

Research Report  
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*Early Excellence Centre  
Pilot Programme  
Annual Evaluation Report 2000*

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## SECTION 1. INTRODUCTION

### Introduction

This first Annual Evaluation Report, commissioned by the DfEE from the Centre for Research in Early Childhood, presents evaluative evidence on the Early Excellence Centre (EEC) Pilot Programme. These are initial and partial findings and another two Annual Evaluation Reports are to follow in subsequent years, which will make the evaluation comprehensive and complete. The EEC Programme was introduced in 1997 to develop and promote models of high quality, integrated, early years services for young children and families. It is an important element in the Government's broad policy strategy for raising educational standards, increasing opportunities, supporting families, reducing social exclusion, increasing the health of the nation and addressing child poverty. These Government objectives are increasingly being tackled through 'joined up', integrated approaches to policy development and implementation in all areas of social policy. 'Early Excellence' is intended to make these objectives a practical reality.

The EEC National Evaluation began in September 1999, and has completed the first phase of evidence gathering. This report presents early evidence on the functioning and impact of the Pilot Programme from 1999 – 2000, and highlights key issues for its further development and expansion.

It should be noted that the EECs have been subject to a number of changes since designation: building programmes, recruitment of extra staff, extension of the capacity and range of their services and so forth. Many of these changes take time to assimilate and the evaluation in this first year has had to adjust to this. The EEC staff and local evaluators have worked against timescales and the pressures of change to provide the National Evaluators with adequate and appropriate data. There was an unavoidable time delay between designation as an EEC and operation, which means the evaluation is often attempting to gather evidence where EECs are not yet fully functional. In addition, to these realities, EECs are taking on board methods of evaluation which are new to them. Many EECs have had to adjust to the innovative style and demands of this kind of systematic review and reporting. This is especially true, for example, in implementing such evaluative methods as costing analysis and socio-economic mapping. Thus, both the EECs themselves, and the evaluation strategy, are *developing* models. This first Annual Report, therefore, in some places, can offer only tentative and partial data. As the Programme rolls out and the evaluation strategy becomes strengthened, the evaluative process will become entire.

Those Centres designated under the EEC Programme provide innovative models of integrated service delivery and offer:

- high quality and integrated early education and childcare;
- family support, involvement and learning;
- adult education;
- health services;
- practitioner training;
- dissemination of good practice.

A key and distinguishing feature of the EEC Programme is its emphasis on delivering high quality educational opportunities for both the children and adults who use the services. The high level of qualified educational professionals on EEC staff teams, in addition to well qualified professionals from other disciplines, such as social work and health, ensure the EECs are able to act as cross sector trailblazers in the development of services. They also operate as

professional leaders within their local area, disseminating good practice and offering training and development opportunities to other early years providers, thus raising the quality of early years provision, locally and nationally. They have the potential, over time, to impact strongly on children's and families' lives.

The EECs are not uniform in their approach and do not offer a single model of integration. They are exploratory and innovatory but three broad models are identified within the Programme: the 'unified', the 'coordinated' and the 'coalition' (see Section 4).

The EEC Programme has a comprehensive National and Local Evaluation Strategy, which aims to document how different forms of integrated provision work in different local contexts; to identify and disseminate good practice in the delivery of quality integrated services for children and families; to identify the impact and outcomes of integrated services on those who use them; and to demonstrate the cost effectiveness and value for money of the EEC Programme. Key aims are to highlight issues for policy and to inform the future development of the Programme. This Report is the first of three annual evaluations.

## **SECTION 2. EXECUTIVE SUMMARY**

### **2.1 Background**

The pilot programme of Early Excellence Centres (EECs) was announced by the Government in August 1997. By the end of the December 1999, twenty-nine EECs had been designated in England. They are part of the Government's broader strategy for raising standards, increasing opportunity, supporting families, reducing social exclusion, improving the health of the nation and addressing child poverty. They give a practical reality to 'joined up thinking' offering one-stop-shops where families and children can have access to high quality, integrated care and education services delivered by multi-agency partners within one Centre or a network of Centres.

EECs offer early education and care, family support, adult education and the dissemination of good practice. A range of approaches to, and models of, integration are provided within the Programme. EECs are distributed through a range of socio-economic and geographical contexts.

### **2.2 The Evaluation**

The EEC Programme has a rigorous and comprehensive National Evaluation set against a framework of agreed common indicators. Each EEC has a local evaluator, usually though not exclusively, an independent academic specialist in the field of early childhood, and together they produce an annual local evaluation. These local evaluations are, in turn, passed for analysis to the National Evaluators. This document forms the basis of the first of three Annual National Evaluation Reports on the effectiveness of the Programme, but full data on all indicators from all EECs will not be complete until the final evaluation in 2002. This report is based on returns from 24 of the 29 Centres. Necessary building alterations, additional recruitment, the need to build a client base, to appoint a local evaluator and other start-up requirements meant that for all the EECs there was a period of time between being formally designated and becoming fully operational. In addition, the design of the evaluation allows EECs to have some choice in focusing on aspects of their activity which are under targeted development. Data in this first year is therefore partial. This accounts for the use of extrapolation, in some instances, in assessing statistical evidence and accounts for some of the differences in the reporting samples. The two purposes of this Report are to begin to establish a baseline for future evaluation reports and to identify issues for later consideration.

### **2.3 The Evidence**

#### **2.3.1 Distribution of the Programme**

The current EECs are distributed throughout the DfEE regions of England, but distribution is uneven when matched against corresponding regional population. The West Midlands and the East of England regions are under represented.

The EEC Programme is not a targeted programme but there is evidence that their catchments are predominantly in areas of greatest need. In July 2000, more than 84% of EECs (i.e. 21 out of the 25 reporting) were located in ward areas where substantial numbers of benefit claimants were unemployed, poor and had at least one child. When these EEC wards were ranked in order of having the greatest number of 'out of work claimants of means tested benefits' and where those claimants had 'at least one child', they fall within the worst 20% of the national figures.

On average, each ward in which an EEC is located has 425 lone parents on benefit. This compares with a national average of 135 per ward. These data demonstrate that the EEC

Programme is in a prime position to address issues of underachievement, child poverty and social exclusion.

### **2.3.2 Operational Evidence**

#### **Coverage**

Given the flexible nature of some of the services the Centres offer at any one time (for example, drop in crèche, parent courses and conferences) and their currently rapidly expanding range of services, it is difficult to be precise in these early stages of the Programme about the current take-up of services. However, in one sampled week in November 2000, 41% (10) of EECs indicated that the number of families accessing their Centres at that time was 3630, an average of 303 per EEC, with a range between 103 and 598 families. Extrapolating, it can be estimated that the current EEC Programme has the potential to reach directly at least 8500 (303 families x 29 Centres = 8787) families.

The 28% (7) of responding EECs who submitted complete data on take-up were, predominantly, the more well-established, single site Centres and included one rural Centre. Amongst this group, child services were available on average for 50 weeks in a year with a range of 48 to 51 weeks. These respondents also indicated an average of 2989 child hours being offered per week with a range between 1416 – 7245 hours. The average number of children attending these EECs in an average week was 97 with a range between 40 – 205 children. The average number of hours each child attended these EECs in an average week was thus 31.5 hours with a range between 21 hours and 36 hours. This figure indicates that these responding EECs are generally providing full time, integrated, care and education for their children, that is, a one-stop-shop to meet the needs of families, parents and carers and children. The national evaluators are confident that similar figures are within the potential of all Centres once they are fully operational.

#### **Courses for Parents and Carers**

EECs are also providing courses and training sessions for parents. Ten responding EECs (34%) estimated the annual total number of courses run for non-practitioner adults (mostly, but not exclusively, parents) in their Centres to be 336, an average of 34 courses each. This ranged between one Centre, established in the final phase of designations, who had not yet delivered any courses to a well established Centre which had delivered 104 courses. More than 1637 parents had accessed courses in these ten Centres. Extrapolation suggests the total group of 29 EECs may be capable, once fully functional, of delivering courses to well over 5000 parents, annually. The EEC evaluation evidence strongly supports the benefits of 'inter-generational' learning, where adults (parents, carers and grandparents) and children are educated at the same time as each other within one institution, where there is no stigma and plenty of open access, at all levels.

#### **Additionality**

All the responding EECs (24 out of 29) provided evidence of 'additionality', that is, what is being added from the intervention of the Programme over and above what would have happened in the absence of the intervention. The range and variety of activities in which EECs are involved and the individual nature of those services, tailored, as they are, to local need, mean that tabulating and collating additionality across the Programme is difficult. A random sample of six EECs revealed that that additional services in the first six months of operation since their designation as an EEC included: 7 extended day and holiday schemes, 7 schemes for supporting health issues, 11 programmes for offering parental support, 8 community outreach programmes and 10 programmes for developing and disseminating good early years practice.

These six EECs managed to introduce all these extra services whilst maintaining and sustaining the quality of their existing education and care services. The integrated nature of many of these activities shows a 'one-stop-shop' concept is developing with families and children accessing their health, social support, education and care needs from accessible localised services and that these services are integrating their systems and coordinating their responses.

### **Training for Practitioners and Links to Partnerships**

All of the responding EECs (24 out of 29) have links with their local Early Years Development and Childcare Partnerships and are seen as part of the strategy for the Partnership's training and dissemination of good practice. Currently 31% of EECs (9 out of 29) are delivering courses for other, cross sector, early year practitioners in their area and 2469 practitioners have attended courses in their Centres in a year. Again, extrapolating these data to the whole Programme suggests the present EECs have the potential to deliver courses annually to well over 7000 practitioners.

The evidence suggests that established EECs are also receiving professional visitors at an average annual rate of 300 visitors a year.

The EECs have the capability, in time, to offer a significant locally based, practically orientated, development programme for practitioners.

### **Staff**

The average number of staff paid by the Centres was about 32. The level of qualification in EECs is substantially higher than in most early years' settings. The range of staff development opportunities open to Centre staff is exceptional and the qualification level of their staff is likely to improve rapidly.

### **The Centres**

Most of the EECs, 72% (21 out of 29) are Centres occupying a single site, and 28% (8) are network or multiple site Centres.

With regard to model of integration, 16% (4) suggest they are operating under one 'unified' system, 20% (5) that they are 'coordinating' their services and 64% (16) that they are 'coalition' of collaborating confederated services. These categories are not entirely discrete. Some Centres have a predominant model of integration and some elements of their service, which might include other models. Next year the national evaluation should be able to offer more evidence on how these different models are functioning.

Building works in 16% (4) of EECs were reported as not yet complete.

### **Links to Other Programmes**

All responding EECs (24 out of 29) suggested they were linked into other major Government initiatives, namely Best Value Review, National Childcare Strategy and Quality Protects, These EECs also suggested that they were aware of, and participating in, elements of the National Literacy Strategy and the National Numeracy Strategy to be implemented in the post Foundation Stage. In addition, 80% (20 out of 25) of EECs were linked to Sure Start, a major targeted Government programme of intervention aiming predominantly to address social exclusion, poverty and health issues with the under fours and their families.

## **Management**

Most (90%) of the Directors (26 out of 29) EECs have a degree level qualification either in education or social work and 24% (7) have post-degree qualifications at Masters level.

A sample of 20 of the Heads of Centres (some networks have more than one Head of Centre) revealed that their range of experiences is predominantly within the education sector but include 30% (6) who also had Social Services experience, 25% (5) who had worked in Playgroups, 15% (3) who had worked for voluntary agencies and 10% (2) who had worked in the Health sector.

Most of the burden for managing innovation, expansion, changing work practice and evaluation has been carried by the Heads of Centre and there is a need to ensure they have adequate administrative support and professional development opportunities.

## **2.4 Evidence of Impact**

Although it is very early days in the development of the Programme, there is clear emerging evidence that the EECs are impacting positively on the children, families and practitioners who benefit from their services.

### **Outcomes for Children**

The EECs offer a wide range of services for children, including education, social, care and health services, which are intended to cover all aspects of children's needs. EEC children have enhanced levels of cognitive development (see p.27). They develop positive attitudes and dispositions towards learning (see p.29). They have enhanced social skills and emotional wellbeing (see p.30). EECs are reducing the number of children at risk in their communities (see p.32). The early identification of, and support for, children with special needs by EECs, facilitates their inclusion into mainstream schools (see p.32). The EECs are increasingly working closely with Health professionals to enhance the health of children and families (see p.35).

### **Outcomes for Families**

EEC families are accessing an increasing range of support services (see p.35). EEC services are enhancing confidence, reducing isolation and improving family stability, thereby improving the quality of family life (see p.35). Families are also improving their parenting skills and confidence (see p.38).

### **Outcomes for Local Communities**

EEC families have easy local access to training with crèche facilities and thus improved employment opportunities (see p.39). Awareness and status of the EEC within their local community is generally high (see p.41). They are providing an increased range of community services (see p.41) and they are providing childcare and adult education services, which support local employers (see p.41).

### **Outcomes for Practitioners**

EEC staff are demonstrating an increased professionalism in their approach to integration (see p.42). The Centres are providing extensive amounts of training and development for early years practitioners (see p.44). They are actively disseminating good practice in the delivery of integrated services (see p.46). The EEC Programme has highlighted the need to rationalise

practitioner terms and conditions of employment for those who work in integrated settings (see p.46).

### **Outcomes for Managers**

EEC managers are developing their management and organisational skills to manage the diverse range of services within but are finding their role extremely demanding (see p. 47). EECs are developing more appropriate terms and conditions of employment for their staff at a local level but action at a national level would enhance this (see p.46). EECs are developing quality leaders with vision and commitment to transform the delivery of early childhood services both locally and nationally (see p.48).

### **2.5 Cost Issues**

A major result of mapping EEC funding has been an illumination of the task faced by those who manage these large and diverse budgets, often involving multiple income streams. Getting evidence on costs has been a difficult when some Centres, for example, are multi-site, multi-agency, do not have completely delegated budgets and are dealing with a raft of new funding streams coming on line from other programmes. The following data is based on a reporting sample of 28%, 7 of the 29 current EECs, most of whom are well-established, single site Centres.

Taking the comprehensive and complete data from these seven EECs, and averaging costs, capacity and coverage into a composite:

- at an average cost of £3.32 per child hour;
- and by employing an average of 31 staff;
- an average EEC provides quality education and care services for 97 children;
- for 31.5 hours per week;
- for 50 weeks of the year;
- with family support for 303 families;
- and 1637 hours of training for parents;
- and 1075 hours of training for practitioners;
- and over 300 professional visitor places;
- and on average it costs £486,975 per annum to run an EEC;
- with some 12% of the costs met through voluntary or donated resources (imputable costs).

It should be noted that the costing element of the evaluation is in its initial stages and much has been learnt about the process. It is clear that this element will need further investment and training if it is to produce definitive, robust long term data. This year full costing systems are being put in place for more extensive analysis in subsequent reports.

### **2.6 Evidence of Good Practice and Innovation**

There is substantial evidence of EEC success in the development and dissemination of quality early educational practice. EECs are developing effective integrated service delivery. They have been successful in identifying and mapping the complex needs of children and families in their communities. They are also developing strategies for including the 'hard to reach' in their services, and those from ethnic minorities and in involving more men in working and caring for young children.

## **2.7 Programme Achievements**

EECs may celebrate their achievements in improving the attainment of children and families, and enhancing the quality of family life. They offer developing models for promoting the integration of early childhood services. They also offer training and qualifications for early years workers, thereby raising the quality of educational provision in early years services in their area.

The task of the EEC Pilot Programme is also to identify areas for further policy development both for the Programme and for the sector as a whole. Issues identified in this first phase include:

- geographical distribution of EECs;
- funding and sustainability of a range of services for children and families;
- terms and conditions of service for practitioners in integrated services;
- leadership and management training and support
- embedded links to local authorities and EYDCPs.

## **SECTION 3: METHODOLOGY**

The National Evaluation of the EEC Pilot Programme began in September 1999, and is currently planned to run for just over three years, until October 2002. This first Annual Evaluation Report is based on evidence provided by 85% of EECs (25 of the 29 designated).

The evaluation methodology followed in each of the participating EECs is based on the agreed evaluation framework of common indicators and accompanying methodology developed in the first phase of the EEC Programme by a group of eleven of the EECs and the National Evaluators. This methodology is detailed fully in Bertram and Pascal's early report on the EECs (Bertram and Pascal, 1999). A summary of the methodology is presented below to inform the evidence presented in this document.

### **3.1 Evaluation Aims**

The evaluation of the EEC Pilot Programme has four aims:

- to document how different forms of integrated early childhood services work in different contexts;
- to identify and disseminate good practice in the delivery of quality early childhood services;
- to identify the impact and effectiveness of integrated services for children and families;
- to identify the costs and cost effectiveness of the EEC Pilot Programme.

### **3.2 Evaluation Principles**

The EEC Programme evaluation is operating according to a clear set of ethical principles, which state that the evaluation should:

- be done with participants not done to them;
- be ethically conducted in an open and honest manner with the consent of all participants;
- be collaborative and inclusive;
- be empowering and developmental for all participants;
- have utility for all participants;
- respect the values and wishes of all participants;
- protect the participants from risk of any harm or threat to their personal or professional activity;
- respect the confidentiality and anonymity of participants at all times, unless otherwise agreed by all parties;
- respect the professional and personal well being of participants;
- feedback any resulting evidence to participants.

### **3.3 Evaluation Methods and Data Sources**

The evaluation employed a range of methods and data sources which generated both quantitative and qualitative evidence. These methods gathered data from both primary and secondary sources.

Primary sources included:

- interview;
- questionnaire;
- observation;
- documentary analysis;
- inspection reports;
- narratives;
- testimony;
- assessment records;
- socio-mapping;
- cost analysis.

Secondary sources included:

- national and local socio-economic data sets;
- national and local education data sets;
- poverty indices;
- population census.

### 3.4 Evaluation Design

The evaluation is described as a three layered model of evaluation, which is non-hierarchical, each layer interrelating to the other. It promotes a model of ‘validated self evaluation’ within each EEC and ‘meta-evaluation’ at national programme level. The first level rests on self evaluation processes within the EEC, carried out largely by the EEC practitioners themselves. The second level is provided by an EEC appointed Local Evaluator, who coordinates and leads the collection of evaluation data within the EEC and validates it. The local evaluators are predominantly, though not exclusively, independent, knowledgeable experts in the field of early childhood education and care usually located in the University sector. The third level is provided at a national level by the National Evaluators, who train the EEC staff and Local Evaluators in the evaluation methodology, agree local Annual Evaluation Plans with the EEC, support the implementation of the Annual Plans, and meta-evaluates the evidence generated across the EEC Programme.

The participants in the evaluation process all worked to an agreed framework of Common Indicators, which has guided the collection of data. A summary of this framework is provided overleaf:

<b>Figure 1: Framework of Common Indicators (n=22)</b>		
<b>Contextual Enabling Indicators</b>	<b>Process Quality Indicators</b>	<b>Outcome Impact Indicators</b>
C1 Families & Children *	<b>Quality of:</b>	<b>Stakeholders:</b>
C2 Community*	P1 Development & Learning*	O1 Child*
C3 Leadership & Management Structures	P2 Practitioners*	O2 Family*
C4 Climate, Culture & Equal Op	P3 Family Support & Partnership	O3 Practitioners*
C5 Staffing	P4 Adult Training	O4 Setting*
C6 Range & Nature of Services*	P5 Interactions & Relationships	O5 Community*
C7 Accommodation & Resources		O6 Local Authority
C8 Funding & Costings*		O7 National Level
C9 Local Authority Support		
C10 National Initiatives		
<i>*Asterisked indicators are core indicators (n=11) and should be addressed annually by evaluators</i>		

## SECTION 4. PROGRAMME PERFORMANCE

This section provides evidence of the EEC Programme's performance. It addresses the characteristics and features of the Programme such as its geographical, social and economic distribution, operational evidence of its capacity and the range of use by parents and children, the training and dissemination functions and management issues.

The models of integration of services within the EECs are explored and the links to other national programmes identified. The developmentally orientated design of the evaluation allows the Centres to focus on indicators selected from a list of twenty two (11 core and 11 non-core). The eleven core indicators must be reviewed each year, but because Centres have the flexibility to focus annually on the remaining eleven non core indicators, comprehensive data will not be available until the final year of the evaluation. Some data therefore are partial.

### 4.1 Distribution of EECs

The geographical location and socio-economic range of the Programme were considered.

#### 4.1.1 Geographical Spread

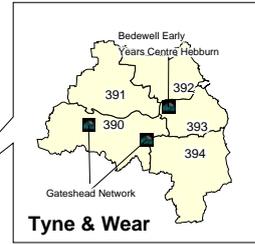
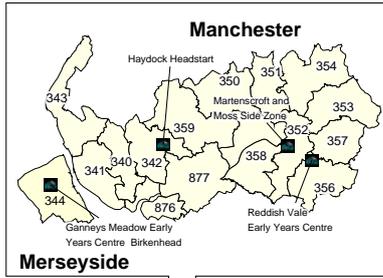
There are 29 EECs distributed throughout England, although as the following table makes apparent some English Regions, notably the West Midlands and the East of England currently appear to be relatively under represented when the number of EECs located in the region is set against population figures. The North East, Yorkshire and Humber and, to a lesser extent, London, benefit disproportionately more. Future expansion of the Programme may be able to ensure a more comprehensive coverage of these regions and rural areas, which currently appear to be under represented .

**Figure 2: Comparison of EECs and Population by Government Office Region**

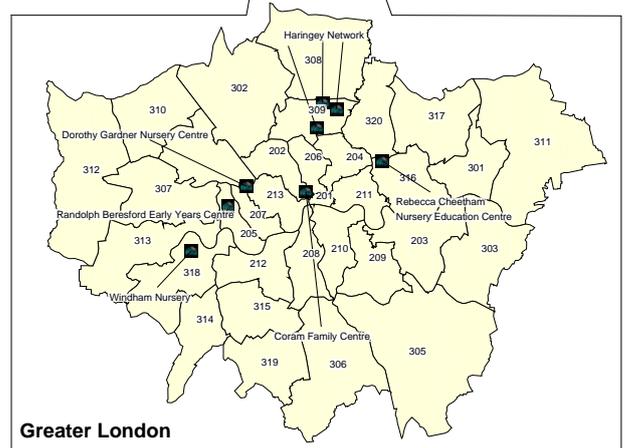
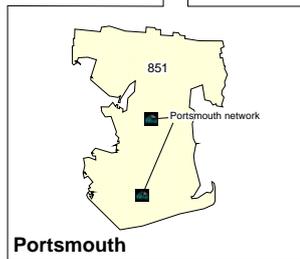
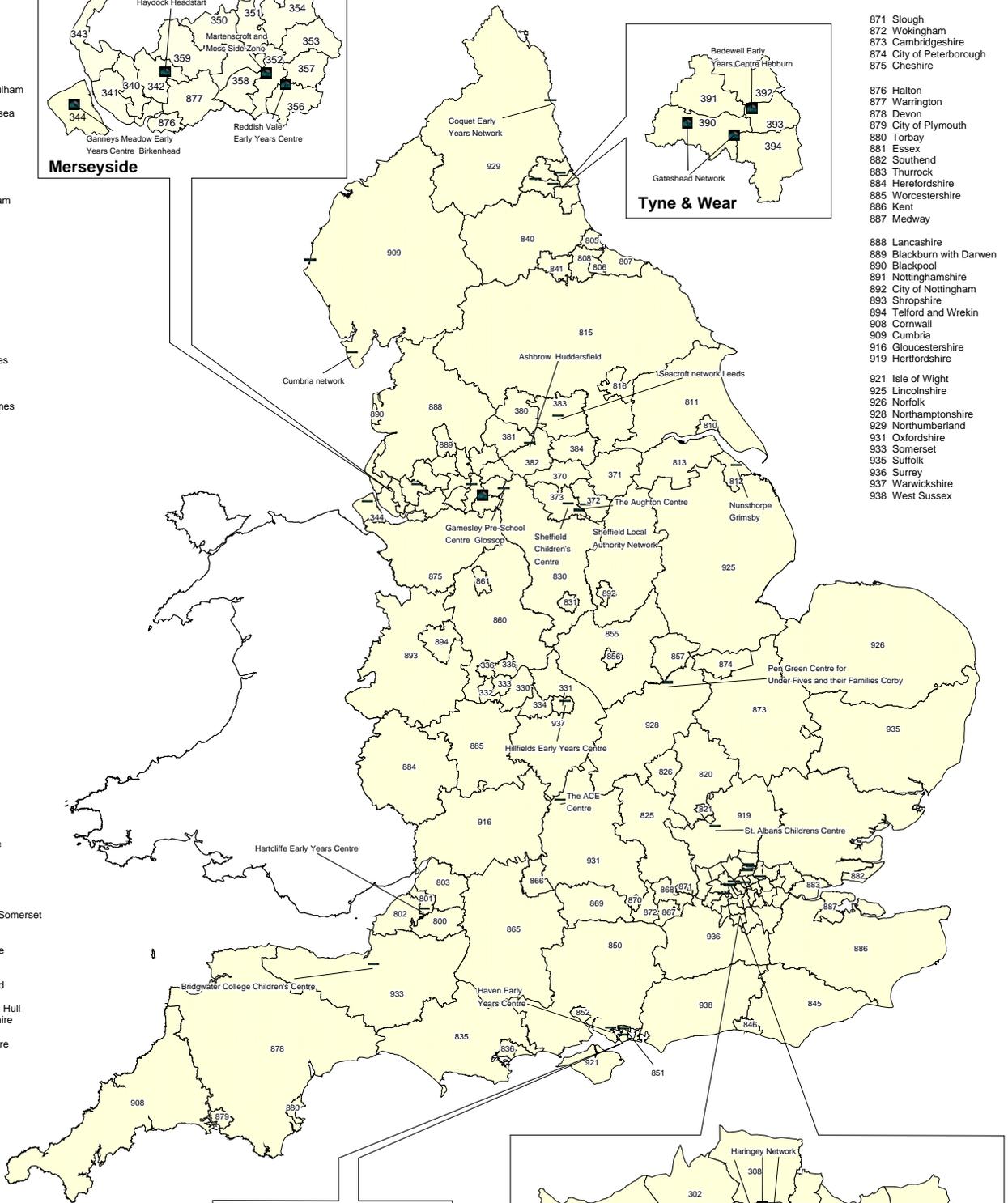
English Region	No. (& Percentage) of EECs located in the Region (N=29)	Percentage of Mid 1999 Population Estimate (National Statistics, 2000)
London	6 (21%)	14.4%
Yorkshire and Humber	6 (21%)	10.1%
North West	5 (17%)	13.2%
North East	3 (10%)	5.2%
South East	3 (10%)	16.1%
South West	2 (7%)	10.0%
East Midlands	2 (7%)	8.4%
West Midlands	1 (3%)	10.6%
East of England	1 (3%)	10.8%

# Location of Early Excellence Centres in England 2000

- 201 City of London
- 202 Camden
- 203 Greenwich
- 204 Hackney
- 205 Hammersmith and Fulham
- 206 Islington
- 207 Kensington and Chelsea
- 208 Lambeth
- 209 Lewisham
- 210 Southwark
- 211 Tower Hamlets
- 212 Wandsworth
- 213 City of Westminster
- 301 Barking and Dagenham
- 302 Barnet
- 303 Bexley
- 304 Brent
- 305 Bromley
- 306 Croydon
- 307 Ealing
- 308 Enfield
- 309 Haringey
- 310 Harrow
- 311 Havering
- 312 Hillingdon
- 313 Hounslow
- 314 Kingston upon Thames
- 315 Merton
- 316 Newham
- 317 Redbridge
- 318 Richmond upon Thames
- 319 Sutton
- 320 Waltham Forest
- 330 Birmingham
- 331 Coventry
- 332 Dudley
- 333 Sandwell
- 334 Solihull
- 335 Walsall
- 336 Wolverhampton
- 340 Knowsley
- 341 Liverpool
- 342 St Helens
- 343 Sefton
- 344 Wirral
- 350 Bolton
- 351 Bury
- 352 Manchester
- 353 Oldham
- 354 Rochdale
- 355 Salford
- 356 Stockport
- 357 Tameside
- 358 Trafford
- 359 Wigan
- 370 Barnsley
- 371 Doncaster
- 372 Rotherham
- 373 Sheffield
- 380 Bradford
- 381 Calderdale
- 382 Kirklees
- 383 Leeds
- 384 Wakefield
- 390 Gateshead
- 391 Newcastle upon Tyne
- 392 North Tyneside
- 393 South Tyneside
- 394 Sunderland
- 420 Isles of Scilly
- 800 Bath and North East Somerset
- 801 City of Bristol
- 802 North Somerset
- 803 South Gloucestershire
- 805 Hartlepool
- 806 Middlesbrough
- 807 Redcar and Cleveland
- 808 Stockton-on-Tees
- 810 City of Kingston upon Hull
- 811 East Riding of Yorkshire
- 812 North East Lincolnshire
- 813 North Lincolnshire
- 815 North Yorkshire
- 816 York
- 820 Bedfordshire
- 821 Luton
- 825 Buckinghamshire
- 826 Milton Keynes
- 830 Derbyshire
- 831 City of Derby
- 835 Dorset
- 836 Poole
- 837 Boumemouth
- 840 Durham
- 841 Darlington
- 845 East Sussex
- 846 Brighton and Hove
- 850 Hampshire
- 851 Portsmouth
- 852 Southampton
- 855 Leicestershire
- 856 Leicestershire City
- 857 Rutland
- 860 Staffordshire
- 861 Stoke on Trent
- 865 Wiltshire
- 866 Swindon
- 867 Bracknell Forest
- 868 Royal Borough of Windsor and Maidenhead
- 869 West Berkshire
- 870 Reading



- 871 Slough
- 872 Wokingham
- 873 Cambridgeshire
- 874 City of Peterborough
- 875 Cheshire
- 876 Halton
- 877 Warrington
- 878 Devon
- 879 City of Plymouth
- 880 Torbay
- 881 Essex
- 882 Southend
- 883 Thurrock
- 884 Herefordshire
- 885 Worcestershire
- 886 Kent
- 887 Medway
- 888 Lancashire
- 889 Blackburn with Darwen
- 890 Blackpool
- 891 Nottinghamshire
- 892 City of Nottingham
- 893 Shropshire
- 894 Telford and Wrekin
- 908 Cornwall
- 909 Cumbria
- 916 Gloucestershire
- 919 Hertfordshire
- 921 Isle of Wight
- 925 Lincolnshire
- 926 Norfolk
- 928 Northamptonshire
- 929 Northumberland
- 931 Oxfordshire
- 933 Somerset
- 935 Suffolk
- 936 Surrey
- 937 Warwickshire
- 938 West Sussex



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### 4.1.2 Economic and Social Distribution of EECs

The 29 EECs, including those which are 'networked' Centres with more than one base, cover 41 local wards. Data made available to the National Evaluators by Oxford University's Social Disadvantage Research Group confirmed that EECs, whilst not a targeted programme, are clearly in a strategic position to address child poverty, social exclusion and underachievement by their population coverage.

A contextual example from an EEC is illustrative:

#### **Figure 3: An Example of the Socio-economic Context of an EEC Catchment**

##### **Context: D. Ward, district of Oldtown**

- 68% 0-4 year olds live in low income families
- 49% 0-4 year olds live in out of work low income families
- 19% 0-4 year olds live in in-work low income families
- 950 lone parents claim Income Support and Family Credit
- 35% of claimants on means tested benefits have at least one child

*Source: Social Disadvantage Research Group, Dept of Social Policy and Social Work (June 2000) Early Excellence Centre Report, Oxford University.*

##### **School is in the Neartown pyramid of schools of Oldtown LEA**

- 83.5% EEC pupils on Free School Meals/Clothing Allowance
- 29.8% EEC pupils from an Ethnic Minority (mainly Afro-Caribbean/mixed race; small % South Asian/Pakistani)
- 34 Homeless Units in the district of Neartown
- 105 juvenile crimes per 1000 pupils in the district of Neartown
- 2350 Accident and Emergency Intakes of School Age Children (Sept 97-Aug 98)
- 20 per 1000 pupils admittance for bodily assault (Sept 97-Aug 98)
- 60 per 1000 pupils admittance for deliberate self harm (Sept 97-Aug 98)
- 87 referrals for psychological problems amongst school age children (Sept 97-Aug 98)
- 33% EEC I & N school pupils with SEN
- 67% EECl & N school pupils with statements

*Source: Mosley, H., Moorhouse, J., Hewitt, D (March 2000) A Profile of the Health and Health Needs of School Age Children in Arkwright, Arkwright NHS Trust/Oldtown District Borough Council.*

More than 83% (24 of the 29) of EECs are located in ward areas where the number of 'out of work claimants of means tested benefits', having at least one child, in July 2000, placed the ward in the highest quintile in England for parental claimant recipients.

The raw data of lone parents in the EECs' immediate catchment area shows that the total number of lone parents claiming Income Support or Family Credit in EEC wards was a substantial 17,420 claimants. Although EECs predominantly take children from their immediate area, many also take children in need of support who have been referred by social services from outside their areas, so this figure of lone parents covered by the EEC Programme may be viewed as conservative.

On average, each ward in which an EEC is located has 425 lone parents on benefit, ranging from an isolated rural setting with 15 lone parents on benefit to a ward in a northern city estate

with 1145 similarly disadvantaged parents. The national ward average of lone parents on benefit in England is 134.7.

The Oxford data also shows that the 'percentage of out of work claimants' in EEC wards having at least one child amounted on average to 23.5%, and that this percentage ranged across the EECs from 10% in a rural area to 34% of out of work claimants in a London borough. Again, these data are indicative of the level of EEC coverage of children in poverty.

The EEC Programme is therefore currently serving population catchments with a significant group of disadvantaged parents who can benefit from both the training many EECs now offer and their extended, localised, early education and child care services. The one-stop-shop allows parents to access training whilst being reassured that their children are in the hands of professionals located in the same building. Parental support and training, parents' education and child care are all available under one roof, delivered from the parents' perspective by the same service group. Trust and empowerment, the key elements in establishing positive and life changing relationships are more easily achieved when individual family needs are perceived and met holistically.

These data demonstrate that the EEC Programme, whilst not a targeted programme, is actively addressing child poverty issues, social exclusion and underachievement. Furthermore, the intergenerational education they offer to parents and their children is particularly significant, and its timing particularly appropriate. There is additional evaluation evidence that many parents become sensitised to their own education and training needs through an awareness of their own child's growing potential as a learner. The EEC Programme reflects and acts upon this important window of opportunity in families' lives.

## **4.2 Operational Evidence**

The capacity, take-up, range and nature of EEC services was assessed. Children, parents and early years practitioners and other professionals/workers are all using these Centres. Many EECs have close links with their local Partnership and many are participating in other national programmes. Most are still developing their model of integration but have a range of differently qualified staff. Managers have to face particular issues in this innovative and expanding Programme.

### **4.2.1 Numbers of Families and Children Using the EECs**

Because of the flexible nature of the services provided (for example, the extended day and drop-in centres) and the manner in which parents and children access them, defining precise numbers of family users at any one time is difficult. A telephone survey in the first week in November 2000 to which 41% (12) Directors of Centres were able to respond indicated that the number of children and families accessing their Centres at that time was 3630, an average of 303 per EEC, with a range between 103 and 598 children and families.

Extrapolating from these figures, it can be estimated, with appropriate caution, that the current EEC Programme is reaching directly about 8500 families and children.

### **4.2.2 EEC Adult Training Sessions**

The data in this section is based on responses from 34% EEC (10) to a telephone survey in November 2000. It suggests that parents are accessing training and group work programmes (parenting skills, behaviour management, family literacy and healthy cooking, for example) and qualifications (such as GCSE Maths and English, Basic Skills, Computer Literacy, NVQ in Education and Care) at EECs in substantial numbers. Early childhood practitioners are also accessing professional training in EECs and qualifications ranging from NVQ to MA.

## Parental Training

The ten responding EECs estimated the total number of courses run for non-practitioner adults in their Centres at 336, an average of 34 courses each, with a range between one Centre established in the final phase of designations who had not yet delivered any courses and a well established Centre which had delivered 104 courses. More than 1637 parents had accessed these courses. Extrapolating these data to the whole Programme suggests the current EECs may be capable of delivering courses to well over 5000 parents annually.

## Practitioner Training

These 10 EECs were also providing professional courses for their local early years community and 2469 practitioners had attended courses in their Centres. Again, extrapolating these data to the whole Programme suggests EECs may be capable of delivering courses to well over 7000 practitioners.

These 10 Centres were also receiving professional visitors at an average rate of 300 visitors a year.

In total this data suggest that EECs offer a significant locally based, practically orientated, development programme for both parents and practitioners. Given that new guidance to the nation-wide Early Years Childcare and Development Partnerships (EYDCPs) requires the Partnerships to deliver substantial training to early years practitioners (delineated as a minimum of 4 days a year for every practitioner), EYDCPs may look increasingly to EECs to help them fulfil that obligation. It may be helpful to consider if and how this process should be encouraged.

This EEC is illustrative of the potential.

### **Figure 4: An Illustrative Example of an EEC Dissemination and Training Activity**

The Centre has run 29 courses within the past year for adult Centre users and 414 have been attended.

The Centre is the training base for the region for all Under Fives' practitioners and has hosted 60 courses with 1394 having been trained. All Foundation Stage training was undertaken in this Centre.

Since September 1999 the Centre has welcomed 760 visitors. This does not include an early years conference on a Saturday when 90 delegates attended, nor does it include the twelve meetings of the EYDCP, which have taken place at the Centre.

## 4.2.3 Capacity of Child Services

Responding EECs, 28% (7), were predominantly, well established, single site Centres. Their completed cost data, showed:

- child services (for example, education, extended day care and holiday schemes) being available on average for 50 weeks in a year with a range of 48 to 51 weeks;
- an average of 2989 child hours being offered per week with a range between 1416 – 7245 hours;
- an average number of 97 children attending these EECs in an average week, with a range between 40 – 205 children;

- the average number of hours per child attending the EECs in an average week as 31.5 hours with a range between 21 hours and 36 hours.

These figures indicate that these 7 responding EECs are generally providing full time, fully integrated, care and education for their children, that is, a one-stop shop to meet the needs of families, parents and carers and children. This small sample illustrates the potential capacity of the EEC Programme.

#### 4.2.4 Staffing

Respondents to a telephone survey of 31% (10) of the total number of EECs in November 2000 indicated that the average number of staff paid by the Centres was 32 although many Centres had additional staff who were paid by other services and charities. On average 6 of these staff were teachers or graduate social workers, an average of 13 were nursery nurses and 5 were unqualified support workers. The rest of the staff included outreach workers, bilingual workers, family support workers, health visitors and training officers.

The level of qualification in EECs is substantially higher than in most early years settings, 60% of whom, nationally, have no qualification at all. Because of the training facilities on site, the range of staff development opportunities open to Centre staff is exceptional and the qualification level of their staff is likely to improve further and rapidly.

#### 4.2.5 Models of Integration

Within the early excellence pilot programme, three models of integration can be identified: a 'unified model', a 'coordinated model' and a 'coalition model', which are broadly similar types to those identified by Osgood and Sharp (2000) in their typology of local authority early childhood education and care provision. ***It should be noted that these are not always discrete models. In practice, some EECs suggest that they have a dominant model of integration but, for some smaller part of their services, adopt other forms of integration.*** The models are briefly described below.

A unified model has amalgamated management, training and staffing structures for its services, which may be delivered by different sectors but they are closely united in their operation. An example of this model within the EEC Programme is a Centre operating out of one site and offering fully integrated early education, child care, family support, adult education and health services organised under one cohesive management structure.

In a coordinated model, the management, training and staffing structures are synchronised so that the various services work in harmony but remain individually distinct. An example of this model within the EEC Programme is a Centre operating out of one site comprising of a relocated nursery school and day care centre working collaboratively with health professionals and adult trainers coordinated by a senior management team with equal status for their respective fields of expertise.

In a coalition model, management, training and staffing structures of the services work in a federated partnership. There is an association and alliance of the various elements but they operate discretely. An example of this model within the EEC Programme is a network of providers of early education and care within a local area cooperating together and with others, such as a further education college and a Health Centre, linked by an LEA appointed network facilitator.

It is anticipated that next year the evaluation will provide more evidence on how these three models are working and functioning on the ground. All these models represent joined up thinking in early excellence service delivery to families and children, but they differ in the nature

and degree of their integration. Because many of these Centres are only just beginning to integrate care, education and health, many would describe themselves as being at a developmental phase. When EECs responded to a request to identify which model of integration best described their current situation, their responses were tabulated in figure 5, below.

**Figure 5: Models of Integration amongst EECs**

16% (4) of EECs suggested that they were operating a Unified Model;  
 20% (5) were operating a Coordinated Model;  
 64% (16) were operating a Coalition Model.

Most of the EECs, 72% (21 out of 29) are Centres occupying a single site, and 28% (8) are network or multiple site Centres.

**4.2.6 Participation in Other National Programmes**

EECs are practical examples of integration in policy, joined up thinking and many have links with other programmes Government initiatives and programmes across the Education, Health and Social Services. The following illustrative table is based on a reporting sample of 31% (10) EECs.

Figure 6: Links to Other National Programmes and Initiatives

<u>National Programmes</u>	<u>Percentage of Participating EECs</u>
National Literacy Strategy	100%
National Numeracy Strategy	100%
Best Value	100%
National Childcare Strategy	100%
Quality Protects	100%
EYDC Partnerships	100%
Sure Start	80%
Education Action Zones	50%
Health Action Zones	60%
Single Regeneration (Budgets 4 or 5)	30%
Young Parents (Teenage Pregnancy)	30%

(N= 10)

EECs are active participants in a range of national programmes with a strong commitment to integration and effectiveness. They are especially strong on education and care initiatives and, for the majority, the most rapid expansion of their services over the last year, has been increasing involvement in Health based programmes.

#### **4.2.7 Additional Services Since Designation as an EEC**

As previously stated, 'additionality' is 'what is added by the Programme which would not have been there if the Programme had not intervened'. All the EECs provided evidence of additionality in their services since designation as an EEC but capturing it is difficult since they evolve continually. Patterns of the EECs' additional services change over time to meet individual and local need. In addition, the range of services is extensive and hard to simplify and categorise and capture numerically. Listed below, as examples of the range and responsiveness of EECs, are the services and activities identified by a random sample of six Directors of Centres asked to report on recent innovations within *6 months* of operation as an EEC. This list is not comprehensive and is additional to the many previous services that the Centres were already providing such as nursery and other education services. These EECs managed to introduce all this additionality whilst maintaining and sustaining the quality of their existing education and care services. In order to meet families needs, these additional services needed to be provided.

#### **Figure 7: A Selection of Additional Services Established Within 6 Months of Designation by Six Randomly Chosen EECs (N=6)**

##### **Extended Day and Holiday Schemes**

- Stay and play
- Respite sessions
- 4 week Summer play scheme
- 48 Saturday play days
- 9 Family fun days
- Family learning days
- Out of school learning group

##### **Support for Health Issues**

- Health visitor literacy packs
- Health service access
- Health team base – community midwives, health visitors, school nurse & community doctor
- 'Positive Health' team
- Baby gym
- Baby massage
- Healthy eating

##### **Parent Support**

- Lone parent advisor
- Child/family guidance
- Solicitor advice
- Parents counselling services
- Buddy scheme for parents
- Family befriending
- Advice for families at home
- Teenage parents support
- Link workers
- Informal cookery, art groups
- Parent and baby

### **Community Outreach**

Home activity boxes for 3 year olds  
Adult toddler and baby groups  
Off site drop in groups  
STARtots language enrichment  
Toy library  
Learning link computer  
Outreach work  
Creche

### **Dissemination and Development of Practice**

Administrative base and meeting place for EYDCP  
SEN training for early years workers  
Consultancy to mainstream practitioners in schools and nurseries  
Childminder support and Network access point  
Trainers' courses  
NVQ assessment and training  
Conferences and seminars  
Student placements  
Support for schools in special measures  
PLA bulk purchasing scheme

It is worth reflecting that these practical support measures are impacting directly on addressing the needs of families and children within the EECs' catchment. The integrated nature of many of these activities shows the one-stop-shop concept is developing to provide a web of accessible localised services. The EECs, in this small sample, are clearly being proactive in identifying and meeting local need.

#### **4.2.8 Building Programme**

A substantial part of the outlay for the EEC Programme was in capital costs for building improvement. Only one EEC had no building work done. In the sample of EECs responding in November 2000, 16% (4) said they had not yet completed building works. As building work is completed and new accommodation utilised for service delivery in future years, the evaluation will provide evidence of the additional uses to which these new EEC buildings will be put.

#### **4.2.9 Managers of EECs**

Titles can be confusing within these integrated EECs. 'Directors of Centres' have overall responsibility for managing an EEC. In addition, many Directors may have additional titles which describe their function, for example 'Headteacher', or 'Head of Family Support'. 'Head of Centre', therefore, does not necessarily imply 'Director of Centre'. Some 'Head of Centre', for example, those within the network EECs, may not be overall Director of the EEC. Some Directors of Centre are not located in the EEC but, for example, in the Local Authority. For the purpose of this report, Centre Managers and Directors of Centre will be defined separately.

Directing and managing an EEC is a difficult and complex job. The evaluation shows they are a relatively highly qualified group. Most, 90% (26), of the Directors of the current 29 EECs have a degree level qualification either in education or social work and 24% (7) have post-degree qualifications at Masters level.

The initial qualifications of a sample of 22 Heads of Centre was as follows, revealing a varied number of entry routes to the early years field and showing different professional backgrounds:

6 x National Nursery Examination Board  
1 x State Registered Nurse  
9 x Certificate of Education  
2 x First Degree + Post Graduate Certificate in Education  
2 x Bachelor of Education  
1 x Certificate of Qualifying Social Worker  
1 x Level 3 Open College Network

Another sample of 20 of the Heads of Centre revealed that their range of experiences is predominantly within the education sector but include 30% (6) who had Social Services experience, 25% (5) who had worked in Playgroups, 15% (3) who had worked for voluntary agencies and 10% (2) who had worked in the Health sector. These data confront some stereotypes about the professional background of Centre Heads and Directors of Centres.

As Centre activity is expanded and more staff are recruited, often with different specialisms than those of the Director, the role becomes increasingly complex.

## **SECTION 5. WHAT DIFFERENCE IS THE EEC PROGRAMME MAKING?**

### **EEC PROGRAMME OUTCOMES**

The EEC Programme is gathering extensive evidence on the impact of its services on those who use them. At this early stage in the development of the EEC Programme we are able to document only short, and some medium, term outcomes of the Programme on those who are immediately benefiting from the services. It is anticipated that at later stages in the evaluation longer term, and wider ranging, evidence on outcomes will become available. This section of the EEC Evaluation Report will therefore present evidence of the outcomes of the EEC Programme for a range of service participants. These participants include:

- children
- families
- local community
- practitioners
- managers.

#### **5.1 Outcomes for Children**

A central concern of the EEC Programme is to enhance the development and learning of young children, to ensure their readiness for transition to compulsory schooling, to enhance their life chances and encourage their full participation in society over time. The EECs offer a wide range of services for children, including education, social, care and health services, which are intended to cover all aspects of children's needs.

The EEC evaluation is providing early but significant evidence that the investment in a comprehensive range of services for young children is impacting directly on children's cognitive development, their dispositions to learn, and their social and emotional skills. There is also some evidence of a reduction of risk for young children and an increase in their health and well being.

#### ***Outcome 1: EEC children have enhanced levels of cognitive development.***

All EECs keep detailed records of individual children's developmental progress. These records document clearly each child's gains in achievement across all aspects of their learning. It should be noted that it is very early in the EEC evaluation to report on the attainment of their children. Demonstrating impact on children's cognitive development will take time and many EECs are still in the process of establishing their full range of services for children. It is also important to acknowledge that the more successful an EEC is in targeting those children most in need and 'hard to reach', the more difficult it is to demonstrate improving levels of attainment of their children, as the population base of the EEC will change over time. As the National Evaluation develops and longer term data becomes available, we expect more evidence will emerge on the cognitive outcomes for children of the EECs.

However, there is some early evidence emerging from analysis of both EEC assessments and school baseline assessment data that, although EECs are admitting children whose attainment is generally below the national average, significant progress in all aspects of achievement can be demonstrated by the EEC children from admission through to entrance to primary schooling.

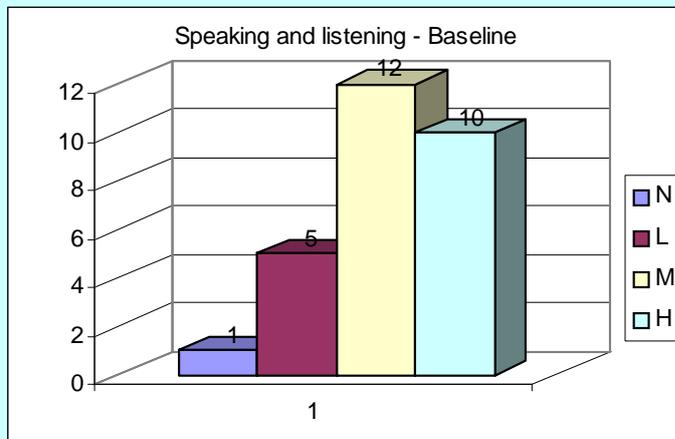
**Figure 8: Example of Enhanced Cognitive Development of EEC Children**

Each academic year all 88 children leave the Centre to attend some 15 different infant schools. Approximately one third of these leavers go to the adjacent infant school. The local infant school Baseline Assessment scores for the intake of children in 1999 showed small but significantly higher levels for the ex EEC children over other children. The considered professional view of the Head Teacher of the infant school confirms this small but significant 'head start' for the EEC children.

Baseline Results 1999	Local Infant School Overall	EEC Children	Non EEC Children
Personal & Social	3.30	3.40	3.00
Language & Literacy	2.35	2.41	2.34
Mathematics	2.91	2.95	2.84
Physical Development	3.17	3.23	3.08

There are also early indications that ex-EEC children appear to progress better once they enter primary/infant schools, than children who have not had access to a nursery with a range of integrated services.

**Figure 9: Example of Enhanced Language Development of EEC Children**



**Key:**

N – No observable or insufficient evidence.

L – Listens and responds to a simple request or instruction AND uses language to express needs.

M – Asks questions to find out and listens to the answers AND recounts events and experiences.

H – Makes up and tells a story with detail to a small group AND answers questions in detail after hearing a story or account.

The evaluation evidence from several EECs indicates an enhanced performance by EEC children in Baseline Assessments, particularly in Language and Literacy development. This is notable in respect of the target group of EEC Programme children, which are largely drawn from families designated as being in need of support.

Using the local authority Baseline Assessment Scheme, the Head of an EEC Nursery carried out an assessment of the 'Speaking and Listening' skills of 28 children who were leaving the Centre nursery to start Primary School in Sept 2000. This assessment was supported by additional observations undertaken by the LEA Inspector for Early Years. This assessment revealed the high levels of achievement of the EEC Nursery children.

This early evidence on enhanced cognitive performance of children with access to integrated early education and care services is further supported by the EPPE Project research findings (DfEE 1999, EPPE Technical Paper, 6a). The EPPE evidence includes data from a number of the Programme EECs, and also shows that children in Combined Centres score more highly in Literacy and Mathematics development than children in other forms of early years provision.

***Outcome 2: EEC children develop positive attitudes and dispositions towards learning.***

There is emerging evidence that the EECs are successful in providing children with enhanced dispositions and attitudes to learning. These aspects of children's learning are regarded as crucial to long term academic attainment. They include persistence, concentration, autonomy, creativity, self-management, self confidence, mastery, resilience and motivation. The EECs in the Programme put a great deal of emphasis on the development of these 'executive skills' of learning in their services and this appears to be paying off in the developmental profiles of their children.

Evidence from EEC case studies and children's records demonstrates that EEC children make particularly good progress in these aspects of their learning. Many children arrive at the EEC without the benefit of positive learning experiences, which have encouraged successful learning habits. Many of the children lack confidence, motivation and independence in learning and exploration. The EEC services provide learning experiences, which encourage the development of such attributes in the children and provide the essential foundations for long term educational achievement. Enhanced confidence, independence, motivation and concentration are identified in the evaluation evidence as successful outcomes in EEC children's learning.

**Figure 10: Example of an EEC Enhancing Dispositions of Children**

Most children arrive at the Centre lacking confidence. However, they quickly respond to the practical and positive approach of staff and become keen to try new activities. They are enthusiastic learners. They show initiative in choosing and maintaining an activity, concentrate well and are generally very good at completing a given or chosen task. Many persevere even when tasks are difficult or take a great deal of effort, for example when working with clay. Children are beginning to express an interest in books. Following good examples set by adults, they turn pages and handle books with care. Many are beginning to recognise their name through good strategies provided. Children enjoy taking part in mathematical activities. They work well together and learn to take turns, as in a capacity activity involving floating and sinking. They demonstrate good independence in selecting equipment and putting this away at the end of lessons. They are keen to answer questions and often remain interested for long periods of time. Children make good progress in knowledge and understanding of the world. The children have well developed powers of observation.

Report from Local Evaluator

Evidence from EEC parents reveals the importance they attach to the development of children's dispositions to learning, with many parents putting this as the prime achievement of the children at the EEC. The impact of EEC programmes on children's attitudes to learning was also recorded in some local authority Baseline Assessments, which showed EEC children performing better than average for this dimension of their learning.

**Figure 11: Example of Enhanced Attitudes to Learning on Entrance to School of EEC Children**

Summative reports and profiles of EEC children's development provide information on confidence and attitude to learning. This evidence along with the local authority Baseline Assessment data on entrance to school demonstrates the enhanced performance of EEC children in this aspect of their learning.

1999 Baseline Assessment data for attitude to learning reveals that the EEC children's data are better than the city profile.

85% of EEC pupils are at category 3 or above for attitude to learning (79% city profile)

A review by Teacher Advisers, who work across the city, comments on the confidence and positive attitudes demonstrated by children from the EEC.

***Outcome 3: EEC children have enhanced social skills and emotional well being.***

There is evidence from Centre assessments and school Baseline Assessments that EEC children make particularly good gains in social and emotional learning. The EECs often make this aspect of children's learning a very high priority, as many children enter their services with very limited experience of socialising with other children and adults. Through well-planned individual and collaborative experiences from an early age, EEC children develop their social skills rapidly. They also receive targeted support for their emotional needs. This maximises impact on children's development at this critical stage in their learning career, ensuring that social and emotional needs do not prevent the child from accessing cognitive learning opportunities.

**Figure 12: Example of Enhanced Social Skills in EEC Children**

The personal, social and emotional development of the children is given a very high priority in the Centre. Many children start with few skills and have very limited experience in working, playing and considering each other. However, the majority of Centre children make very good progress and are on line to meet nationally agreed levels by the time they are five. Children are also on line to attain satisfactory standards in personal, social and emotional development, which is a direct result of the excellent provision in the Centre. Children work very well together, either in small groups, such as when they experiment with dough, or when in a much larger group for story or music. Collaborative work develops very well, for example, when children play counting and matching games where all wait patiently to take a turn. Children enjoy social activities in the classrooms and chat to their friends when drinking their milk. Outside many enjoy sharing the pushing apparatus, climbing and riding on bikes. Children quickly learn to be independent. They put on aprons and help to tidy up and even the youngest replace equipment in the right place on request.

Some EECs also reported the impact of enhanced social skills on the whole family interaction, reducing social isolation and poor communication between family members. There are particular social benefits from the EEC services for children with special educational needs and those who may be growing up in isolated rural locations.

**Figure 13: Example of Social Benefits for a Rurally Isolated Child**

Jamie is 4 years old and lives on a working farm north of the village. Although he has plenty of company in the form of his two sets of grandparents, who live and farm nearby, his parents were not happy that he was mixing with adults only and recognised that Jamie, as a single child, was very much in need of peer interaction with other children his own age. Both his father and mother emphasised this need in explaining why it is so important to them that Jamie attends the EEC nursery. They both see that he needs to develop social skills but also they want him to have more experience of the wider world outside of their close knit farming community. Jamie's father describes his needs as follows: *"To get used to being with other children..."* and, *"so he's not a complete farmer."* Mother adds that the experience of attending the Centre has, *"broken him from his pattern of getting up and going with his Dad on the farm ....its shown him there are other things than farming."*

However Jamie's needs for a wider social life are compounded by another need. He suffers from the rare and potentially life threatening allergy to nuts which could cause him to go into anaphylactic shock. Consequently, although his parents were very anxious that he should attend a nursery, they were very cautious about finding somewhere that could really understand and cope with his needs. The EEC nursery was the only place where they felt they could really trust the staff to cope with the problem. Jamie's mother realised as soon as she started talking to staff there that they had the necessary experience in coping with this allergy, *"They knew exactly what to ask me."* She recognised that the staff work together as a unit and are in good communication with all the parents. All the parents and the other children have been informed about Jamie's allergy and there are clear notices around the nursery reminding parents that children should not bring in any products with nuts. Staff reinforce this message constantly and are scrupulous about food hygiene. Jamie's needs are not only understood but are accepted by the other children. Somehow the Centre staff have managed the delicate balance of providing thorough information to other parents and to children but they have done this, Jamie's mother firmly believes, without making him *"feel a freak"*. Jamie's mother also feels an extra confidence in the nursery's food hygiene and arrangements through her participation in the Lunch Club Management Committee where she has an input into menu planning. If the Centre had not been there with the necessary expertise and support Jamie would not have gone to a nursery and would have missed out on a very important phase of developing social skills. His parents feel it would have made the transition to school all the more difficult.

**Outcome 4: EECs are reducing the number of children at risk in their communities.**

Over the last year EEC staff have developed their expertise in identifying and monitoring children at risk and are operating effective child protection procedures, working closely with Health and Social Service colleagues. Of the 25 reporting EECs, 36% (9) run specialist support groups for vulnerable children and families, and these appear to be effectively reducing the risk for these children. Some EECs report significant reductions in the numbers of children on the Child Protection Register through their support and action.

**Figure 14: Example of Reduction in Children at Risk in an EEC**

The Child Protection Register for the area served by the Centre indicates that it is unusually low considering the base line data of the families in the local community. There are only five children on the Protection Register at the Centre at present.

However, the testimonies of parents and children provide even more powerful evidence of the impact of the EECs on reducing risk for children than the statistical evidence.

### **Figure 15: Example of Reduction in Risk for Children in an EEC**

It is impossible to quantify the extent or permanence of reduction in risk factors for children at the Centre but the words of parents speak eloquently and abundantly about the perceived benefits of the Centre from their perspectives: *“My son was written off by the education system. We adopted him when he was little. He had been terribly abused and he had behavioural problems. The Centre helped us to understand this more and gave us strategies to deal with his behaviour at home. They helped him to talk about his anger and pain”*. Perhaps this held the family together. Parents of a child with learning difficulties and dyslexia felt that their son would have been excluded from school without the support of the Centre who helped them to argue for a statement of special needs. A young mother with 3 children under five wrote of her depression. The Centre had written to her after a neighbour had told them of her growing difficulties. She wrote: *“They helped me get off Prozac and they showed me that I had choices and that my children could do well. We’re not isolated any more”*.

### **Outcome 5: The early identification of, and support for, children with special needs by EECs, facilitates their inclusion into mainstream schools.**

There is evidence from 24% (6) of the reporting EECs that the early identification of children with special needs, and the consequent targeted programmes of individual support, are improving the rate of inclusion of such children into mainstream schooling.

### **Figure 16: Example of Enhanced Inclusion Rates for Children from an EEC**

Analysis of detailed records of an EEC with a designated Special Needs Nursery show that, despite their special needs on entry, on average 57% of the EEC children go on to be educated in mainstream settings. Given the level of need of these children on entry, this would appear to be a high level of inclusion, although no comparative national figures are available. In this EEC the 57% of children with SEN who went on to mainstream schooling did not need additional support in their mainstream schooling.

Case Study evidence from the EEC Programme demonstrates how the early identification of special need and the comprehensive targeted response facilitates this longer term inclusion.

### **Figure 17: Example of the Impact of Early Identification of Special Needs**

Mathew is three and a half years old and has been attending the Centre on a daily basis since he was just over two. The family were referred to the Centre when Mathew’s parents were expecting their second child. At that time their Health Visitor believed they were having problems in coping with Mathew. As Mathew’s Mum, who still feels angry at the way the Health Visitor treated them, put it: *“I would cope for all the months putting nappies on but she decided we never knew how to put a nappy on”* Consequently Mathew’s parents were referred to a Social Worker and it was she who suggested the Centre could help them. Mathew was just over two at this time and initially found it hard to settle at the Centre, causing anxiety for his mother in particular. *“I was really bothered and wanted to take him out”*. However Mathew’s parents had begun to trust the staff at the Centre so they persisted. They were particularly appreciative of the fact that that they were not told *“You’ve got to do this”*, but had the freedom to make up their own minds as to what would be best for Mathew.

Mathew turned the corner and began to integrate with the other children. After attending sessions at the Centre the staff noticed that Mathew’s concentration was poor and that he had problems with his speech. They arranged to take Mathew on a daily basis and to provide one-on-one sessions. They also provided help with transport: Mathew had a regular volunteer who

fetches him in a taxi. Mathew has now been assessed through the Child Development Unit. He has regular sessions with the speech therapist at the Centre who also works closely with his parents. Mathew's parents are receptive to advice from staff at the Centre having established a very open and trusting relationship: *"Whatever they tell us to work on – we work on"* It was clear in their accounts of some of the other agencies they have been involved with that this feeling of trust was not won lightly and that it is something they value highly in their relationship with the Centre. They describe with pleasure how, following staff advice, they have helped Mathew to learn his colours and how they have supported his enthusiastic attempts at counting, relating with amusement how *It got a bit dangerous when he was counting the dotted white lines in the middle of the road"*. They feel his speech has developed considerably as evidenced by the fact that he can now sit and read his 'Thomas' book and *"You'd really think he was reading it"*. They are very certain that the early identification of Mathew's needs has been vital for his future well being: *"We got him here in time. If we hadn't brought him here we wouldn't have picked up on his difficulties. Then he'd have gone to nursery and been basically left to get on with it"*.

Many EECs are working cooperatively with their local primary schools to facilitate the transition into mainstream schooling and case studies of EEC children demonstrate the effectiveness of such cooperation.

### **Figure 18: Example of EEC and Primary School Support for Inclusion**

The story of Simon's transition to primary school demonstrates the flexibility of staff at the EEC nursery and their confidence in tailoring a package of services specifically to suit the individual needs of one child. It also illustrates the co-operative relationship they nurture with the local primary school.

On admission to the Centre in September 1998 Simon had a clear background of delayed development and 'immaturity'. He was not toilet trained, had poor communication skills, poor eye contact and concentration, poor social skills, aggressive behaviour, and he had not walked until 19 months. On entering primary school in September 1999 Simon's statement of special educational needs described 'moderate learning difficulties with global delay'. However despite this profile Simon commenced full time schooling in September 1999 in accordance with County policy. He did not cope at all well, his behaviour deteriorated and the school found it so difficult to cope that he was asked to attend for ½ days only. Even on ½ day attendance, in April 2000, Simon had "escaped" from school once and gone home. The relationship between the school and home was also deteriorating. Consequently the Primary Head Teacher asked the EEC nursery staff if they could help by taking Simon for some play sessions. The following programme and targets were agreed.

#### **Programme:**

2 days a week. Simon was collected from primary school at lunch time to spend the afternoon session in the EEC nursery. Homework was given from the Nursery Toy Library. Each "toy" had hints on playing with the child. Plentiful paper, crayons and pencils were provided. He was given collecting tasks, e.g. to collect items of a colour, and outings tasks, e.g. going for a walk and copying down writing. Mum was to spend the second half of one session in the nursery working alongside Simon and the staff. Childcare arrangements were made for her younger child.

#### **Targets:**

- to settle happily into school routine;
- to accept instructions;
- to be able to join in as part of a group;
- to develop skills to be able to play imaginatively;
- to increase appropriate interactive play with peers;
- to develop self help skills.

Simon undertook the British Picture Vocabulary Scale in July 2000 and was found to stay on task the whole time and to show interest in what he was doing, (in contrast to an earlier test undertaken in May). His drawings showed a significant improvement in fine manipulation skills, his concentration span had improved from an average of 10 minutes to 20 minutes, and he could now match colours, and name red, white, blue and yellow.

In addition to these gains in cognitive development and social skills there were other 'spin offs'. The family have regained confidence in the primary school. Simon's mother has enjoyed coming into school and now has the basis to continue her involvement in Simon's schooling. The family have remained in close contact with the nursery and continue to attend information evenings.

**Outcome 6: The EECs are increasingly working closely with Health professionals to enhance children and family health.**

Effective collaboration with Health professionals has sometimes been hard to achieve. Sometimes issues of individual confidentiality prevents collaboration but there are also some structural issues. The boundaries of Health Trusts and their administrative areas are usually drawn differently to those of the Education and Social Services which are more usually Local Authority based. Within the EEC Programme there is emerging evidence that much progress has been made in this aspect of EEC service provision over the last year. More than 60% (16) of EECs are now working cooperatively with their local community Health Visitors and Health Clinics. A small but increasing number of EECs 24%(6) now have Health professionals (e.g. Nurse Practitioners) as members of staff who are able to offer primary health care services on site, run health and nutrition oriented group sessions and operate in an outreach capacity for local children and families. They also provide input into planning individual development programmes for children with health and development needs.

Although it is early days for evidence to emerge on the impact of this action on children's health, there are clear benefits for the children in terms of enhanced physical well being which helps in their engagement in the EEC programmes.

**Figure 19: Example of EEC Strategies to Enhance Children's Health**

- The Centre records its long-standing relationship with a Health Visitor who is available to parents on site. A speech therapist is employed for several sessions each week. Interviews confirm the preventive value of these services.
- The key worker system and the regular monitoring of children ensure that any concerns about children's development and welfare are noted and acted upon quickly.
- Parenting classes, and other groups considering children's welfare and development are popular.
- The Centre has been proactive in introducing healthy menus in agreement with the meals contractor. It pays extra to have additional fresh food on offer.
- The café, which is intended to be open for two sessions each day, is serving fruit and drinks to the children.

**5.2 Outcomes for Families**

A key element of EEC work is the development of support and services to families within their community. The EECs have made this element of their work a priority and have devoted substantial resources and expertise to this end. It should be noted that a significant element of the EEC Programme funding was specifically designated to sustain and enhance family oriented services, often including capital spend on new accommodation for family and adult training activities. EECs have also developed their staff teams to ensure appropriate expertise is available and the services they provide are of high quality. In addition to their targeted work with children, EECs are now providing a wide range of Family Support services and Adult Education courses which families can access. They are also linking up effectively with other Family Work and Adult Education professionals who are active in their communities. The level of this work in all EECs has increased significantly over the last year. There is early evidence that this investment by EECs in their Family Support work is paying off and providing local families with significant benefits.

**Outcome 7: EEC families are accessing an increasing range of support services.**

All the reporting EECs (25) have increased the range and number of support services for their families over the last year. Much of this work is located on site at the EEC, often in newly built

family and training rooms, staffed by trained family support and adult education workers, many of whom have been funded through the EEC programme. In addition, EECs are increasingly employing Outreach Workers, who operate within the community, in family homes and linked into other community locations, for example, Nurseries, Health Centres, Counselling Services, Refuge Hostels, and other community groups and settings.

All reporting EECs (25) are providing a wide range of activities and groups for families. These services are dynamic and growing in response to increasing demand as local families become more aware of the EEC and able to express their needs. The Programme evidence documents an enormous and expanding range of family support activities including:

**Groups:** all reporting EECs (25) provide groups for parents and families, some formal and some informal. In established EECs there are as many as 30+ different groups operating weekly. These groups range from cookery and nutrition, health, assertiveness, relaxation, fitness, writing and poetry, art, child development, parenting, supporting children's learning.

**Training:** all reporting EECs (25) are providing accredited training, both on and off site, from NVQ1 to postgraduate degrees. The Centres have developed links with local FE and HE institutions and are accessing funding for training through local Learning Skills Councils (TECs), EYDCPs, and other national training organisations. This training covers basic skills in literacy and numeracy; computer training; job applications; award bearing subject studies at GCSE and A level; GNVQ; NVQ; and childcare and early education qualifications at all levels.

**Counselling and Advice:** all reporting EECs (25) are providing a range of counselling and advice services e.g. debt counselling; relationship counselling; legal advice; health and welfare advice; career and employment advice.

**Primary Health Services:** increasingly EECs are linking into trained health professionals who are providing on site primary health care. Over 60% (16) of EECs now have Health professionals who are based in the Centres and provide on site and outreach health services for the local community.

All EECs (25) report that their services for families are heavily oversubscribed, and the evaluation evidence indicates that the take up of these services by families has increased exponentially over the last year, in some EECs an increase month on month of over 100% has been shown. Key factors in the increased take up are lack of stigma, developing trust, ease of access, reputation, better information, affordability and, importantly, the provision of a creche. Numbers of families accessing the services varies according to the size of EEC and the type of groups running, but in 40% (10) of the EECs 200+ families attended the EEC services on a regular basis. In 8% (2) of the established EECs, over 500 families were accessing their services regularly.

#### **Figure 20: Example of Range of Family Support Services Provided in an EEC**

All courses and groups offered in the Centre are in response to parental request and carry no stigma. Service providers are required to deliver to interested parents without judgement. Centre Outreach Workers cold door knock to trace vulnerable or isolated families, organising the delivery of service in the home if necessary. Currently the Centre is offering regular (weekly) services to 50 families and this number is increasing at a rate of approximately 5 families per month.

Current services include; counselling (18 families); lap top computing (8 families); legal advice drop in; health and fitness (8-10 families); stress management (8-10 families); hair and beauty (8 families); domestic violence support group; art group (8 families); women's group (12

families); parents support group (children with SEN) (16 families), 3 parent and toddler groups (45 families).

4 accredited courses are delivered from the Centre currently; Working With Children With SEN (4 successful members, 1 into employment ); Classroom Assistant Course (8 successful candidates, 2 currently into employment, 2 with interviews); Assertiveness Course (8 members awaiting results, 3 out of 5 previous course graduates have moved into employment).

All reporting EECs (25) are now closely monitoring the characteristics of families who use their services, and are developing targeted programmes to meet the needs of the 'hard to reach'. These include male family members, certain ethnic minority community members, transient and refugee families and isolated, vulnerable families.

***Outcome 8: EEC services are improving the quality of family life by enhancing confidence, reducing isolation and improving family stability.***

All reporting EECs (25) are evaluating systematically the impact of their services on families (see Pascal and Bertram, 1999). There is clear evaluation evidence from all reporting EECs of enhanced self esteem and well being in those family members who have accessed their services over a period of time. There is also evidence from EEC users that demonstrates parents and other family members feeling more confident, less isolated, less stressed and with an enhanced quality of personal and family life. This enhanced quality of life may be directly translated into health benefits for some family members. For example, one EEC could demonstrate that in the last year 3 out of the 8 mothers in one group who were receiving intensive family support had reduced their dependency on tranquillizer medication.

There is also evidence that the EECs are facilitating the creation of local social support networks and friendships, which sustain family life. This may be through the sharing of experience and giving of advice, which may help a family through a crisis. It may also be through very practical actions, such as providing lifts, collecting children, providing child care and passing on baby clothes and toys, which may help a family to function more effectively on a day to day basis.

In areas with a high number of refugee and transient families, there is clear evidence of EECs reducing the social isolation and exclusion of these families, by offering practical help and advice, introducing them to other local community members and linking them with other families facing similar issues. For many 'hard to reach' families this has provided an invaluable first step in the inclusion process and providing them with a direct link into the local community and its support structures.

**Figure 21: Example of an EEC Supporting Asylum Seekers and Refugees**

During the year the local authority provided housing for approximately 1000 refugees, including many single parents or families with young children. Accommodation was basic and reportedly there was little consideration given to grouping people of shared language or culture.

Although the EEC had no nursery places to offer refugee children they have taken an important role in the network of support offered to these families. Initially they dealt with the desperate shortage of toys by organising a collection of toys and passing them to the Health Visitor to distribute and by arranging for the local toy library to make contact with families through the Health Visitor. The Centre then set up weekly meetings for the refugee parents and children using its new community room. The meetings are staffed by a Centre community worker, a liaison worker from the local Home/School Community Project and an Albanian translator. The aims were to provide a safe and welcoming environment and to provide a forum where details of other sources of support could be communicated to families. Three sessions have been

organised to date. All sessions have been carefully documented; a register is kept and responses from parents and children are recorded:

There are early indicators of a successful initiative:

- attendance has varied between 2 and 4 families and some families have attended all three sessions;
- families attending appear to enjoy the facilities offered; they use the literature in mother-tongue provided;
- the children are all involved in play, particularly painting and water play;
- more contacts have been made with other agencies e.g. a member of the Social Services Asylum Seekers Team visited and is making links with the other refugee families she contacts.

### **Outcome 9: EEC families are improving their parenting skills and confidence.**

All reporting EECs (25) provide courses and groups for parents to support the enhancement of parenting skills. Many of these courses are accredited and provide, for those parents who wish it, access into training opportunities for childcare employment. Take up of these courses is very high in all EECs, and 16% (4) of the reporting EECs are demonstrating significant success in working with fathers as well as mothers. EECs are also circulating information and advice on parenting, childrearing and parenting support systems through word of mouth, outreach, use of parent advisers, newsletters and notice boards. There are also many examples in the EEC Programme of parents who have been helped by EEC services, in turn, going on to provide support to other parents who attend the Centre.

### **Figure 22: Example of an EEC Enhancing Parenting Skills and Confidence**

Mandy has been living in the local community for four years after leaving her previous home where she was the victim of domestic violence. She came with a number of children to the women's refuge where she was put in contact with the Centre. She describes how the Centre have been like a family for her:

*"I haven't looked back. I think this place helps parents to bring up the child. It's put my head in a position to be able to look after the children properly myself. I can cope with the day to day running, because I feel I'm not alone, because I feel I've got the Centre to turn to. If I have any queries or even just silly little things that come up and upset me, which can actually floor you, on a day to day basis, they are here for that - in every way"*

Mandy feels she has needed different services at different times during the last four years and the Centre has always been able to provide her with what she needs. She feels she gained great benefits in sharing her experiences with other parents for two years in the 'Shadow' group, a self support counselling group. Her younger children have attended the nursery and the older ones have been cared for in the after school club. The family have also taken full advantage of trips and are now looking forward to the programme of summer play activities. She is full of praise for the courses she has attended, especially the courses in Transactional Analysis. She has also trained as a volunteer for the Home Support volunteer scheme run by the Centre. She is particularly pleased with this because she now feels she is in a position to be able to 'give something back'.

*"The training that I've done, I actually thought at the time I was doing it, 'I can't help anybody'. You know I'm doing the Home Support volunteering and I thought 'there's no way I'll ever be able to help anyone else', but I am now. I've been given a family. I love it, it's everything. The*

*training has set me up as a sort of professional in my own house because when you find yourself in the sort of situation as I have been, with no husband and 3 children, you feel totally isolated. You feel totally alone and because of the way he was, he had knocked me right down, I was nothing when I came to this community and I have actually built my personality back up with the help of the Centre. I know it sounds a bit dramatic but in my case it is quite dramatic. I wouldn't have been able to do it without the Centre."*

The EEC evaluations reveal a very high level of satisfaction and participation in the EEC parent support services. It is too early to identify definitively the impact of enhanced parenting skills on children's development and well being. However, there is some qualitative and quantitative evidence of children who are on the Child Protection Register being supported and the prevention of children being taken into care as a result of the success of the EEC parenting programmes.

**Outcome 10: EEC families are better able to access training and employment opportunities.**

All reporting EECs (25) are providing childcare training and adult education which is designed to facilitate access for parents and other family members to further training and employment opportunities. All reporting EECs (25) are linked into FE, HE and other training institutions for the accreditation of the adult training courses they offer. The evaluation evidence shows that the provision of crèche facilities, often on the same site as the adult training, greatly improves access for many adult family members, and is often stated by parents to be the critical enabling factor for their access to training.

**Figure 23: Example of Adult Training Opportunities Offered Within an EEC**

A number of adult education courses were held at the Centre. Overall 44 parents attended courses during the year, with some attending more than one course. Data were collected from 30 out of 44 returned questionnaires. The breakdown of attendance was as follows:

- Confident Parents, Confident kids 6
- Parenting Class 4
- Basic Emergency First Aid (2 courses) 10
- Basic skills, English, Maths 6
- CLAIT computer course 5
- Starter Computer Skills 11

Postcodes of those who returned questionnaires were also collected and analysed. This showed a spread of attendance largely within the local area, which closely reflects the area of intake for the Centre.

A questionnaire was sent to all parents attending courses. Comments showed that the Basic Skills and Computer Skills courses were particularly well received. These were re-run this year. The Basic Skills and Computer Courses were offered free of charge.

The local evaluator observed two of the Basic Skills sessions in which were run by a tutor from the local FE College. There was a very positive working atmosphere. The tutor was closely involved with the parents. For example, on one occasion she was helping them to write a letter; she gave each student individual help matched to their need, ranging from layout, sentence structure and spelling. Measures of success of these courses were: that course numbers remained stable; that some parents enrolled for subsequent courses; that two parents plan to take GCSE courses next year; that all parents see the course as a means of gaining

future employment. One parent commented *'I used to be really rubbish at tables – but I really know them now – my husband will be really pleased'*.

Before the Centre community facilities had been developed the courses were held in the staff room and the computer course was housed in the hall using laptops which belonged to the local College. This accommodation was far from ideal for either the Centre staff or students. During the Summer term this year the courses were run in the newly developed EEC training suite, funded through the EEC Programme, which includes comprehensive provision for computer training. The training room is situated directly above a new purpose built creche. An observation of one session in the new suite showed the benefits of the new building. The seven parents felt that the major improvements for them were more space for working individually and in pairs, and more privacy when working with the tutor. Three parents stressed the enormous benefit of the proximity of the free creche facilities. They were unanimous that, without this facility they would not have been able to attend the training.

The Centre has recently established successful links with the local College of Further Education to develop NVQ training. There is now a full time NVQ student in the day nursery and two part-time students in the nursery. Two of these students were former Centre parents. They are collecting evidence for NVQ Level 2.

The EEC evaluation evidence strongly supports the benefits of 'inter-generational' learning, where adults (parents, carers and grandparents) and children are educated at the same time within one institution, where there is no stigma and plenty of open access, at all levels. Demand for these employment oriented courses is high in all EECs, and parents point to the opportunities this provides them to develop their personal and employment skills, where, in many cases, none existed for them previously. There is also evidence that parents take up of the EEC training opportunities is increasing over time, as the EECs develop parents self confidence, raises their expectations and provides ease of access to a wider range of both training and employment opportunities. The enhanced accommodation and crèche facilities provided by the EEC Programme are clearly factors which have increased access to effective adult education in these communities. Established EECs provide clear evidence of family life histories which demonstrate how the Centre has developed individuals to aspire to, and achieve, qualifications and employment that were previously denied to them. These parents allude to the importance of ease of access, trust, confidence building and high expectations of EEC staff in their journey of personal development.

#### **Figure 24: Example of an EEC Enhancing Training and Employment Opportunities for Families**

Four members of the six staff working in the extended day care service achieved their NVQ through the Wider Opportunities programme at the Centre. Five of the staff came to the Centre as parents using the nursery provision and are now paid education and care workers.

With the establishment of the OCN accredited course for creche workers at the Centre, the Centre creche worker team has grown in size from fifteen workers in 1998 to twenty-one creche workers in 2000. The confidence gained from completing the creche course has enabled the creche workers to further their training and increase their employment opportunities. These creche workers have gained other employment:

- 3 now employed through the local Sure Start
- 1 is a dinner supervisor
- 1 is the administrator for the local Homestart
- 1 is a Family Worker in the Centre
- 1 is a Language teacher at the local FE College
- 1 is a Special Needs worker at a RNIB school

Parents in the adult study groups at the Centre have commented, *“I’m really pleased with my academic efforts.”* Another said, *“As my confidence has grown, it has spurred me on through the weeks, and has given me the opportunity to search out more information.”* They clearly saw their experiences in these groups as significant in terms of their careers and future employability. *“This group has equipped me with the learning and study process. It gives me an extra dimension when completing my C.V. and attending interviews.”* Another said, *“I would like to extend the experiences that I have gained over the last ten years, possibly in a caring field or with projects at the Centre.”* Another member of the group said, *“I think it is really important as far as employers are concerned that the time spent parenting doesn’t have to concentrate solely around the child and home. The Centre staff offer the opportunity for parents to update and learn new skills.”* An NVQ student commented, *“My writing skills have improved. I feel that I have more to offer.”* A parent in First Steps group said, *“Coming to the Centre has definitely increased my employability. I’m thinking about a job in the holidays, doing the creche workers course or NVQ –I hadn’t anticipated anything before the Centre.”*

Well established EECs in the Programme are able to provide early evidence of significant and increasing numbers of their parents accessing training and employment opportunities. For example, in one EEC, out of 65 parents accessing their training courses over the last year, 5 parents had gained employment, 21 had achieved qualifications and 20 new parents had registered for other training courses. In addition, a further 10 parents were operating in a voluntary capacity to work in the EEC and local Sure Start initiatives. The evidence would suggest that these figures are not untypical for the other well established EECs in the Programme at this advanced stage of development 16% (4).

### **5.3 Outcomes for Local Community**

The EEC Programme was designed to contribute to the regeneration of local communities by providing enhanced community services, increasing access to local employment opportunities and improving the range and quality of community health, education and welfare services.

Many of the EECs are located in areas which are recognised as in need of substantial social and economic regeneration. It takes time to move members of a community from dependency support, through empowerment, to enhanced quality of life and more active participation within the community. An even longer term goal is the regeneration of an area. At this stage in the National Evaluation, evidence of community impact is therefore limited. However, the EEC evaluation is providing evidence of the beginning of a longer term process of community development.

#### ***Outcome 11: Awareness and status of the EEC within their local community is generally high.***

The evaluation evidence demonstrates that EECs are generally well known and highly regarded within their local communities. The over subscription to many of the services in all established EECs is testimony to their visibility and utility within their communities. Indeed, many EECs are reluctant to raise their visibility further as they do not want to generate further demand, which they are unable to meet. Most EECs have local community representation on their Management Committees, which ensures responsiveness and sensitivity to their local communities. There is also emerging evidence of communities actively involving themselves in the development of new EEC services, which are more responsive to their local needs.

#### ***Outcome 12: The EECs are providing an increased range of community services.***

The reporting EECs (25) are providing a wide range of community services and facilitating the development of community services in other local premises. They are also working closely with local community development initiatives to coordinate and synchronise efforts for their

communities. Examples of the range of community activities include pensioner groups e.g. bingo; library branches on site; residents meetings; fitness and sport activities; art classes; involvement in Single Regeneration Budget projects (SRB).

***Outcome 13: The EECs are providing childcare and adult education services which support local employers.***

All those EECs who would describe themselves as 'advanced' or well established, 16% (4), provide both Basic Skills Training and more advanced accredited vocational training courses, which over time will enhance the supply of a more confident and highly trained workforce for local employers. These EECs also provide childcare services which are enhancing local workforce employability, particularly for families with young children.

#### **5.4 Outcomes for Practitioners**

A major goal of the EEC Programme is to enhance the professional quality of early childhood services and practitioner skills, both within the EECs themselves, but importantly, also in other local early years settings. The EEC Programme is intended to act as a vehicle for developing cross sector, integrated professional practice and for exploring how the existing terms and conditions for early years workers might be developed for integrated settings. The evaluation evidence demonstrates that the EECs are making progress on developing practitioner professionalism within integrated contexts and have highlighted some key issues around practitioners terms and conditions which need to be urgently addressed at a national level if further progress in the development of integrated services is to be made.

***Outcome 14: EEC staff are demonstrating an increased professionalism in their approach to integration.***

In all reporting EECs there is evidence of a commitment to, and progress towards, higher levels of professionalism in their integrated practice. This was primarily achieved through ongoing access to a wide range of professional development opportunities for all staff, which encouraged joint working. The EECs all have in place a well documented and implemented staff development policy and programme, to which significant proportions of their budget is allocated. The commitment to continuous professional development for all EEC staff members is very evident in the evaluation data. Several of the EECs, 32% (8), presented their systems for staff appraisal, Performance Management and, for teachers, Threshold Payments. These systems are linked to a programme of staff development in which all EEC staff are encouraged to participate, and in many cases provide a model of good practice in staff development.

#### **Figure 25: Example of EEC Staff Development Strategy**

The Centre has been recognised as an Investor in People, reflecting the ongoing commitment to training for all staff regardless of contract. Good performance management systems are in place to support staff. New staff have a thorough induction to their role. This year, five experienced staff (including a regular supply teacher), have applied for Threshold Performance payments. This represents all eligible teachers. They were trained by an external adviser and have good data to support their applications.

In-house training plays a large part in staff development. For example the senior nursery nurse spends half an hour weekly working with the three lunchtime supervisors. Topics include: behaviour management, individual feeding difficulties, Makaton, general management issues, special needs issues. The training is relevant and well received. A recently appointed lunchtime supervisor says, *'I've only been here three weeks and already I can finger spell the alphabet and sign Makaton Stage 1. I know why the children are here and if such and such happens I know what to do'.*

Staff are aware of the need to keep abreast of research and methods. The Centre subscribes to a range of specialist publications; they review their content and usefulness at the start of each new financial year. They also contribute to publications. For example, three staff, a speech and language therapist and parent governor provided material for 2 chapters in *'Working with Parents'* edited for Russell House Publishing by one of the governors. This is a practical, user-friendly book, showing how policy and practice can merge with what parents need and want. As Investors in People the Centre is able to access business training courses through the TEC. This term 3 staff members have trained as Learner Representatives.

Considerable funds are used to support staff on training courses. The Standards Fund allocation for 1999-2000 was £ 3,059.00, and this has been supplemented by a further £2,887.00 from the Centre budget. Courses are carefully costed with an aim to provide value for money.

Some of the staff development is externally provided e.g. by local FE and HE institutions and Early Years Development and Childcare Partnerships (EYDCP), but much of it is provided in house by external consultants or by Centre staff with particular professional expertise, who share their professional knowledge with colleagues to encourage a common approach. The range of staff development opportunities offered within EECs is impressive, ranging from unaccredited training on particular issues, to accredited courses from NVQ1 to postgraduate degrees. Most EECs have NVQ Assessors on site, who contribute to their internal staff development programme. All participating EECs are committed to joint staff training sessions which they see as crucial to the development of their integrated approach. The EEC evidence emphasises the importance of high quality professional development opportunities for all EEC staff as a key means of maintaining and developing excellence in the provision of integrated services.

#### **Figure 26: Example of Extensive EEC Staff Development Opportunities**

There is a high level of staff training in the Centre and staff attend monthly training days as a whole group. Attendance at monthly staff team training days is good, with on average, 21 of the 25 teachers and early years carers attending each of the 10 sessions from Sept.1999 through June 2000. Three or four administrative staff also attended many of the sessions. Sessions were highly relevant for professionals focusing on: Centre Development Plan; OFSTED Framework; Child Protection; Sure Start; OFSTED Action Plan; Working with EDB Children; Maths; New Early Learning Goals; EEC: Staff Team Review & Planning; Equal Opportunities. A day on Supervision Skills is scheduled for 7/00. Centre files show that staff members attended a range of outside training offered by the LA and other agencies from 9/99 – 7/00: team leaders attended a day on child protection and a day on autism, and the two deputies attended a day on the new Foundation Stage curriculum. Individual staff members attended one-day courses on: abuse in childhood and drug dependency; monitoring and evaluation in the classroom; ICT with young children; High Scope: working with parents; and counselling skills in the workplace. The new Special Education Needs Co-ordinator attended a half-day release course entitled, Managing SEN as a New SEN Co-ordinator. The teacher who moved into working with the Under 3s attended two one-day courses: Communicating with Under 3s and Behaviour Management with Under 3s. An early years carer attended a 3-day Makaton Sign Language course with the parent of a learning disabled child. The 6/00 Staff Review and Planning Day provided me with first-hand evidence of staff members' engagement and involvement in their own professional development, in the running of the Centre, in equal opportunities, as well as evidence of the desire of many to gain further qualifications

It should be noted that as the EECs develop their approach to integration, staff development within the EECs remains an important prerequisite for the Programme to succeed. New staff

teams are being created in many of the EECs, and staff are learning how to work together effectively and to understand the contribution of their colleagues within an integrated service. The evaluation evidence indicates that sustaining the development towards fuller integration of services within the EEC Programme will require continuing support for team building, joint training, integrated management systems, joint staff working and opportunities for staff dialogue.

***Outcome 15: EECs are providing extensive amounts of training and development for early years practitioners.***

All EECs in the Programme are providing increasing levels of training and development for early years practitioners locally and nationally. In over a third of the EECs, the EEC Programme has directly funded a training base on site and this has significantly increased the Centres ability to contribute to training locally over the last year. It has also provided a location for the development of professional resource material which may be accessed by local practitioners.

The EEC role in training and development is fulfilled in a variety of ways:

- delivering training courses at foundation and advanced levels;
- supporting early years students;
- speaking at local and national conferences;
- writing for publication;
- the production of professional training materials;
- involvement in practitioner research;
- involvement in Early Years Development and Childcare Partnership training and quality improvement programmes;
- hosting visitors to observe integrated practice.

In addition to the provision of on site training, over the last year the EECs have also been actively involved in outreach training and development to other early years providers in their locality. This entails supporting settings through the inspection process, introducing them to the Foundation Stage Curriculum and providing models of good integrated practice.

The extent of training provided by the EECs is impressive. The evaluation evidence shows the well established EECs, 16% (4), each providing as much as 120 student hours of training per week, reaching 500+ practitioners in one year, thus making a significant contribution locally to the achievement of national training targets.

**Figure 27: Example of EEC Outreach Professional Development Work**

The EEC Community Teacher identifies local groups and visits them to discuss their situation: the numbers of families involved, the premises and the equipment they can use, the training and support needs of the workers or volunteers, their links with other providers, the views of parents and carers. Providers in the voluntary sector often identify different needs from those in the maintained sector. Community teachers also work on setting up new groups, together with local organisations and the EYDCP. Over the past 6 months the Community Teachers have worked with 20 local pre-school settings: 6 in the maintained sector, 4 playgroups, 7 toddler groups and 3 parents' groups. There are 3 new groups being developed, while 2 playgroups have recently closed temporarily. Currently the work is more with toddler groups and in developing the skills base in the area, in order to make future groups more stable and equipped to meet local need. A gap has been identified in pre-school provision in the area. The Community Teachers have also been able to help practitioners evaluate their practice, and feel confident in making changes or introducing new elements.

It should be noted that this high level of activity supporting the development of good practice locally has to be balanced against the loss of the expertise within the EECs themselves. The evaluation evidence indicates that EEC managers are sometimes struggling to ensure the deployment of high quality staff is not spread too thinly by external commitments, resulting in a consequent loss of professional quality within the EEC services themselves. This is particularly a strain for the trained early years teachers within the EECs, who are in extensive demand to support the development of quality in other local private and voluntary settings.

**Figure 28: Two Examples of the Demands of Dissemination on the Organisation of EEC Teaching Staff**

1. The Centre ensured that, as far as possible, the new staffing arrangements which arose from EEC funding did not result in any dilution of teaching expertise with the children. Consequently they arranged for the EEC funded Community Teacher post to be organised as two part-time appointments. One of the Centre senior teachers has one of these part-time posts, but she also retains a part-time teaching commitment.

2. The impact of EEC on the Centre has meant that some of the most experienced staff have been involved in outreach work and so no longer work in the classroom. Hardworking newly appointed staff are only able to be appointed on temporary contracts (due to the EEC funding being only for 3 years). Additionally, the nursery now has many visitors, which is demanding of staff time. Staff are concerned that as a result of this the quality of work with children was not diluted.

***Outcome 16: EECs are actively disseminating good practice in the delivery of integrated services.***

It is evident that the EECs are becoming nationally and internationally recognised Centres of Excellence in integrated practice, with many visitors making extensive journeys to observe their integrated practice first hand and discuss its practical realisation. All reporting EECs (25) recorded a great increase in the number of visitors over the last year as the EEC Programme has become more established and visible to the professional community. For some well established EECs, 16% (4), the visitor numbers have reached over 500 in the last year.

All EEC are developing systems to manage the dissemination process more effectively. Experience has shown that although this aspect of their work is very rewarding and important, it is also very time consuming and expensive to support, if it is to be done well. It is common practice in the EECs to have a Visitors Policy, which lays down protocols for access, format of visits and support materials/publications to be provided. In some EECs a small charge has been introduced to cover basic costs and ensure the quality of the visit time. Visitors evaluations indicate the benefits of the visit to them professionally, and include:

- understanding the role of an integrated centre;
- seeing good practice in action;
- guidance on the development of integrated services;
- advice on organisational and management issues;
- accessing models of innovation;
- inspiration and professional vision.

***Outcome 17: The EEC Programme is developing more appropriate terms and conditions of employment for staff in integrated settings.***

EECs are complex institutions, consisting of a wide range of services and professionals. The evaluation evidence reveals that EEC staff, conditions of service vary enormously from Centre to Centre and even within Centres. Some LEAs, 20% (5) have taken the development of the integrated services within the EEC as an opportunity to regularise the terms and conditions for their staff. In those EECs this has had a very positive impact on the staff.

**Figure 29: Example of the Impact of Terms and Conditions of Employment**

There have been improvements in the terms and conditions for nursery officers, which are now harmonised across the Centre. However, there remains an anomaly in the position of the deputy Head of Centre, who is not a qualified teacher and thus not technically eligible to act as head. The senior teacher is taking this role over the term after the present head leaves and before the substantive Head of Centre takes up her post in January 2001. In 1998 a more experienced deputy Head of Centre was acting head over two terms, with support from an early years adviser.

The standard terms and conditions of employment of a Headteacher do not match the needs of a combined Centre. An allowance of 50 days' leave means that the head is away for significant periods of time. The demands of dissemination also take her away from the wide range of other duties. The lack of expert support from the LEA for a combined centre is a particular issue in the case of a new head.

The three-year grant awarded for the Partnership Teacher post and the NVQ training and assessments are coming to an end. The uncertainty is undermining for the staff and for the projects, which are very successful. Both staff are contributing significantly in areas which are government priorities, acknowledged within the local EYDCP.

In other EECs, 80% (20), significant anomalies in staff terms and conditions of service continue, providing sharp differentials in salary, status, work time and access to benefits and entitlements. EEC Directors and their Local Authorities are attempting to resolve these issues through local and individualised action. It was suggested by a number of participants in the evaluation that action at a national level could further enhance the pioneering work being done within the EEC Programme on practitioner terms and conditions of service.

### **5.5 Outcomes for Managers**

The impact of the programme on staff, particularly on leaders / managers has been very significant. For example, over a three year period one early childhood educator took up her first headship, and managed the transformation of a small, six staff nursery school into a fully integrated, inclusive provision supporting over 110 children and families with 31 staff. Her job included developing a 'new' team out of two teams with very different philosophies and practice and promoting radically different ways of working with both the children and the families. She also carries a county-wide brief for training and a national brief for dissemination.

***Outcome 18: EEC managers are developing their management and organisational skills to manage the diverse range of services within but are finding their role extremely demanding.***

Heads of EEC were generally enthusiastic about the challenges and excited by the opportunities and reported a strong sense of satisfaction at being part of a national initiative, which could make a real difference to the lives of children and families. Heads articulated a

real commitment to social inclusion and welcomed this opportunity to provide more holistic services to children and families.

### **Figure 30: An Illustration of the Director's Role**

The EEC Director sees herself as being in a pivotal role, working within a network early years provision. For example, she is on every sub-committee of the Early Years and Childcare development Partnership and is a member of Sure Start Partnership and Management Board. The senior management team of the EYEC is represented on all the sub-groups of the EYDCP.

Inevitably the pace of change and the increasing complexity of the task have proved challenging. Some of the factors which impinge on the work of the EEC manager's are listed in Figure 31.

### **Figure 31: Factors which have Impinged on the Work of the EEC Managers**

- integrating two staff groups;
- developing a small team of 5 – 6 to a team of 30 – 58 plus staff;
- competing demands, parents, children, community, LEA;
- increased work load outside their establishments, e.g. attendance at meetings, zones, EYDCP, EEC training;
- establishing new job descriptions and supporting staff in changing roles;
- large numbers of visitors;
- significant building programmes;
- the Local and National evaluation process.

### ***Outcome 19: EECs are developing quality leaders with vision and commitment to transform the delivery of early childhood services both locally and nationally.***

The evaluation evidence indicates the considerable scope and scale of the work undertaken by EEC Directors and Heads. For example, from a survey of 15 of the 29 EEC Directors (52%), the average number of staff managed is 31. In some of the larger EECs, however, Directors are managing between 50 – 65 staff. In those EECs, which are involved in other national programmes, e.g. Sure Start, EAZ, and HAZ, Directors may also be line managing the additional staff providing these services.

EEC Directors are also managing larger financial budgets than previously. The average budget of an EEC is £486,975. In some cases, for example where Sure Start or other projects come under the responsibility of the EEC, Directors are managing budgets in excess of £1.5 million, and extensive capital build programmes. Thus, EEC Directors and Heads are dealing with increasingly complex and significant management responsibilities. To support this work the evaluation evidence highlights the need for more administrative help to enable the development of the required financial and data management systems.

One of the real strengths of the EEC Programme is clearly the quality of leadership within the Centres. The evaluation evidence illustrates powerfully the vision and commitment of the Directors, Heads and their management teams. These teams seem able to combine a strong vision with highly principled ways of working. The nature of the job, the intensity of the challenge, the administrative demands, the complexity of the funding, the intricacy of the evaluation processes and the need to develop more effective joined up service working amongst staff teams, all demonstrate the need to support EEC managers in the further development of their skills.

**Figure 32: Critical Issues for Professional Development Identified by EEC Managers**

- leading and managing multi functional services and multi disciplinary services;
- developing an interagency approach to work with children and families;
- staff roles and relationships; teamwork and group work;
- time and workload management and strategic planning;
- community development and adult learning;
- evaluation methodology.

Over the last year, EEC managers were increasingly looking outward, taking on training and dissemination work within their LEAs and within their EYDCPs and saw this as a very positive outcome. Several EECs are used by their EYDCP as administrative bases and as meeting places for the Partnership. Evidence from 52% (15) of EECs reveal that managers were developing informal support structures amongst themselves and that these informal structures could be enhanced with focused training and mentoring. These managers expressed the need for more systematic contact with other EEC managers, advanced level training that was both rigorous and relevant and, in the case of newly established EECs, some mentoring from more experienced managers.

Currently, EEC managers, who are educationally based, have access to NPQH management training, but this is not open to managers from other sectors. EEC managers are seeking more relevant and accredited management training. For example, in September 2000 one EEC linked to a university and offered an Advanced Level Module on Leadership and Management as part of a validated MA course. Twenty EEC managers have now enrolled on this Module, demonstrating their commitment to further their management skills and increase their competence in addressing the considerable management challenges with which they are dealing.

## **SECTION 6: PROGRAMME FUNDING, COSTS AND BENEFITS**

The EEC Programme is one strand of an expanding early education and care policy within England, supported with a significant increase in public investment for services for children and families. The EEC Programme represents a substantial investment in the development of integrated services nationally. The intention of this public spend is to ensure that direct and indirect, short and long term benefits accrue to the different user groups of the expanded services, including children, families and practitioners, and to explore the feasibility and effectiveness of this form of service delivery nationally. Given the level of investment in the EEC Programme, it is understandable that the links between programme characteristics, funding, costs and outcomes should be clearly visible and documented within the evaluation.

The National Evaluation strategy (1999-2002) therefore has a strong emphasis on funding, costs and cost effectiveness in its developing methodology. However, it should be recognised that methodologies to calculate the costs, cost benefits and cost effectiveness of complex early childhood programmes are at an early stage of development internationally. Tools for cost analysis and for calculating cost benefits and cost effectiveness are only recently being established and trialled in early childhood programmes across the globe (Moran, Myers and Zymelman, 1997; Swaminathan, 2000). Although the EEC Programme evaluators have attempted to build on this emerging work nationally and internationally, it should be stated that this aspect of the evaluation is still very formative. The development and application of this aspect of the EEC Programme evaluation by individual EECs and their Local Evaluators has been the most challenging element in the evaluation process, and one for which participants have needed a great deal of support and expert advice. However, we believe the evaluation is breaking new ground with these methodologies, and is identifying key issues for further refinement and development, which will be useful in the evaluation of this and other early childhood programmes.

Given these parameters, the EEC Programme evaluation is attempting to develop and apply techniques of cost analysis, cost benefit and cost savings calculations to the EEC Programme in order to more fully evaluate the effectiveness of the policy initiative, (for more detail of methods see Bertram and Pascal, 1999). Documenting and evaluating the funding, costs and benefits of the EEC Programme produces several methodological issues. Concerns about estimating the costs of early childhood programmes, the feasibility of doing so, and the practicalities of ensuring the accuracy of such calculations given the diversity of EEC funding streams, are very much part of the context in which this evaluation is operating. In addition, we should also be aware that not every aspect of early childhood services can be reduced to a costed or monetised equation. As Vaidynathan states, "There is no point in trying to monetise everything, since many inherently desirable things are non-monetisable" (in Swaminathan, 2000).

The National Evaluators are well aware of the limitations of the cost savings methodology presented here, the possibility that it is open to subjective judgements and selectivity and that the sample size is currently very small. Our discussions with the Audit Commission suggests that given the complexity of the methodological issues, the range of variables, the impossibility of establishing matched sample cohorts and difficulties in research operationalisation, we should apply a test of 'reasonableness' in making judgements and in establishing both validity and reliability. Robson's (1993) 'Real World' approaches in research methods, developed from work in Health Service practice seem helpful, looking for realistic but rigorous means of enquiry giving systematic and meaningful evidence for those involved in developing policy and practice in human service delivery. Guba (1990) suggests tests of credibility, dependability, confirmability and transferability are the most useful validity and reliability checks in such evaluative research design.

Despite the difficulties, many EECs have become enthusiastic and supportive of the cost effectiveness element of the evaluation and are keen to develop their own expertise further. There is widespread agreement that a detailed estimate and analysis of funding and costs can be very helpful in the effective planning and mobilisation of resources, to ensure proper accountability, to estimate further resource requirements from the public sector and for advocacy. Participants in the EEC Programme have acknowledged the importance and utility of this key element of the evaluation and are working hard to accommodate its demands.

Thus, in this first year of the National Evaluation of the EEC Programme, the emphasis has been very much on setting up the rigorous costing analysis systems within individual EECs, on which to base the cost effectiveness methodology to be applied in subsequent years. Putting in place systematic procedures for the collection of complex financial data has been difficult for some EECs, operating within an early years' culture which has emphasised practical support for families and children rather than financial data audit trails. It should be acknowledged that over this year substantial progress in implementing this aspect of the National Evaluation has been made, and in some cases EECs have really taken on board the importance of this methodology and informed its ongoing development within their organisations.

It is therefore important to state clearly that the evidence presented in this first evaluation report on costing and funding is tentative. It is based upon partial evidence from 28% (7) well established EECs, for illustrative purposes, as examples of how data analysis of this nature may be collated and presented within an evaluation of this kind. It should also be noted that more detailed and comprehensive cost effectiveness evidence will be available in subsequent Annual Reports.

To allow some assessment of the reliability and validity of the limited evidence presented, some contextual background of the seven reporting EECs in this first year may be helpful. All the reporting Centres who gave complete costing data are well established Centres with a tradition of offering integrated services. They are single site Centres and most have Centre Managers or Directors who have been in place since before designation. These factors probably make the complicated nature of evaluating costs less daunting.

It is also recommended that this section of the report should be read in conjunction with the cost benefit and cost savings findings presented in the earlier EEC evaluation report, First Findings (Bertram and Pascal, 2000).

## **6.1 Identifying Funding**

EECs are characterised by multiple funding streams and a wide range of sources of income. Most of the EECs have two main funding streams, usually local education and social services authorities, but there are a number of examples of charitable foundations being a major funder of the EEC services. Some may also have regular funding from the Area Health Authorities. Other funding for EECs comes from a variety of sources, locally, nationally and internationally, and so may often be difficult to aggregate. This funding is also often short term and closely tied to performance. All Centres in the EEC Programme have an additional annual sum from the DfEE to support them in the EEC Programme.

Mapping the variety of funding streams for individual EECs for the purposes of the evaluation was a very complex and difficult task for the local evaluators. The 7 EECs submitting these data this year reveal the wide range of their funding sources, including:

- local education authorities;
- local social service departments;
- Area Health Authorities;
- government departments;

- various Government initiatives e.g. Education Action Zones, Health Action Zones, Sure Start, Single Regeneration Budget;
- charities;
- donations;
- fee charging;
- fund raising;
- European Funds;
- research and development projects;
- training;
- publications.

These income streams have different sources, require different accounting procedures, operate over different financial years, may operate in the short term and be individually time scaled. They may be accountable to different agencies and be managed by different bodies, which may be external or internal to the Centre, and are extremely difficult to harmonise into one accountancy system.

In some EECs, operating without a fully delegated budget, it is sometimes difficult to obtain full information from the funding body on the exact amount, which is allocated for which of the EEC's services.

### **Figure 33: Example of an EEC Multiple Funding Streams**

There are no fees for any services at the Centre although parents are asked to contribute 10p per session or extended session. The core services are funded directly through the local authority education and social service departments. Lunches are £1.25 and teas 25p – this charge is paid by parents who are working, parents in receipt of benefits do not pay. The Out-of-School Club charges £1.50 per hour and £1 pick up fee. Several children-in-need attend and they do not pay. The Centre receives an annual equipment budget from education of £5,358 and a staff development/standards fund budget of £13,759. From Social Services we have this year received NOF funding of £33,670.00 for our Out-of-School Club to create 8 new places, buy new equipment and to part purchase a minibus. We have received £10,000 from SRB matched-funding to buy a minibus. We have received £2,400 Millennium Funding to run a Mother and Baby Club. £4,080 Millennium Funding to create a garden. £700 was provided from Children in Need towards developing the garden. £23,500 of EEC Funding was given for a covered play area and a further £3,000 for ICT support. £34,000 of EEC Funding was allocated for training and support work within the Centre.

Given this background, just to identify and fully map an EEC's annual income has been an enormous task for many Centres, and has required time, professional expertise and sometimes, the installation of new technology. All EECs have made great progress in putting an integrated income and costing system into place over the last year, which will form the basis of future cost analysis calculations in the next phase of the evaluation.

A major result of this exercise in mapping EEC funding has been an illumination of the task faced by those who manage these large and diverse budgets. The average budget for an EEC is £486,975, and this figure must be broken down by different services and by different funding streams for income accountancy purposes. This large budget requires considerable financial expertise to handle efficiently. A number of EEC managers have needed to employ additional administrative support to handle the accountancy procedures for this level of budgeting.

The funding analysis also highlights the short term and insecure nature of much of the EEC funding, including the EEC Programme funding, even for some of their core services. This insecurity over funding is a major problem for Centre Managers and prevents them from longer

term planning, and financial budgeting over more than short and medium term periods. There is also evidence that it is affecting staff morale and motivation, with the danger in some EECs of losing experienced and competent staff due to the resultant job insecurities. Putting EEC funding on a more secure and long term footing is a major issue for the national Programme.

## 6.2 Measuring Programme Costs

Over the last year, the EEC National Evaluators have developed a computerised system for estimating and analysing the costs of an integrated Centre. This system was trialled in a sample of the EECs for the period 1999 – 2000 (Bertram and Pascal, 1999). Applying this basic cost analysis throws up some key issues and challenges in the measurement of full Programme costs:

- not all EECs have fully delegated budgets;
- EECs have multiple and complex funding streams;
- some costs are hard to identify and calculate;
- some costing data are unavailable;
- some costing data are inaccurate or incomplete;
- expertise to carry out cost analysis is lacking;
- there are fears about full costing transparency inhibiting the decision making of those EEC Directors who see themselves as social entrepreneurs;
- some of the costing methodologies are inappropriate to the kinds of service delivered in EECs;
- EECs have to develop new systems of tracking costs and service users.

All the EECs have fully transparent internal budgeting procedures for the elements of the budget over which they had control. Budget procedures are often supported by local authority finance personnel, and Centre managers have well defined lines of financial accountability, both internally and externally to their various funders.

Given these financial challenges, faced particularly by the newly established EECs in the Programme, only 7 EECs, (28% sample) were able to provide us with full costing data this year. These EECs were predominantly well established, single site Centres offering a unitary or coalition model of integration. The cost savings analysis framework also enabled some systematic estimations of the range and quantity of annual services to set against this cost. Evidence gathered on child hours per week, training hours per week and family support places per year and other such elements of EEC services provide the following data on Programme costs and outputs.

### **Figure 34: The Average Annual EEC Costs for Providing the Average Range of Annual Service**

Based on a responding sample of 28%, 7 of the 29 current EECs, on average it costs £486,975 per annum to run an EEC.

It is calculated that some 12% of these costs, on average, are met through voluntary or donated resources (imputable costs).

This costing for an average EEC per annum provides an average coverage of:

- quality education and care services for 97 children for 31.5 hours per week for 50 weeks of the year at a cost of £3.32 per child hour;

- family support for 303 families;
- 1637 hours of training for parents;
- 1075 hours of training for practitioners;
- 300 visitor places;
- employment for 32 staff.

This costing evidence would appear to indicate that the more developed EECs are providing a wide range of child, family and adult services at a reasonable cost. It should be noted that, as the Audit Commission recommended, these are full costings for the EEC services, including imputable costs (12%) of service delivery, which previous costing calculations have ignored. Imputable costs are those costs which are not met by the budget of Centres but met by such things as voluntary help and donations of resources or time. Such costs are an important element in many early childhood settings. The evaluation evidence indicates the additionality of the EEC Programme funding, which has clearly enabled the EECs to expand and enhance their basic service provision considerably at a relatively low cost (see Section 4).

### **6.3 Documenting Programme Benefits**

The identification and systematic documentation of Programme benefits was carried out according to an agreed framework of common indicators (see Section 3). The benefits for children, families, practitioners and local communities are being progressively mapped in the short, medium and long term by the National Evaluation. Some of the short term benefits of investing in the EEC Programme are presented in full in Section 5 of this report. In summary, the benefits include:

- cognitive, attitudinal and social benefits for children;
- higher levels of inclusion for children with special needs;
- reduction in child risk;
- enhanced parenting skills;
- reduction in family breakdown;
- enhanced training and employment opportunities for parents and family members;
- high levels of practitioner training;
- enhanced quality in local early years provision.

These significant Programme benefits provide valuable evidence that the Programme is providing clear benefits for those it serves, and demonstrate in cost terms that the Programme is functioning effectively for the given outlay.

Once Programme costs and Programme benefits are accurately identified, a more detailed analysis of cost benefits, cost savings and cost effectiveness can follow. For the purposes of this first annual report, the evaluators have focused on only cost savings calculations as an exemplar of the kind of cost effectiveness analysis which will be available in future reports. Analysis of cost benefits and cost effectiveness will be presented in subsequent annual reports.

### **6.4 Analysing Cost Savings**

Cost benefit analysis seeks to quantify in money terms as many of the costs and benefits of a proposal as possible. This methodology was employed effectively in the Perry Preschool Project research, which sought to quantify the costs and benefits of early intervention in children's education (Schweinhart *et al*, 1997). The research design adopted in the oft-quoted Schweinhart study had a relatively small cohort of less than 200 children, used a randomly

assigned matched sample, tracked the cohort up to the age of 27 and focused predominantly on a black, urban, disadvantaged community in the US.

The complexity involved in applying this approach is impractical given the constraints of our evaluation. Yet, we believe, reasonable judgements can be made, drawing from the methodology pioneered by the Schwienhart team and set out below, to estimate the alternative costs of outcomes that may have resulted in the absence of, in our case, the Family Support Service in one EEC over one year. A more recently published UK study using a similar methodology, claims that child poverty could be costing the Exchequer as much as £500,000 per child (Barnardo's, 2000). It is also recognised in these formative studies, that as time goes on, and the impact of disadvantage multiplies in children's and families lives, the cost savings that accrue escalate year on year.

#### **6.4.1 Cost Savings Exemplars**

In the EEC Programme evaluation, a key element of the cost effectiveness methodology is, therefore, the calculation of the cost savings of the Programme. EECs are attempting to document fully the costs of providing their services and are linking this costing evidence to their impact evidence, to identify the cost savings of their provision. This analysis is providing useful early evidence of the potential cost effectiveness of the EEC Programme in relation to the individual children and families benefiting from the EEC services. The intention is, over the three years of the evaluation, to build up sufficient numbers of these individual cost savings case studies over an extended time period, to enable Programme wide conclusions to be drawn. This methodology complements other cost effectiveness methodologies, as set out in Bertram and Pascal (1999), adopted in this current evaluation.

It should be noted that this methodology is still at an early stage of development within the EEC evaluation strategy, and gathering and validating the required impact evidence for a sufficient number of EEC families and children takes time. In this first report we present exemplars of the individualised cost savings case studies of an EEC Family Support Service, as illustrative of the methodology and potential cost savings of the EEC Programme. The methodology for calculating the cost savings case studies presented is also outlined to support the validity of the calculations.

#### **Methodology**

The first task in the analysis was to establish the cost of providing the Family Support Service in the EEC per family per year. In this calculation the following costs were included:

- staffing;
- a percentage of management costs;
- a percentage of premises costs;
- a percentage of equipment costs.

This produced a total costing for the EEC Family Support Service per year of £190,315. This total was felt to be realistic and constituted more than 33% of the Core Budget of the EEC.

The second task was to audit the number of families who used the Family Support Service over the year. This produced a total of 208 families. This allowed a calculation of the average cost per year of supporting an EEC family:

**£190,315 divided by 208 families = £915 per family per year.**

It should be noted that this is an average cost; some families cost much less than this per year to support and others much more. However, the costs of the services are averaged out over all the families accessing the service over the year to provide a realistic view of the cost of the service as a whole. This is deemed fair as all public service costing tends to be calculated on average unit costs per child/family per year, rather than individual unit costs according to need. This costing methodology was checked by educational economists from the Audit Commission and judged to be “realistic” and “reasonable”.

The third task was to document the experience of the families who used the Family Support Services. This was achieved through a narrative methodology, whereby the family members worked with the Family Support Worker to complete a narrative questionnaire. This prompted the family member to record key events and to reflect with the Family Support Worker on their expectations of their progress, both with and without the Family Support Service. The parents who worked on this narrative reported a therapeutic impact for themselves in the process of review and reflection that it provided. It also had the important impact of showing the families that their opinions and feelings were valued. Subsequently, this documented narrative was checked by an experienced social researcher for validity and realistic projection of the impact of the particular family circumstances.

Finally, the narrative case study was subjected to a cost savings analysis which calculated the costs of the action which would have been required if the EEC Family Support Service had not been available to the family over that year. Again, this calculation was checked by an experienced social researcher for validity and realistic projection of preventative / remediation action. It should be noted that the figures used to calculate the cost savings were provided by the appropriate national organisations and Government Departments responsible for providing the alternative services. We have in all cases been cautious in the figures used. For example, foster care for a family of more than two children would be more expensive than the figure of £70 per child per week, and foster care for a child with special needs is more expensive.

All the families using the EEC Family Support Service over one week took part in the cost savings analysis for this EEC: 10 families in total. We present 6 of these costed case studies below as exemplars of the data generated by this approach. These case studies include families who placed a heavy demand on the service and families whose needs were much less, but who still benefited significantly from the service.

Estimates from six case studies of an EEC Family Support Service illustrate some of the cost savings which might accrue from the multiple support services available to families within one EEC. Tentative estimates of the cost of providing alternatives for the 6 families studied ranged from £2,600 to £12,200. The cost of providing Family Support Service to the 208 families covered by the EEC was £190,000 over a year at an average cost per family of £915. The case studies are based on individual families and cannot provide evidence of impact for all families in the Centre nor of programme wide impact. However, they do tend to support initial indications of the potential for cost savings as identified in *First Findings*.

### **Case Study 1: Dawn**

Dawn is a lone parent with six children whose ages range from twenty years to the youngest who is eighteen months. She first became involved with the EEC when she was pregnant with her sixth child, following a referral from her Health Visitor in October 1997. She had recently separated from her partner and needed support with Thomas, her two year old son. There were also concerns around Dawn's obsession with cleaning, she was constantly doing housework. A visit was made by Hazel, the Outreach worker, who offered her Parent and Toddler Sessions but Dawn felt that was not what she wanted. Hazel continued visiting and provided play sessions for Thomas, as well as practical support in preparing for the new baby.

Gradually, the play sessions were moved into the Centre, Hazel brought Thomas in, and the staff encouraged Dawn to collect him. The support continued after the birth of the baby, with the Family Support staff offering to care for the children while Dawn attended appointments when she needed to. With the staff's encouragement Dawn slowly began to use the Parent and Toddler groups and she says, *"When I first went there I was at a very low time in my life. I needed to make my life better for me and my children. The people and staff were really nice to me and my children and I felt comfortable."*

Dawn had identified that she, *"needed support with my two little children, they were a handful for me being a one parent family. My eighteen month old needed to play and mix with other children, it's a calm atmosphere for them. I also met other mothers there and staff I could talk to when I had a problem. I always feel better when I come out of there."*

In September, Thomas was given a two day place in the under threes provision and the baby has a creche place. At this point Dawn's confidence has grown, *"When I first went to the Centre I was very depressed. They helped me keep my chin up for my children. I have got a lot more confidence now."*

Dawn began joining the art group and has now moved on to do a more formal accredited course as well. *"The Centre is the only group I have kept going to. They don't pressure you into things, they let you be your own person. Everyone is treated the same and your children are really well looked after. I feel comfortable leaving my children with them. My children are happy there which makes me happy and a better person."*

Dawn has also become actively involved in community regeneration in the local area. She is on the committee of her residents association and is the chair of the local Environment Action Group. She says, *"I really love going to the Centre, I feel that I am going somewhere in my life."*

**Figure 35: Dawn's estimated cost saving table**

<b>What provision Dawn might have needed</b>	<b>Cost (estimated)</b>
Psychiatric counselling for depression NHS Psychiatrist £40 per hour @ 1 hour per week for 1 year	£2080
Cost of psychiatric drug regime	£ 500
Long term benefits to children's well being and learning resulting from mothers improved well being	
<b>Total estimated alternative costs</b>	<b>£2580</b>
<b>Average cost of providing Family Support per family per year</b>	<b>£ 915</b>
<b>Total saving over the year (assuming Dawn costs the Centre the average amount)</b>	<b>£1665</b>
<b>Cost Saving Ratio</b>	<b>1:1.5</b>

### **Case Study 2: Anna**

Anna has a nineteen year old son by a previous marriage and three children by her current partner who she feels is unsupportive. She has had difficulties with the eldest boy; he was involved with drugs, which resulted in him being in prison. Social Services became involved when her nine year old son disclosed that he'd been sexually abused.

Anna first became involved with the EEC when her second child was given a nursery place. She was working at the time and James was brought and collected by his Gran. Later she began using the Parent and Toddler Groups with her two youngest girls. Initially, Anna was quite bristly and rarely shared her feelings. Staff in the Family Support Service were aware of how difficult it was for Anna to trust and worked hard to make her feel comfortable. Anna says, *“I had to learn to trust them first, when things go wrong all the time you find yourself going deeper within yourself – I had a brick wall that would protect me.”*

Eventually, Anna began to ask for support and when James made his disclosure about abuse, she said, *“Here’s where I came first. They listened and then advised me where to go, as I wanted the matter dealt with. I feel comfortable and relaxed here and I know I can talk to them about absolutely anything and it will not go any further.”* Over the following months, Anna began to have irrational thoughts about the safety of her children but felt, *“I thought of here (the EEC) as safe, where the children could play and be left by me and I wouldn’t worry about them as I knew they were being well cared for, which made it easier.”*

As Anna began to feel more secure about her children, the Family Support staff encouraged her to think about what she would like to do for herself. Amy was given a nursery place, and Molly a crèche place, enabling Anna to join the Art Group. Her self esteem began to increase and she began to encourage other parents to join the Group, indicating to the staff her good ‘people skills’. With training and support, Anna has joined a team of Parent Home Visitors based at the EEC, and is now working towards her NVQ2 in Child Care and Education at the Centre. Over recent months she has continued to face difficulties in her family life but has been able to manage these and ask for help from Centre staff when she has needed it.

Reflecting back, Anna says, *“I have learned through them to talk to them. They have been through it with me, that’s how I feel. They never interfere unless you’re ready to talk but I know that they are there when I need someone to talk to, but they also listen, which is very important. Without the support of the Centre I would probably be on prozac or in a white coat somewhere with everything that has happened and is still happening. They have given me confidence in myself, as well as my children. If a parent doesn’t function properly then a child will pick up on it. With time and patience from the staff here I feel they have given me the support and encouragement I have needed to get me where I am today.”*

**Figure 36: Anna’s estimated cost saving table**

<b>What provision Anna might have needed</b>	<b>Cost (estimated)</b>
Long term counselling support @ £20 per hour per year	£1000
Possible Psychiatric admission	£3000
Long term drug treatment for depression - Prozac	£ 250
Long term benefits to children’s well being and learning resulting from mothers improved esteem and well being	
<b>Total estimated alternative costs</b>	<b>£4250</b>
<b>Cost of providing Family Support per family per year</b>	<b>£ 915</b>
<b>Total saving over the year (assuming Anna costs the Centre the average amount)</b>	<b>£3335</b>
<b>Cost Saving Ratio</b>	<b>1:3</b>

### Case Study 3: Gail

Gail was new to the area with two young children when she first became involved with the EEC. Although she had a partner, he worked away and with little support from her family she felt very isolated. Gail explains, *I found the Centre in the phone book. I was looking for a mum's and toddler's group to enable my eldest to socialise with children his own age, and a way for getting out of the house.* She said, *I needed support in managing behaviour. I didn't want to hit my children, I wanted to know how to play with them and to have strategies for dealing with unwanted behaviour without resorting to violence.* Initially, Gail felt apprehensive about coming into the Centre, she was worried about not knowing anybody. She reflects, *I had no confidence and my self esteem was very low. I didn't know how to talk to people. I felt tongue tied and didn't know if I could get to know people.*

Gail found it hard at first to ask for advice or support, then following an incident around the older boy's behaviour, she broke down. She says, *I was taken into another room where I poured my heart out to a member of staff. They offered advice and worked with me - they asked me to join a Behaviour Management Group. After this incident, I felt I could trust the people within the Centre. They helped me realise it wasn't the end of the world and there was a light at the end of the tunnel.* Gail also describes her feelings about that time, *I feel they have made me recognise my worth, raised my self esteem and confidence. I am now confident in handling my children's behaviour. They supported me through a very difficult time in my marriage.*

Gail became involved in the adult groups and by the time her youngest child was given a nursery place, she was working as a creche worker and was also involved in running an adult cookery group. Gail went on to complete her NVQ3 at the Centre and is now employed full time as a Nursery Officer in the Under Threes Team at the Centre. Gail feels that without the support of the Centre her, *self esteem and confidence would be non-existent. My boys would not have had the opportunities and experiences the Centre has offered them and myself. I feel I would be unemployed. I have been taught how to play and educate my children and how to resolve their disagreements. The Centre has provided my children and myself with the opportunity to go on and achieve, to be the best that we can.*

**Figure 37: Gail's estimated cost saving table**

<b>What provision Gail might have needed</b>	<b>Cost (estimated)</b>
Relationship counselling @ £40 per hour per week for 3 months	£ 480
Gail's return to work (single parent with 2 children now off benefits)	£5980
Long term benefits to children's well being and learning resulting from mothers improved esteem and well being	
<b>Total estimated alternative costs</b>	<b>£6460</b>
<b>Cost of providing Family Support per family per year</b>	<b>£ 915</b>
<b>Total saving over the year (assuming Gail costs the Centre the average amount)</b>	<b>£5545</b>
<b>Cost Saving Ratio</b>	<b>1:5</b>

## Case Study 4: Remila

Remila lives with her unemployed husband and seven year old son, Shoaib. He was born with a very rare genetic skin disorder known as Ichthyosis. The family were introduced to the Centre by their Social Worker. Remila says, *“I wanted Shoaib to get the chance to mix with other children and for the people within the community to get to know him and accept him for who he is and not just see him as a little boy with this rare skin disorder.”*

The Social Worker made a referral and Shoaib was offered a two day place in the Under Two's provision. Remila explains, *“Staff did a home visit to meet us and explain about the Centre and what the Under Two's Group was all about. They had most information on Shoaib from our Social Worker.”* Remila felt that she, *“needed support in building my confidence to enable me to take Shoaib out without feeling intimidated by people staring.”* She also felt she needed support with, *“Assessing Shoaib's developmental stage and needs.”*

Reflecting on her feelings on first using the Centre, Remila says, *“I was very scared and nervous. I felt as if everybody was watching Shoaib and making remarks about his condition but the staff were friendly and made me feel at ease. They made no fuss over Shoaib and treated him as they would any other two year old. Staff listened to any concerns I had and advised me where necessary without judging what I said.”*

Remila says now that the Centre, *“helped me to feel good about Shoaib when around other people by talking to me about his capabilities and making me focus on Shoaib as a whole and not just the skin and his appearance. They also got me in touch with an Education Psychologist to assess his needs as I was concerned whether Shoaib could attend a mainstream school with his condition, but the last thing I wanted was for him to attend a special school. The Centre also observed and recorded his development and always informed me of how he was doing, which reassured me that he was developing at the appropriate stage.”*

Shoaib progressed from the Under Two's Group into the Under Three's and at the end of the year left to attend the pre-school provision at one of the local mainstream schools. He has moved into the Reception Class and is still there and coping well. Remila now feels that, *“without the support I don't think I would have had the confidence to go out and seek information on my son's educational and medical issues. I would probably have gone along with everyone's decisions without questioning and Shoaib would probably be in a special school and not in a mainstream school. I have built enough confidence to see Shoaib as my little boy and not wonder what anybody else thinks.”*

Remila herself also successfully completed her NVQ3 at the Centre and now works part time at the Centre as a Bilingual Assistant and part time as a very valued Family worker in the Family Support Team.

**Figure 38: Remila's estimated cost saving table**

<b>What provision Remila might have needed</b>	<b>Cost (estimated)</b>
Shoaib attending mainstream school at average saving of £2000 per year	£2000
Remila's return to work (parent now off benefits)	£5980
Long term benefits to child's self esteem and learning	
<b>Total estimated alternative costs</b>	<b>£7980</b>

<b>Cost of providing Family Support per family per year</b>	<b>£ 915</b>
<b>Total saving over the year (assuming Remila costs the Centre the average amount)</b>	<b>£7065</b>
<b>Cost Savings Ratio</b>	<b>1:7</b>

### Case Study 5: Barbara

Barbara and her husband have two children, a girl aged 5 years, and a son of 3 years who was diagnosed as having a typical autism. They first became involved with the EEC when a worker from the local Preschool Education service introduced them. Barbara explains, *“I needed someone to relieve me of the burden that helping my son was solely on my shoulders. As a trained Primary School teacher I felt that I should know what to do to help him and that it was all down to me. I needed a break from this responsibility.”* John, her son, began attending the Under Two’s session at the Centre. Barbara says, *“Literally from day one, I felt as though this was right for him. I felt totally confident that the staff were committed to the best interests of the children.”* The staff and Barbara worked hard together to settle John and she says, *“It was wonderful to have found somewhere I could leave him knowing he was benefiting from the experience. It freed me from any feelings of guilt about leaving him.”*

Barbara herself also needed support. She explains, *“I kept coming because the staff were so welcoming and genuine and the whole ethos of the Centre felt right to me.”* The staff offered practical help, such as suggesting who to contact to find things out or how to approach someone from the medical profession to get the most positive results. Barbara was also given emotional support when she experienced low times. She explains, *“being able to sit and chat and even to have a cry has saved my sanity on a number of occasions. It’s also been nice to share the positive achievements my son has made with people who understand that the tiniest things mean such a lot. I felt as if I was part of a team of people with my son’s best interests at heart and not just someone from the outside looking in.”*

Once John had settled and begun to make progress, Barbara felt ready to do something for herself. She says, *“I feel that the nature of the Centre is such that whatever support is needed staff will go out of their way to advise you and help you to achieve what you want to achieve.”* Barbara’s aim was to get back to work and she says, *“I received encouragement to pursue my personal goal in terms of getting back to work.”*

Reflecting back, Barbara feels that, *“Without the support of the Centre I feel that my son would not have developed to such an extent, especially in terms of socialisation. Also, in terms of being separated from me, I would probably have continued to put myself under increasing pressure, and the longer this went on, the less likely I would be to trust that anyone else could take some of this responsibility from me. Without the encouragement of the staff I do not think I would be back at work.”*

John successfully moved into the Preschool Group at the Centre and Barbara took up a post as a Portage Worker at the Centre. John completed his nursery year with a Learning Support Assistant and has now moved to special school, where he has settled very well and continued to make progress. Barbara is currently still working at the Centre as a Portage Worker, and is moving on to other work outside the Centre in January.

Barbara describes her feelings about the Centre, *“As a parent I am so impressed by the caring nature of the Centre. Everyone is considered and made to feel valued. It is easy for schools to have folders full of policy documents saying what they believe in theory but at this Centre you can actually see these policies put into practice, which as a parent is very reassuring. Now as a*

member of staff, I feel very proud to be part of something that is so obviously making a huge difference to the quality of life of many people in the community.”

**Figure 39: Barbara’s estimated cost saving table**

<b>What provision Barbara might have needed</b>	<b>Cost (estimated)</b>
John’s inclusion in mainstream rather than special school nursery at an average saving of £2000 per year	£2000
Barbara’s return to work (parent with two children now off benefits)	£8150
Long term benefits to child of parent’s enhanced self esteem and confidence	
<b>Total estimated alternative costs</b>	<b>£10150</b>
<b>Cost of providing Family Support per family per year</b>	<b>£ 915</b>
<b>Total saving over the year (assuming Barbara costs the Centre the average amount)</b>	<b>£9235</b>
<b>Cost Saving Ratio</b>	<b>1:9</b>

### **Case Study 6: Mary**

Mary is a lone parent with three children who moved into the area over a year ago. She has no local extended family. Mary explains, *“I left my partner 16 months ago due to physical and mental abuse and I went into a women’s refuge with my three children. My partner found us so we had to move again and we came here. After two months we got a house and I have settled down to a new life with my children.”* Mary first became involved with the Centre following a referral from Social Services. After an assessment home visit the Centre offered initial support by providing a full time place in the Under Three’s provision for Mary’s daughter Charlotte, who at the time was presenting challenging behaviour at home. Mary says, *“I was first involved with the Centre through the Children’s Worker at the Refuge. She helped me to find a place for my daughter who I could not cope with at the time, due to us giving up our house and taking her away from her dad, and the strain of living in a new house and having to share a bedroom together.”*

When Mary first brought Charlotte into the Centre, although invited to stay and spend time in the area she preferred to leave quickly. Her interactions at this time with Charlotte were often very negative and abrupt. Mary describes her initial feelings, *“When I first went to the Centre I was very embarrassed and I felt a failure due to not being able to cope with my own children and having to ask for help.”* Gradually nursery staff at the Centre encouraged Mary to linger and chat in the nursery environment and supported her positive interactions with Charlotte. Mary describes this time, *“the staff were so kind and understanding and the way they acted and spoke to me and my children, it put us all at ease.”*

As Mary gained confidence with staff she shared her experiences of depression, extreme tiredness and arthritic pain. Mary’s means of coping was to put all children to bed and try and sleep herself. The Centre offered support through respite for her youngest child in the Under Two’s provision and extra nursery time for Charlotte, on a temporary basis, so that Mary could rest and recuperate while the children were at the Centre. Individual help was also offered to Mary to help her identify her own needs. Mary describes the support she received from the Centre as, *“another adult for myself to speak to and help me to adjust to my new surroundings. Also, someone to take the pressure off me, as I felt as if my children were suffering due to me*

*being so lost and lonely.*” When describing the factors which encouraged her to carry on using the EEC services, Mary reports, *“the staff are so helpful and they take the time to sit and listen. They also make you feel as if you are not the only one in your position”*

Mary’s relationship with her children was improving during this time and Mary, having identified herself a need to improve her literacy skills, was encouraged to join one of the short courses run at the Centre geared at raising self esteem. Mary says, *“I joined the ‘What About Me’ Group and I am enjoying that. I have lived in England for three years now and this is the only group I have felt comfortable with and wanted to join.”*

Charlotte’s confidence has increased throughout her time at the Centre and reports of challenging behaviour at home have decreased. Further preventative intervention is planned, for example, an individual programme of behaviour management has been offered to Mary to support her with the emerging behavioural needs of her youngest son. When reflecting on how her family might have benefited from using the Centre Mary explains, *“My daughter is able to get out of the house and meet other children her own age and is also learning at the same time. My youngest son really enjoys it as he is getting more understanding and attention from his teachers than I can give him some days.”* Without the support of the Centre Mary says that, *“I think I would have had a nervous breakdown and be in hospital, and my three children would be in care.”* Mary continues to use the Centre on most days and her three children are developing well, with Mary receiving support for managing their behaviour. Mary is doing voluntary work this year, and importantly for herself and her children’s well being, she has not gone back to her violent relationship.

**Figure 40: Mary’s estimated cost saving table**

<b>What provision Mary might have needed</b>	<b>Cost (estimated)</b>
Three children accommodated in foster care for 6 months at a minimum of £75.80 per week per child x 3 children	£5460
Mary’s admission to a Psychiatric Ward	£3000
Community Psychiatric Nurse (CPN) visits after leaving Psychiatric Ward @ £20 per hour for 1 hour per week for 1 year	£1040
Drug regime for psychiatric illness for one year	£ 500
Referral to School Educational Psychology service for Behaviour Management @ £25 per hour x 6 months x 2 children	£1300
Play scheme for summer holidays @£48.75 per week per child For 6 weeks x 3 children	£ 877
<b>Total estimated alternative costs</b>	<b>£12177</b>
<b>Cost of providing Family Support per family per year</b>	<b>£ 915</b>
<b>Total saving over the year (assuming Mary costs the Centre the average amount)</b>	<b>£11262</b>
<b>Cost Saving Ratio</b>	<b>1:11</b>

It is difficult to establish reliably what would have happened in the absence of the EEC and further work is needed to develop a robust method for assessing the impact. The data presented are therefore necessarily illustrative and are based upon partial evidence from well established EECs.

It should be recognised that in reality not all families within an EEC make progress year on year. However, over time sufficient families provide evidence of the effectiveness of the EEC service as a whole. The case studies, therefore, provide illustrations of strong possibilities for cost savings and other benefits which might accrue from the multiple support services available through the EEC programme but are not in themselves irrefutable evidence of impact for all families. They undoubtedly increase the established level of proof from possibility towards probability but they do not, in themselves, achieve certainty. It must, also however, be acknowledged that these monetised calculations do not convey the considerable social and emotional benefits to children and families from the reduction in their stress and the enhancement of their well being, which carry enormous value in themselves. Against the reality of these very complex social situations and problems captured by these lived case studies, the necessarily simplified attempts to assess cost savings in monetary terms alone, pales.

It is hoped that these costed case studies, in addition to their contribution to an understanding of the value for money of the EEC Programme, also convey the essence of trust, responsiveness and sensitivity which characterises the work of EEC staff in responding to the complex needs of the families they serve. As such, they provide rich material for exploring the effectiveness and impact of the EEC Programme in its totality.

## **SECTION 7: EEC PROGRAMME FUNCTIONING: GOOD PRACTICE IN INTEGRATED SERVICE DELIVERY**

The EEC Programme evaluation provides substantial evidence on the effective functioning of a diverse range of integrated early years services in a range of national locations. The evaluation evidence reveals a number of aspects of the EEC functioning which demonstrate good practice in integrated service delivery. The evidence on the EEC functioning is presented below thematically to enable dissemination of the identified good practice.

The 'good practice' themes identified in this first year evaluation include:

### **7.1 Development and Dissemination of Quality Early Educational Practice**

The evaluation evidence indicates that the EECs are providing good quality programmes of early education for the children they serve. The curriculum operating in the EECs reflects closely the priorities of the Foundation Stage Curriculum and strongly promotes the importance of personal, social and emotional learning as a key facilitator of the other key areas of learning, particularly communication, language and literacy. They are also developing innovative pedagogical approaches, which build on the best knowledge we have of effective learning and teaching in the early years. The quality of the curriculum practice in the EECs is reflected in the higher levels of achievement recorded for EEC children through their Baseline Assessments, particularly in language and literacy, which are documented in Section 5 of this report.

A key factor in the development of high quality early educational practice in the EECs is their strong emphasis on planning, assessment and record keeping. Many EECs submitted examples of their planning and assessment documentation and how they used their records to support the development of their curriculum for individual children. The open and participatory nature of the documentation, and the active inclusion of parents, and often children, in the assessment and record keeping process, was a particular feature of EEC practice. In several cases the EEC planning, assessment and record-keeping documentation was used as a model for dissemination to support other early years providers locally and nationally.

The assessment processes in EECs generally start with first contact with families and are maintained by key staff in the EECs who have responsibility for individual children's and adult's programmes. Examination of these assessments and records demonstrate their detail, thoroughness and also their comprehensive nature. In the best cases they include information from all the services used by the individual, bringing together an overview of progress in all relevant aspects of development and learning. They also include contributions from parents and children, who are active participants in the assessment and recording process. These assessments and records are generally open documents and form the basis for an active and ongoing dialogue between Centre staff, adults and children.

#### **Figure 41: Example of Participatory Assessment and Record Keeping Processes in an EEC**

Each key worker has an overview of their group of children. Records of individual children's progress are detailed and thorough. They demonstrate very clearly each child's gains in achievement in the 6 areas of learning identified in the Foundation Stage Curriculum Framework. Although each key worker keeps records for their group, all staff contribute to assessment and record keeping, including students and bi-lingual assistants. Records are dated and evidence of progress is provided through sensitive and pertinent daily observations of children's responses and actions, and samples of children's work. Children's own comments about their drawings are carefully scribed and included in individual records. Action plans are kept for each child on Stage 1 of the Code of Practice (COP). These are reviewed every 8 weeks and new targets are set.

In respect to children with English as an Additional Language (EAL), staff pay particular attention to their early one word responses and subsequent development in speaking English, as well as non-verbal responses. Progress in the first language is also carefully noted in records. Links with prospective parents are planned in detail. New families are invited to an informal social evening initially; this is followed by home visits and visits to the Centre. This pattern of induction is being increasingly followed by other nursery groups in the authority.

In conference with carers and parents, details of each child's early home life are recorded including any birth problems. In instances where parents have been encouraged to share information, for example about low birth weight, this has helped staff make an early and direct link with the child's special needs in communication and co-ordination. The staff are mainly very experienced in working with young children; their joint expertise means that a secure diagnosis can be made of each child's needs and communicated to parents.

Parents are also asked to identify their child's preferences in play in order to help staff to match their interests on entry to the Centre. Families are also kept well informed about their child's progress. Parents can consult informally with staff at any time, and can look at records when they wish. There is an "open fortnight" towards the end of the year when parents can meet with staff to discuss children's progress. They are enabled to find out what their children have enjoyed doing at the Centre through notes which inform them of interesting developments, and are encouraged to follow up activities at home.

The EECs have also put in place a number of strategies to ensure ongoing review and improvement of the quality of their educational provision. Some EECs have committed resources to an ongoing institutional development process which involves external experts or 'pedagogues' working closely with Centre staff over an extended period of time to enhance the quality of their service provision. The external expert has the advantage of bringing in specialist expertise to the Centres, and offering an external perspective from a position of familiarity with the development needs of the Centre and its staff. There is evidence from the evaluations that this specialist and individually tailored staff development process is enhancing the quality of services offered and their effective integration.

**Figure 42: Example of the Use of External Experts to Develop Educational Quality in a Two Centre EEC**

Three teacher advisers have undertaken review and development projects with the Centre staff. One has monitored provision to promote early number and children's achievements. All EEC staff have been involved in the review and development work and taken part in a conference workshop. Another has undertaken work with the under threes and staff to promote sustained play and early language. Staff involved attended a conference with the teacher adviser. In addition work on heuristic play has been introduced with all under threes in the Centre. Another has worked with all the staff from both Centres developing shared curriculum planning procedures. Her work has focused on learning objectives for play provision in the long term and enhancements to play provision to fit in with rolling programmes of predictable themes and interests.

There is also a teacher adviser review of both Centres on the quality of teaching, learning and the learning environment, which is undertaken termly. The quality and sensitivity of interaction is commented on in each review. Staff engagement with the children at their level is noted clearly. More structured observation using University Teacher Training Engagement Scales will begin in September. This is a five point scale and aggregates at category 3 and above will be reported.

In addition, the EECs are establishing whole Centre systems for evaluating and improving the quality of their services. These systems take various forms, some are externally developed quality assurance, evaluation and target setting systems, others are self review and planning systems developed by the Centres themselves. Often a combination of internal and external systems are in place. There is evidence that all EECs are developing a climate of self review and target setting, which is supported by external advisers who validate and bring additional expertise into the subsequent action planning. This developing culture of self evaluation and action planning to inform Centre development is an indicator of the EECs' commitment to quality improvement. Almost 45% (13 of the 29) of the Programme EECs are using the Effective Early Learning Project (EEL) evaluation and improvement process (Pascal and Bertram, 1998) as a vehicle for their self review and development planning.

**Figure 43: Example of a Self Evaluation and Improvement System in an EEC**

Monitoring and evaluation takes various forms. Staff are kept aware of each others practice through informal daily lunchtime discussions. Advice is given and accepted about activities, methods of working and handling of individual children. Staff have used EEL observation schedules as a common tool for monitoring their practice. Each adult has used the EEL Adult Engagement Schedule to monitor a colleague (including students) and fed back information on each of the criteria. An initial analysis of the data showed overall high scores for all staff; the few activities where children were less stimulated or had restricted autonomy were sometimes due to over-direction from an adult or the difficulties of organising children with SEN.

Staff have used EEL observation methods to observe children's levels of involvement at intervals during the year and have direct evidence of how levels of involvement have improved. At regular interval one colour group of children is targeted for observation. Staff share written and oral observations with each other at the end of the session. The evaluator's observations of teaching and learning at the Centre using the EEL observation schedules reflect strong practice both inside and outside.

Many EECs have developed effective procedures to ensure the users of their services are thoroughly involved in the evaluation process. Strategies to provide parents, children, local community members, local practitioners and policy makers with channels of communication and feedback to the EECs on the quality of service provision are ensuring the services remain responsive to the needs of all stakeholders.

In addition to developing and implementing high quality early educational practice within the EECs, staff have been actively disseminating high quality practice both nationally and locally. For example, staff from three of the EECs have been directly involved at Government level in the development of the Foundation Stage curriculum and their Centres have been used as exemplars of good practice in the QCA Foundation Stage Curriculum Guidance. In all the reporting EECs, educational staff from the Centres were also actively involved in local training for settings in the state, private and voluntary sectors to prepare for the introduction of the Foundation Stage in September 2000. Evidence from Local Partnerships indicates that the EEC contribution to the enhancement of educational quality locally through staff leading curriculum training and support for other providers has often been significant in the raising of standards within the Partnership. Many visitors to the EECs identify a prime benefit of their visit as being able to see quality educational curriculum and pedagogy in action.

## **7.2 The Development of Integrated Service Delivery**

The EEC Programme is intended to provide exemplification of integrated early years services for children and families in action. The transformation of service delivery from separate to

integrated services is a complex and challenging process, which many of the EECs are working their way through. At present, the EECs exemplify Centres as different models of integration, with the majority currently operating a coalition model, and only four operating a unified model. All EECs are clearly committed to the concept of integration and are working strategically towards the development of their integrated service. For integration to operate effectively, joint working has to feature both within the EEC and also externally, with the various agencies with whom the EECs are dealing. The evaluation provides evidence of how the challenges of developing integrated services internally within the EEC, and externally, with local agencies, are being tackled by EECs within the Programme.

The internal task for EECs is to bring together staff teams and professional workers from a wide range of sector backgrounds to work in a unified way with a local community of children and families. For many EEC staff, developing a sense of joint belonging, team identity and a shared organisational culture has taken professional courage and energy. The wide range of staff found in the EECs, including education, health, social service staff and others, is testimony to the extent of the task the EEC managers have faced in shaping a common sense of purpose and identity. Many staff teams have found the change in professional identity difficult to adjust to initially, and EEC managers have indicated that it takes considerable time and investment to build their staff teams and a sense of a shared organisational culture.

**Figure 44: Example of the Complex Range of Additional Professional Staff and Roles Involved with an EEC**

#### HEALTH

Who	Role
Community Paediatrician	<ul style="list-style-type: none"> <li>- member of policy group/advice on health matters</li> <li>- member of Sure Start management board</li> <li>- provides advice on individual children</li> <li>- assessment of children</li> <li>- link to other resources</li> <li>- helped set up and support weekend meetings for parents and children with autism</li> <li>- co-leading a speech and language study group for parents with a member of the nursery staff</li> <li>- Centre offers group work training to Community Paediatrician</li> </ul>
Health Visitors	<ul style="list-style-type: none"> <li>- co-lead groups – baby massage, OU course</li> <li>- attends community drop-in and offers advice to families (fortnightly)</li> <li>- key role in enabling families to access the Centre through:               <ul style="list-style-type: none"> <li>a) referral to Nursery/Nurture group</li> <li>b) accompanying families</li> </ul> </li> <li>- Health Visitors lunches at Centre once a term</li> <li>- Centre offers group work training for all health visitors</li> </ul>
Midwife	<ul style="list-style-type: none"> <li>- co-leads group Great Expectations for pregnant women</li> </ul>
Health Promotion	Provide open sessions for parents on:

	<ul style="list-style-type: none"> <li>- healthy eating</li> <li>- stress management</li> </ul>
Chief Executive of Primary Care Group Speech Therapy	Member of Policy Group. <ul style="list-style-type: none"> <li>- monitoring and therapy role in Nursery.</li> </ul>

### EDUCATION

Who	Role
Early Years Advisor and Inspector	<ul style="list-style-type: none"> <li>- advice on curriculum planning, nursery development plan</li> <li>- member of Policy Group</li> <li>- assessment and monitoring</li> </ul>
Educational Psychologist	<ul style="list-style-type: none"> <li>- assessment of children with special needs</li> <li>- IEPs</li> <li>- support SENCO worker</li> <li>- statemented children</li> </ul>
Pedagogue (Early Years)	<ul style="list-style-type: none"> <li>- evaluation of curriculum delivery</li> <li>- training on curriculum for staff</li> <li>- training on curriculum for parents</li> </ul>
Community Education Consultant/ Trainer	<ul style="list-style-type: none"> <li>- training on community education</li> <li>- philosophy</li> <li>- practice</li> <li>- theoretical frameworks</li> </ul>
Education Management Consultant	<ul style="list-style-type: none"> <li>- working with senior management team (trouble shooting)</li> <li>- working with research and training base to deliver MA</li> <li>- working with research and training base to deliver leadership training to 24 Early Excellence Centre heads and to Sure Start regional managers.</li> </ul>
Deputy Director Education	<ul style="list-style-type: none"> <li>- member of Policy Group</li> </ul>

### SOCIAL SERVICES

Who	Role
Social Workers	<ul style="list-style-type: none"> <li>- role referring families</li> <li>- co-work and advice on child protection issues</li> <li>- training for volunteers</li> </ul>
Operations Manager	<ul style="list-style-type: none"> <li>- line manager of Centre</li> </ul>
Special Needs Development Worker	<ul style="list-style-type: none"> <li>- finance and co-ordinate special needs playscheme</li> </ul>

### OTHER

Who	Role
Solicitor (Specialist in Family Law)	<ul style="list-style-type: none"> <li>- clinic once a month to advise families</li> <li>- staff training and advice on parental responsibility</li> </ul>

	- responsibility of management committee for Homestart
Psychotherapist Consultant	- consultant for co-leader of 'choices' group for women who were sexually abused as children - individual counselling for parents and staff - training in group work, supervision
SRB	Centre has 2 part time posts funded through SRB for education and creche provision. - meetings with Youth and Community Topic Group - meetings with Education and Employment Topic team
NCMA – Network Co-ordinator	- co-lead childminder's group at Centre - set up accredited courses for childminders in town
Politicians – District and County Council	- daily practical support - members of Policy Group

There is evidence in the evaluation of the challenges that moving towards a more fully integrated service brings and the importance of allowing Centre staff time to adjust to a new working culture and organisational structure. These challenges included feelings of:

- anger and resentment;
- uncertainty and insecurity;
- loss of professional identity;
- isolation;
- unreasonable expectations.

Acknowledging and dealing with these feelings is an important stage in the development of a unified and cohesive staff team.

**Figure 45: Issues Faced by an EEC in Transforming to an Integrated Service**

Commitment to integration is not a static thing. Support for the concept is only a part of the issue. A common theme amongst staff was the fact that the change period had been difficult. The period since the Centre was formed in May 1999 was described in February 2000 as 'horrendous' and 'overwhelming', as 'moving away from feeling secure and comfortable to having to make many new relationships and jobs', 'being bombarded with too many changes too fast'. Feelings of anger were expressed at being MADE to change. Staff felt that integration had not yet been achieved (February 2000), that they identified firstly with their original place – 'I am still at the day nursery' – 'we are holding on to Social Services for a sense of identity'. The sense of isolation was most marked in the under 3's team and in the Community Development Team. Fears about 'going over there', were compounded by anxiety about 'not being up to the task'. In most groups there was a sense of 'them and us' Being called a Centre of Excellence underlined the problem - 'people must be expecting something special'.

Over the last year Centre managers and staff teams have been working hard to build upon the EEC practitioners commitment to integration and their fears of the transformative process. EECs have invested heavily in joint staff training, consultancy on team building, and staff development time to ensure progress towards integration is achieved. The positive feedback from EEC staff about their progress towards a more fully integrated process has underlined the importance of this investment.

#### **Figure 46: Example of an EEC Team Building Strategy**

The Centre has a multi-disciplinary staff team and aims to offer an integrated service to children and families. Staff training is critically important both for staff motivation and retention of staff and for developing a shared philosophy ethos and practice. The Centre has two days a year for team building. We provide this two days before Easter because January/February can be a particularly stressful time of the year. The team building days take always place at a venue outside the Centre. We buy in a facilitator for the two days so that the senior management team can be fully involved in the training. Historically the facilitator has been a psychotherapist with experience of working with teams in organisations. The focus of the team building this year was dealing with organisational growth and change; including issues around subsidiarity and decision making. All 39 staff took part and the staff evaluations were very positive.

*“Loved how we all worked together on an equal footing. Loved the mix of creative and organisation activities.”*

*“I feel so tired – I feel as though I’ve worked really hard! I like that.”*

*“Amazed and touched by our creative thoughts and performances.”*

*“It was very good for me as I am a newcomer. I felt part of the team.”*

*“Made me think about issues and to apply myself more and be responsible.”*

*“We must put ideas thought of into practice and not on the shelf!”*

In addition to building systems of joint working within the EECs the evaluation also demonstrates the importance of the EECs developing systems of joint working with external agencies involved with children and families. There is considerable evidence of EECs networking with a wide range of agencies, including local and national organisations and initiatives within the state, private and voluntary sectors, to enable them to more effectively meet the needs of their children and families. These agencies cover education, health, social services, business, employment and the arts.

#### **Figure 47: Example of an EEC Networking with External Agencies**

All documentation in relation to the Early Years Excellence Centre indicates the commitment to, and development of, links with other agencies. The Centre manager has met with health professionals, the local authority social services department in relation to fieldwork, childcare support, disability and teenage parents, with sub-groups from the EYDCP in relation to disability and playgroups and liaises on a daily basis with the local authority Curriculum Development Training Co-ordinator. In addition the Centre has liaised with the Education Action Zone and the Regional Arts Council and has delivered a course to a range of professionals including staff employed in other local Family Centres.

The Centre Steering Group comprises senior managers from health, education and social services, the EAZ Director, and representation from the EYDCP. Strategic planning for the Centre draws on contributions from all these groups.

Coherent links between social services, education and the voluntary sector have facilitated the development of a comprehensive programme of services for children and families following a consultation exercise with parents who plan to use the new Centre.

Consultation with the Health Care Trust has resulted in the Director of Primary Health Care outlining a range of initiatives which will be developed within the Centre such as ante-natal sessions. Representation from health will be available daily within the Centre. Discussions with the Positive Health Team (community based Health Action Zone initiative) have resulted in plans to develop health initiatives in relation to the local communities needs. Present

discussions include the development of a bulk-buy nappy service, sale of baby foods and a thrift shop.

The Centre manager has met with Single Regeneration Budget, Sure Start and New Opportunity Fund groups, and within the LEA has looked at issues in relation to OFSTED, Lifelong Learning and tracking children through the system.

Although EECs are working to develop closer working links with external professional agencies, there is some evidence to indicate that Health professionals can be harder to convince of the value of cross-agency work in some instances. All EECs have active links with Social Services through the structural and financial arrangements of the services they provide. However, for most EECs the links with Social Services go far beyond this, and joint working and collaboration is the norm. The evidence indicates that successful inter-agency work can be found in all the EECs, and this may include Social Services, Health, and Voluntary Agencies, but some EECs have been more successful in their external inter-agency working than others. Attempts to develop closer links require action at the highest level locally, with meetings with senior officers from the different agencies in order to explore the benefits of joint working arrangements, and the practicalities of realising this on the ground. All reporting EECs (24 out of 29) reported on close links with their EYDCP.

However, despite these challenges, the evaluation evidence reveals that 60% (16 / 25) of EECs have Health professionals delivering services within their premises, and all have some measure of joint working with their local health authorities. This work is realised through the deliverance of health oriented groups, primary health care advice, and in a significant number of EECs, health professionals actually being based at the EECs on a daily basis. It should be noted that those EECs with a direct link to Sure Start projects have an even stronger health presence in their delivery of services. The links with health agencies within the EEC programme appear to have developed considerably in the first year of the programme.

### **7.3 Successful Identification and Mapping of Children's and Family Needs, Including the 'Hard to Reach'**

A key factor in the effectiveness of the EEC Programme is the ability of the Centres to identify and map the needs of all children and families in their local communities. This is particularly important for those families who might be regarded as 'hard to reach', including lone parents, the socially excluded, and certain ethnic minority groups. The evaluation evidence demonstrates that the EECs have made considerable progress this year in mapping the population of the communities they serve, identifying its social and economic characteristics, logging the current users of its services and identifying groups in their communities that they are failing to reach. Some EECs are developing innovative strategies to reach their communities and to comprehensively identify their needs. These strategies have included linking with local authority Population Census Officers, using socio-mapping techniques and training parents in needs led assessment.

#### **Figure 48: Example of an EEC Innovation in Developing Parent Led Needs Assessment**

The Centre has developed a new methodology for assessing local needs and evaluating local services. This involves training parents in interview skills and then paying these parents to home visit targeted groups (for example parents home-visited and interviewed 59 parents with children under 1 year in particular area over the summer period). The feedback elicited during these parent to parent interviews using a semi-structured interview schedule developed by parents and the professor of educational research and the Centre staff has been invaluable in terms of planning services.

This same methodology is to be used next year to investigate attrition in the Centre group work programme. Although attrition is fairly low we are still concerned to find out why any parent would drop out of the programme. With parent to parent interviews we hope to establish clearly whether attrition is the result of services being inaccessible, inappropriate or for other reasons.

This approach is also being used for the Centre Sure Start Project to assess the effectiveness of offering sponsored childcare places to vulnerable families. Parent to parent interviewing is becoming an established part of our evaluative culture.

An analysis of the ward level socio-economic data from the EECs reveals that all are managing to reach children and families in need in their local community, (and often beyond), and are prioritising their provision of services accordingly. The EECs are located in the most deprived wards in England, and serving families with high levels of poverty, unemployment, low birth weight and single parents. Analysis of EEC users reveals that these families are generally well represented in the services they provide.

#### **Figure 49: Example of an EEC Using Socio-Mapping to Assess Accessibility**

We wanted to be clear that our services were equally accessible to families from all the wards. With help from Oxford University we conducted a socio-spatial mapping exercise to investigate the take up of services by postcode. Seven areas of service provision were investigated:

- Nursery
- Day Nursery
- Group Work
- Drop In
- Wider Opportunities
- Creche
- Homework Club

Total number of postcodes used – 591.

Date conducted – November 1999.

The postcodes of Centre users were mapped onto the wards which were graded according to levels of disadvantage. 'Disadvantage for this purpose is defined as number of children aged 0 – 4 years living in benefit dependant families (Income Support, Job Seekers Allowance or Family Credit).'

The findings of the exercise revealed:

1. The maps show quite clearly that the Centre provides for families from the most disadvantaged wards in the town.
2. The Day Nursery, which as a voluntary organisation charges for childcare, still takes children from the most disadvantaged areas. The majority of Day Nursery users come from the local area, but others come from among the town's poorest wards.
3. Drop in provision. 50% from immediate area with 50% coming from other parts of town.
4. Group Work. 38% of people attending group come from the immediate area (data base June 1999). The majority of families who attended groups from outside the immediate areas come from parts of the town with the two highest levels of benefit uptake. Some estates in the town are under-represented in terms of attendance at groups. The community house and community flat that have been set up by the Sure Start are located in two of the poorest wards where families have traditionally had to travel across the town to use the Centre's services. Sure Start like the EEC has a minibus and both vehicles are used to transport families to specialist services at the Centre and in other parts of the town.

It should also be noted that in some cases EECs need to work harder at reaching families from ethnic minority communities, whose culture can tend to distance them from accessing the services offered. However, good practice in this respect may also be identified within the EEC programme (see section 7.4)

#### 7.4 Working with 'Hard to Reach' Families and Those from Ethnic Minorities

The evaluation evidence reveals that all EECs are developing a range of opportunities for families to participate in the life of the Centre. In more than 50% (13 out of 25) of EECs, funding has provided a Parent or Family Room, in which a variety of groups and activities may operate, supported by professionally trained family workers. All reporting EECs provide an impressive range of groups and activities targeted at the needs of families and parents, which are generally over subscribed. These groups range from relaxation and self awareness classes, cooking, health, writing, Family Learning Days, counselling support, basic skills training and most also offer accredited courses run on site. These family rooms also provide informal, open places for parents to meet each other, facilitating the development of social and community self support networks. There is emerging evidence that EECs are successfully attracting families who might be classed as 'hard to reach', such as asylum seekers, and those from ethnic minority communities.

##### Figure 50: Example of EEC Work with a Bangladeshi Community

The new EEC community extension to the building has increased opportunities for meeting with parents to be held in the nursery. This is particularly important for the Bengali speaking community where the culture does not encourage women to go out of the community. Families recognise that their cultural and religious beliefs are respected and accommodated at the Centre.

Very few women work outside of the home and arranged marriages are still the norm. As a general rule, the local Bangladeshi Muslim community is very conservative. Family members come from isolated villages in Bangladesh and most are on low incomes. Some fathers are still in Bangladesh awaiting entry visas.

The Centre is very well respected in the Bengali speaking community. Bangladeshi parents have high regard for education although they are unused to sending their young children to placements outside of the home. The fact that one of the teachers lives in the community and socialises with Bangladeshi families has helped parents to get to know about the Centre, and to see the nursery as a safe and reputable place for their children. Informal conversations with parents indicate that they would have been unlikely to send their children to any alternative pre-school groups in the area had they not been given a place at the Centre.

Despite the parent's trust in the Centre the Bangladeshi community has remained as an insular group, relatively hard to reach. Given additional staffing resources the Centre has set out to meet the needs of the Bengali speaking community more fully.

Initiatives during the last year are described below:

**Home visits:** these are conducted with a bi-lingual assistant accompanying the teacher; in best circumstances where two bi-lingual assistants accompany the member of staff visiting it is possible for one to translate conversations between adults and the other to play with the child.

A bi-lingual assistant carries out **phone calls** to Bangladeshi families and is available as a translator if a family wishes to visit the school.

**Documents for parents** and school signs are provided in dual language.

A weekly **drop in centre** for Bangladeshi parents (and also for those who do not attend the nursery) was established during the summer term 2000, using the newly built community room.

To prepare for this an initial meeting was held between the community development worker and the newly appointed bilingual assistant and Bangladeshi speaking parents. This meeting was also used to elicit the views of parents about the Centre. The teacher explained that this was an opportunity for parents to contribute to the EEC evaluation. The notes from the parents meeting were very positive about the services offered to the community. Through the bilingual assistant great appreciation was expressed for the translated prospectus and particularly the telephone calls in their own language. Parents felt at ease in discussing family issues with staff. Parents were pleased that staff ensured that children were called by the name preferred by their families; staff also took care to spell and pronounce the name correctly. Many parents were anxious for the school to be assured that they were very content. They were keen to use their limited English to emphasise this. The words 'happy', 'nice', 'good', and 'excellent' were repeatedly used. One parent with slightly more English repeated 'don't feel worried', 'can wander around', 'feel comfortable'. The comments at the meeting with the Bangladeshi parents suggest that moves to accommodate their needs have been successful. Moreover, there is early evidence that Bangladeshi mothers are taking a more pro-active role in their young children's care and education. The main indicator is the increased number of women who now attend nursery meetings as opposed to their husbands.

During the Summer term 2000 the Centre provided a practical training base for two Bangladeshi women who were following an NVQ course in basic childcare. The nursery was particularly requested for training as a result of its strong standing in the Bengali speaking community. Following the drop-in group, plans are in train to provide further education and training for women with a creche provided.

Three of the EECs have a significant group of asylum seekers and refugee families living within their communities. They see responding to these families as an important aspect of their community work and are developing culturally sensitive and responsive strategies to meet their needs (see Section 5.2).

## **7.5 Working with Men**

The gendered and feminised characteristic of early childhood services is well documented in the evaluation evidence from the EEC Programme. Both EEC staff and service users are predominantly female and recruitment of male workers within the Centres remains a key challenge for the Programme. However, there is also evidence of the EECs taking a proactive stance in attracting male workers and also in making their services more accessible and responsive to male users. Some EECs, 24% (6 out of 25) are able to demonstrate successful practice in their work with men in their communities. This has been the result of the Centres sensitising themselves to the barriers to male use of their services and adopting strategies which make their services more attractive to male family members. There is initial evidence that employing male workers is a critical factor in the required change of culture and image of the services. This area of practice is one in which the EEC Programme needs to continue to develop and to disseminate successful practice to other providers.

**Figure 51: Example of an EEC Proactive Involvement of Male Family Members**

There is a pro-active policy to encourage men to attend the parent/staff consultations. Timings and venues are changed to make it convenient for men to attend. The Centre's success is currently being monitored by the Centre Quality Development Adviser with all staff.

Staff are aware of the low levels of male involvement and attempt to redress this by explicitly inviting fathers to consultations and events, by changing the toddler group to a *Parent* and Toddler group, and by starting 'Men Only' computer courses. Some staff feel there is no problem as fathers are 'always welcome' and can participate if they choose, but others show more insight into the discomfort men may feel in such a female-oriented environment.

One third of parents feel the Centre makes no particular effort to involve fathers or other male relatives, but the remainder feel that staff do try, and cite men's computer courses or Grandparents Day, or simply affirm that fathers are equally welcome at the Centre. As one says, *"Men tend not to join in very much but this doesn't mean that men are not encouraged."*

A further example of successful work by EECs with men can be found in EECs who have developed innovative projects which have provided a short, focused but highly visible role for participation. Such projects have included a building project, a sports initiative, a study group on brain studies and young children's learning, and a research project.

**Figure 52: Example of a Project Aimed at Involving EEC Fathers: The Lullaby Project**

Fathers at one EEC worked with a professional musician and singer to record a CD of lullabies, which is to be presented to every new born baby born in the local area. The recordings were made in a local studio with one or two guest appearances from respected and well known local dads singing with the Centre dads. The CD was launched on Father's Day 2000. Rehearsals for the Lullaby Project showed the dads that it is OK and important to have a close and special relationship with their babies and young children. The group of dads involved had little or no musical experience but wanted to show others that the local men do care.

## **SECTION 8: PROGRAMME ACHIEVEMENTS AND CHALLENGES**

The early evaluation evidence has identified both achievements and future challenges for the EEC Programme. These are set out below with the intention of celebrating the success and good practice exemplified in the Programme over the first phase of operation, and also identifying challenges which the EECs still face as the Programme moves forward.

### **8.1 Programme Achievements**

#### **8.1.1 Improvement in the Attainment of EEC Children and Families**

The evaluation has identified early evidence of the value added of integrated service provision for children and families. Children and families who have benefited from the early identification of their needs, and a comprehensive and seamless response to these, appear to be achieving more and progressing through the educational and employment systems. The EECs are serving relatively disadvantaged communities, whose members might be expected to suffer from underachievement and lack of opportunity. Within a relatively short period of time EEC children can be seen to be thriving developmentally, in all aspects of their growth, but particularly in social and linguistic learning. This provides them with an advantage when they reach the school system. There is a particular benefit for children with special educational needs who are supported inclusively within the EECs and appear to sustain this in the long term as they progress to mainstream schools.

Parents and family members too, appear to benefit from the enhanced educational opportunities that are offered with the EECs, with many adults who have not previously experienced success in their learning, now taking up training and employment opportunities. The EECs embody life long learning in their strong emphasis on adult and child educational activity.

#### **8.1.2 Enhancement in the Quality of Family Life**

There is considerable emphasis in the EECs on working supportively with parents and families. The enhancement of parenting skills, the reduction of stress within families through respite, counselling and support work, and work to increase in self confidence and self esteem within families, all contribute to an enhancement in the quality of family life, which is strongly expressed by those families who have benefited from the EEC services. The early identification of 'at risk' children, and the ability of EECs to respond sensitively and flexibly to individual family circumstances, has also resulted in an apparent reduction in the need for child protection measures within EEC families.

For adults, the provision of training and employment opportunities, combined with high quality and affordable childcare, enables parents to take up work related courses and access employment where this is desired. This in turn reduces dependency and may facilitate a higher standard of living for families.

#### **8.1.3 Promotion of Integrated Early Childhood Services**

The EEC Programme is demonstrating that establishing integrated education, care, family support and adult training services in a 'one stop shop' or network is both feasible and desirable. The EECs are successfully disseminating good practice in integrated service provision locally, nationally and internationally, and becoming a beacon for other providers to visit. National governments in Portugal, Greece and Australia are linking to the EEC Programme in order to inform policy developments in their own countries. The status and success of the EECs have also been acknowledged in a current UK Select Committee Inquiry Report and the international OECD review of early childhood services.

Since the inception of the EEC Programme, there has been a move nationally towards integrated service delivery in early childhood, led by the Early Years Development and Childcare Partnerships, which are increasingly looking to the EECs for advice and leadership. The status and profile of early childhood services locally and nationally has been enhanced by the activity and visibility of the EECs and their committed staff. The different levels of integration which can be identified within the EEC Programme has also been enormously helpful in highlighting the issues faced by those moving non-integrated services through the process of integration.

#### **8.1.4 Offering Training and Qualifications for Early Years Workers**

There is a national shortage of trained early years workers and a growing requirement that all early years staff access training. The EECs provide high levels of training opportunities for their own staff and also those who work in early years settings locally. They need to provide training which is local, accessible, workplace based and non-threatening for early childhood workers is urgent and the EECs are making a significant contribution to this demand.

The EECs are also offering a strong model of leadership and management of integrated services, and developing appropriate leadership training models for those who work in integrated settings. This will be a vital factor in making further progress towards the establishment of integrated services nationally.

#### **8.1.5 Raising the Quality of Educational Provision in Early Years Services**

The EECs offer models of high quality educational experiences for young children and adults and they are playing a key role in the dissemination of this practice, locally and nationally. They are also very active in the improvement of educational quality in other early years settings, which operate locally. The training and dissemination work of EECs is expanding and they are increasingly in demand by local Partnerships to play a strategic role in the raising of quality and transformation of educational services locally. The EECs are producing training materials, resources, and publications to support this work.

### **8.2 Programme Challenges**

It is important in a pilot programme to anticipate and respond to the challenges which might inform the roll out of the policy. Some of the issues identified within the local evaluation reports and discussed below are sector wide issues for early childhood provision in the United Kingdom. They are not unique to the EECs but there is evidence that they are impacting on the Pilot Programme. Over the next phases of the evaluation, more detailed evidence will be provided of the ways in which they are impacting on the EEC Programme.

#### **8.2.1 Funding, Financial Viability and Sustainability**

The funding of these high profile EECs is complex and multi-sourced, and the income streams and funding levels across the Programme at present are not uniform. Some EECs are more generously funded than others, some EECs receive more public sector funding than others, and all are dependent to some extent on short term and unpredictable funding for some of their core services. This means that most EECs face a continuing struggle with issues of financial viability and the sustainability of the range of services they offer. Securing finance for their services is extremely difficult and time consuming for some EECs who have not got the time, expertise or courage to be entrepreneurial, or are located within communities which make accessing such monies almost impossible. This is as true for EECs in rural as in urban locations.

Financing the EECs adequately to reflect the wide range of services they provide to ensure viability and sustainability over time is therefore a key issue facing the Programme as it moves forward. Investing further in the development of rigorous techniques for costing and cost benefit analysis will be a sound investment to ensure funding decisions are informed and appropriate.

### **8.2.2. Terms and Conditions of Service**

The EECs continue to struggle with staff employed on diverse and sometimes inequitable terms and conditions of service. This, of course, is a sector wide issue in early childhood education and care but EECs are beginning to look for practical solutions. The movement towards integrated service delivery and joint working across sectors makes the old divisions between practitioner employment conditions increasingly inappropriate.

The staff within the EECs are working around disparities and anomalies in their contracts, conditions of service and salaries, but the tensions and de-motivation which results are impacting on the functioning of these Centres over the longer term. It also continues to be a key preventative factor in other providers moving towards an integrated model of service delivery. Although a number of local authorities are attempting to resolve these issues at local level, action at national level is clearly required to resolve this major sticking point for the Programme.

### **8.2.3 Links to Other National Initiatives, Particularly Sure Start**

There appears to be some confusion by professionals, policy makers and consumers of the differences between Early Excellence and other early childhood initiatives particularly Sure Start. This confusion has been compounded as many EECs become part of local Sure Start Projects, and staff within EECs become employed across both initiatives. The Programmes share certain key characteristics, but also differ on other key features of their activity. For example, the emphasis on education for children and adults, both parents and practitioners, is a key feature of the EEC Programme and has less of a profile in many Sure Start Projects, with more of an emphasis on health and welfare. However, this distinction is not clear cut and there appear to be areas of overlap, and therefore of possible collaboration, between the two Programmes.

It would seem beneficial to both Programmes to clarify their core features, to identify where they overlap and where they differ and to look for ways of collaborating and linking their activity. For example, EECs have the potential to contribute high quality early education and adult training to local Sure Start Projects.

### **8.2.4 The Need for Leadership and Management Support**

Leading and managing complex organisations, which deliver high quality integrated early childhood services to children and adults is a demanding professional task. EECs demand strong and informed leaders, with a high level of management and organisational skills. At present the EEC managers are under a lot of pressure, they have had little professional training and support for the job, and they are in need of professional support and development. There has been some support for this from the Programme but this needs to be put on a more sustained and substantial footing if the Programme is to inspire others to follow its lead.

The establishment of EECs on an expanded scale nationally will require intensive and well tailored training and support structures for those who are to lead and manage these pioneering Centres. The work undertaken within the Programme on leadership needs to be developed further and expanded.

### **8.2.5 Links to Early Years Development and Childcare Partnerships**

The EEC Programme was initiated prior to the establishment of Early Years Development and Childcare Partnerships (EYDCPs), and opportunities to link with these local organisations could be more fully exploited within the Programme. Most EECs are embedded in their local Partnerships, operating as pioneers of high quality educational practice and integrated service delivered locally through the EYDCP Plan. A few are struggling with this relationship and are finding it hard to impact on the important task with which local Partnerships are charged. More work at a strategic level, locally and nationally, could facilitate a more productive partnership between these EECs and the EYDCPs. This would enhance the effectiveness and impact of the existing Programme, support the expansion of the model to other service providers and increase the effectiveness of the Partnerships activity.

## SECTION 9: IMPACT OF ANNUAL EVALUATION ON EEC DEVELOPMENT

A key feature of the design of the EEC Programme Evaluation is the ability of the evaluation process, and the evidence gathered, to feed directly into the strategic development of the individual EECs. It is a principle that effective evaluation should provide useful evidence at both policy and practice levels. At the end of the first annual evaluation cycle the EECs were asked to reflect on the ways in which the evaluation process had impacted on their development planning. This review indicated that the first year evaluation had provided EECs with a clear agenda for future action.

In particular, six key areas of development were highlighted by the EECs as having improved directly as a result of the first year evaluation:

- service quality;
- integration of staff teams;
- integration of management structures;
- data and information management systems;
- financing systems;
- relationships with Local Authority, EYDCP and other agencies.

These areas also identify those aspects of the functioning of the EECs that have undergone significant development over the last twelve months. They provide a convincing case for the added value of the validated self evaluation methodologies adopted in the EEC National Evaluation. A selection of review comments are provided under each development area below.

### 9.1 Service Quality

*“The report will be used for discussion and target setting with staff internally and with both the LEA and Local Evaluators. Main points will be integrated into Centre management reports.”*

*“The evaluation document will be circulated within the Centre and used to inform the strategic planning and evaluation processes.”*

*The evidence will be fed into plans for next year and discussed at a variety of levels. Findings will inform the evaluation plan for 2000-2001.”*

*“The evaluation has helped staff, parents and managers to gain insights into the Centre’s functioning. It has supported all concerned through acknowledging the real difficulties they have faced over the past year and celebrating the good practice to be found at the Centre.”*

*“The evaluation demonstrated the need for systematic staff reflection and observation upon the quality of children’s experience and the relationship with adult styles of engagement.”*

*“The key successes highlighted by the evaluation have been the developments towards inclusion and the move from providing services for children to providing services for families.”*

*“We have grown in confidence about the professional judgements of staff about children.”*

## 9.2 Integration of Staff Teams

*“We now have a clearer understanding of the roles of the different services, and a respect and trust for the professionalism and commitment to the project which means that future difficulties should be easier to resolve.”*

*“It helped us to address some conflicts rooted in clear sub cultural differences in perceptions and attitudes amongst the staff.”*

*“The foundations have now been laid for integrating staff from different backgrounds and for many joint ventures. Staff development and training for integration has also been an area of achievement, as has the development of evaluatory frameworks in the Centre.”*

*“A developing shared ethos has come about through the dissemination of good practice, particularly between the Heads of the participating Centres. However, the evaluation showed that there has been some lack of clarity regarding the nature and function of the overall network grouping. Whilst each participating Centre has clear and effective internal leadership an issue about the identity and cohesiveness of the overall network has emerged and this is clearly linked to a concern about the overall co-ordination of the network. We are now committed to the idea of making the network operate as a network. We recognise the advantages of sharing innovatory practice, sharing problems and helping to motivate each other. By the time we report in July 2001 a central network co-ordinator will have been in post for a year and we will have had a further year of establishing closer working relationships within the network.”*

## 9.3 Integration of Management Structures

*“The evaluation has provided a starting point for the acting Head of Centre and the new head, together with the SMT and the management committee, for analysing and resolving the issues we face.”*

*“It has provided us with the evidence we needed to reorganise and review our Management Structure.”*

## 9.4 Data and Information Management Systems

*“The evaluation has shown that some of the data collection needed may be included in the establishment of the Centre’s records, and consideration to this will be part of the brief for the IT specification currently being discussed.”*

*“The Centre will look at the baseline evidence provided by the evaluation and set some clear targets for improvement so that outputs and outcomes can be more easily identified.”*

*“The evaluation we have been able to undertake has helped to show how well the working groups are functioning and how much has been achieved, as well as providing a baseline to show the impact the work of the Centre makes in the future.”*

*“It has shown us the need to be more systematic in the collection and recording of evidence.”*

*“Some of the difficulties encountered in the national evaluation this year (eg the cost benefit analysis) have come about precisely because it was an added extra, not built in to the EEC programme from its inception. We are now trying to address this.”*

## 9.5 Financing Systems

*“The Centre constantly has had to seek top-up funds to maintain and develop its work. It faces the uncertainties of initiating projects with only temporary funding from the DfEE and we now know the impact that this situation has on the Centre.”*

*“The evaluation has highlighted the need to be clearer about the cost/benefits of the programme and we are working at this.”*

*“We know that a budget for the Centre needs to be identified, and work between the local Social Service Department and Education Department is now ongoing regarding the financial separation of budgets.”*

## 9.6 Relationships with Local Authority, EYDCP and Other Agencies

*“The evaluation process has resulted in enhanced support for complexity of EEC work from the Local Authority.”*

*“It has achieved the aim of gaining commitment from different agencies regarding their participation in the Centre.”*

*“There is now a clear and embedded involvement of EYDCP and LA in the work of the Centre through the Centre steering group.”*

*“Links with other agencies are developing well. There are some clear examples of co-operation with other local agencies within each centre’s local community. Two Centres are working in close co-operation with the Sure Start initiatives in their areas. There is very good will in each Centre to develop closer ways of working with Education, Health and Social Services and to turn the rhetoric of ‘joined up thinking’ into a reality that has its roots in a holistic approach to the care and education of young children.”*

*“The lack of effective support from the LEA and the EYDCP has been demoralising at a time of change, with new senior managers and administrator coming in to post.”*

*“The LA/LEA has a key role in the work of the Centre. Members as well as officers must be aware of the implications of the memorandum of understanding with the DfEE. In this LA, a strong start has been undermined by lack of continuity and conviction in central strategic direction.”*

*“We now know that a high degree of unmet childcare and family support needs remain and will require further co-operation across agencies and sectors and further consultation with the Centre and other families in the community.”*

*“The evidence cited in this report and the EEC evaluation process have already begun to feed the local authority development plan by creating a means to involve the staff team, and eventually service users, in the review and planning process. They also have provided a comprehensive list of indicators with which to measure the quality of LA service delivery, thereby providing an integrated focus for other external inspections and reviews.”*

*“The Local Authority and the Centre’s Sure Start, Community Education, social services and health partners will be consulted and encouraged to collaborate in addressing the areas where the Centre falls short of the standards suggested by the quality indicators.”*

*“The evaluation will strengthen the LEA by endorsing its intention to provide more support and strategic direction to the EEC.”*

In the next two years, the National Evaluation of the Early Excellence Programme will be able to offer more complete and comprehensive evidence. There will be more EECs established and more of the existing EECs will develop their services and expand their capacity. In subsequent Annual Reports, there will be more comprehensive evidence of impact and more complete evidence on cost effectiveness as EECs gain a greater understanding of its complexities. There will be more evidence, too, of good practice in EEC service delivery providing, not only examples to share with each other, but also with the wider field of early childhood and care providers.

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