the settings visited were committed to meeting the needs of the families within their care, but, although they are well aware of the existence of poverty, the weight given to it, as both a cause and an explanation for the vulnerability of certain families, is variable, from centre to centre. This is consistent with other research relating to the perceptions of children's services staff relating to their role in poverty reduction.[123]

There can be no lasting solution to child poverty until definitive progress is made towards increasing the skills and employability of those parents who are most economically marginalised. Since the main, if not only, route out of poverty for families is through obtaining qualifications and work, DCSF might wish to give this area of work more encouragement, together with support for planning progression and the dissemination of effective practice.

The range of child poverty pilots, announced in the 2008 Budget may provide the stimulus and evidence for this. These will explore new ways to co-ordinate local efforts to reach families at risk of poverty and deliver the services they need. Specifically, the Work Focused Services in Children's Centres Pilot is testing how bringing together key delivery partners, including Jobcentre Plus and local authorities, to provide parents with a holistic return to work service, impacts on levels of child poverty.

In addition, through the Beacon Council Scheme the Government is facilitating ways to share best practice and highlight creative solutions. In March 2009, the Government announced that three local authorities were awarded Beacon status for excellent work in tackling and eradicating child poverty.

[122] Nicolson, S.,Jordan, E.,Cooper, J. & Mason, J., (2008) Childcare and Early Years Providers Survey 2007. Research Report DCSF-RR047
[123] Cameron, D., Fryer-Smith, E., Harvey, P., & Wallace, E. (2008) Ibid

DCSF has also commissioned the Centre for Excellence and Outcomes (C4EO) to help local authorities develop and put into place whole area child poverty strategies. This will include production of a knowledge review and evidence about *what works*; recruitment including twelve sector specialists who will work with Local Authorities to build capacity and improve services on child poverty.

CWDC, as the body responsible for the children's workforce strategy, has initiated a strand of work relating to poverty and disadvantage and this may help to clarify what form of training would best support those on the front-line of the government's anti-poverty initiatives.

10.6 TRACKING PROGRESSION

Children's centres and schools, working with adults, can offer the best possible progression where they use individualised planning and can monitor and review development. Some centres do use individualised planning, for referred parents, but this appears to relate mostly to the reason for the referral.

The methodology used in further and adult education, which incorporates individual learning plans, agreed with learners and the tracking of retention and achievement might be suitable for adaptation for the work of children's centres.

Clearly, any such system has to be proportionate, both in relation to the staff resources available, and in respect of not being excessively onerous for parents. However, the principle of establishing agreements with parents about the outcomes they would like to achieve from their involvement with children's centres and extended services might make a suitable starting point.

Where data management systems are being put in place by local authorities, there is an opportunity to establish baseline and other data relating to demographic and other variables which would enable centres and schools to evidence their reach to all sections of the community, including hard-to-reach groups.

Many of the benefits related by parents represent *soft* as well as *harder* outcomes. Centres and schools should explore the development of soft outcome measurement systems. Guidance for the development of soft outcome models, created for ESF projects is readily transferable to other types of provision.

10.7 TRAINING AND QUALIFICATIONS

The Expert Group 0-7 which provided key recommendations for the Children's Plan captured the main issues for this scoping study, in terms of skills, qualifications and support, when it summarised the key issues:

- there is an important role for dedicated outreach workers
- the role is instrumental in building trust amongst some of the most vulnerable and disadvantaged families
- the role is most effective when carried out in partnership with established home-visiting services i.e. health visitors and respected voluntary / community organisations / volunteers
- their role and purpose may extend beyond traditional boundaries of 'children's services' into wider issues

- there needs to be clarity about the extent and duration of their outreach work with families

- outreach workers need to know how to signpost families to the full range of support available

- outreach workers need to have access to information from colleagues about families' access to services so that they can support them effectively

On the evidence of the study, local authorities are beginning to develop standard job descriptions and to clarify the responsibilities of outreach workers. This must increase coherence, although care needs to be taken that it does not diminish local responsiveness.

There is a need to clearly define the roles for which children's centre staff should be accountable, in terms of social care, health visitors and other health professionals and develop the functional maps that would enable the job descriptions and person specifications to be developed from the relevant national occupational standards.

This might lead to a coherent view about what types of qualifications are required for particular roles. A number of those consulted by the study favoured a tiered framework, with qualifications tied to the level and complexity of the family support role. Where this approach was identified within the study, it appeared to work well.

Many effective outreach staff use knowledge, experience and skills which are not reflected in formal qualifications and it is important that this dimension is retained. It is also clear that parent volunteers are important contributors to school and children's centre outreach, welcomed by other parents. Their training needs should be considered as part of the development of outreach workforce.

A range of common training modules could meet some of the most frequently expressed needs e.g. understanding domestic violence. These could be developed as new units on the new Qualifications and Credit Framework, providing accredited opportunities and further developing the Integrated Qualifications Framework.

10.8 STANDARDS

Finally, the production of guidance and other support materials for outreach was welcomed in the local focus groups and in the national incubators, with the caveat that guidance should be flexible and capable of successful local adaptation.

Currently, the best guarantee of quality in outreach is provided by the commitment, skills and experience of those providing the services. From the evidence of the study, those qualities are not in doubt, but with the current expansion of outreach, guidance about professional roles, accountability, supervision and other factors relating to the quality of the support environment would be desirable.

These, together with some of the issues described above would be relevant for inclusion in guidance. This could usefully be supplemented by other support materials which would usefully include examples of transferable best practice.

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Glossary

AHDC	Aiming High for Disabled Children
BME	Black and Minority Ethnic
BSc	Batchelor of Science
BTEC	Business and Education Technology Council
C4EO	Centre for Excellence and Outcomes
CAB	Citizen's Advice Bureau
CACHE	Council for Awards in Children's Care and Education
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Service
CCLD	Children's Care Learning and Development
CEDC	Community Education Development Centre (now Continyou)
CV	Curriculum Vitae
CWDC	Children's Workforce Development Council
DCSF	Department for Children, Schools and Families
DfES	Department for Education and Skills
DH	Department of Health
DWP	Department for Work and Pensions
ECDC	Early Childhood Development Centre
ECM	Every Child Matters
ELPP	Early Learning Parenting Project
EPPE	Effective Provision of Pre-school Education
ESF	European Social Fund
ESOL	English for Speakers of Other Languages
ESRC	Economic and Social Research Council
FLLN	Family Literacy, Language and Numeracy
FSESs	Full Service Extended Schools
GP	General Practitioner
HR	Human Resources
ICT	Information and Communication Technology
IMD	Index of Multiple Deprivation
NAPP	National Academy of Parenting Practitioners
NCH	National Children's Homes (now Action for Children)
NDLP	New Deal for Lone Parents

NESS	National Evaluation of Sure Start
NFER	National Foundation for Education Research
NFPI	National Family and Parenting Institute
NOS	National Occupational Standards
NVQ	National Vocational Qualifications
OECD	Organisation for Economic Co-operation and Development
Ofqual	Office of the Qualifications and Examinations Regulator
Pcemp	Parent Child Empowerment Programme
PCT	Primary Care Trust
PEAL	Parents, Early Years and Learning
PEEP	Peers Early Education Partnership
PEIP	Parenting Early Intervention Pathfinder
PSA	Parent Support Advisers
QCF	Qualifications and Credit Framework
QTS	Qualified Teacher Status
SVQ	Scottish Vocational Qualifications
SWiS	Support Work in Schools
TDA	Training and Development Agency
UK	United Kingdom
US	United States
VCS	Voluntary and Community Sector
VRQ	Vocationally Related Qualifications

Appendix 1: National Focus Groups (incubators) Attendees

Contact Name	Organisation
Alison Higley	Community Practitioner's and Health Visitor's Association
Anne Birch	Stockport, Inclusive Communities, Children and Young People
Anne Page	Family and Parenting Institute
Bernadette Duffy	Coram
Beth Reid	National Autistic Association
Celia Suppiah	Community Mothers
Celia Watson	VCS Engage
Craig Weeks	Homeless Link
Denise Burke	London Development Agency (LDA)
Derek Moore	NCH
Dolores Crawford	Addaction
Felicity Hanson	Home Start,
Geoff Scammell	Dept for Work and Pensions (DWP)
Jonathan Rallings	Day Care Trust
Judy Potts	Pen Green Centre
Julia Strong	National Literacy Trust
Julian Gibbs	National Day Nurseries Association
Juliane Wesemann	Dept for Children, School and Families (DCSF)
Julie Higson	Continyou
Kate Billingham	Department of Health (DH)
Liz Garrett	Children's Workforce Development Council
Lucy Gampbell	Action for Prisoners Families
Lynda Sandham	Pre-School Learning Alliance
Mary Crowley	National Academy for Parenting Practitioners
Michael Hiscock	Together for Children
Nadia Crichlow	Parent Talk
Nina Burich	Community Matters
Pamela Park	Parenting UK
Penny Lamb	National Institute Adult Continuing Education (NIACE)
Rose Mary Owen	Relate
Sally Mehta	Parentline Plus
Sarah Rush	Contact a Family
Steve Walker	Improvement and Development Agency
Sue Finch	4 Children
Susanna Todd	Dept for Children, School and Families (DCSF)
Teresa Downing	Dept for Children, School and Families (DCSF)
Tim Bearcroft	Playmatters, National Association of Toy and Leisure Libraries

Appendix 2: Topic Guide National Focus Groups

What is outreach? - Scope - Who does it? - Where does it take place?	**Probe:** What are the aims of outreach? - how far is it an awareness raising tool and is it also a delivery mechanism? What part does outreach play in family support - where, apart from the home, might this take place?
A framework for thinking about outreach - How are families selected for outreach? - What changes or outcomes are hoped for? - What are the principles / models which underpin outreach? -	**Probe:** How and by whom are needs identified? What are common referral mechanisms? What part does self-referral play? How do changes hoped for relate to wider policy aims? What evidence does outreach draw on, in terms of models of family support, or models of behaviour change?
Measuring Effectiveness - Evidence base - Outcome measurement - Impact on Poverty	**Probe:** How are outcomes formulated? Soft and hard outcomes? Where are there exemplars in measuring outreach outcomes? How do services work together to record outcomes?
The outreach workforce - Is outreach a separate and distinct role? - Pre-employment qualifications and training - Induction, in-service training and CPD - Where are the gaps - what is needed?	**Probe:** What are key areas of prior experience? How important is local knowledge? What is the role of volunteers / value of peer-support models? Should there be an outreach qualification or are other existing qualifications relevant? How is risk addressed?

Appendix 3: List of participating children's centres

Basford Children's Centre, Nottingham

Castle Hill Children's Centre, Croydon

Embankment Children's Centre, Barnsley

Ferham Children's Centre Rotherham

Hemlington Children's Centre, Middlesborough

Hillfields Children Centre, Coventry

Ladywell Children's Centre, Lewisham

The Maden Community and Children's Centre, Rossendale

Marsh Farm Children's Centre, Luton

Sure Start Central, Southampton

Tarner Children's Centre, Brighton

Tilbury Children's Centre, Thurrock

Willington Children's Centre, Durham

Whadden Children's Centre, Gloucester

Woodberry Down Children's Centre, Hackney

Appendix 4: Pre-visit questionnaire

Study of Outreach- Pre-visit questionnaire

Name of Centre: … ……..

Address: … …….. ..
.....

Postcode: … …… Tel No: ……..

Name of Head of Centre.....

Outreach work

Please give us a brief description of your work in this area

Do you provide outreach services in respect of any of the following?

Tick all which apply

Health	
Family support	
Drug and alcohol dependency	
Befriending	
Travellers Groups	
BME Families	
Families living with disability	
Teenage parents	

Can you provide evidence of outcomes?

If so, please tell us how you assess and measure these?

Can you provide evidence of engaging with families considered to be hard reach"?

If so, please tell us briefly how you assess and measure this?

Do you work with partner agencies?

If so, do you work with any of the following? **Tick all which apply**

Health visitors	
Community Groups	
Drug and Alcohol Teams	
CAMHS	
Midwifery Services	
Social Services	
Disability Teams	
Family learning	

Other please state:

Are you attaching?	**Tick all which apply**
Outreach job descriptions	
Monitoring reports	
Evaluations	
Case studies	
Training materials	

Anything else you'd like to tell us about:

Please return, by email to xxxxxx or by post to Capacity 131 High Street, Teddington TW11 8LA

Appendix 5: Topic Guides - Phase 1 Staff interviews

Children's Centre Heads

1. Introduction Introduce self and explain the purpose of study and how it fit within wider DCSF outreach project.	
2. Conduct of Interview Reassure regarding confidentiality and check digital recording ok. Check if any questions or concerns.	
3. Background Briefly describe your role in relation to the outreach programme undertaken by your staff (and volunteers)? Confirm the size (numbers) of your overall staff team? Tell me how long you have been in your current role?	**Probe** Does centre head directly manage outreach staff or provide strategic direction?
4.The outreach service Can you briefly describe your outreach strategy - which groups of families are the priority / targets for the service, how were these decided? How did the service come about in the first place? What needs assessment took place, prior to the programme being developed - what did this involve? Has the needs assessment been updated from time to time? Has your outreach strategy changed over time? If so, is this in terms of target groups or the way the service is delivered or both? In what ways does outreach from the centre build on or complement other outreach activities delivered by other agencies within the local authority? What funding is allocated to your outreach programme? How is this decided? What sources of funding are you able to draw on?	**Probe** Was strategy developed, principally, as a local response or as part of a broader authority-wide outreach strategy? Were families involved in shaping the strategy? How flexible is the service in terms of responding to the needs that parents identify for themselves and their children?
5. Hard-to-reach What can you tell me about the families you are targeting? Why do they need support? Would you consider them to be hard-to-reach and if so why? In your view, what are the main reasons why families might not engage with or use health and other services? In what ways does outreach support those families who are experiencing adversity and / or are most at risk of social exclusion? What changes are you hoping to see? How will these make a difference to their lives and help to create better outcomes for children?	**Probe** Are families approached on basis of priority categories, or on basis of issues e.g. breastfeeding or combination of approaches. Do reasons relate to wider economic factors / external stresses / particular factors in the lives of families / services don't meet needs, or a combination of these reasons? Are changes related to ECM framework?

What, if any, are the main ways in which outreach can alleviate or reduce child and family poverty? Would you expect entry to training and employment for parents to be one change?	What are aims of the outreach programme - and how do these relate to broader social policy, e.g. reducing child poverty?
6. Measuring Benefits and Success How well is the outreach strategy working - what has worked well and what has worked less well? What approaches have been most / least successful in engaging hard-to-reach families? What are the main reasons why parents might drop out of an outreach service? How do you find out what the reasons are? We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. How, in your view can these changes best be captured and benefits assessed? Are there opportunities for the families themselves to contribute to this process? How would you sum up "best practice" in outreach?	**Probe** What systems exist to monitor hard and soft outcomes / progression? What use is made of case studies and evaluations - what baseline information exists in relation to outreach and centre users? How do parents contribute? Is best practice defined as process/ by outcomes / skills of team, or combination?
7. Staffing and Resourcing What are the main skills and qualities you want from your outreach staff? What if any prior qualifications are relevant? What prior experience would you look for when appointing staff? What forms of training and support have you found to be useful, in terms of personal and professional development for outreach staff? Have you developed these yourself or have you found any external training programmes to be particularly helpful? Can parents make good outreach workers, either as volunteers or as staff? What are the benefits of using parents? Are there any disadvantages in using parents and if so, how can you overcome these? How, if at all, is the success of your outreach strategy influenced by the level of funding available? What more could you do/achieve if you had more resources?	**Probe** What is the balance between skills and knowledge? Are different skills / qualifications needed, depending on the nature of the outreach role? **Thank You**

Topic Guide - Outreach Worker

1. Introduction Introduce self and explain the purpose of study and how it fit within wider DCSF outreach project.	
2. Conduct of Interview Reassure regarding confidentiality and check digital recording ok. Check if any questions or concerns	
3. Background Briefly describe your role in relation to the outreach programme. Confirm the outreach staff you manage? How long you have been in your current role? Outline your experience and qualifications	
4.The outreach service What are your aims and what are you trying to do? Who is the service for and who decided which families receive which service? How many families are you supporting through outreach? Is it delivered in partnership with other agencies and if so, how? In what ways does outreach from the children's centre build on / complement other outreach activities delivered through the local authority / voluntary organisations?	**Probe** How families are identified / referrals are made. How many partner agencies - which if any are co-located? Key voluntary sector partners? Nature of multi-agency working - how independent / integrated is the centre?
5. **Hard-to-reach** What can you tell me about the families you are targeting? How are they selected? How are they engaged? Are their needs assessed on an individual basis? Why do they need support? Would you consider them to be hard-to-reach and if so why? In what ways does outreach support those families who are experiencing adversity and / or are most at risk of social exclusion? Can you describe them? What changes are you hoping to see as a result of your outreach programme? How will these make a difference to their lives and help to create better outcomes for children. In your view, what are the practical and other barriers that might prevent families from making use of services?	**Probe** Are families approached on basis of priority categories, or on basis of issues e.g. breastfeeding or combination of approaches? Do reasons relate to wider economic factors / external stresses / particular factors in the lives of families / services don't meet needs, or a combination of these reasons? Are changes related to ECM framework? What are aims of the outreach programme - and how do these relate to broader social policy, e.g. reducing child poverty? How far have outreach programmes addressed practical barriers?

6. **Measuring Benefits and Success** How well is the centre's outreach strategy working? What has worked well and what has worked less well? What approaches have been most / least successful in engaging hard-to-reach families? What proportion of parents drop out of outreach? What are the main reasons why parents might drop out of an outreach service? How do you find out what the reasons are? We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. In your view how can these changes best be captured and benefits assessed? Are there opportunities for the families themselves to contribute to this process? How would you sum up "best practice" in outreach?	**Probe** What use is made of case studies and evaluations - what baseline information exists in relation to outreach and centre users? Is best practice defined as process / by outcomes / skills of team, or combination?
7. **Supporting Effective Outreach** What are the main skills and qualities needed by outreach workers? What if any existing qualifications are relevant? What do think is essential in terms of prior experience for outreach work? What forms of training have you found to be useful, in terms of personal and professional development for yourself (and your team)? Has this been developed in-house (by whom?) Have you found any external training programmes to be particularly helpful? What professional support/supervision arrangements are in place for you and your team? **Thank You**	**Probe** What is the balance between skills and knowledge? Are different skills / qualifications needed, depending on the nature of the outreach role? How far training received has been for generic outreach role, or issue-based, e.g. alcohol awareness Is professional support separate from line management arrangements?

Topic guide - Local Authority Officers

1. Introduction Introduce self and explain the purpose of study and how it fit within wider DCSF outreach project.	
2. Conduct of Interview Reassure regarding confidentiality and check digital recording ok. Check if any questions or concerns	
3. Background of respondents You have strategic responsibility for children's centres, can you please briefly describe what your role in relation to outreach entails? Do you have other strategic responsibilities within your role and if so, can you tell me a little about what these are? Do any of these other responsibilities have an outreach element e.g. extended schools? Tell me how long you have been in your current role?	**Probe** Is strategic and operational management combined? Responsibility for working links with other agencies?
4.The outreach service What do you see as the main purpose of outreach services for children and families? Is there an overall strategy for outreach from children's centres? What target numbers are involved across all centres? How do the numbers distribute across target groups? How were target groups decided? How were needs identified? If no - are outreach strategies delegated to individual centres to decide? Are they permitted / expected to decide target groups and numbers? Conduct own needs analysis What sources of funding does children's centre outreach draw on? What does this cover? Is it sufficient? If not, what would additional work could be funded if more money were available? Has your outreach strategy changed over time? Is there a multi-agency approach to outreach within the authority? Does this extend to data-sharing among agencies? How do universal and specialised service teams work together - has this changed over time?	**Probe** Are aims process or outcome-based? How do they relate to wider government policies and other local authority strategies If overall strategy, If yes - how was this formulated and what is its purpose and objectives? Who develops job-descriptions? Are these standardised across centres / mapped to occupational standards? If strategy has changed, is this in terms of target groups or the way the service is delivered or both? In what ways does children's centre outreach from the centre build on or complement other outreach activities delivered by other agencies within the local authority?

5. Hard-to-reach What can you tell me about the families you are targeting? Why do they need support? Would you consider them to be hard-to-reach and if so why? In your view, what are the main reasons why families might not engage with or use health and other services? In what ways does outreach support those families who are experiencing adversity and/or are most at risk of social exclusion? What changes are you hoping to see? How will these make a difference to their lives and help to create better outcomes for children? What, if any, are the main ways in which outreach can alleviate or reduce child and family poverty? Would you expect entry to training and employment for parents to be one change?	**Probe** Are families approached on basis of priority categories, or on basis of issues e.g. breastfeeding or combination of approaches. Do reasons relate to wider economic factors / external stresses / particular factors in the lives of families / services don't meet needs, or a combination of these reasons? Are changes related to ECM framework? What are aims of the outreach programme - and how do these relate to broader social policy, e.g. reducing child poverty?
6. Measuring Benefits and Success How well is the outreach strategy working - what has worked well and what has worked less well? What approaches have been most / least successful in engaging hard-to-reach families? We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. How, in your view can these changes best be captured and benefits assessed? Are there opportunities for the families themselves to contribute to this process? How would you sum up "best practice" in outreach?	**Probe** What local authority data systems are in place? Do these monitor hard and soft outcomes / progression? What use is made of case studies and evaluations - what baseline information exists in relation to outreach and centre users? Is best practice defined as process/ by outcomes / skills of team, or combination?
7. Staffing and Resourcing What are the main skills and qualities needed in outreach staff? What if any prior qualifications and experience are relevant? What forms of training and support are available to outreach staff, once appointed? Have you developed these yourself or have you found any external training programmes to be particularly helpful? Is any training done on a multi-agency basis? Can parents make good outreach workers, either as volunteers or as staff? What are the benefits of using parents? Are there any disadvantages in using parents and if so, how can you overcome these? **Thank You**	**Probe** What is the balance between skills and knowledge? Are different skills / qualifications needed, depending on the nature of the outreach role? Which forms of training have been found to be most relevant? What are arrangements for CAF training?

Appendix 6 Topic Guide - Parent Interviews

Topic Guide - Phase 1 Parents

1. Background to study	
2. Introduction Introduce self and explain the purpose of study and how it fit within wider DCSF outreach project.	
3. Conduct of Interview Reassure regarding confidentiality and check digital recording ok. Check if any questions or concerns.	
4. About the Outreach Service: Current users	
4.1 Are you being visited at home or somewhere near to your home by a member of the children's centre team? Who visits you? .	Health Worker Family support worker Play worker Specialist worker Volunteer Social Worker / Care Other
4.2 How often are you visited?	Once a week Fortnightly Monthly Not regular When asked for Other
4.3 How long have you been visited for? (Number of weeks)	Less than 10 weeks 11-26 weeks 26-52 weeks More than 52 weeks
4.4 How long do the visits last?	Half an hour An hour Half a day Other
4.5 How did the home-visiting come about?	Self-referral Health / disability referral Child protection team referral Contact made by children's centre team Other referral
4.6 What kinds of activities does the home / outreach visitor do with and for you?	Listening / Talking/Mentoring Help in the home Information giving (e.g. Where to get practical and other help) Advice regarding parenting Advice about health Advice about training and work opportunities Confidence building Play with children

4.7 What do you understand to be the purposes of the visits / activities?	Smoking cessation Infant care Breastfeeding Overcome phobia or mental health problem Help with domestic violence Help parent to manage children's behaviour Help parent support child's play and learning Help with relationship with partner Help with addiction problems Other e.g. General support / information
4.8 Was purpose explained /agreed at the start? YES / NO	
4.9 Do you feel that you or your family have benefited from the visits?	Nature of Benefits: Gained confidence in parenting Health skills Become abstinent Reduced mental health problems Gains in self-confidence Reduced isolation Better able to deal with problems Put in touch with other helping agencies Benefit to child
4.10 Have the visits helped you to deal with a specific problem?	
4.11 Have the visits helped to develop your own skills in any way?	Parenting skills Relating skills Practical skills Health issues Capacity to deal with problems
4.12 Have the visits made a difference to your (general confidence) or how you feel about yourself?	Parenting related Relationship related Community related Employment related
4.13 Have the visits led you to take part in other children's centre activities.	Stay and Play Workshops and training courses Volunteering Breastfeeding groups Smoking cessation groups Health appointments for you or your children Steps towards getting back to work Other
4.14 Have the visits led you to make more use of other services in the community?	Health Childcare Adult education and training Job seeking Other

4.15 Would you say that the visits have led to any changes in your life or that of your family?	Family relationships improved Training and / or employment for parent Parent plays / reads to children on a regular basis Childrens' speech and language skills improved Become a volunteer Reduced debt and housing problems Keeping up to date with children's immunisations / dental / health appointments Income has increased Change in eating habits Increased participation in children's centre activities Make more use of other services in the community Child's behaviour / development has improved
4.16 Do you feel the benefits have increased as the visits have gone on?	
4.17 If you feel that you have not benefited what do you think are the reasons?	Needs not met Service not what was anticipated/agreed Did not find visitor helpful Timing wasn't right Didn't need the service in first place
4.18 Are you or have you in the past been visited by any other service?	Health visitor Social worker Other
About the outreach Service: **Former users**	
5.1 Were you being visited at home or near to your home by a member of the children's centre team? Who visited you?	Health worker Family support worker Play worker Specialist worker Volunteer Social Worker / Care Other
5.2 How often were you visited?	Once a week Fortnightly Monthly Not regular When asked for Other
5.3 How long were you visited for?	Less than 10 weeks 11-26 weeks 26-52 weeks More than 52 weeks
How long did the visits last?	Half an hour An hour Half a day Other

5.4 How did it come about?	Self-referral Health / disability referral Child protection team referral Contact made by children's centre team Other referral
5.5 What kinds of activities did the outreach / home visitor do with and for you?	Listening / Talking/Mentoring Help in the home Information giving (e.g. Where to get practical and other help) Advice regarding parenting Advice about health Advice about training and work opportunities Confidence building Play with children
5.6 What did you understand to be the purposes of the visits / activities?	Smoking cessation Infant care Breastfeeding Overcome phobia or mental health problem Help with domestic violence Help parent to manage children's behaviour Help parent support child's play and learning Help with relationship with partner Help with addiction problems Other e.g. General support / information
Was purpose explained / agreed with you at the start? YES / NO	
5.7 Did you feel that you or your family benefited from the home visits?	Nature of Benefits: Gained confidence in parenting Health skills Become abstinent Reduced mental health problems Gains in self-confidence Reduced isolation Better able to deal with problems Put in touch with other helping agencies Benefit to child
5.8 Did the visits help you to deal with a specific problem?	Money related Child related Health related Housing related
5.9 Did the visits help to develop your own skills in any way?	Parenting skills Relating skills Practical skills Health issues Capacity to deal with problems
5.10 Did the visits contribute to your general confidence / how you feel about yourself?	Parenting related Relationship related Community related Employment related

5.11 Did the visits lead you to take part in other children's centre activities?	Stay and Play Workshops and training courses Volunteering Breastfeeding groups Smoking cessation groups Health appointments for you or your children Steps towards getting back to work Other
5.12 Did the visits lead you to make more use of other services in the community?	Health Childcare Adult education and training Job seeking Other
5.13 Would you say that the visits have led to any changes in your life or that of your family?	Family relationships improved Training and / or employment for parent Parent reads / plays with child on a regular basis Children's speech and language skills improved Become a volunteer Reduced debt and housing problems Keeping up to date with children's immunisations / dental / health appointments Income has increased Change in eating habits Increased participation in children's centre activities Make more use of other services in the community Child's behaviour / development has improved
5.14 Did you feel the benefits increased as the visits went on?	
5.15 If you feel that you did not benefit what were the reasons?	Needs not met Service not what was anticipated/agreed Did not find visitor helpful Timing wasn't right Didn't need the service in first place
5.16 Why did the visits come to an end?	No longer needed Became employed Changes in family Did not feel benefits

6 **Non-users**	
6.1 Have you heard of, or come across children's centres in your local area? What do you know of them?	Childcare Help for parents Social Activities Play activities Adult learning
6.2 From the short description I gave you of children's centre activities, do you think you would be interested in finding out more about what they might have to offer you and your family?	You already have the support and information you need Other reason
6.3 Do you make use of your GP and other health clinics?	
If no - is there any particular reason for this?	Too far too travel Language barrier Don't know what's available Don't get on with staff Lack confidence to ask for help
6.4 Are you visited in your home, near your home by any health or children's services worker not from the children's centre?	
6.5 If you had a problem at home, would it be helpful to have someone to visit who could help? If yes, what kind of help would you like? If no, what would be your main reasons for not wanting this?	Listening Help in the home Information giving about e.g. where to get practical and other help Advice regarding parenting Advice about health Advice about training and work opportunities Confidence building
7 **All interviewees** 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.	
7.1 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
7.2 At the times you need help, which of these might you need?	Practical help e.g. .housework, transport, respite care Advice and information e.g. benefits, tribunals, health, schooling

	Someone to talk to Someone with specialised knowledge
7.3 Which, if any, are the areas of family life that you would like help with?	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 Other
7.4 Can you describe your ideal support person?	
7.5 How would you feel if this was a parent from the local community who had been trained to support other parents?	
8. Demographics	
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.	Are you willing to give me your telephone number? I will only use it if I want to quote directly from what you told me in the report - your name will not be identified
8.1 What is your postcode?	
8.2 What age are you?	Age: 16-24 / 25-35 / 35-45 over / 45 +
8.2 Which ethnic group do you consider that you belong to?	**Asian** Bangladeshi Chinese Indian Pakistani Vietnamese Other **White** UK Other **Mixed Dual Heritage** White and Asian White and Black African White & Black Caribbean Other mixed background **Black** Caribbean African Somali Other
8.4 Are you a member of a traveller's community?	
8.5 What is your family's annual income?	0 - £15,000 £15,000 - £30,000 £30,000 - £45,000 £45,000 - £60,000 More than £60,000

8.6 Do you receive any of the following benefits?	Child benefit Child support Working tax credit Childcare tax credit Income support Housing benefit Council tax benefit Disability allowance Job Seekers allowance Other
8.7 Do you own or have access to a car?	
8.8 Are you in paid work? If yes, how many hours each week do you work?	0-10 hours 11-15 hours 16-35 hours 35 hours and over School term times only / All year round
8.9 If you live with a partner, is he /she in employed work? If yes, how many hours a week?	0-10 hours 11-15 hours 16-35 hours 35 hours and over School term times only / All year round
8.10 Have you any formal qualifications? If yes, what is your highest qualification? - Show card	No Qualifications Entry Level literacy / numeracy Level 1 (GCSE grades D and below) Level 2 (GCSE grades A-C) Level 3 A-levels Level 4 and above (Certificate)
Thank you	

Appendix 7: Topic guide for local focus groups

Outreach What do we mean by outreach family support? What purposes does it serve? What benefits does it offer above other methods of delivery?	**Probe:** What are the aims of outreach? - how far is it an awareness raising tool and is it also a delivery mechanism? What part does outreach play in family support - where, apart from the home, might this take place?
Process How do services work together to deliver outreach? What use is made of: • Joint planning around families' needs • Standardised referral procedures • Data-sharing • Shared budgets	**Probe:** How and by whom are needs identified? What are common referral mechanisms? What part does self-referral play? What are the barriers to data-sharing
Hard-to-Reach What are the main reasons why people might not engage with or use health and other services? What types of approach/service delivery have been found to be most effective in engaging and securing better outcomes for hard-to-reach families? How can the benefits of outreach be best captured and measured?	**Probe:** How are outcomes formulated? Soft and hard outcomes? Where are there exemplars in measuring outreach outcomes? How do services work together to record outcomes?
Workforce Should outreach be a separate role? What are the skills required for successful outreach?	**Probe:** What are key areas of prior experience? How important is local knowledge? What is the role of volunteers / value of peer-support models?

What is appropriate and relevant experience for outreach work? What is an appropriate type and level of qualification for outreach?	Should there be an outreach qualification or are other existing qualifications relevant? How is risk addressed? What should be the arrangements for supervision?
Support What kinds of training would be most helpful to support outreach staff? Would guidance be helpful? What should any guidance cover? What other forms of support would be helpful?	**Probe:** Should guidance cover any of the following? • Supervision • Cost-benefits • Roles and responsibilities • Risk

Appendix 8: List of Extended Services

1. Wellfield Community School
   North Road East
   Wingate
   Co. Durham
   TS28 5AX
   Tel: 01429 838 413

2. High View Primary
   Newsome Avenue
   Wombwell
   Barnsley
   S73 8QS
   Tel: 01226 273 220

3. Warren Primary School
   Bewcastle Road
   Top Valley
   Nottingham
   NG5 9PJ
   Tel: 0115 915 3760

4. Whaddon Primary School
   Clyde Crescent
   Cheltenham
   Gloucestershire
   GL52 5QH
   Tel: 01242 515 775

5. Randal Cremer Primary School
   Ormsby Street
   London
   E2 8JG
   Tel: 020 7739 8162

6. Lea Manor High School
   Northwell Drive
   Luton
   LU3 3TL
   Tel: 01582 652 600

Appendix 9 Pre-visit Questionnaire for Extended Services

Study of Outreach- Pre-visit questionnaire

Name of School: ... ……..

Address: ... …….. ..
.....

Postcode: ... …….. Tel No: ……..

Name of Head Teacher.....

Extended school activities: outreach family support

Please give us a brief description of your work in this area

Do you provide outreach services in respect of any of the following?

Tick all which apply

Health	☐
Family support	☐
Drug and alcohol issues	☐
Fathers	☐
Travellers Groups	☐
BME Families	☐
Family learning	☐
Families living with disability	☐
Teenage parents	☐

Can you provide evidence of outcomes?

If so, please tell us how you assess and measure these?

Can you provide evidence of engaging, through extended services, with families considered to be hard reach"?

If so, please tell us briefly how you record and assess this?

Do you work with partner agencies?

If so, do you work with any of the following? **Tick all which apply**

Health visitors	☐
Children's centres	☐
Community Groups	☐
Drug and Alcohol Teams	☐
CAMHS	☐
Teenage Pregnancy Service	☐
Connexions	☐
Social Services	☐
Disability teams	☐
Adult learning providers	☐

Other please state:

Are you part of the Parent Support Adviser Pilot?

Are you attaching?	**Tick all which apply**
Outreach / family support job descriptions	
Monitoring reports	
Evaluations	
Case studies	
Training materials	

Anything else you'd like to tell us about:

Please return, by email to xxxxxx or by post to Capacity 131 High Street, Teddington TW11 8LA

Appendix 10: Topic Guides Phase 2 - Extended Services

Head Teachers

1. Introduction Introduce self and explain the purpose of study and how it fits within wider DCSF outreach project.	
2. Conduct of Interview Reassure regarding confidentiality and check digital recording ok. Check if any questions or concerns.	
3. Background Briefly describe your role in relation to the extended school activities programme undertaken by your staff (and volunteers)? Confirm the numbers of staff involved in extended schools activities.	**Probe** Does head teacher directly manage extended services staff or provide strategic direction?
4. The outreach service What extended schools activities do you offer? Can you briefly describe your outreach strategy - which groups of families are the priority / targets for the service, how were these decided? How was your strategy developed? What needs assessment took place, prior to the programme being developed - what did this involve? Has the needs assessment been updated from time to time? Has your outreach strategy changed over time? If so, is this in terms of target groups or the way the service is delivered or both? In what ways does outreach from the school build on or complement other outreach activities delivered by other agencies within the local authority? If you are working with a local children's centre, what are the main areas of co-operation? What arrangements are in place within the school for the Common Assessment Framework? What funding is allocated to your outreach programme? How is this decided? What sources of funding are you able to draw on?	**Probe** Was strategy developed, principally, as a local response or as part of a broader authority-wide outreach strategy? Were families, community associations and voluntary groups involved in shaping the strategy? How flexible is the service in terms of responding to the needs that parents identify for themselves and their children? Staff training / Participation in multi-agency team / drop-in? Which, if any, member of staff acts as Lead Professional? Can parents ask for a CAF to be undertaken on their child?
5. Hard-to-reach What can you tell me about the families you are targeting? Why do they need support? Would you consider them to be hard-to-reach, if so why? In your view, what are the main reasons why families might not engage with or use health and other services?	**Probe** Are families approached on basis of priority categories, or on basis of issues, or using a combination of approaches?

In what ways does outreach support those families who are experiencing adversity and / or are most at risk of social exclusion? What changes are you hoping to see? How will these make a difference to their lives and help to create better outcomes for children? What, if any, are the main ways in which outreach can alleviate or reduce child and family poverty? Would you expect entry to training and employment for parents to be among the changes you would hope for?	Do reasons relate to wider economic factors / external stresses / particular factors in the lives of families / services don't meet needs, or a combination of these reasons? Are changes related to ECM framework? What are aims of the outreach programme - and how do these relate to broader social policy, e.g. reducing child poverty?
6. Measuring Benefits and Success How well is the outreach strategy working - what has worked well and what has worked less well? What approaches have been most / least successful in engaging hard-to-reach families? What are the main reasons why parents might drop out of an outreach service? How do you find out what the reasons are? We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. In terms of extended schools activities, how, in your view can these changes best be captured and benefits assessed? Are there opportunities for the families themselves to contribute to this process? How would you sum up "best practice" in outreach?	**Probe** What has offered best value for money? What systems exist to monitor hard and soft outcomes / progression? What use is made of case studies and evaluations - what baseline information exists in relation to outreach users? Is best practice defined as a process / by outcomes / skills of team, or combination?
7. Staffing and Resourcing What are the main skills and qualities you want from your outreach staff? What if any prior qualifications are relevant? What prior experience would you look for when appointing staff? What forms of training and support have you found to be useful, in terms of personal and professional development for outreach staff? Have you developed these yourself or have you found any external training programmes to be particularly helpful? Can parents make good outreach workers, either as volunteers or as staff? What are the benefits of using parents? Are there any disadvantages in using parents and if so, how can you overcome these? How, if at all, is the success of your outreach strategy influenced by the level of funding available? What more could you do/achieve if you had more resources?	**Probe** What is the balance between skills and knowledge? Are different skills / qualifications needed, depending on the nature of the outreach role? **Thank You**

Outreach Worker

1. Introduction Introduce self and explain the purpose of study and how it fit within wider DCSF outreach project.	
2. Conduct of Interview Reassure regarding confidentiality and check digital recording ok. Check if any questions or concerns	
3. Background Briefly describe your role in relation to the outreach Programme. Confirm the outreach staff you manage? How long you have been in your current role? Outline your experience and qualifications.	
4. The outreach service What form does outreach family support take in your school? Who is the service for and who decides which families receive which service? How many families are you supporting through outreach? Is it delivered in partnership with other agencies? Who in your school acts as the Lead Professional for the CAF?	**Probe** How many partner agencies? Who do you work with? Key voluntary sector partners? Nature of multi-agency working - how independent/integrated is it?
5 Hard-to-reach What can you tell me about the families you are targeting? How are they selected? How are they engaged? Are their needs assessed on an individual basis? Why do they need support? Would you consider them to be hard-to-reach and if so why? In what ways does outreach support those families who are experiencing adversity and / or are most at risk of social exclusion? Can you describe them? What changes are you hoping to see as a result of your outreach programme? How will these make a difference to their lives and help to create better outcomes for children? What changes would you expect to see for the school from outreach family support? In your view, what are the practical and other barriers that might prevent families from making use of services?	**Probe** Are families approached on basis of priority categories, on basis of issues, or by a combination of approaches? Do reasons relate to wider economic factors / external stresses / particular factors in the lives of families / services don't meet needs, or a combination of these reasons? Are changes related to ECM framework? What are aims of the outreach programme - and how do these relate to broader social policy, e.g. reducing child poverty? How far have outreach programmes addressed practical barriers?
6. Measuring Benefits and Success How well is the school's outreach strategy working? What has worked well and what has worked less well? What approaches have been most / least successful in engaging hard-to-reach families?	**Probe**

What proportion of parents drop out of outreach? What are the main reasons why parents might drop out of an outreach service? How do you find out what the reasons are? We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. In your view, How can these changes best be captured and benefits assessed? Are there opportunities for the families themselves to contribute to this process? How would you sum up "best practice" in outreach?	What use is made of case studies and evaluations - what baseline information exists in relation to outreach users? Is best practice defined as process/ by outcomes / skills of team, or combination?
7. Supporting Effective Outreach What are the main skills and qualities needed by outreach workers? What if any existing qualifications are relevant? What do think is essential in terms of prior experience for outreach work? What forms of training have you found to be useful, in terms of personal and professional development for yourself (and your team)? Has this been developed in-house (by whom?) Have you found any external training programmes to be particularly helpful? What professional support / supervision arrangements are in place for you and your team? Can parents make good outreach workers, either as volunteers or as staff? What are the benefits of using parents? Are there any disadvantages in using parents? How can these be overcome? **Thank You**	**Probe** What is the balance between skills and knowledge? Are different skills / qualifications needed, depending on the nature of the outreach role? How far training received has been for generic outreach role, or issue-based, e.g. alcohol awareness Is professional support separate from line management arrangements?

Local Authority Extended Services Officers

1. Introduction Introduce self and explain the purpose of study and how it fit within wider DCSF outreach project.	
2. Conduct of Interview Reassure regarding confidentiality and check digital recording ok. Check if any questions or concerns	
3. Background of respondents You have strategic responsibility for extended schools services, can you please briefly describe what your role in relation to outreach entails? Do you have other strategic responsibilities within your role and if so, can you tell me a little about what these are? Do any of these other responsibilities have an outreach element.	**Probe** Is strategic and operational management combined? Responsibility for working links with other agencies?
4.The outreach service What extended schools activities do you aim to offer? What do you see as the main purpose of extended school outreach services? Is there an overall strategy for outreach from extended schools? What target numbers are involved across all schools? How do the numbers distribute across target groups? How were target groups decided? How were needs identified? If no - are outreach strategies delegated to individual schools to decide? Are they permitted / expected to decide target groups and numbers? Conduct own needs analysis? Has your outreach strategy changed over time? Is there a multi-agency approach to outreach within the authority? Does this extend to data-sharing among agencies? How do universal and specialised service teams work together - has this changed over time? What sources of funding does extended schools outreach draw on? What does this cover? Is it sufficient? If not, what would additional work could be funded if more money were available	**Probe** Are aims process or outcome-based? How do they relate to wider government policies and other local authority strategies? If overall strategy, how was this formulated and what is its purpose and objectives? Who develops job-descriptions? Are these standardised across schools / mapped to occupational standards? If strategy has changed, is this in terms of target groups or the way the service is delivered or both? In what ways does extended school outreach build on or complement other outreach activities delivered by other agencies within the local authority?

5. Hard-to-reach What can you tell me about the families you are targeting? Why do they need support? Would you consider them to be hard-to-reach and if so why? In your view, what are the main reasons why families might not engage with or use health and other services? What are the main ways in which outreach can alleviate or reduce child and family poverty? In what ways does outreach support those families who are most at risk of social exclusion? What changes are you hoping to see? Would you expect entry to training and employment for parents to be one change? How will these make a difference to their lives and help to create better outcomes for children?	**Probe** Are families approached on basis of priority categories, or on basis of issues e.g. child not attending school, or combination of approaches. Do reasons relate to wider economic factors / external stresses / particular factors in the lives of families / services don't meet needs, or a combination of these reasons? Are changes related to ECM framework?
6. Measuring Benefits and Success How well is the outreach strategy working - what has worked well and what has worked less well? What approaches have been most / least successful in engaging hard-to-reach families? We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. How, in your view can these changes best be captured and benefits assessed? Are there opportunities for the families themselves to contribute to this process? How would you sum up "best practice" in outreach	**Probe** What local authority data systems are in place? Do these monitor hard and soft outcomes / progression? What use is made of case studies and evaluations - what baseline information exists in relation to outreach users? Is best practice defined as process/ by outcomes / skills of team, or combination?
7. Staffing and Resourcing What are the main skills and qualities needed in outreach staff? What if any prior qualifications and experience are relevant? Do you refer to National Occupational Standards when you are developing job descriptions etc? What forms of training and support are available to outreach staff, once appointed? Have you developed these yourself or have you found any external training programmes to be particularly helpful? Is any training done on a multi-agency basis? Can parents make good outreach workers, either as volunteers or as staff? What are the benefits of using parents? Are there any disadvantages in using parents and if so, how can you overcome these? **Thank You**	**Probe** What is the balance between skills and knowledge? Are different skills / qualifications needed, depending on the nature of the outreach role? Which forms of training have been found to be most relevant? What are arrangements for CAF training?

Appendix 11: Topic Guide - Extended Services Parents

1. Introduction Introduce self and explain the purpose of study and how it fit within wider DCSF outreach project.	
2. Conduct of Interview Reassure regarding confidentiality and check digital recording ok. Check if any questions or concerns	
3. About the Interviewee	**Prompt**
3.1 Can you tell me your name? Male / female?	
3.2 Do you live with a partner or husband?	
3.3 How many children do you have? And what are their ages?	
3.4 Does your child / any of your children have any ongoing health problems or any special needs?	Physical disability Dyslexia Learning Difficulties Medical condition (incl. epilepsy, asthma) Aspergers / autism spectrum Named syndrome (e.g. Downs Syndrome,) Behaviour difficulties Sight impairment Hearing impairment Global delay
3.5 Do you have any disability or long-term health problem?	Physical disability Medical condition Alcohol Drugs Mental health problem e.g. depression
4. About the Outreach Service: Current users	
4.1 Are you being visited at home or somewhere near to your home by a member of the school team? Who visits you?	Parent support adviser Family support worker Learning mentor Specialist worker Volunteer Social Worker / Care Other
4.2 How often are you visited?	Once a week Fortnightly Monthly Not regular When asked for Other
4.4 How long have you been visited for?	Less than 10 weeks 10 - 26 weeks 26 - 52 weeks More than 52 weeks

4.6	How long do the visits last?	Half an hour An hour Half a day Other
4.7	How did the home-visiting come about?	Self referral Health / disability referral Child protection team referral Contact made by School Other referral
4.6	What kinds of activities does the home / outreach visitor do with and for you?	Listening / Talking/Mentoring Help in the home Information giving (e.g. Where to get practical and other help) Advice regarding managing children's behaviour Advice about health Advice about training and work opportunities Confidence building Help with child related problem not behaviour / learning Helping parent to support children's learning Overcome phobia or mental health problem To help with domestic violence To help parent to manage children's behaviour To help parent support child's learning To help with relationship with partner To help with addiction problems Other e.g. General support / information
4.7	What do you understand to be the purposes of the visits / activities?	
4.8	Was purpose explained / agreed at the start?	
4.9	Do you feel that you or your family have benefited from the visits?	Nature of Benefits: Gained confidence in parenting Health skills Become abstinent Reduced mental health problems Gains in self-confidence Reduced isolation Better able to deal with problems Put in touch with other helping agencies Benefit to child in terms of school attendance / attainment
4.10	Have the visits helped you to deal with a specific problem?	Money related Child related Health related Housing related

4.11	Have the visits helped to develop your own skills in any way?	Parenting skills Relating skills Practical skills Health issues Capacity to deal with problems
4.12	Have the visits made a difference to your (general confidence) or how you feel about yourself	Parenting related Relationship related Community related Employment related
4.13	Have the visits led you to take part in other school activities/	Family learning Volunteering Exercise and fitness activities Parenting programmes Learning to use IT Parent teacher events and activities Steps towards getting back to work Other
4.14	Have the visits led you to make more use of other services in the	Health Childcare Adult education and community training, Job seeking
4.15	Would you say that the visits have led to any changes in your life or that of your family?	Family relationships improved Training and/or employment for parent Children's achievement has improved Become a volunteer Reduced debt and housing problems Keeping up to date with children's immunisations / dental / health appointments Income has increased Change in eating habits Increased participation in school activities Make more use of other services in the community Child's behaviour / development has improved
4.16	Do you feel the benefits have increased as the visits have gone on?	
4.17	If you feel that you have not benefited what do you think are the reasons?	Needs not met Service not what was anticipated / agreed Did not find visitor helpful Timing wasn't right Didn't need the service in first place
4.18	Are you or have you in the past been visited by any other service?	Health visitor Social worker Other

About the outreach Service: Former users	
5.1 Were you being visited at home or near to your home by a member of the school team?	Parent support adviser Family support worker Learning mentor Specialist worker Volunteer Social Worker / Care Other
5.2 How often were you visited?	Once a week Fortnightly Monthly Not regular When asked for Other
5.3 How long were you visited for?	Less than 10 weeks 10-26 weeks 26-52 weeks More than 52 weeks
5.4 How did it come about?	Self referral Health / disability referral Child protection team referral Contact made by School Other referral
5.5 What kinds of activities did the outreach / home visitor do with and for you?	Listening / Talking/Mentoring Help in the home Information giving (e.g. Where to get practical and other help) Advice regarding managing children's behaviour Advice about health Advice about training and work opportunities Confidence building Help with child related problem not behaviour / learning Helping parent to support children's learning
5.6 What did you understand to be the purposes of the visits / activities? Was purpose explained / agreed with you at the start?	Overcome phobia or mental health problem To help with domestic violence To help parent to manage child's behaviour To help parent support child's learning To help with relationship with partner To help with addiction problems Other e.g. General support / information
5.7 Did you feel that you or your family benefited from the home visits?	Nature of Benefits: Gained confidence in parenting Health skills Become abstinent Reduced mental health problems Gains in self-confidence Reduced isolation Better able to deal with problems Put in touch with other helping agencies Benefit to child in terms of school attendance / attainment

5.7	Did the visits help you to deal with a specific problem?	Money related Child related Health related Housing related
5.9	Did the visits help to develop your own skills in any way?	Parenting skills Relating skills Practical skills Health issues Capacity to deal with problems
5.12	Did the visits contribute to your general confidence / how you feel about yourself?	Parenting related Relationship related Community related Employment related
5.13	Did the visits lead you to take part in other extended schools activities?	Family learning Volunteering Exercise and fitness activities Parenting programmes Learning to use IT Parent teacher events and activities Steps towards getting back to work Other
5.12	Did the visits lead you to make more use of other services in the community?	Health Childcare Adult education and training Job seeking Other
5.13	Would you say that the visits have led to any changes in your life or that of your family?	Family relationships improved Training and / or employment for parent Children's achievement has improved Become a volunteer Reduced debt and housing problems Keeping up to date with children's immunisations / dental / health appointments Income has increased Change in eating habits Increased participation in school activities Make more use of other services in the community Child's behaviour / development has improved
5.14	Did you feel the benefits increased as the visits went on?	
5.17	If you feel that you did not benefit what were the reasons?	Needs not met Service not what was anticipated/agreed Did not find visitor helpful Timing wasn't right Didn't need the service in first place
5.18	Why did the visits come to an end?	No longer needed Became employed Changes in family Did not feel benefits

6	**Non-users**	
6.3	Are you aware of extended school activities? What do you know of extended schools?	Childcare Help for parents Social Activities Clubs and other activities for children Adult learning
6.4	From the short description I gave you of extended school activities, do you think you would be interested in finding out more about what they might have to offer you and your family? If NO,	
6.5	Do you make use of your GP and other health clinics? If no - is there any particular reason for this?	
6.4	Are you visited in your home, near your home by any health or children's services worker not from the extended school service?	You already have the support and information you need Other reason
6.5	If you had a problem at home, would it be helpful to have someone to visit who could help?	Too far too travel Language barrier Don't know what's available Don't get on with staff Lack confidence to ask for help
	If yes, what kind of help would you like?	Listening Help in the home Information giving about e.g. where to get practical and other help Advice regarding parenting Advice about health Advice about training and work opportunities Confidence building
	If no, what would be your main reasons for not wanting this?	
7	**All interviewees**	
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.		
7.1	Who would be your first choice to get support in relation to parenting or family matters?	Family member School Children's centre Friend Health Visitor GP Other

7.3 At the times you need help, which of these might you need?	Practical help e.g. housework, transport, respite care Advice and information e.g. benefits, tribunals, health, schooling Someone to talk to Someone with specialised knowledge
7.3 Which, if any, are the areas of family life that you would like help with?	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 Other
7.4 Can you describe your ideal support person?	
7.5 How would you feel if this was a parent from the local community who had been trained to support other parents	
8. Demographics 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.	Are you willing to give me your telephone number? I will only use it if I want to quote directly from what you told me in the report - your name will not be identified
8.3 What is your postcode?	
8.2 What age are you?	**Age:** 16- 24 25-35 35- 45 over 45 or over
8.3 Which ethnic group do you consider that you belong to?	**Asian** Bangladeshi Chinese Indian Pakistani Vietnamese Other **White** UK Other **Mixed Dual Heritage** White and Asian White and Black African White & Black Caribbean Other mixed background **Black** Caribbean African Somali Other
8.4 Are you a member of a traveller's community?	

8.5 What is your family's annual income? Read options	0 - £15,000 £15,000 - £30,000 £30,000 - £45,000 £45,000 - £60,000 More than £60,000
8.6 Do you receive any of the following benefits?	Child benefit Child support Working tax credit Childcare tax credit Income support Housing benefit Council tax benefit Disability allowance Job Seekers allowance Other
8.7 Do you own or have access to a car?	
8.8 Are you in paid work? If yes, how many hours each week do you work	0- 0 hours 11-15 hours 16-35 hours 35 hours and over School term times only / All year round
8.9 If you live with a partner, is he / she in employed work? If yes, how many hours a week?	0-10 hours 11-15 hours 16-35 hours 35 hours and over School term times only / All year round
8.10 Have you any formal qualifications?	No Qualifications Entry Level literacy / numeracy Level 1 (GCSE grades D and below) Level 2 (GCSE grades A-C) Level 3 A-levels Level 4 and above (Certificate)
Thank you	

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