



House of Commons
Children, Schools and Families
Committee

**Sure Start Children's
Centres**

Fifth Report of Session 2009–10

Volume II

Oral and written evidence

*Ordered by The House of Commons
to be printed 15 March 2010*

The Children, Schools and Families Committee

The Children, Schools and Families Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department for Children, Schools and Families and its associated public bodies.

Membership at time Report agreed

Mr Barry Sheerman MP (*Labour, Huddersfield*) (Chair)
Annette Brooke MP (*Liberal Democrat, Mid Dorset & Poole North*)
Ms Karen Buck MP (*Labour, Regent's Park & Kensington North*)
Mr Douglas Carswell MP (*Conservative, Harwich*)
Mr David Chaytor MP (*Labour, Bury North*)
Mrs Sharon Hodgson MP (*Labour, Gateshead East & Washington West*)
Paul Holmes MP (*Liberal Democrat, Chesterfield*)
Fiona Mactaggart MP (*Labour, Slough*)
Mr Andrew Pelling MP (*Independent, Croydon Central*)
Helen Southworth MP (*Labour, Warrington South*)
Mr Graham Stuart MP (*Conservative, Beverley & Holderness*)
Mr Edward Timpson MP (*Conservative, Crewe & Nantwich*)
Derek Twigg MP (*Labour, Halton*)
Lynda Waltho MP (*Labour, Stourbridge*)

The following member was also a member of the Committee during the inquiry:

Mr Andy Slaughter MP (*Labour, Ealing, Acton and Shepherd's Bush*)

Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the Internet via www.parliament.uk

Publications

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the Internet at www.parliament.uk/csf/

Committee staff

The current staff of the Committee are Kenneth Fox (Clerk), Anne-Marie Griffiths (Second Clerk), Emma Wisby (Committee Specialist), Judith Boyce (Committee Specialist), Jenny Nelson (Senior Committee Assistant), Kathryn Smith (Committee Assistant), Sharon Silcox (Committee Support Assistant), and Brendan Greene (Office Support Assistant).

Contacts

All correspondence should be addressed to the Clerk of the Children, Schools and Families Committee, House of Commons, 7 Millbank, London SW1P 3JA. The telephone number for general enquiries is 020 7219 6181; the Committee's e-mail address is csfcom@parliament

Witnesses

Monday 2 November 2009

Page

Professor Edward Melhuish, Executive Director, National Evaluation of Sure Start; **Professor Iram Siraj-Blatchford**, Professor of Early Childhood Education, Institute of Education; **Teresa Smith**, Department of Social Policy and Social Work, University of Oxford, and **Dr Margy Whalley**, Director of the Pen Green Centre Research, Development and Training Base

Ev 13

Monday 9 November 2009

Naomi Eisenstadt, Former Head of the Sure Start Unit, Department for Education and Skills

Ev 31

Monday 7 December 2009

Jan Casson, Children's Centre Locality Manager, Northumberland County Council; **John Harris**, Association of Directors of Children's Services, and **Councillor Quintin Peppiatt**, Lead Member for Children's Services, London Borough of Newham

Ev 51

Lorraine Cartwright, Essex Area Manager, Ormiston Children and Families Trust; **Cynthia Knight**, Head of St Thomas' Children's Centre, Birmingham; **Janice Marshall**, Head of Treetops Children's Centre, Brent, and **Richard Thornhill**, Headteacher, Loughborough Primary School and Children's Centre, Lambeth

Ev 63

Monday 14 December 2009

Helen Dent CBE, Chief Executive, Family Action; **Anne Longfield**, Chief Executive, 4Children; **Martin Narey**, Chief Executive, Barnardo's, and **Dame Clare Tickell DBE**, Chief Executive, Action for Children

Ev 92

Wednesday 16 December 2009

John Bangs, Assistant Secretary for Education, Equality and Professional Development, National Union of Teachers; **Martin Johnson**, Deputy General Secretary, Association of Teachers and Lecturers; **Emma Knights**, Joint Chief Executive, Daycare Trust, and **Purnima Tanuku**, Chief Executive, National Day Nurseries Association

Ev 123

Mohamed Hammoudan, National Youth Programme Manager, Community Matters; **Margaret Lochrie**, Director, Capacity; **Melian Mansfield**, Chair, Early Childhood Forum, and **Ben Thomas**, National Officer (Education and Children's Services), Unison

Ev 149

Wednesday 13 January 2010

Professor Steve Field, Chairman, Royal College of General Practitioners; **Liz Gaulton**, Service Director for Family Support and Children's Health, Knowsley Metropolitan Borough Council, and **Louise Silverton**, Deputy General Secretary, Royal College of Midwives Ev 169

Rt Hon Dawn Primarolo MP, Minister for Children, Young People and Families; **Ann Gross**, Director of the Early Years, Extended Schools and Special Needs Group, Department for Children, Schools and Families, and **Liz Railton**, Chief Executive, Together for Children Ev 191

List of written evidence

1	Professor Edward Melhuish	Ev 1
2	Institute of Education (IOE), University of London	Ev 5
3	Dr Margy Whalley, Director of Research, Training and Development, Pen Green Research Base, Pen Green Centre for Children and Families	Ev 10
4	Association of Directors of Children's Services Ltd (ADCS)	Ev 39
5	London Borough of Newham	Ev 42
6	Northumberland County Council	Ev 47
7	Ormiston Children and Families Trust	Ev 59
8	Cynthia Knight, Head of St Thomas' Children's Centre, Birmingham	Ev 71
9	4Children	Ev 73
10	Action for Children	Ev 78: Ev 108
11	Barnardo's	Ev 83
12	Family Action	Ev 87
13	Association of Teachers and Lecturers (ATL)	Ev 109
14	Daycare Trust	Ev 112
15	National Day Nurseries Association	Ev 115
16	National Union of Teachers	Ev 119
17	Capacity	Ev 134
18	Community Matters	Ev 138
19	Early Childhood Forum (ECF)	Ev 140
20	UNISON	Ev 144: Ev 157
21	Knowsley Metropolitan Borough Council	Ev 159
22	Royal College of Midwives (RCM)	Ev 162
23	Royal College of General Practitioners	Ev 166
24	Department for Children, Schools and Families (DCSF)	Ev 179: Ev 190
25	Letter to the Chairman from the Rt Hon Dawn Primarolo MP, Minister of State for Children, Young People and Families, Department for Children, Schools and Families	Ev 201
26	Helen Penn and Eva Lloyd, Co-Directors, International Centre for the Study of the Mixed Economy of Childcare (ICMEC), Cass School of Education, University of East London	Ev 204
27	Families Need Fathers (FNF)	Ev 206

28	Beverley Smith	Ev 207
29	National Childminding Association (NCMA)	Ev 210
30	Barnardo's and Leicester City Council	Ev 213
31	Westminster City Council	Ev 217
32	Exeter Children's Centre	Ev 218
33	Federation of Small Businesses (FSB)	Ev 219
34	Sure Start West Riverside Children's Centres	Ev 220
35	Gingerbread	Ev 223
36	Sarah Benjamins	Ev 227
37	Fordingbridge and District Community Association in Hampshire	Ev 229
38	Hammersmith and Fulham Council	Ev 229
39	Eastfield Nursery School and Children's Centre and Eastfield Community Centre	Ev 233
40	Pre-school Learning Alliance	Ev 234
41	CABE	Ev 236
42	Kent Children's Trust	Ev 239
43	National Deaf Children's Society (NDCS)	Ev 243
44	Worcestershire County Council	Ev 244
45	Save Camborne Children's Centre Action Group	Ev 248
46	Wipton and Beacon Heath Children's Centre parent forum in Exeter	Ev 252
47	Heavitree and Polsloe Children's Centre parent forum in Exeter	Ev 253
48	Jane Lane	Ev 254
49	Commission for Rural Communities	Ev 259
50	National Institute of Adult Continuing Education (NIACE)	Ev 263
51	Walsall Children's Centres	Ev 265
52	North Tyneside Council	Ev 268
53	Black Voices Network	Ev 271
54	Jenny Martin, Head of the Leys Children's Centre	Ev 275
55	Children England	Ev 278
56	Play England	Ev 281
57	Northamptonshire County Council	Ev 283
58	I Can	Ev 285
59	Newcastle City Centre	Ev 289
60	Birmingham City Council	Ev 294
61	Spurgeons	Ev 298
62	Home-Start UK	Ev 301
63	Pauline Trudell and Barbara Riddell	Ev 304
64	British Association of Early Childhood Education (Early Education)	Ev 307
65	Association of Senior Children's and Education Librarians (ASCEL)	Ev 310
66	Family and Parenting Institute	Ev 311
67	Sustrans	Ev 314
68	Office for Standards in Education, Children's Services and Skills (Ofsted)	Ev 316
69	Lincolnshire County Council	Ev 319
70	Blaby District, Oadby and Wigston Borough Council	Ev 324
71	Klaus Wedell CBE, Emeritus Professor, Institute of Education, University of London	Ev 325

72 NHS Confederation
73 Unite

Ev 328: Ev 330
Ev 331

List of unprinted evidence

The following written evidence has been reported to the House, but to save printing costs has not been printed and copies have been placed in the House of Commons Library, where they may be inspected by Members. Other copies are in the Parliamentary Archives (www.parliament.uk/archives), and are available to the public for inspection. Requests for inspection should be addressed to The Parliamentary Archives, Houses of Parliament, London SW1A 0PW (tel. 020 7219 3074; email archives@parliament.uk). Opening hours are from 9.30 am to 5.00 pm on Mondays to Fridays.

National Audit Office

Oral evidence

Taken before the Children, Schools and Families Committee on Monday 2 November 2009

Members present:

Mr Barry Sheerman (Chairman)

Annette Brooke
Mr David Chaytor
Mr Andrew Pelling

Helen Southworth
Mr Graham Stuart
Mr Edward Timpson

Memorandum submitted by Professor Edward Melhuish

SUMMARY

- Sure Start has been undergoing progressive change since its inception in 1999. To some extent evaluation results have influenced this process.
- The early results indicated that lack of specification of how goals were to be achieved through service delivery led to great diversity in provision with some ineffective programmes.
- Later developments have tightened up guidelines and the nature of service delivery considerably and staff themselves have developed and become better trained and more proficient. However, there is still scope for further development.
- The contrast between the latest and earlier findings indicates that children and families are having increased exposure to Sure Start Children's Centres that have also become more effective, and that early interventions may improve the life chances of young children in deprived areas.
- The latest evaluation results showed that families benefited from Sure Start. Parents in Sure Start areas relative to those in non-Sure Start areas reported using more services, with more engagement in developmentally facilitative parenting and children who are socially more competent.
- In addition, contrary to the earlier (2005) results, all effects associated with Sure Start were beneficial, and these beneficial effects appeared to apply in all sub-populations and all Sure Start areas studied.
- Hence the developments in Sure Start seem to have borne some fruit in that the latest impact results are encouraging, and indicate the beneficial effects of Sure Start are spreading. Nonetheless it is clear that further developments are desirable. In the meantime it will be some time before the longer term goals of the programme can be realised, and hence the final verdict on Sure Start awaits further evaluation.
- There is evidence that better inter-agency working is associated with better outcomes for children. A major problem here is the lack of integration of health services with local authority services in some areas because health services are controlled by PCTs. There are indications that where health services are better integrated with Sure Start then outcomes are improved. However, integration of health services with other early years services is variable around the country.
- Development of Sure Start Children's Centres should give greater attention to the clarity of guidance based upon evidence of what works, and there needs to be a greater focus on enhancing children's language development.
- The evidence presented here concerns Sure Start in disadvantaged communities. The move in Sure Start Children's Centres from disadvantaged areas to every community has occurred primarily in the last three years. The services provided in more advantaged areas will inevitably be substantially different because of funding differences, but the nature of these differences has not yet been documented.
- It is likely that there will be substantial differences between local authorities in their interpretation of the legislation with regard to the provision of the newer Children's Centres.

1. While all countries in the UK received Sure Start funding, each country has implemented Sure Start in different ways. This evidence will be concerned with Sure Start in England. I am the Executive Director of the National Evaluation of Sure Start and have been concerned with policy-related research on child development for more than 30 years.

2. A decade ago the Cross-Departmental Review of Services for Young Children concluded that disadvantage among young children was increasing and when early intervention was undertaken it was more likely poor outcomes could be prevented.¹ The Review also noted that current services were uncoordinated and patchy and recommended there be a change in service design and delivery. It suggested that programmes should be jointly planned by all relevant bodies, and be area-based, with all children under four and their families in an area being clients. In July 1998, the then Chancellor of the Exchequer, Gordon Brown, introduced Sure Start aimed at providing quality services for children under four and their parents.² The original intent of the programme design was to focus on the 20% most deprived areas, which were home to around 51% of children in families with incomes 60% or less than the national median (official poverty line).³

3. In England 250 programmes were planned by 2001–02, to support 187,000 children, 18% of poor children under four. Typically a programme was to include 800 under-fours, with £1,250 per annum per child at the peak of funding. This investment utterly transformed early years services, while representing a relatively small contribution from the perspective of Treasury—just 0.05% of public expenditure.

4. Each Sure Start community had great autonomy. Community control was exercised through local partnerships, comprising everyone concerned with children, including health, social services, education, private and voluntary sectors, and parents. Funding flowed from central government directly to programmes, which were independent of local government, although local departments of education, social services, etc and health trusts would typically be part of the partnership. All programmes were expected to provide:

- (i) outreach and home visiting;
- (ii) support for families and parents;
- (iii) support for good quality play, learning and childcare experiences for children;
- (iv) primary and community health care and advice about child health and development and family health; and
- (v) support for people with special needs, including help getting access to specialised services, but without specific guidance as to how.⁴ While evidence derived from early intervention programmes with clear unambiguous protocols for services were used to justify Sure Start, Sure Start programmes did not have a prescribed “protocol” and had freedom to improve and create services as they wished.⁵ This was in contrast to examples of interventions with clear models of provision and demonstrable effectiveness used to justify Sure Start.^{6, 7, 8}

5. The speed of funding was often overwhelming in a sector previously starved of support. Only 6% of the 1999 allocation was spent in that year. Despite this slow start, and without any information on the success of the initiative, the Treasury expanded Sure Start from 250 by 2002 to over 500 programmes by 2004, thereby more than doubling expenditure to almost £500 million by 2003–04.

6. The National Evaluation of Sure Start (NESS) was commissioned in 2001 and programme diversity posed challenges in that there were not several hundred programmes delivering one intervention, but several hundred unique interventions. The evaluation used a variety of strategies to study the first 260 programmes that were rolled out, in particular studying children and families in 150 of these with great intensity. These included the gathering of area specific administrative data (eg census data, police records, social services, work and pension records, hospital episode statistics); developing systems that allowed the collation of information in non-standard geographic units (Sure Start areas); conducting surveys of Sure Start staff dealing with many aspects of the programmes; carrying out face-to-face and telephone interviews with programme managers, programme employees and parents about the operation of their local programme; and conducting a large-scale survey of child and family functioning in thousands of households in Sure Start areas, and in equivalent non-Sure Start areas. While over 40 reports and peer-reviewed publications have documented the different phases of the National Evaluation of Sure Start, this submission provides an overview of the evolution and impact of the Sure Start programme. Detailed reports are available at www.ness.bbk.ac.uk, with some findings summarised here.

¹ HM Treasury. *Modern Public Services for Britain: Investing in Reform. Comprehensive Spending Review: New Public Spending Plans*. London: HMSO 1998.

² HM Treasury. *Comprehensive Spending Review: Cross Departmental Review of Provision for Young Children*. London: HMSO 1998.

³ Melhuish E, Hall D, The policy background to Sure Start. In: Belsky J, Barnes J, Melhuish E, eds, *The National Evaluation of Sure Start: Does Area-based early intervention work?* Bristol: Policy Press 2007:3–21.

⁴ Sure Start Unit. *Sure Start: Guide for trailblazer programmes*. London: DFEE 1998.

⁵ Glass N, Sure Start: the development of an early intervention programme for young children in the United Kingdom. *Children and Society* 1999;13:257–64.

⁶ Ramey CT, Campbell FA, Burchinal M, et al, *Persistent effects of early childhood education on high-risk children and their mothers*. *Appl Dev Sci* 2000;4:2–14.

⁷ Reynolds AJ, Temple JA, Robertston DL, Mann EA. *Long-Term Effects of an Early Childhood Intervention of Educational Achievement and Juvenile Arrest: a 15-Year Follow-Up of Low-Income Children in Public Schools*. *JAMA* 2001;285:2339–46.

⁸ Schweinhart LJ, Barnes H, Weikhart, D, *Significant benefits: the High/Scope Perry Pre-School Study through age 27*. Ypsilanti, Michigan: High/Scope Press 1993.

7. *Setting-up Sure Start*: In looking at the initial implementation of Sure Start programmes it became apparent that for a variety of reasons; including, lack of availability of suitable staff, the need to train new staff, the time taken for planning permission for new buildings, the time taken for the construction or conversion of buildings; setting up programmes took a lot of time. It was typically not until three years after the initial approval of a Sure Start programme that it became close to fully functional. This meant that the first 60 programmes approved in 1999 did not become fully functional until 2002. This has considerable consequences for how the evidence on Sure Start is interpreted.

8. *Community-Level Change*: A defining feature of the Sure Start initiative was that it was area-based, founded on the premise that communities, not just children and/or families, should be the target of intervention. Ultimately, the view was that children and families could be affected by the programme both directly, via services encountered, and indirectly, via community changes that derived from the programme (eg, reductions in crime, feelings of cohesion, changed “local norms” about parenting). Reflecting this focus on community change, the evaluation documented the status of Sure Start communities over time (2001 to 2005). Some improvements were detected, but could not be causally linked to Sure Start.^{9, 10} Overall, Sure Start areas became home to more young children while the proportion in households dependent on benefits decreased markedly. For instance, the proportion of children under four in “workless” households in Sure Start areas dipped below 40%, having started at 45% in 2000–01. Some aspects of crime and disorder also improved, notably burglary, school exclusions and unauthorised school absences. Moreover, children from 11 upwards demonstrated improved academic achievement. While infant health (eg birth weight) did not improve, reductions in emergency hospitalisations of children (0 to three) for severe injury and for lower respiratory infection suggested improved health care. Also, the percentage of children identified with special educational needs or eligible for disability benefits increased over 2000–05, suggesting improved health screening.

9. *Early Findings on Children/Families (up to 2005)*: A study of children and families in Sure Start and non-Sure Start (Sure Start-to-be) areas provided mixed news.^{11, 12} Although there were some overall effects for Sure Start on family and child outcomes, some results varied by subgroup. Specifically, three-year-olds of non-teen mothers (86% of sample) in communities receiving Sure Start exhibited positive effects associated with Sure Start programmes in terms of fewer behaviour problems and greater social competence as compared with those in comparison communities, and evidence indicated that these effects for children were mediated by Sure Start effects of less negative parenting for non-teens. Whereas adverse effects emerged for children of teen mothers (14% of sample) in Sure Start areas in terms of lower verbal ability and social competence and more behaviour problems at age 3. Also, children from workless households (40% of sample) and from lone-parent families (33% of sample) in Sure Start areas scored lower on verbal ability than equivalent children in comparison communities.

10. Consideration of these findings along with other NESS evidence raised the possibility that, in many Sure Start areas, those families most in need and also hardest to reach were receiving fewer services than they would have had if living in other areas. Although this possibility was never confirmed definitively, it did lead to changes in programme emphasis. Also, the evaluation revealed that programmes differed widely in their effectiveness for child and family outcomes. Therefore further work investigated variation amongst programmes.

11. *Variability in programme effectiveness*: The National Evaluation of Sure Start examined why some programmes might be more effective than others. Detailed information collected over several years on 150 programmes was systematically rated. Programmes could be differentiated on many dimensions including the range and balance of services, providing quality training for staff, exercising effective leadership and management and having effective strategies for identifying families in the community, to name just several of 18 distinct dimensions. Not only did programmes rated high on one dimension tend to score high on others, but better implemented programmes appeared to yield greater benefits.^{13, 14} While the evidence was not overwhelming, it was consistent with theory about which programmes should prove most effective and provided guidance as to what works for Sure Start Programmes. Also, some evidence indicated that health-led programmes had some advantages, possibly reflecting their better access to birth records, and health visitors providing a ready-made home-visiting service generally accepted by disadvantaged families.

⁹ Barnes J, *How Sure Start Local Programmes areas changed*. In: Belsky J, Barnes J, Melhuish E, eds, *The National Evaluation of Sure Start: Does Area-based Early Intervention Work?* Bristol: Policy Press 2007:173–194.

¹⁰ Barnes J, Cheng H, Howden B *et al*, *Changes in the characteristics of SSLP areas between 2000–01 and 2004–05*. London: DCSF 2007.

¹¹ NESS Research Team. *Early Impacts of Sure Start Local Programmes on Children and Families*. Surestart Report 13. London: DfES 2005. www.ness.bbk.ac.uk/impact/documents/1183.pdf (last accessed 21 Jul 2009)

¹² Belsky J, Melhuish E, Barnes J, *et al*, *Effects of Sure Start Local Programmes on children and families: Early findings from a quasi-experimental, cross-sectional study*. *BMJ* 2006; 332:1476–8, doi:10.1136/bmj.38853.451748.2F (published 16 June 2006).

¹³ NESS Research Team. *Variation in Sure Start Local Programmes Effectiveness: Early Preliminary Findings*. Surestart Report 14. London: DfES 2005. www.ness.bbk.ac.uk/impact/documents/1184.pdf (last accessed 21 Jul 2009).

¹⁴ Melhuish E, Belsky J, Anning A, *et al*, *Variation in Community Intervention Programmes and Consequences for Children and Families: The Example of Sure Start Local Programmes*. *J Child Psychol Psychiatry* 2007; 48:543–51.

12. *Changes to Sure Start*: As the early National Evaluation of Sure Start findings indicated that programmes were not having the impact intended, and evidence from another project, the Effective Provision of Pre-school Education (EPPE) project,^{15,16} showed that integrated Children's Centres were particularly beneficial to children's development, the Government decided to transform Sure Start programmes into Children's Centres. This was announced in 2005 alongside a transfer of the new Sure Start Children's Centres to Local Authority control. Hence from 2006 Sure Start programmes became Children's Centres with a more clearly specified set of services and guidelines, and were controlled by Local Authorities rather than being managed by central government. These changes meant that from April, 2006, local authorities became the accountable bodies for the whole Sure Start Children's Centre programme, and health agencies were legally obliged to cooperate in the provision of services within Children's Centres. The spend on Children's Centres and the associated programmes was £1.3 billion in 2005–06. For 2006–07, £1.7 billion was provided to local authorities for Children's Centres. For 2007–08, £1.8 billion was set aside.

13. *Latest Findings on Children and Families (2008)*: In the longitudinal investigation of thousands of children and families, comparisons were made of children and families in Sure Start areas with those in similar non-Sure Start areas; revealing beneficial effects for children and families living in Sure Start areas.^{17, 18} At three years of age, children in Sure Start areas showed better social development, exhibiting more positive social behaviour and greater independence/self-regulation than their counterparts in non-Sure Start areas. This result appeared to be partially a consequence of parents in Sure Start areas manifesting less negative parenting, as well as providing a better home learning environment. Also, families in Sure Start areas reported using more child and family-related services than families in non-Sure Start areas. There were two additional findings:

- (i) that children in Sure Start areas received more recommended immunisations; and
- (ii) had less accidental injuries than those in other areas.

However, these latter two findings could have been an artefact of the two-year difference in when data were gathered on the two groups, as these two outcomes tended to improve over time nationally.

14. *Conclusions*: Latest findings differ markedly from earlier findings. In the early stages there was some evidence that the most disadvantaged three-year-old children and their families (ie teen parents, lone parents, workless households) were sometimes doing less well in Sure Start areas, while somewhat less disadvantaged children and families benefited (ie non-teen parents, dual parent families, working households). However, with changes to the Sure Start programme, the latest evidence indicates benefits for all sections of the population served. This indicates that Sure Start Children's Centres have learnt from earlier findings and are now making sure that they serve all their populations, particularly the most disadvantaged, even though they are often the hardest to reach. Various explanations can be offered for the differences between the 2005 and 2008 findings. It seems likely that the contrasting results accurately reflect the contrasting experiences of children and families in Sure Start areas in the two phases. Whereas the three-year-olds in the first phase were exposed to "immature" programmes—and probably not for their entire lives (because programmes took three years to become fully operational)—the three-year-olds and their families in the second phase were exposed to better developed programmes throughout the entire lives of the children. Also, programmes had the opportunity to learn from the earlier phase of the evaluation, especially with respect to greater effort to reach the most vulnerable households. Thus differences in the amount of exposure to programmes and the quality of Sure Start programmes may well account for both the initial adverse effects for the most disadvantaged children and families and the subsequent beneficial effects for almost all children and families living in Sure Start areas.

15. Sure Start has been evolving and ongoing research has partly influenced this process. Later developments have clarified guidelines and service delivery considerably. It is plausible that the improved results in the evaluation of Sure Start reflect actual changes in the impact of Sure Start programmes resulting from the increasing quality of services, greater attention to the hard to reach, the move to children's centres, as well as the greater exposure to the programme of children and families in the latest phase of the impact evaluation. The results are modest but sufficiently large to be of policy significance and suggest that the value of Sure Start programmes is improving. The identification of the factors associated with more effective programmes has informed recent improvements in Sure Start Children's Centres and may be part of the reason for the improved outcomes for children and families now found for Sure Start. The evaluation results indicate a need for greater clarity of guidance to Children's Centres based upon the evidence of what works, and that there should be increased focus on enhancing children's language development.

October 2009

¹⁵ Sylva K, Melhuish E, Sammons P, *et al*, *Effective Pre-school Provision*. London: Institute of Education 2004.

¹⁶ Melhuish E C, Sylva K, Sammons P, *et al*, *Preschool influences on mathematics achievement*. Science 2008; 32:1161–2.

¹⁷ NESS Research Team. *The impact of Sure Start Local Programmes on three year olds and their families*. Surestart Report 27. London: DCSF 2008. www.surestart.gov.uk/_doc/P0002519.pdf (last accessed 21 Jul 2009).

¹⁸ Melhuish E, Belsky J, Leyland A, *et al*, *A Quasi-Experimental Study of Effects of Fully-Established Sure Start Local Programmes on 3-year-old Children and their Families*. Lancet 2008; 372:1641–7.

Memorandum submitted by the Institute of Education (IOE), University of London

This submission has been coordinated on behalf of the IOE by Iram Siraj-Blatchford, Professor of Early Childhood Education.

SUMMARY

- Children’s Centres have raised the profile for early years provision and given many early childhood practitioners opportunities to develop their skills. Training for staff working with parents in particular has led to more effective service provision.
- Despite variations in community needs there is currently too much variation in the breadth and the depth of services being offered.
- Given the extent of the operational changes required in developing an integrated children’s service, and the long-term goals that are related to narrowing the gap, it remains too early to determine the ultimate effectiveness of Children’s Centres.
- Best value for money is achieved when staff work as a coherent team and share a vision for the centre. But it must be more fully recognised that it takes time to develop effective integrated services, and that effective communities of practice can only develop where there is service continuity and sustained funding.
- The current practice of Single Formula Funding is seriously risking undoing much of the good work achieved, and/or that about to be achieved, by Children’s Centres.
- The fact that staff who are undertaking very similar roles remain on different terms and conditions is unhelpful in creating integrated teams.
- There is a need to engage health services more strongly in Children’s Centre activities in many areas.
- Greater opportunity should be provided for Phase 2 and 3 Children’s Centres to learn from the long-term (including pre-Sure Start) experiences of many Phase 1 Centres.
- However, Phase 1 Centres are challenged by reduced budgets and the increased competition over the recruitment of staff due to Children’s Centre expansion and in many Local Authorities there are reports of this impacting on services, eg limitations on outreach work.
- The quality of staff in centres is extremely variable and some staff who have attained NVQ Level 2 are very poorly trained. Where this is the case they should not be expected to fulfil the demanding role of “key person”.
- There continues to be tension and confusion between the respective roles of QTs (Qualified Teachers) and EYPs (the new Early Years Professionals) and the standards for EYPs need revisiting and revising. Several studies, funded by the DCSF show that teacher involvement at a high level (approximately 50% of the workforce) improves centre quality and child developmental outcomes. Yet teachers are being shed due to funding issues and because Children’s Centres are not required to have such levels of teaching staff. In other countries it is a requirement to have teachers working with under-fives—and even under-threes—for example in Sweden and parts of Australia.
- Many Children’s Centres are moving towards a locality based approach to service delivery with some even joining up Children’s Centres with the whole birth to 19 agenda within a local area. This locality focused development needs to be noted as it does have the potential to work more comprehensively and coherently across the age phases, across socio-economic strata and between the range of professionals who are operating in the locality—it can also be cost effective as it means resources are able to be pooled across the area and duplication and gaps in service provision are limited.
- The importance of skilled leadership in Children’s Centres is evidenced from the NPQICL evaluations which show when leaders are specifically and professionally trained for an integrated centre leadership role this appears to lead to better results for children and families and better quality Children’s Centre organisation, for example, more embedded in the community, more multi-professional partnerships and better value for money. There is an urgent need for more such leadership training across and beyond Children’s Centres.
- Children’s Centres need more support to learn about and embed evidence based practices which support child and family outcomes in health, education, employment and care.

HOW MODELS OF CHILDREN’S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

1. Sure Start was initially established in 1999 with the setting up of the first Sure Start Local Programmes (SSLPs). By improving, in the early years, the developmental trajectories of children known to be at-risk of poorer outcomes, Sure Start aimed to break the intergenerational transmission of poverty, school failure and social exclusion (Feinstein *et al*, 2004).

2. The Children's Centres delivery approach evolved from Sure Start Local Programmes (SSLPs) and Early Excellence Centres, which were integrated Children's Centres. In November 2002 the Inter-departmental Childcare Review (DfES, 2002) promoted the concept of Children's Centres following early lessons learnt from Sure Start to provide integrated care and education, family support, training for employment and health services and childminder support. The National Evaluation of Sure Start (NESS) had reported on the mixed success of SSLPs (NESS, 2005). Combined with evidence from the Effective Provision of Pre-school Education (EPPE) project, which showed that integrated Children's Centres had particularly good outcomes for children (Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, Final Report, 2004), it was clear to most observers that the SSLPs should build upon the success of Early Excellence and Combined Centres. The Children's Centre model was therefore developed further in 2003 and confirmed in December 2004 in the ten year childcare strategy (HM Treasury, 2005). By 2006 the vast majority of SSLPs had been designated as Children's Centres, and in total there were around 800 Phase 1 Children's Centres, including newly-established ones. There are currently over 3,000 Children's Centres up and running providing access to services for over 2.3 million young children and their families in the most disadvantaged communities. The government's vision, set out most recently in The Children's Plan, is that every child and young person should have the opportunity to fulfil their potential. Children's Centres are at the forefront of transforming the way services are delivered for young children and their families. They are intended to provide the service hubs where children under five years old and their families can receive seamless integrated services and support.

3. From April 2006, Local Authorities (LAs) have had strategic responsibility for Sure Start Children's Centres (SSCCs), with services planned and delivered in partnership with the NHS, Jobcentre Plus and a wide range of voluntary, private and community organisations based on local need. This has modified the nature of services in that the guidelines for SSCCs are more specific about the services to be offered, placing a clear focus on child outcomes and on adjusting provision in relation to the level of disadvantage in the area. Nonetheless, the guidelines are not yet so specific that there is not a large (and sometimes too large) degree of variation among, and within LAs in the way the new SSCCs are implemented.

4. The intensity of service provision varies according to the needs of the community, but centres can offer different degrees of access to:

- integrated early learning and full day care, or sessional/drop-in activities for children;
- support for childminders;
- parenting advice and family support;
- maternity services;
- child health services (including speech and language support);
- information on public health, for example, smoking cessation, obesity and breastfeeding;
- advice on employment, education and training support; and
- outreach to the most disadvantaged families who are at greatest risk of social exclusion.

5. Some Children's Centres designated in Phase 1 were able to develop from existing integrated services, such as Early Excellence Centres, providing 15 hours of free education and care for children under-five for up to 38 weeks of the year. But many Children's Centres developed in phases 2 and 3 provide only a fraction of the services provided by the Phase 1 Centres. The later centres have, in many cases, been less well resourced than those established earlier, with many operating on a shoe string. One centre in Dorset, for example, is based in a local library while in other LAs, such as Tower Hamlets, significant capital funding is being given to Phase 2 and 3 Centres. There is also a lack of organised opportunities in some LAs to encourage these later phases of Children's Centres to learn and receive support from the established Phase 1 Centres. Where this happens it has been found particularly helpful, for example, support for teamwork, mentoring, shared leadership. (Early Education, 2009).

6. Often the Phase 1 Children's Centres developed out of well established nursery schools and maintained local authority nurseries and benefited from a strong team of staff with a clear focus on improving outcomes for children. Many also had excellent records in working with parents. By the time they were designated as Children's Centres they had already worked through some of the issues that arise when bringing together multi-disciplinary teams of staff. While the move to Children Centre status brought new tasks and partners, these centres were able to build on firm foundations and were not required to develop more integrated approaches from scratch.

7. Children's Centres that have not had this advantage have faced many more challenges. Often building works have been needed, and most if not all staff recruited. Once the building is complete and the staff appointed, there is then the challenge of developing a shared ethos and ways of working and establishing the centre and its services in the community, by building trust with families and other providers.

8. While the amount of resource put into Children's Centres by government is very welcome and has made a big difference, it is important to recognise that money alone is not enough: it takes time to develop integrated teams, and for them to develop the strategies they need to effectively respond to the particular needs of their local communities to improve the outcomes for children.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

9. *Every Child Matters* (ECM) is at the heart of the current philosophy and provides a holistic policy framework to support the five ECM outcomes. The provision of debt counselling and job centres supports families in achieving economic stability and wellbeing for the family and children. A good range of outreach work in Phase 1 Centres and effective examples of work with families can be found around the country, for example in Bradford, Liverpool, Southwark, Rotherham, Hampshire and Tower Hamlets.

Nationally however:

- The range and frequency of family services varies widely.
- Health plays a key role in delivering Children's Centres services.
There are many examples of improved outcomes when health services are well embedded in Children's Centres rather than simply linked (see below for further details of difficulties in engaging health links).
- Access to funding for high quality crèche provision to enable parents to attend Job Centre Plus have shown benefits, but these have been hard to quantify.

10. Funding from Sure Start has provided neighbourhood and community based services for family support. Funding has been available for outreach workers to run classes away from centres in community venues. Many Children's Centres are based in school grounds and this can provide a barrier for access for parents. The development of satellites or hubs aims to provide locally based provision, but can be almost virtual rather than an actual meeting place and focus for service provision.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

11. The key issues currently appear to be:

- Challenges of Single Formula Funding (SFF) for those authorities that have used their resources to fund 25 hours per week of childcare during term time for their maintained Children's Centres
- The need for value for money fees issues. The level of fees that would be needed to meet the full cost of ensuring well qualified staff and appropriate provision would put nursery places at Children's Centres out of reach for all but the most advantaged parents. In order to ensure access to all, some form of subsidy is therefore needed. Tax credits have been very helpful for the poorest families but have not helped parents who are not working or who are on lower and middle income in expensive areas such as London. The increase in the free entitlement for children in the term after their third birthday is very welcome, but the increased flexibility thus generated can lead to lack of continuity for children and sustainability issues for providers. In some areas LAs have subsidised the fees to make Children's Centres accessible to many more families.

12. Phase 1 Centres are challenged by reduced budgets and in many LAs there are reports of this impacting on services, for example, limitations on outreach work. There are difficulties of recruiting and retaining staff that are on temporary contracts (many Qualified Teachers are still). Best value for money is achieved when staff work as a coherent team and share a vision for the centre. Where Children's Centres have "kick started" their work by holding an introductory day attended by all partners from different agencies, this has had a long-term beneficial influence, as has annual closures of centres for two to three days to allow for staff training. Strong representation by partners from different agencies on partnership advisory boards, joint partnership in the statutory self evaluation process, shared training/impact targets, and a strong partnership at LA/Health Authority level contribute greatly to this.

STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

13. During discussions and the Institute of Education's extensive work with Heads and Managers of Children's Centres, the following issues have arisen:

- Children's Centres have raised the profile of early years provision and given many early childhood practitioners opportunities to develop their skills and take on new roles. This has been very welcome.
- The rapid expansion in the number of Children's Centres has led to challenges in recruiting staff with the wide range of skills needed to run an effective Children's Centres. This is especially true in urban areas such as London where there are often a number of Children's Centres competing for staff. It is also true in rural communities where staff with the right qualifications/experience may not live in the area.
- In recent years specific training for staff working with parents has been introduced (including government initiated and funded PEAL (Parents, Early Years and Learning) training). This has increased understanding of the particular skills needed to work with parents, and led to more effective services, particularly by drawing on evidence of what works.

- Governance can be challenging and arrangements vary widely. Some centres have a single body, often using the school governing body structure, to ensure that the centre is truly integrated. In these cases the governing body includes representatives from all those involved in the delivery of Children’s Centre services, with parents being the largest group of representatives.
- Some Children’s Centres have been required to set up a separate company to manage the fee paying element of the nursery provision. This can lead to staff undertaking very similar roles being on different terms and conditions which is not helpful in creating an integrated team.
- If services are provided across a locality then particular care needs to be given to ensuring that all parents are able to access the full range of services easily.

14. The quality of staff in centres is extremely variable. Staff who have attained NVQ Level 2 and sometimes Level 3 are sometimes poorly trained; for example, they have little or no understanding or experience of child observations, and are usually assessed at a very superficial level. Learning the basic knowledge and skills for work in early years requires training in a high-quality practical placement. Where this does not happen it must be recognised that trainees can be ill-equipped to work with young children, and in particular, to take on the significant responsibility of a “key person”.

15. There continues to be tension and confusion between the respective roles of QTs (Qualified Teachers) and EYPs (the new Early Years Professionals) and in some cases, an unhelpful pretence that the roles are synonymous. Training providers of EYPs vary in quality and there are no robust systems of moderation to ensure consistency of status. There remains dissatisfaction among EYPs who have achieved the status, but not given a clear role which acknowledges their skills. In many cases the conditions of service of the individuals involved has remained unchanged. Where they are given a management role in a centre there is often no required induction of the EYPs which supports them in growing into the work. Standards for EYPs need revisiting and revising. Several studies, funded by the DCSF (Evaluation of Neighbourhood Nurseries, Smith *et al*, 2007; *Quality in MCS Centres*, Mathers *et al*, 2008; *Evaluation of the Welsh Foundation Phase*, Siraj-Blatchford *et al*, 2006; and *Final EPPE report*, Sylva *et al*, 2004), show that teacher involvement at a high level (approximately 50% of the workforce) improves centre quality and child developmental outcomes. Yet teachers are being shed due to funding issues and because Children’s Centres are not required to have such levels of teaching staff. In other countries it is a requirement to have teachers working with under-fives—and even with under-threes—for example, in Sweden and parts of Australia.

16. LA officers consider that the best examples of leadership and value for money are in centres staffed by former heads of nursery schools. Whilst this may be the case and generally true, in some LAs (for example, Medway and Tower Hamlets) some of their excellent centres are in primary schools, or led by heads from other child-focused disciplines. There is a unanimous view from LAs and Higher Education Institutions that many staff in centres and on many courses (including managers and reception teachers) lack knowledge of child development and are unable to apply the principles of the EYFS from a basis of real understanding. This is a crucial issue which is likely to have a long-term impact on quality. It is, however, being actively addressed in some LAs and this is already making a big difference.

17. The issue of leadership cannot be underestimated either. The importance of skilled leadership in Children’s Centres is evidenced from the NPQICL evaluations (Formosinho *et al*, 2007) that where leaders have been specifically and professionally trained for an integrated centre leadership role this appears to lead to better results for children and families and better quality Children’s Centres organisation, for example, more embedded in community, more multi-professional partnerships, better value for money, etc. There is an urgent need for more such leadership training (Siraj-Blatchford and Manni, 2007) to be provided in the sector and for such training to be offered to those who lead the agenda in LAs and maybe even for headteachers and health managers who are sometimes difficult to engage. Managers continue to need more training on evidence-based “what works” (Coughlan *et al*, 2009; Siraj-Blatchford, I and Siraj-Blatchford, J 2009a; 2009b).

HOW WELL CHILDREN’S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

18. As Marsh (2006) argues, despite primary health care being a key player in the services included in these new structures, their role is not emphasised in the same way as other elements of children’s services. Amongst the findings of the National Evaluation of Children’s Trust Pathfinders (NECTP) it was reported that:

- Ways should be found to involve under represented partners such as general practitioners and private sector service providers in inter-agency governance arrangements, for example, through professional or sector interest groups (p 19).
- The engagement of health organisations into coherent joint commissioning relationships is a particular challenge (p 35).
- There needs to be some clarification of the roles, responsibilities and professional qualifications required to be a lead professional, which type of child case should have a lead professional, and what relationship the position has with other roles such as key worker (p 83).

19. Mooney *et al* (2008) have provided a study of the opportunities and barriers to developing health-promotion work in early years settings in the UK. The main finding of their study (which used surveys, interviews, and case studies of pre-school settings) was that while they found considerable enthusiasm for health work in the early years, more could be done in terms of developing partnerships between health and early years professionals, and by building on the appropriate Early Years Foundation Stage (EYFS) provisions.

20. A joining of the Training and Development Agency for Schools and the Children's Workforce Development Council to promote one graduate profession for the workforce is desirable. Considerable further integration of Children's Centres and schools EYFS funding and workforce terms and conditions is needed if children, families and early years workers are to experience the benefits of a unified and truly integrated EYFS.

21. However, there are increasing numbers of examples of excellent joint working particularly in large Phase 1 Centres. Children's Centres developed in phases 2 and 3 commonly have services which are only co-located, which makes it more difficult to provide a cohesive provision for families. But, some recent impressive ventures, for example, Plaistow Primary School in Newham, includes a new Children's Centre which is jointly funded by the LA and the school, and offers excellent facilities for a diverse community.

22. Many Children's Centres are moving towards a locality-based approach to service delivery and some even joining up Children's Centres with the whole birth to 19 agenda within a local area. This locality focused development needs to be noted as it does have the potential to work more comprehensively and coherently across the age phases, across socio-economic strata and between the range of professionals who are operating in the locality—it can also be cost effective as it means resources are able to be pooled across the area and duplication and gaps in service provision are limited. This approach is developing in Brent, Brighton and Hove, Birmingham and many other places, but it requires again more structural, contractual and ethos changes and different working practices and commissioning arrangements.

WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

23. As noted above, Children's Centres can offer access to outreach to the most disadvantaged families who are at greatest risk of social exclusion but, in some instances, reduced budgets are limiting the amount of outreach that can be delivered.

24. Where centres are working with families who have complex problems, there are heavy demands on professional and administrative staff and budgetary implications which are not always recognised by LAs. However, some LAs work with their centres to ensure available funding is targeted where there is the greatest need and that priorities are agreed.

25. The aspiration that Children's Centres are accessible to the most vulnerable children and families is difficult to ensure in the context of an increasingly market-led philosophy. Although Children's Centres were initially state-funded through subsidising capital investment, the running costs are now handed over to local Children's Services. As The Daycare Trust have noted: "Particular concerns remain about the viability of provision in the most deprived areas, once the start-up funding provided by the government initially runs out" (DayCare Trust, 2007). The Daycare Trust (2008) has noted that despite significant increases in numbers of children attending Sure Start projects and Children's Centres, 70% of parents reported a lack of affordable childcare in the last 12 months. Currently, 58% of Children's Centres' pre-schools in England are owned and managed by the private sector and the Government "encourages Sure Start Children's Centres to involve private service providers" (Written Answers, 2007).

26. Penn (2007: 196) has argued "Sure Start has made little or no difference to mothers' employment rates". This is because the wages (and tax credits) that unskilled women receive do not compensate for the loss of their unemployment benefits. For many poorer parents, even with tax credits, finding suitable and affordable childcare for children is difficult because of the "shockingly high costs of childcare in Britain" (Daycares Trust, 2008; 6). Child tax credits mainly benefit middle-class families and are barely claimed by working-class families (Brewer, 2005). According to Nursery World (24 October 2007), only 5% of parents are currently taking up tax credits, and that "even if they get the maximum help on offer, low income parents still often find childcare costs beyond their budget". Hence, poverty becomes a barrier to accessing the Early Years Foundation Stage in the Children's Centre nursery.

REFERENCES

- Brewer, M, Crawford, C and Dearden, L, (2005) *Helping Families; Childcare, Early Education, and Work-Life Balance*. Election Briefing 2005. London: Institute of Fiscal Studies.
- Coghlan, M, Bergeron, C, White, K, Sharp, C, Morris, M and Rutt, S, (2009) *Narrowing the gap in outcomes for young children through effective practices in the early years*. London: Centre for Excellence and Outcomes (C4EO) in Children and Young People's Services.
- DayCare Trust (2007) *Childcare nation? Progress on the childcare strategy and priorities for the future*.
- Daycare Trust (2008) *Childcare Costs Survey*.
- DFES (2002) *Inter-departmental Childcare Review*. London: Department for Education and Skills.

Early Education (2009) *Maintained Nursery Schools Now*, British Association for Early Childhood Education.

Feinstein, L, Duckworth, K and Sabates, R, (2004) *A model of the intergenerational transmission of educational success: wider benefits of learning research report 10*. London: Institute of Education, Centre for Research on the Wider Benefits of Learning. Available at: <http://www.learningbenefits.net/Publications/ResReps/ResRep10.pdf>

Formosinho, J and Oliveira-Formosinho, J, (2007) *Developing Learning Communities: The Final Report on the Evaluation of the Impact of the NPQICL Leadership Programme*. Corby: Pen Green Research, Development and Training Base and Leadership Centre.

HM Treasury and DfES (2005) *Support for children: the best start for children*. London: HMSO.

Marsh, P, (2006) *Promoting children's welfare by interprofessional practice and learning in social work and primary care*, Social Work Education, vol 25, no 2, pp 148–160.

Mathers S, Sylva, K and Joshi, H, (2007) *Quality of Childcare Settings in the Millennium Cohort Study*. London: Department for Children, Schools and Families.

Mooney, A, Boddy, J, Statham, J, and Warwick, I, (2008) *Approaches to developing health in early years settings*, Health Education, vol 108, no 2, pp 163–177.

NESS Research Team (2005). *Early Impacts of Sure Start Local Programmes on Children and Families. Surestart Report 13*. London: Department for Education and Skills. Available at <http://www.ness.bbk.ac.uk/documents/activities/impact/1183.pdf>.

NESS Research Team (2005). *Variation in Sure Start Local Programmes Effectiveness: Early Preliminary Findings. Surestart Report 14*. London: Department for Education and Skills. Available at <http://www.ness.bbk.ac.uk/documents/activities/impact/1184.pdf>

Nursery World (24 October 2007) *Are we a Childcare Nation?* Available at: <http://www.nurseryworld.co.uk/inDepth/756124/Analysis-Government-policy-childcare-nation/>

Penn, H, (2007) *Childcare Market Management: how the United Kingdom Government has reshaped its role in developing early childhood education and care. Contemporary Issues in Early Childhood*, Volume 8, Number 3, 2007 pp 192–207.

Siraj-Blatchford, I, and Manni, L, (2007) *Effective leadership in the early years sector: the ELEYS study* (Issues in Practice series). London: Institute of Education, University of London.

Siraj-Blatchford, I, Sylva, K, Laugharne, J, Milton, E and Charles, F, (2006) *Monitoring and evaluation of the effective implementation of the foundation phase (MEEIFP) project across Wales foundation phase pilot: final evaluation report—roll out age 3-6 years September 2004–October 2006*. An evaluation funded by the Welsh Assembly Government.

Siraj-Blatchford, I and Siraj-Blatchford, J, (2009a) *Improving children's attainment through a better quality of family-based support for early learning*. London: Centre for Excellence and Outcomes (C4EO).

Siraj-Blatchford, I and Siraj-Blatchford, J, (2009b) *Improving development outcomes for children through effective practice in integrating early years services*. London: Centre for Excellence and Outcomes (C4EO).

Smith, T, *et al*, (2007) *National Evaluation of the Neighbourhood Nurseries Initiative: Integrated Report* Research report SSU/2007/FR/024. London: HMSO.

Sylva, K, Melhuish, E C, Sammons, P, Siraj-Blatchford, I and Taggart, B, (2004) *The Effective Provision of Pre-School Education (EPPE) Project: Technical Paper 12—The Final Report: Effective Pre-School Education*. London: Department for Education and Skills/Institute of Education, University of London.

Written Answers (2007) Wednesday, 21 November 2007 *Children, Schools and Families. Children's Centres: Privatisation*. Available at <http://www.theyworkforyou.com/wrans/>

October 2009

Memorandum submitted by Dr Margy Whalley, Director of Research, Training and Development, Pen Green Research Base, Pen Green Centre for Children and Families

1. SUMMARY

Integrated centres for children and their families have the capacity to transform children's life chance if they have:

- a shared philosophy and a principled approach to practice;
- a multi disciplinary team with most disciplines represented and with strong connections to other agencies;
- shared leadership and management and consistent ways of working; and

- co-constructed the services on the basis of the expressed needs of the local community and engaged with parents and children as partners in the children’s centre “project”.

Integrated centres for children and their families can only effectively engage with those minoritised families who have traditionally found it hardest to use public sector services; if professionals are willing and able to significantly change their professional practice.

When staff in integrated centres are encouraged and enabled to work collaboratively and develop communities of enquiry then best practice can be identified and practitioners will become much more accountable. We have to harness the energy and commitment of children centre leaders, their teams and the families that use them to drive forward practice and achieve better outcomes for children and their families.

Currently there is a paucity of knowledge about what constitutes “best practice” in children’s centres. I would challenge whether “children’s centres” is indeed the right name for the service that we are debating today. There is not a strong, or clear enough conceptualization of what actually constitutes what I would describe as a centre for children and their families. As the children’s centre programme has gone to scale the spread across the county has been enormous and the timescales cruel. Rigid standardisation of services would have been inappropriate and unsustainable since children’s centres must respond to local context; indeed children’s centre should be shaped, designed, governed, driven and evaluated by local users. However, a model of service delivery based on a notional “core offer” has become highly problematic. Children’s centres are about much more than a core offer, they are about making a difference for every child. At local authority level there seems to be no shared understanding or ownership of the explicit emancipatory vision guiding the children’s centre project. This has resulted in an often overly bureaucratic control of children’s centres and the adoption of mechanistic rather than empowering leadership and management processes. Children’s centre leaders are finding it hard to realise the primary task of their children’s centre because there is a limited understanding and ownership of the children’s centre project within local authorities (see Diagram 1—Primary Task).¹⁹ Children’s centres could become the cornerstone of local government developments as we move toward locally flexible and responsive area based teams. The UK government’s investment in children’s centre provision is the envy of the rest of the world and is influencing policy and practice in many other nations. We need to be sure that we are building a nationwide programme of services that can really make a difference. There is an urgent need to return to the original (1996) concept of a fully integrated children’s centre.

2. INTRODUCTION

There are many highly successful children’s centres in England, centres that have emerged from the Early Excellence Centre Programme the Surestart Programme the NNI Programme and the three phases of the Children’s Centre Programme. Some contemporary children’s centres however, have a longer history and developed from the integrated centres that were established in the 1970’s and 80’s, from traditional nursery schools, and from family centres/neighbourhood centres established by Social Services departments and/or the third sector.

3. We have to achieve a clear definition of the primary task of all children’s centres. We must recognise the fact that it takes well qualified, effectively supervised and supported staff to deliver children’s centre services. The different professional heritages of staff working in children’s centres remains a strength but these professionals whilst retaining a sense of guardianship over their own professional discipline and an awareness of what they can uniquely bring to the centre in terms of their health, psychology, midwifery, childcare, play work, social work or educational background must also be able to work seamlessly with other professionals. Whatever the historical starting point of the children’s centre, there will for example, need to be a strong social work presence able to support volunteer and family support staff who home visit families in challenging circumstances. There will also need to be a strong teacher presence to provide a pedagogical lead and support for EYP’s, NNEB’s and Early Years Educators with NVQ3. All professionals working in children’s centres must be able to challenge and critique their own practice. When there is too much change, too many top down contradictory developments, when targets are imposed and unrealistic and when there is a lack of philosophical coherence, then entrenched patterns of professional behaviors return and what appears from the outside to be an integrated service is in fact a service full of cracks and dissonances.

4. A characteristic of effective children’s centres is that staff do understand that they need to build the capacity of children, families and community to achieve outcomes for themselves. Children’s centres need to be about harnessing the community’s energy for change and parents’ deep commitment to ensuring that their children have a better deal. Children’s centres are about supporting parents and children to become effective public service users. This requires a huge shift in professional practice.

- If children’s centre staff are to be able to encourage users to shape, govern, deliver, research and evaluate services then they have to be very secure in their own professionalism. This way of working challenges the power relationships between citizens and professionals; it requires professionals to give up some of their power. Currently systems of supervision, mentoring and coaching are not well embedded in children’s centres. Social work departments and psychiatric services are traditionally stronger on supervision and mentoring, education services have much less awareness of the need for regular monthly supervision of all staff. We need community social

¹⁹ Not printed.

workers and family support workers in our children's centres who can effectively co-construct a CAF without disempowering a vulnerable family. We need teachers and early years educators who can share knowledge with parents and recognise parent's role as their child's first and most consistent educator, educators who acknowledge the importance of the learning that goes on at home. To do all of this work well is highly challenging and highly stressful and supervision should be an entitlement for all staff. If it was consistently offered it would radically improve practice in children's centres.

5. Children's centres have the capacity to impact on children, families and communities at many levels. They can impact on:

- children's learning and development;
- family support;
- parents involvement in their children's learning;
- parental advocacy;
- community engagement;
- governance;
- citizenship;
- inter agency engagement;
- partnership working;
- the development of a professional outcomes orientation; and
- the development of the organisation as a learning community.

They will only have an impact in all these domains if leaders and staff in children's centres are offered training and support in developing an effective approach to evaluation: ideally an approach to organisational evaluation that starts with locally negotiated outcomes as well as central government and local government targets. Staff in children's centres need to be encouraged to develop their capacity to be self evaluators. This process began with the Early Excellence Centres but under Surestart the model of evaluation was much more remote. Children's centre staff need to see themselves as researchers of their own practice and they need time and resources to build up a practitioner knowledge base. Models of robust self evaluation are central to children's centre development, and an unhealthy dependence on narrow Ofsted judgments will not support continuous quality improvement. Staff in children's centres need to be research active; challenging their own practice and determining with users the relevance and accessibility of the children's centre services. Parents also need to have a voice in the research and evaluation process so that they can identify their critical concerns. Parents are not just clients passively receiving dollops of the welfare state; instead they need to be equal and active partners in developing and reviewing the effectiveness of what's on offer. Hannon describes practitioner led change as the key to self sustaining and rapid improvement. I want every children's centre worker to be able to answer the following questions:

- I can be more effective if . . .;
- What difference am I making?
- I can be more efficient if . . .

6. There must be recognition at all levels that work in children's centre is complex. We need to move beyond current practice, as reported by the Audit Commission, where many parents use just one activity in the children's centre, such as the childcare provision. We need to develop a mature model where parents in their own time, and their own way, move through the centre using a range of different services across time as their family needs change. To achieve this, children's centre staff, like school staff, must have non contact time to dialogue with parents and with each other.

Labeling families as "hard to reach" is singularly unhelpful. Services are often hard for some parents to access and staff in children's centres cannot assume that the starting point for any parents will be using the children's centre building. Some families have to be home visited for three years before they even reach the centre and this home visiting is a highly specialist service that is currently crudely described under the umbrella of "outreach". Home visiting is "outreach" in the sense that it requires staff to reach out to families and engage with parents where they are most comfortable.

7. If children's centres are to effectively engage with non traditional users, such as fathers, then they may need to run their services in different times and in different ways. Children's centre leaders are already aware that a radical solution to engaging with some fathers (fathers being one of the most minoritised groups in children's centres) is through a more efficient use of public sector buildings, contracting staff to deliver services over a seven day week rather than a five day week and engaging fathers in designing and delivering services on Saturdays and Sundays.

8. Children's centres need to harness parents' deep commitment to ensuring that their children have a better deal than they themselves received. Children's centres are not yet effectively engaging with parents as co educators. Indeed the plethora of parenting programmes, designed and developed in the main for work with families on the threshold of statutory intervention, may have been counter productive. What we need

are well qualified early years educators who can engage with parents respectfully and share knowledge about children's development and learning effectively. Early Years educators with minimal qualifications and training, low levels of supervision and support will not be able to engage with parents in this way. We know from the work of Feinstein and Blanden that developing parents' aspirations and encouraging parents to develop their advocacy skills is critical if we are to narrow the gap on achievement. Rather than continue to create a workforce of paraprofessional "parent educators" and fund a panoply of US or Australian made parent programmes designed for a very particular purpose, we need to offer effective CPD to all early educators who engage with parents on a daily basis. In this way we will be able to involve parents in their children's learning and development.

9. CONCLUSION

What children's centres should do has been, I think, poorly defined by the core offer. This has led for example, to an easy adoption to quick wins such as Baby Massage in almost every children's centre setting. What is really wanted if we are to consider the needs of infants and young parents, 20% of whom may be suffering from PND, is a deep and profound understanding on the part of the children's centre multi disciplinary team as to how to develop an infant and adult mental health strategy within the centre. Baby massage, when it is effectively carried out, reduces cortisol levels and increases serotonin, would form a small but significant part of such a service. Baby massage on it's own may well have little impact. Mothers with severe PND at our children's centre have reported attending baby massage sessions without any awareness of actually being "present" in the room. To meet the expressed needs of this group of mothers required an integrated response from our CPN, early childhood educator, social worker, psychotherapist and a support group consisting of mothers experiencing similar difficulties. This is just one example of the kind of integrated working that goes on mornings, afternoons and weekends in a children's centre 48 weeks a year.

Children's centre work is complex and needs to be comprehensive if it is to make a difference. This requires skilled staff and a deep understanding of the change processes involved. If children's centres are to effectively engage with minoritised groups in society, travelers, those with English as an additional language, those who are labeled because they use drugs and alcohol, then they will need to have confident and competent practitioners leading the practice. Commissioning a services is fairly easy, co-locating a service is relatively unproblematic but co-constructing with parents the development of services and collaborating in multi professional groups with parents in the delivery of services is a real challenge.

Children's centres have been described as the jewel in the crown of public sector services, the glue that holds fragile communities together. Children's centres are so much more than simply child care or a menu of activities. They merit inquiries such as this. They need to be taken seriously. I want to avoid grandiosity but I also want to say that the children's centre that I work in is a vibrant one stop shop. It provides a relatively seamless service to families, it has become the university of the workplace and it is well embedded in a rich, vibrant and vocal community and it has a transformational agenda . . . it has taken 28 years to develop.

October 2009

Witnesses: **Professor Edward Melhuish**, Executive Director, National Evaluation of Sure Start, **Professor Iram Siraj-Blatchford**, Professor of Early Childhood Education, Institute of Education, **Teresa Smith**, Department of Social Policy and Social Work, University of Oxford and **Dr Margy Whalley**, Director of the Pen Green Centre Research, Development and Training Base, gave evidence.

Q1 Chairman: I welcome our witnesses: Professor Edward Melhuish, Dr Margy Whalley, Professor Iram Siraj-Blatchford and Teresa Smith. Thank you very much for coming. I must apologise to Professor Melhuish, because I'd forgotten that some time ago he did give evidence to the Committee, so we have no first-timers with us today. There is likely to be a general election, not before Christmas but certainly some time around the spring, so many of the inquiries we are doing are for the short to medium term. We are not doing the long inquiries that we are known to do. This is one of the medium-term ones—one of the medium-length ones—but we believe we can look at Sure Start children's centres in the time that we have, with your help and assistance, and this is the first session. Usually we have a seminar to get us started, so this may have a seminar feel to it, because we're looking at the origins and tracing the beginnings and the development of the whole process. Ted, where are we with children's centres?

Professor Melhuish: You have to remember that the root of them was back in 1999; they started off as Sure Start local programmes. They rapidly expanded over the next few years, so that by 2003 we had over 500 Sure Start local programmes. We were undertaking the National Evaluation of Sure Start in those early years, and we presented evidence on the progress of the early Sure Start centres in deprived areas. It is important to note that all the early Sure Start programmes were in deprived areas. We presented mixed results: some good things and some bad things were happening in the early stages of Sure Start programmes. That report was published in 2005. As a result of that work and also, partly, some of the work coming out of the EPPE project that Iram and I were both involved with, which showed that integrated children's centres were a particularly effective form of provision, the then Secretary of State changed Sure Start local programmes to become Sure Start children's centres

**2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley**

as of 2006. At the same time, they were transferred to local authority control.

Q2 Chairman: As there is such a churn in Ministers, could you tell us which Minister that was?

Professor Melhuish: Margaret Hodge.

Q3 Chairman: The inspiration for Sure Start came from which Ministry and which Minister?

Professor Melhuish: The inspiration for Sure Start came from Gordon Brown and his drive to break the cycle of disadvantage.

Q4 Chairman: Where did he get the idea from?

Professor Melhuish: It's been a long-held idea of his, for some time, that there is a need to break the cycle of disadvantage whereby generations replicate the poverty of their parents in terms of their educational achievement, employment and other things.

Q5 Chairman: But he wasn't inspired by the American programme?

Professor Melhuish: It was inspired by the American programme. I'll go into a bit more detail. Gordon Brown took over on 1 May 1997 as Chancellor of the Exchequer. A couple of days later, he passes control of interest rates over to the Bank of England.

Chairman: And had nothing else to do!

Professor Melhuish: What happened then was that he had a bank of economists, who had at the time been running models to work out what the interest rate should be and who effectively had nothing to do, so he delegated those economists to look into other issues of public spending. He gave one of them, Norman Glass, the job of looking at the issue of the cycle of deprivation. Norman Glass was given the task of spending a year reviewing all the available evidence. He came across all the American evidence, etc—America was where the majority of the evidence was at that time—and came up with the view that the early years are where we have to act if we are to have any chance of breaking the cycle of disadvantage. That gave rise to the 1998 cross-departmental review body. Then there was the first announcement of Sure Start, and the first Sure Start programmes came into effect at the end of 1999. So that is where the original idea came from. The original evidence was based upon a number of American studies. They were largely randomised control trials, where you have an intervention, randomly assigned—some of your poor families received an intervention, some did not get it. Then, several years later, you see what happened to them. Those randomised control trials presented very strong evidence that certain kinds of intervention worked. What was interesting about the way in which Sure Start was initially set up was that it emphasised community control to such an extent that communities that had a Sure Start programme could decide more or less for themselves what to put into place, without any particular model being offered to them as guidance. That was exactly the opposite of what the evidence was telling us, which was that very tightly defined programmes produced

good results. In that sense, while there was some evidence that inspired this idea that early intervention works, the way that Sure Start was initially put in place did not pay too much attention to the detail of that evidence. As we started to collate evidence, people started to pay attention to the evidence, and that is partly why there was a change in 2006, with the Sure Start children's centres, which have a model that is much more highly specified than the previous Sure Start programmes. It was also after 2006 that the idea of rolling out Sure Start more generally to the whole population, by setting up 3,500 children's centres by 2010, was started. They started to come on stream around 2007. So we are now in a situation where there are 3,500 children's centres, of which about 700 to 800 are in deprived areas, which was the original model of Sure Start, and the remainder are in relatively more affluent areas. In our research work, we have concentrated on the Sure Start children's centres in deprived areas, which were originally Sure Start programmes, so our research cannot say too much about the Sure Start children's centres in non-deprived areas, although anecdotally one gets the impression that they are radically different from the Sure Start programmes in other Sure Start children's centres. One also gets the impression that with the changeover to local authority control from 2006, quite large local authority differences have started to emerge in the way that Sure Start is put into practice.

Chairman: Let's leave it there for the moment. Margy?

Dr Whalley: I am sorry—I have got a completely different perspective, which is useful for you guys, I guess. I am a practitioner-researcher in a research base in a children's centre and I have been there since '83. Children's centres have a very long history in this country. Actually, they date back to Peckham in the 1920s—working, picking out. There was a very strong movement in the 1970s and 1980s both for family centres, which were coming from a social work base—a lot of them were in the voluntary third sector and social services—and for integrated children's centres, as they were called in the 1970s and 1980s. There were some outstanding integrated centres, many of which were involved in the EPPE study. The centre that I work in was set up in 1983. So there is this long tradition in this country of fully integrated children's centres. What has come on since then is the notion of the early excellence centres, which happened in 1997 and were the first response of this Government to try to pull together education and care, and integrate the education and care. Integration is the key word when we are thinking about children's centres and I think that it has got lost along the way a bit. Early excellence centres were the first shot at trying to integrate education and care in a kind of children's centre service, building on some of the best practice of the 1970s and 1980s. Then we had neighbourhood nurseries, where the focus—this was when Gordon Brown came in—went much more towards child care. Perhaps one of the most challenging things for children's centres is that a preoccupation with a

2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley

narrow view of child care has actually slanted the way some outstanding community practice has evolved, and we need to look at that. Then we had Sure Start local programmes, and their greatest strength was that they were community-driven. I see that as a real strength. It didn't go far enough, because the professionals who work in children's centres have to change their professional practice if they are going to work. Some of those initial community projects were outstanding, and they were engaging with some of the most minoritised groups, and those minoritised groups were very active in driving forward some of the centres' practices. I agree that the notional core offer that came up—there was this list of the kind of activities that children's centres ought to have in them—was not helpful. It wasn't strong enough on philosophy and the underpinning need for really high quality services, which don't come cheap. Children's centres are very thrifty as organisations, but they're not cheap, nor should they be cheap. And then we had the new model of children's centres, which really built on all the ones that had gone before. We exported them to Australia in the 1920s. They thrived all over the world as models of integrated service provision, and Australia is just reinventing them and looking to the UK for good ideas, because they've seen what we've done and they think that it does work. There is some evidence of that; but I think it's pulling together the community development work that went on in the '70s and '80s with the understanding that high quality early education with care is what's needed. It's as if Rumbold had never happened—those reports, which showed us that it's only when we integrate education and care as the actual rock for these services that you will get the kind of transformational impact that children's centres can have on communities. The biggest challenge for Sure Start was always "Are you working with the most minoritised groups in your community: the people who find the public sector really hard to engage with?" And the truth was that they weren't, but that's the bit where we require the professionals to work differently. It's no good just to co-locate in the community and go on working the way you've always worked, because if you do that you're going to get the same outcomes you've always had, and you need to engage with local people.

Chairman: Iram, what's your take on this? Your two colleagues have two very contrasting views.

Professor Siraj-Blatchford: I think children's centres can't be seen as the panacea for solving all the problems of the country, and I think that in some ways it is historical. We had Sure Start local programmes, which were community-based, when all the evidence that I knew about, at least as a researcher, was that centre-based programmes were more effective, or at least gave you a bigger bang for your buck in terms of children's outcomes and support for parents. There are parent support programmes that are important, and I don't think we've ever got over that, because the community-based work, which was working with families with

the children kind of attached to them, moved to a centre-based programme, which was trying to pick up on the research, which was linked to children's outcomes. I come from the background of having done, with Ted, the EPPE study, which has been following 3,000 children for the last 13 years from all types of different group provision, including nursery schools, which you heard about last week in the single formula funding Committee, and also the combined centres—play groups, private day nurseries, and so on. Our evidence did suggest—this was something that caught the imagination of Ministers like Margaret Hodge—that quality is based on the experiences children have of the amount of education that they get. When I put it like that I don't mean children being rote taught, or fed education, but a high quality provision that combines care and education, as Margy said—you have to have the right proportion of staff, and the quality of staff. So my issue has more to do with what research was telling us at the time. It was telling us that the Illinois parent-child centres were working. Even in India, the integrated child development services were based around centres rather than communities. Around the world, we had that experience. Our own research was telling us that centres that did the wrap-around but also supported parents and families tended to have a stronger history in our own country. I don't think that we have been good at looking at the evidence of what actually impacts on children's and families' outcomes. Sometimes there has been a tension between family outcomes and children's outcomes, but the research has continued to develop, and people have talked about intergenerational outcomes, and that you need to work with families and children together. I think the best place for that is centre-based, rather than simply community-based. That is not to say there shouldn't be community-based programmes, but for programmes of this size and this volume of public funding, at best, the centre-type approach does help to target provision. At worst, you can have too many things going on, so it's almost like a spray and pray approach: "If we try to do as much as we can, somebody will get something." But again, the evidence is telling us that it's better to have targeted, focused interventions that are intensive for those people who need it. Your colleagues are probably aware that once there is a poverty of aspiration in communities or families, there is a level of inertia that needs pulling out, and that requires quite an intense amount of investment and intervention, and not a series of services just being there. Even now, children's centres are bemoaning the fact that they don't reach the hardest to reach. That is an issue. It is expensive as well. I question whether children's centres aren't trying to do too much. I'm not sure they're ready to do care, education and health—all of those things. If they could, it would be absolutely brilliant. Shall I tell you why they can't at the moment? The reason I think they can't at the moment is that there is a problem with staffing. We've expanded too quickly. There's a lag in

**2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley**

capacity and quality of staff, and one thing we have not worked well on is the training of staff, either in initial training or in terms of ongoing continued professional training. The other piece of work that I've been doing is evaluations on the early years theme of research for the Centre for Excellence and Outcomes. That shows that it is too early to talk about integration working, certainly at local authority level, because the structures have only just been set up. There is more evidence that integration is working at children's centre level, especially where you've got discrete aspects of integration, like the integration of education and care, which ensures that children are getting stimulation that is cognitive as well as social and emotional, and some support for their parents as well. But I think we need to question whether we have the capacity in terms of staff to be able to deliver the agenda that children's centres are trying to deliver. We also need to question whether children's centres have enough information on what works—evidence-based interventions that can support families and children—and then whether the staff have the skills to be able to do that work.

Q6 Chairman: Teresa, this has been a long journey and an expensive one. Has it been worth it?

Teresa Smith: For children's centres, for the country or for the Committee?

Chairman: For children's centres.

Teresa Smith: I sit here as a witness today. I come as a member of the five-year evaluation of children's centres that's just been commissioned by the Department for Children, Schools and Families. We are at the very beginning of the journey of being able to demonstrate to you whether children's centres work and to what extent they work, but you're not going to be able to wait five years for that evidence, so what I have to do today is be able to tell you where I think we've got—the beginnings of evidence and where we in the research and the evaluation are going to be trying to focus very hard on the questions that need to be asked, and that we will, I hope, be able to ask, although people around this table may vary as to what extent we can. I think that there are five crucial themes about the starting points for children's centres. They are about the evidence from what, 30 years ago, were called combined nursery centres, which for the first time were putting together education and care, as other people have already talked about. That was very hard evidence, and it continues to be hard evidence: if you put young children in particular in high-quality learning situations, often with older children and with people who actually know about teaching and learning, the evidence is that you get much better cognitive outcomes—learning outcomes—for those children. That is the first bit of evidence. The second starting point for children's centres for me has been the question of access and what, at various times, we have talked of as one-stop shops. The idea is that families who may not be terribly engaged with services, or who think that services are not particularly relevant to them, can actually get access

to services through one door. We know a good deal about how to construct those services from previous research, and we also know quite a lot about the impact of co-locating those services as access points for families. The third thing, which people have not really talked about so far, is child poverty. That, I think, was a major issue for the current Government when they were first elected. Strongly based research shows that child poverty was crucially damaging to children's life chances. There were then a number of ways to tackle that: do you tackle it by giving more benefits to families, or by enabling families to make more use of the labour market? The Government have clearly gone down that second route, and have seen a route into the labour market as one possible route for tackling issues to do with child poverty. But we know from previous research that you cannot do that without also working on people's skills, people's readiness to engage with the labour market—and, indeed, engaging with the labour market itself, because there is no point in having high-quality training for parents who are desperate to get back into work tomorrow unless (a) there is a job and (b) there is child care. That, I think, is fundamentally why there was that very radical shift, as Ted and others have pointed out, to include child care as part of the Sure Start menu—of course, people vary on that. The fourth is integration—the integration of services not just of combined education and care but of a whole range of family support services. The fifth one that I would want to talk about is the engagement of parents. The crucial aspect that children's centres have to work on, and are trying to work on, is how to excite parents. How do you excite parents about what their children are learning and what the possibilities are for children's improvement in health, and for their own improvement in health? A depressed mother, for example, may have a child with learning difficulties or speech delay. As we again know from research, that is most likely to be bound up with parental depression. It is just one example. How do you actually change that parent's view of what is possible?—but the excitement that you get when that parent does. Those are the five starting points that I would see. Children's centres are currently working on all those starting points. I have to say that they are all areas that we, in research, are going to be focusing on when we look at implementation; and we try to feed in what we find from the implementation into questions such as can you isolate dimensions of service or can you isolate types or models, and putting together those services into types of children's centres that are more or less effective in the way that they change parents' thinking and actually improve children's outcomes.

Chairman: Thank you. That has started us very well. We now come to questions. When one of my colleagues asks a question, will you indicate who wants to lead. Just catch my eye. I ask you and my colleagues to be quite punchy, as we have a lot to get through.

Q7 Mr Chaytor: Would more progress have been made over the past 10 years if the children's centre brand had been adopted straight away at the start of

**2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley**

the '97 Government, rather than moving from Sure Start local programmes, dabbling with early excellence centres and talking about neighbourhood nurseries? In the early years, there was massive confusion about what all those things were and how they fitted together. Would we have made more progress if we had had children's centres from day one?

Professor Melhuish: Yes.

Q8 Mr Chaytor: Why?

Professor Melhuish: Because you have to remember that prior to 2000 we were effectively a policy desert in this area. We had a history of integrated children's centres, going back several decades, but that was largely in the voluntary sector. There was very little large-scale work of this kind under way. Because it was a policy desert, there was a complete lack of adequately trained staff to staff these places. If you bring in poorly trained staff because they haven't done anything of this kind before, and then tell them to do something that is rather diffuse, ill-defined and without any clear guidelines, you don't get too much happening. Some of them did extraordinarily well, but a lot of people didn't. A children's centre model gives them a clear set of guidance about what should be done, and they therefore know that they can hit the ground running in terms of delivering services. That is primarily why it would have been better to begin with that model, because it is a much more clearly defined set of services for delivery and we know from previous evidence that it works. In that sense, we would have been better off if that model had been adopted from the word go.

Dr Whalley: Integrating care and education was the first stepping stone and it needed to move on from there. We didn't have the wonderful policy seminars that we had for Sure Start. We had lead-in time for Sure Start, but we had no lead-in time for Early Excellence. When Labour was in opposition there was a series of seminars and discussions, but everything had to happen very quickly and the most important focus seemed to be to get the education and care right. We had very highly qualified staff during Early Excellence. They were highly qualified teachers and highly qualified early educators with nursery nurse backgrounds. The money has run out a bit, but the qualifications and training of the staff, as Iram said, are absolutely critical. Under the Early Excellence centres we had it. With Early Excellence, I think we also started a very good model of validated self-evaluation, in which we encouraged the staff in the integrated centres to see themselves as very self-reflective and self-critical. It was all beginning, but it went off in a different direction. A lot of the Sure Start work was outstanding conceptually, but running it into practice very quickly, we didn't have the understanding of what it takes to run a service in the community. We're not talking about some kind of dualism between community services and a centre. We have always needed to talk about a centre, and there is good evidence that local people need to see a centre delivering something. But when Sure Start started, I

don't think we fully understood what it would take to get professionals working collaboratively. The balance of the primary task of a children's centre is absolutely critical, and I believe that if a centre is to work and have its impact it must retain the safeguarding element, which is the child protection—we are working with the most vulnerable families—alongside the very high quality early education with care. What happened with later implementation of programmes was that we went into child care exclusively, rather than education with care, which requires teachers. We have to have teacher input. We have to have well-qualified staff leading the pedagogy and that side of it. You have that balance there. We then have to have the bit that Teresa talked about, which never had the chance to establish itself—where are the parents in all this, parents who are deeply committed in every case? I have worked in the field for 38 years, in the 10 to 20% most deprived wards, and parents passionately want something more for their children than they had for themselves, but may not feel that they can get into the public sector services. They find schools surrounded by barbed wire and Rottweiler receptionists that they can't get past. They find health centres equally difficult to engage with. We've got to try to train staff to work in a different way, but they must be highly qualified, and have supervision and support, so we harness the energy of parents for early education and their passion for their children's learning and development. It can be done. We know from the work of Feinstein and that of Jo Blanden that when you get parents as advocates for their children you will get transformation in the poorest communities, where families have had no positive experience of the public sector.

Q9 Mr Chaytor: But is the answer yes or no?

Dr Whalley: I think the answer is that we tried hard at each stage, but what we did not do was to stop and get the primary task of the children's centre sorted out. There is research coming from so many different directions—all of it useful research. However, we can do it now; we have got time now to do it. This inquiry will help it to happen, I believe.

Professor Siraj-Blatchford: Somebody asked me this question in Melbourne on Friday, about whether the Victoria Government should go for integrated centres. My advice was the same as it would have been here. On Friday, I said, "No, don't expand them the way that they were expanded", because there has always been a tension between quantity and quality. I think that the issue of centres just being expanded has to be based on the question of what they are for. What do we want them to do and can they deliver it, realistically, for the numbers we have got and with the quality of staff we have got? They are taking that advice on board. In 1997, the Department for Children, Schools and Families, or the DfEE—whatever it was called then—was not ready to accept that we even needed to study nursery schools and combined centres, because there were something like 70 combined centres in the country at the time, 500 nursery schools and something like

2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley

11,000 nursery classes. So in terms of the number of children going to them, they were seen as expensive and very few in number. It was only in the second year, when we worked on a proposal to combine them, that the evidence started building up in a bigger way. But for some of us the evidence was there already, because we had been working with combined centres for a long, long time. However, we know that the combined centres required a great deal of depth and expertise, and they were quite expensive. To try to do this on the cheap is a problem. I would rather have fewer centres—say 500 children's centres—doing a fantastic job across the country than 3,500 delivering a squib. I really think a lot of children's centres out there are doing a fantastic job, particularly children's centres in phase one, which did suck up a lot of the quality staff, and then we have got a real mixture in phase two and phase three. Hindsight is a great thing, but looking back now I think that we were not ready for it; I am not sure we are ready for it now.

Q10 Mr Chaytor: Is that an argument for diversity and variety of projects at local level, or is it an argument for stronger central direction? I ask, because earlier your comment was that the real problem was lack of capacity and that expansion had come too quickly and too soon, because there were not enough trained staff. Does that view not justify the case that there should be less experimentation at local level and more of a sort of centralised national children's centre model?

Professor Siraj-Blatchford: To begin with, I think that it would have been nice to get one thing right and then expand, with local experience, from that one thing. I think that local experience is very important and you do get different populations of children and different areas with different needs. However, we need a core and at the moment I believe that the core is too big. For instance, the high-level reviews that I have been doing show that health is very poorly integrated and yet an enormous amount has been spent doing that. Maybe we are going to get there in time, but I just question whether we are trying to do too much, too soon, at once.

Chairman: Teresa, would you like to come in on this?

Teresa Smith: Can I just add one point.

Chairman: I cannot call all four of you on every question, or we will be here at midnight.

Teresa Smith: Very quickly, I just want to add one point about your question about 1997. I think that what Sure Start gave us was the opportunity, which children's centres at that time would not have given us, to place much more emphasis on questions about how local neighbourhoods and local communities set about defining their needs. I suspect that we are now asking children's centres to do that because of the experience we had in Sure Start.

Q11 Mr Chaytor: Well, that leads me to my next question. As yours was such a short response, Teresa, maybe I'll put the next question to you as well. Over a 10-year period, how well has the national children's centre programme built on the

experience of the various previous experiments? Have we learned from experience, and have we paid attention to what the research said?

Teresa Smith: That's a very difficult question for me, because it's precisely one of the overall encompassing questions that we're going to be trying to address in the evaluation; but looking so far at how centres are developing, I think that the programme has certainly learned the lesson that you may get more of a common menu of services, if that's what, at the centre, you say is required. That is point one. Point two: there's a very strong focus on narrowing the gap and on ways in which you evaluate that. That is a profoundly difficult task—to narrow the gap, to make sure that everybody improves, that all children improve, but to make sure that the gap is narrowing. Will we ever do that? I suspect one lesson that has not been learned is that the impacts of programmes like this are always going to be relatively small scale in comparison with the outset expectations and that one has to build one's expectations along those lines—that there will be small-scale improvements, but they will be in the right directions. From neighbourhood nurseries—NNI—I think that one of the lessons was that if you focus on disadvantaged areas you can get better and more provision in those areas, and that has certainly been the case. The second lesson from neighbourhood nurseries I am not sure is being learned. It is that there was much greater difficulty on the part of the private sector in getting engaged in the most disadvantaged areas, partly of course because those areas were economically much less likely to provide sustainable provision or sustainable employment for the families that most needed it. I think that is a major issue that has to be tackled by children's centres, by the Government and by local authorities now, but I don't as yet see signs of that being learned, particularly in the provision of early child care, which, as you know, has to be a self-sustaining, self-financing entity within a children's centre.

Q12 Mr Chaytor: Finally, back to Ted. Have we lost the original drive of the Sure Start centres? They were absolutely focused on the children from the poorest backgrounds. In the move to national children's centres has that been lost, somehow? Is it too dispersed now?

Professor Melhuish: I think a certain amount of drive at the central level, within DCSF, has been lost, in that managing this whole area of Sure Start has become an administrative chore, and there doesn't seem to be the drive that there was in the early years to do something revolutionary, or to do something that really affects the lives of people in an important way, so in that sense a bit of drive, I think, has been lost. But at the local level, if you talk to the managers of Sure Start children's centres, they are every bit as committed and driven as they were in the early days. I think it's a question of giving those people support. Points I would like to make are: one—I think you have to tackle local authority diversity, because that's a major problem now, and it didn't use to be.

2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith and Dr Margy Whalley

Q13 Chairman: Sorry. Local government diversity didn't use to be a problem, and it is now? In what sense?

Professor Melhuish: Because before 2006 all Sure Start programmes were controlled centrally. It was only in 2006 that control transferred to local authorities. They receive the money direct at the local authority, and there's absolute authority to divvy it up in the way they see fit to particular children's centres. Up to then, before 2006, children's centres got their money direct from central government.

Q14 Chairman: What Minister was in charge then?

Professor Melhuish: Margaret Hodge was in charge up until that point, and then Beverley Hughes took over just before, but the decision had been made to transfer the local authority control by Margaret Hodge just before Beverley Hughes took over. The other major issue that has to be tackled is the integration of health services with children's centres. We have some evidence that where there is good integration of health services, children's centres function better and get better outcomes. The trouble is, there's a completely different administrative hierarchy between local authorities and health trusts. They're completely separate areas of government. In some areas of the country, they integrate well and co-operate well; in other areas of the country, they barely talk to each other. That's another major problem to take on board.

Chairman: I'm sure we're going to come back to that. Let's talk about the expansion of children's centres. We're going to be led by Helen.

Q15 Helen Southworth: In terms of the way the expansion operated, what has been learned about being able to narrow the gap between more disadvantaged children, either in a disadvantaged community or in mixed communities?

Dr Whalley: What's been learned from the Sure Start programme is what Hadow said, I think, in 1929: what a good and wise father wants for his children, a state should want for all its children. If you negotiate outcomes locally, they're not going to be very different from what a government would want. The bit that we learned in terms of outcomes and narrowing the gap was around whether negotiating those outcomes locally with families and children in the community really does work. What didn't happen, though, was putting the training in for staff who, under early excellence, were given training in how to evaluate and look at the impact of what they were actually doing with children and families. It was begun, but that journey didn't continue, partly, I think, because the research and evaluation went national rather than local, and at early excellence centres, a lot of funding went to individual integrated centres to conduct their own research. They were allowed to engage with local universities. But they learned a lot of skills about becoming local researchers, and they were able to focus very much on the impact on children and families. An enormous future investment needs to be in skilling

up the work force in being very effective practitioner-researchers, really understanding how to negotiate outcomes locally with families and holding themselves responsible for "Are we actually making a difference?" At the moment, they deliver things. They deliver services, but whether those services are actually making any difference to people has been put to one side. When DCSF—DfES, as it was—was in control of delivering the programme, there was passion at DCSF, DfES or whatever it was called then. When it went out to Serco and became about quantity and delivery within 3,500 children's centres, we lost that sense of "What's going on in them?", "Where's the quality agenda?" and "What difference are these children's centres making?"

Professor Siraj-Blatchford: I'm horribly jet-lagged; I've forgotten the question. Is it to do with narrowing the gap?

Helen Southworth: Yes.

Professor Siraj-Blatchford: I think that there has been some progress in narrowing the gap, but it's very, very difficult to assess. It's partly because, as I said earlier, centres need more evidence-based practice in order not just to understand whether the gap is narrowing but to be able to evaluate the impact that their practice is having. At the moment, both training and leadership courses are very poor on how to look at impact and evaluation. They're good at other things, but this is what local authorities and centres seem to be crying out for—again, this kind of capacity throughout.

Q16 Chairman: You're basically saying that it's been 10 years, and they haven't got their heads round what they deliver effectively. That's pretty damning, isn't it?

Professor Siraj-Blatchford: Well, they probably haven't got their heads round it, actually, other than that we've got the foundation stage profile information. Some local authorities document better than others. I wouldn't want to say it's like that across the board, but I do think that there are confounding issues. For instance, we have the whole tension between universal services and targeted services.

Q17 Chairman: Why is there tension?

Professor Siraj-Blatchford: Because if you're talking about narrowing the gap and if you improve quality for everyone, you actually can extend the gap.

Q18 Chairman: I've been to a children's centre, and it can only take 50 out of 800 kids of the sort of age who would be of interest to it. It takes 25 poor kids and then, with the competition, takes 25 non-poor kids. What is the impact of that?

Professor Siraj-Blatchford: The research shows that the impact should be quite good if those kids are integrated, but quite often they are not; because the funding streams are separate, they are quite often kept separate. We know from the research that we and others have done that children from disadvantaged backgrounds in mixed settings tend to do better, but you need to show that somehow as

well. Many settings are documenting what they are doing against the early years foundation stage profile, but others are not—they haven't got the skills to be able to do that effectively, because, legally, you don't have to do it until the child is five and in reception class. So the monitoring of children's progress is an issue. We have some figures from the early years foundation stage profile that show that the gap is narrowing, but in some areas it is widening and in others it is narrowing a lot more. What I think we should be doing a lot more of is looking at where things are working and then trying to use that practice in other areas. But it is not universally narrowing the gap.

Q19 Helen Southworth: When the original concept was established, it was clearly focused on providing opportunities for children who would not otherwise have access to them. Who benefits in the current position with the expanded programme? What work has been done to identify who is benefiting from that focus of resource?

Teresa Smith: That's actually a very difficult question to answer, because there are a number of entirely different aspects. One is the actual location of the centre itself—where is the centre based? We know whether centres are based in the 30% most disadvantaged areas, or whether they are based in the 40% or 70%, so we have a range of information about a centre's address. That does not necessarily tell us anything about the children who actually use that centre. Secondly, the centre will have a catchment area that has been defined for it by the local authority. We find that information from the local authority, but somebody has to ask it what the catchment area is, because local authorities will have divided up their most disadvantaged areas and ensured that each centre has a responsibility for covering some part of that. But that still doesn't tell us where the children who live in those areas go, and it still doesn't tell us whether children who live in more advantaged areas go to that centre. So the third question is about the children who actually go to that centre, and you can only answer that question if you have the address of the child who uses that centre, as well as a pretty good idea of the children who live in the most disadvantaged areas and where they go, or do not go. Answering that question is one of the things we are going to spend quite a lot of effort disentangling. You may have centres that are located near, but not in, the most disadvantaged areas that do a much better job of attracting children from those areas than the centres that are bang in the middle of them. It is a perfect possibility, and we know that that is exactly what was happening in the neighbourhood nurseries initiative research.

Helen Southworth: I don't know whether the information is available to you or not, but—based on disadvantage rather than on where people live—statistically, a child living in a disadvantaged area is more likely to be disadvantaged, but a child living in an advantaged area could also be similarly disadvantaged or could be very advantaged.

Teresa Smith: Yes. Indeed.

Q20 Helen Southworth: I've had a number of approaches from people who've been complaining that children who are mobile and whose parents are able to identify what is the best educational opportunity have been able to access centres in very disadvantaged areas—from an advantaged perspective outside but linked to that area geographically. How will that be dealt with?

Teresa Smith: You're asking two questions there. One is that disadvantage is not solely a geographical phenomenon and yes, that's of course absolutely the case. How you answer that question is dependent very much on what data children's centres collect about the circumstances of their families—whether the parents are in work, whether it's a single-parent family, whether it's a non-English-speaking family and so on—and whether those data are made available. One would hope that the data would be made available, but it's not necessarily the case. The second part of your question is about how what we used to call the sharp elbows of the middle classes operate. It's one of the real dilemmas about services that we've been trying to put over. It is very complex, because in universal provision you're trying to balance services that are high quality and actually reach the people who one is trying to provide those services for, with the equally important principle of choice. How do you balance that kind of dilemma? That is a dilemma that all local authorities and all children's centres will wrestle with. I know how the authority where I live is currently dealing with that dilemma. First, it is the case that all parents have access to free choice of the children's centres available in the authority. Secondly, all children's centres are expected to exercise very careful negotiation in order to keep enough places open in their centres for the most disadvantaged families in their areas. Thirdly, there is the "annual conversation" that the authority will be having with each children's centre, which will be along the lines of, "We notice from your records that although your places are full, you're not at all serving this particular area of need. Can you please discuss with us why that might be the case?"

Q21 Helen Southworth: Are there specific groups that local authorities should be targeting or having targets for, such as young people who have been in the care of a local authority who are parents? What would you say about that?

Dr Whalley: We already have those targets. One of the things we have is a target for minoritised groups and groups that are finding it hard to get into public sector services, so those would all be target families. I'm beginning to be depressed about children's centres and I don't want to be, because they are doing a very good job in many cases. The highly competent leaders of children's centres are mapping and tracking their children and families. They will have a unique identifier for every parent—that the father is not in the family home, or that there are step-parents—and then it's a matter of looking at

**2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley**

how those people are using services in increasingly complex and wonderful ways. That can be done very effectively, but there is a tension and it's partly about how you deliver the services—how the professionals actually engage with the families. Baby massage has to be the most popular activity in any children's centre. The primary schools that are children's centres love those “clean” activities where nice parents come in and everybody is celebrating babies being born and baby massage. But it's whether you get families who are on methadone maintenance and whether you get families from the travelling community or the new age travellers coming to those same services, because if it's important for all babies to reduce their cortisol and increase their serotonin, we have to get families who might not see themselves doing those things. We have people who say, “I'm not a baby massage mother—I am not that kind of mother”, and then you have families from Leicester driving 20 miles to come to a gorgeous children's centre where they can use those services. You have to manage it very carefully. In those most advantaged areas—the 70% most advantaged—there will be 20% of the population with post-natal depression, seriously impacting on those parents' capacity to be the kind of effective parents they want to be. They too have a right to services that support infant and adult mental health. But the children's centres have a tough job. They need to be highly skilled in mapping and tracking the uptake of their services and the use of services, and it is not easy to do. We are working with learning sets across children's centres, and they are learning to be very good at critiquing their own practice and thinking about how they need to work differently—offering services at the weekend so that young parents and fathers can come in and have baby massage in the centre on a Saturday or a Sunday, and also taking services and—maybe for three years—visiting a family in the home before they ever come into a children's centre. It is much more complex than just having this wonderful place that everybody comes into. But I think children's centres are beginning to really address those issues.

Q22 Chairman: It's about time, isn't it? You have 10 years of experience, and Teresa's going to do five years of research. You would think that someone would have a pretty good idea by now, without five more years of research. People in my constituency don't like going to facilities deep in the middle of their tough estate. They want to be on the periphery, so that their kids will mix with other kids. That's true of all schools. Why do we need research, Teresa, to find that out? We know it.

Teresa Smith: Why do we do research to find that out?

Chairman: I'm just feeling irritated. There is 10 years of experience and another five years of research. Is it your policy to report in five years' time?

Teresa Smith: No, no. We will be reporting to you before that, don't worry. Why do research? Because if you want serious answers to the most difficult questions, which are the questions that you are quite

rightly posing, then you may get quick answers from the 10 centres that are nearest to you, but who knows if those centres are in any way representative of services across the country? That is basically why we do research. You want soundly based answers that will hold water, broadly speaking, across the whole range of services that you are talking about.

Chairman: Teresa, take no notice of me. We are going back to Helen. That was me being irritable because nine years ago, when we looked at early years, I thought that we had sorted all that—except that the Government didn't listen. Helen, back to you.

Q23 Helen Southworth: A final question: how important are the children's centres in terms of social cohesion within the community, over and above the impact on the individual family?

Dr Whalley: In terms of community cohesion, they are unparalleled in their ability to pull families and children together. But the reason it is taking so long—it must sound incredible to you all—is because we are asking for a very different job. If we'd had teachers, early educators and social workers working effectively in 1996, we wouldn't have needed Sure Start. We wouldn't have needed all these new ways of working and new programmes. At the moment, we have a very divided society, so it is a critical issue. Running children's centres in ways that are acceptable to local families is the critical issue. I work in a community of oppression, where the steelworks is closed and everybody is feeling pretty depressed. But within that, it is a very divided community. It is not a homogenous group who find it easy to get on with each other. The children's centre, because of its particular way of working, is honouring parents' needs to get together, to have support in a time of great isolation and loneliness and vulnerability when bringing up young children. It can be a fantastic community catalyst. There are bits we have not talked about. In an effective children's centre, we have 140 staff who work throughout the community very intensively, and 46% of those are parents who have grown up through that centre—parents who have gone on to do adult education and study. Some of the children's centres have become the universities of the workplace, and they really engage parents who have not had positive experiences at school into taking a learning journey. That takes time. It is intra-generational. Our centre has been open 28 years; many centres have been open a long time. The new centres are not going to have achieved all that. They are still working really hard at getting professionals to get their act together and work in a different way. They need to have some sustainability, not too many changes in the near future—a really good deconstruction of what the primary task of a children's centre needs to be, then some really positive action in terms of initial training and post-qualifying training. But they also need to be budgeted effectively, and they're not. The money has gone down incrementally, so children's centres have been making redundancies every single year for the last four years.

Chairman: We're going to deal with the money in later questions.

Q24 Mr Stuart: Have there been any negative impacts from the establishment of children's centres? For instance, has it contributed in any way to the diminution of the universal health visiting service? Now that there's to be a health visitor in each children's centre, what negative impacts might the establishment of children's centres have had on the existing organic—voluntary, third sector or private sector—provision in that area?

Professor Melhuish: I suspect there has been an impact on the private sector and the voluntary sector—there are certain kinds of pre-school education, for example, where the expansion of these children's centres has meant that there's been less for the private and voluntary sector to do, basically, so we have seen a concentration of work in the private sector as a consequence of that, and changing their mode of delivery of services. Also, the voluntary sector has had to adapt to that as well.

Q25 Mr Stuart: Has anyone done any work on that? I know of people who lost their staff because the children's centre or Sure Start arrived and paid more. All the best staff left and were taken by the children's centre, and the quality of staff is absolutely critical to the quality of care and education, so it had quite an impact on the surrounding businesses—not only their viability, but their staffing levels and the rest of it.

Professor Siraj-Blatchford: In early years, unlike other sectors of education, we've always been in the marketplace. That's always happened, and if it happens when you get children's centres it wouldn't be surprising either, but it has been something we've talked about for the last 15 years—the fact that we've had the private sector, the voluntary sector and the maintained state sector. Quite often, the staff who are getting trained on the job in children's centres are very desirable to other providers as well, including the private sector. I wouldn't think that salaries were that much better in children's centres, because one of the issues is the diversity of the work force—the diversity of pay and conditions. There might be more community cohesion—or what I prefer to call sustainability, arising from the kind of question that Helen asked—for the community, but it's certainly not good community cohesion of the work force in early years, because they are becoming even more disparate and separate. I'm assuming that the Committee is aware that we are talking about children's centres all the time, but that a very large number of children's centres are not in centres at all—they are in primary schools. I was in a local authority three weeks ago talking to heads of children's centres, and they were all primary school head teachers, some of whom had what they call a strategic children's centre manager, who was maybe one of two members of part-time staff who were working in a catchment area that fed five primary schools. So it was just two part-time staff—one full-time equivalent—in a primary school, and that's

classified as a children's centre. So the diversity out there is quite huge, and I think it's important to understand. I tend to think in terms of centres as well, because I've been a governor at the Thomas Coram children's centre for over 12 years, and we work in a particular way, but that was one of the earliest centres.

Q26 Mr Stuart: Sorry to interrupt; I just want to focus. When you get a positive measure like this, which people broadly want to see, one sometimes sweeps under the carpet or ignores the negative impacts. I was just trying to tease out what they may have been and whether there are any lessons of any past negative impacts to inform us, going forward, so that we make sure we do no evil, as well as trying to do good.

Teresa Smith: One very quick point. There clearly are changes in, for example, the voluntary sector provision, which may have no connection at all with the setting up of the children's centre programme. For example, across the country, there's a great deal of data that play groups are increasingly not offering sessions of three or two and a half hours in the morning; they are now offering full-time day care. That's not because of the children's centre programme; it is because parents want to use early years provision for their children in a completely different way.

Dr Whalley: On the positive side—

Chairman: But he's asked for the negative side.

Q27 Mr Stuart: It's positive that you've got so little negative. Do you believe that the Government made a proper and adequate assessment of the supply of qualified staff before going ahead with the rapid expansion of Sure Start and the transition to children's centres? If you don't think they did, do you believe that the expansion should not have gone ahead, given the supply and availability of staff?

Professor Melhuish: It's a bit of a chicken and egg situation. Did they do an adequate survey of their staff needs and plan accordingly? No, they didn't. But on the other hand, until you start setting up the provision, which is going to provide the jobs for these people, you're not going to get people bothering to do the training. It's chicken and egg—one needs to evolve a service over several years as one builds up staff training capacity and trains staff. One of the negative sides of the rapid expansion has been that children's centres and some of the private and the school sectors have poached off each other, because there have been so few adequately trained staff available. Particularly in the early years—I think it's less of a problem now than it used to be—there was a big problem of managers staying in their job with a particular centre for only a few years because they were being poached by another centre, which had offered them better facilities. There were so few adequately trained staff available.

Q28 Mr Stuart: Thank you for that. What assessment have you made of the supply of effective leaders trained to the standard of national

**2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley**

professional qualification in integrated centre leadership for children's centres? I assume all of you would recognise that leadership in almost any institution is critical to the outcomes. We don't talk about leaders in children's centres to the same extent that we do in schools, where we're obsessed with them.

Chairman: Teresa, are there leaders, managers, entrepreneurs?

Teresa Smith: What exactly is the question? Are there enough leaders coming through this new programme, or is there an evaluation of this programme?

Q29 Mr Stuart: What assessment have you made of the supply? Do we have enough good leaders, and what do we need to do?

Dr Whalley: I have been banned from talking about money, but I have to. If you get any page of last week's *Nursery World* or *Children & Young People Now* you'll see the variations in salary for leaders of children's centres. They go from £25,000 to about £65,000. It doesn't always have any relationship to what kind of children's centre they're being asked to lead, the size of the children's centre or the complexity of the organisation they're being asked to lead. There are national standards for children's centre leaders, which are exemplary. They're rather better than the national standards for primary school heads. I helped to write them, so I'm committed to that, but they are largely being ignored by local authorities, because this would bring up the bugbear of the fact that these are services you're going to have to pay for. You're going to have to pay staff. You wouldn't quibble about the salary of a primary head, but early childhood is still the poor relation. People think it's doubtful that you would want to expend a head teacher's salary on a children's centre leader, but you need to. There are outstanding children's centre leaders out there. However, we wrote the NPQICL as a leadership training programme for the first phase of children's centres and hoped that the second and third phases would offer leaders the same kind of potential opportunities. In primary schools, it is very rarely the case, as we hoped would happen, that the children's centre leader is actually on the senior management team of the primary school. Highly effective children's centres and primary schools have the leader on the management team of the primary school. It's where extended schools wonderfully embeds with children's centres, and the two meet in an effective primary school. More often than not, the children's centre leader in a primary school is called a children's centre manager and is on a very low pay scale, is not included in the SLT of the school and is therefore constantly fighting to make their voice heard. So, I think that the big debate with local authorities has not happened about what these children's centres are and the difference that they could make to the local authority. When that debate happens and when the local authorities see the children's centres as instrumental in the first phase of education and the welfare state, they will be happy

to pay them accordingly. Then we can invoke the national standards, which have been enshrined in legislation but are ignored in practice. Then we will get people excited about being leaders.

Mr Stuart: Thank you for that. Iram, can you come in on leadership?

Professor Siraj-Blatchford: Yes. I think that there are two things: the issue about the leader and then the people that they lead. However good a leader is, you also need a certain critical mass within your staff to be able to deliver better outcomes for families and children. I think that there has been probably more funding for heads of children's centres and leadership than for any other sector of leadership in early years, and that has been important. However, I also think that we need to have leaders who understand what leadership is for effective settings, in terms of making a difference to the outcomes for families and children. Some of the research that we have done has shown that managers who understand that a core of their work includes leadership for learning and contextual literacy of the families that they tend to have better outcomes than those who are good at absolutely everything but perhaps not so good at those focused areas. So, we need to look at what it is in leadership that makes a difference. We have a little more research to do there as well.

Q30 Mr Stuart: I apologise for interrupting, but can I ask you whether you think which discipline the person comes from matters? I ask because there are issues around whether health professionals, teachers, nursery heads, social workers or other child-focused disciplines should take the lead in children's centres. Is there any evidence as to who is best?

Professor Siraj-Blatchford: There is some evidence that you need a certain critical mass of teachers to help children to move forward. I am not certain, quite frankly, whether the manager needs to be a teacher. However, given the work that we have done, I suspect that the vast majority have been teachers, although not all of them. That is not to rule anybody out, but to say that if you have had training where you have had a focus on education, children's learning or working with families to support their children at home, that makes a difference. So that aspect is pretty important. When we talked to Margaret Hodge in 2003 about our findings that quality was important, we made it quite clear that the combined centres involved a critical relationship between the disciplines. Those were nursery schools that were coming out with higher quality, which is still persisting in terms of its association with children's outcomes at age 11—and only higher quality, not lower. They had their team of nursery officers, trained for two years—care professionals working alongside teachers, and 50% of each, so it is not massively expensive. However, what we have in children's centres is quite often only one teacher. So the model, in terms of the difference it makes to children on a day-to-day basis, is watered down

quite a lot more. But you need some other professionals to do some of the health work, and so on.

Mr Stuart: I think that Teresa wanted to come in. Then I will ask one more question, if I am allowed.

Teresa Smith: I just wanted to say very quickly that it is clear that leadership in integrated, multi-service children's centres is quite different, and ought to be quite different, from leading a primary school or nursery school. Those qualities of teaching will be essential, but there may well be other dimensions of leadership that will be involved. That is precisely one of the questions that we will be looking at in the research. First, we will consider what those dimensions are across all the children's centres that we are looking at and, secondly, what the associations are between those different dimensions and the outcomes for children.

Mr Stuart: Yes, and the skills are not only internal, because you are having to make it political whether it is a children's trust, a local school, a local authority or a PCT—God forbid.

Teresa Smith: It is strategic thinking, as well as actual integrated service provision. It is also about how we support an integrated or, at any rate, a multi-service staff who may or may not be working in that particular building.

Dr Whalley: I worked very hard at understanding whether having a social work need, a health need or an education need makes a difference. I have worked with about 500 different children's centre leaders very intensively over a period of three years. I think that it is about the leadership team, and making sure that we have the key components of education, social work and health in the leadership team. I do not think that it matters which one of those people is the leader, as long as they know what they do not know and as long as they can use the team effectively. The critical thing about children's centres and leadership is that there is the potential in children's centres to make such a huge impact because we are engaging with the children and families in a radically different way from what schools can do. From a very early age, we have three or four years with those children and families if we engage with the parents right the way through the process. The leaders have to be able to look at the impact of children's learning and development, family support, advocacy and community engagement, so it is a different leadership role than a traditional school head.

Q31 Mr Stuart: Thank you. Iram said something very striking earlier when she said that she would prefer to have 500 top-notch children's centres. I understood that is probably aligned with the original ideas of narrowing the gap, tackling disadvantage, going in with the highest quality teams possible and making a difference, rather than 3,500 ones in which the central things get diluted. That is a pretty important message about whether we should want a comprehensive model or whether we want something of high quality but more limited.

Professor Melhuish: It is pretty clear from the research that only a high-quality provision produces an effect. If you are going to roll out a massive programme of diluted quality, you will not get the effect.

Professor Siraj-Blatchford: Or value for money.

Dr Whalley: I totally agree with that. I think that social injustice, the way society is divided at the moment and the state of community cohesion are absolutely critical. If you are in a town, as I am, with a population of 52,000—there was only one children's centre for 22 years—there is no way one children's centre can meet all the express needs of the community. I would rather work with the four children's centres as a consortium and bring on the other ones, but we need secure funding. That is critical. They are all funded in different ways because each children's centre is different and responds in a different way. I want the community to have an entitlement to a children's centre so that every child can say, "I know which children's centre I am going to." Otherwise, we will not shift and change.

Professor Siraj-Blatchford: It depends on what it is an entitlement to. For instance, New Zealand has just a handful of centres of innovation, but they are really stunning. It has really developed them and will presumably expand on that. We are not disagreeing in the sense that we do not want to expand. It is how we do it. The Chairman keeps saying that we have had 10 years to do this, but the majority of children's centres have been set up in only the last two years. There has not been a long period of time to develop and sustain, and we should nurture a small number of centres that can do it better and build on that. We had 70 combined centres, and Margy was the head of one of them.

Dr Whalley: One hundred.

Professor Siraj-Blatchford: There were 100 early excellence centres, but there were 50 to 70 combined centres in the '70s and '80s that were doing that kind of stunning work. We offered that as a model to build on, but the expansion has been a bit rapid.

Q32 Annette Brooke: Can I just follow on from the leadership and teachers within children centres. With the creation of the early years professional qualification—presumably to make it achievable to have at least one graduate in every centre, whenever it has to be achieved by—are we not diluting the teaching element and certainly some of the excellent nursery school teachers whom we were talking about last week, or do you think that it will be an asset overall?

Professor Siraj-Blatchford: I think what policy makers have chosen to do is interpret some of the research findings, which basically have teachers making a difference to quality, as graduates making the difference. When the research was done we did not compare between EYP and teachers, because we did not have EYP. The CWDC has just funded a large-scale project evaluating EYPs, but again it is not a comparative study so we are unlikely to find out, even after further expenditure, which are better for children. I think it is a very difficult question,

**2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley**

because one would want children to have more access to graduates. The problem as I see it is that we are separating out care and education again. We made a huge fuss about bringing care and education together through the early years foundation stage framework. We made a huge fuss about bringing the inspection together—everybody having the same inspection by Ofsted. But we have taken the model from inspection into training and we have almost got this separate route of training for the private, voluntary and independent sector. They will have this one graduate with early years professional status, working in the private and voluntary sector and not being paid on a par with qualified teacher status, but being told it is equivalent to qualified teacher status, which is in the education and maintained sector. It is almost like teachers being rationed in children's centres as well. So yes, we have a real issue there and I personally believe, from the research we have done, that that is watering down our quality.

Q33 Annette Brooke: Thank you for that. I want now to ask a very basic question, because I recall visiting a fairly early Sure Start programme—not the current expansion. I was, not surprisingly, looking around for children. On the day I visited there were no children there. I asked, “Where is the nursery education?”, and there was none. Obviously, with the early projects there were great differences between them. I have seen the wonderful all-singing and dancing children centres, but the one that I described—which was doing some excellent work, I have to say—was doing a few mother and toddler groups, but there was definitely not any form of nursery care or education there. Was that unusual?

Professor Melhuish: No. In the early days—we're talking pre-2006—there was great diversity. One of the lessons of the early research findings was the enormous diversity there was in the early programmes, with some of them doing some very good work and having very good effects on children and families. Others were doing rather mediocre work and some were doing some fairly ineffectual work.

Q34 Chairman: That is localism. You tell people that they can do it—it's localism. Some people love it. It was a failure of localism, wasn't it?

Professor Melhuish: People talk about closing the gap and so on. You could break down the early perspectives, on how Sure Start probably should work, into three types. Some people thought, “This is community-based, we have got to make this community better”. If you make the community better, the parents will feel better about themselves and because they feel better about themselves they will then treat their children better and the children will benefit. Okay? The trouble with that is that it takes about three years before anything you do, at a community level, starts to filter through to actually affect the children. In the meantime, those children have grown three years older. Three years of their lives have been lost. Another approach is: let's deal

with the parents. Let's make the parents better. Those programmes seem to work, but they work with a lag of about a year. Then you have programmes which say, okay, we have got to affect these children quickly because they are growing up really rapidly, so we work directly with the children. Those tended to be the most effective programmes, because they actually did something about the children's lives in a very immediate way. The programme that Annette was talking about was probably adopting a community-based approach, which was basically trying to foster community spirit and so on, but not doing very much with children.

Annette Brooke: That's true.

Q35 Chairman: Annette is trying to find out, as the rest of us are. You have been very critical of the early days, because localism was very patchy and it was evaluated as such. Then I hear a voice saying that the Department ran it centrally, and you quite liked that—that is what I'm hearing—but that you don't like it now, under the charge of local government. I get a very centralist feel from you.

Professor Melhuish: I think that you've summed up things wrongly.

Chairman: Tell me why.

Professor Melhuish: Okay. You have to remember that when the programmes were controlled by central Government, they were the ones who then devolved it—they paid the money into the local programmes, so they controlled it by giving them the money, but they then let them choose entirely for themselves what they did. So there is great local variation in the period when there was central Government control. They then moved simultaneously to a model that was children's centres, and also gave monetary and financial control to the local authorities. That happened simultaneously.

Chairman: I thought you said there was a gap between them.

Professor Melhuish: No. They occurred—

Chairman: I'm sure that Margy did. I understood her to say that there was this golden era between letting them get on with it and then saying, “Ah, there has to be some central framework delivered so that we do not have the mistakes of localism.”

Dr Whalley: I think what I was describing was that Serco, a big national organisation, has taken over the delivery of the children's centres. That has meant a very big shift, because when it was in DCSF's hands there was a good understanding of trying to negotiate with the local authority. I am not sure that that has been attained. I am not sure that there was ever a golden age, as such. As for the kind of description that Annette gave, I could legitimately take you to a fabulous children's centre where there is no nursery education provision because it is just around the corner. That centre was set up as a Sure Start local programme. It is offering some of the most powerful work within infant and adult mental

health that I have ever seen. There could be a good reason for it. It may have been a misconception; I think that at the heart of every children's centre should be early education with care. The mistake was to allow it to be four or five co-located services within a mile of each other. It needed to be a much clearer understanding that children and family work was at the heart of it—and education and care.

Q36 Annette Brooke: Can I just check. Obviously, research on the early centres is very difficult to interpret because of the different models. I am clear about that. Have we now moved to an era where, at the very least, any performance indicators or whatever to which local authorities will have to conform will give rise to this integrated work? In my particular example, a playgroup was next door but there was no connection between the two.

Professor Melhuish: Are there performance indicators? We have in a sense a kind of performance indicator, which is the foundation stage profile of every child in the country. If you were to tag that profile to particular children's centres, which is perfectly feasible, you would be able to see by weighting the foundation stage profile with the family characteristics of the child whether particular children's centres were being particularly effective in altering the developmental trajectories of children. If you were able to do that, you could then focus on what the most effective centres are doing that the least effective ones are not. Unfortunately, the Government are not interested in doing that at the moment.

Q37 Annette Brooke: Would that type of approach—may I ask everybody this question—give us the answer to the question of whether local decision making is leading to the best outcomes for their localities?

Professor Melhuish: It would tell us whether the decision making of effective centres was different from the decision making of the ineffective centres, and whether that was the locality of it or whether it was due to the management style or whatever it might be. I cannot say, but it would certainly tell you the difference in the patterns of decision making associated with effectiveness.

Teresa Smith: In the 2006 *Every Child Matters* "Sure Start Children's Centres Planning and Performance Management Guidance", eight performance indicators, which all children's centres are expected to meet, are listed. They are learning and development outcomes, health outcomes, child poverty outcomes, outcomes for teenage mothers, access for the most excluded groups, and parental satisfaction. All children's centres will be collecting data against those performance indicators, and that data will be available and will be discussed by the local authority on an annual basis with the children's centres.

Professor Melhuish: But if those data are not collected in a uniform manner—

Teresa Smith: Exactly how those data are collected is one of the problems. The Sure Start evaluations are not of children's centres—forgive me Ted—but of the Sure Start local programmes and in the transition—

Professor Melhuish: They have become children's centres.

Q38 Annette Brooke: My questions really centre on children's centres. I can quite see that we want to measure the outcomes at the centre level—I am entirely on board with that—but I still don't know what is going to tell me what is a good children's centre. I don't know what the balance is between central control and local decision making in that respect.

Chairman: Short answers to this one.

Professor Siraj-Blatchford: I think that we need to assess children's centres in relation to their effectiveness in terms of reach. You can have a children's centre that achieves what it wants to with 75% of its population, and one down the road that achieves that with only 25%. But the one with the 75% may only be reaching 20% of the people in the community who need to be using that centre. So, it has to be looked at in the wider frame. One of the things that I have noticed—I don't know if this is relevant—is how data rich but information poor we are as a country. Going around England, looking at how the nine government regions presented their data on health, education and care, quite frankly I was appalled, because there was such huge variation. Our children's centres are supposed to access this information on low birth weight and on who is the local GP, but it is very difficult for them to access it. In an economy that is moving fast in terms of, say, job prospects, where do they get that information from? Where do they get their information on health from? Some local authorities are more together and are able to provide a good children's lead from the PCT, which will help to access that information if it's to do with health visitors or family nurse partnerships; but other local authorities are not—the variation is huge. We might have these eight areas that the centres are supposed to respond to, but I think we underestimate the amount that the centre staff have to do to get that information at the local level. There's the local authority level, but there's also the regional level.

Q39 Annette Brooke: Ted, do you think that the local authorities have a role to play now that all these centres are set up? Can they be more or less autonomous of the local authorities?

Professor Melhuish: Local authorities control all children's centres. They are the governing body for children's centres.

Q40 Annette Brooke: Is that a good thing?

Professor Melhuish: Is that a good thing? Well, it has enabled the integration of various services such as social work and education, which are all controlled within a local authority. We now have directors of children's services who oversee those various

2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith and Dr Margy Whalley

services and integrate them reasonably well at the local authority level, but what we don't get is integration across health services and the other services because the health services have a completely different administrative route. Local authorities inevitably, I think, have to be the controlling body for children's centres if children's centres are going to be a national institution. We need an administrative infrastructure to operate through. It would be almost impossible, for example, to operate the school system without local authorities as an intervening stage of management. Children's centres have now expanded to such a level of distribution that one does need that administrative infrastructure.

Chairman: Margy, briefly, because we have to move on to the next question.

Dr Whalley: A lot of the children's centres are now located in primary schools, so they are not governed by the local authority; they directly respond to the Secretary of State, actually through their governing bodies. Certainly, as a children's centre that is a nursery school we are accountable through a governing body, but the money is coming down from the local authority. It is only ring-fenced until next year. So when the ring fence ends, I think in 2011, that will be interesting, and what local authorities will do then will also be very interesting. It will be interesting to see how much local authorities value their children's centres.

Q41 Annette Brooke: May I ask one final question. In my constituency, where children's centres are being rolled out some of them are in libraries, for example, which is leading to some battles—a turf war—as you might imagine. Is there a real difference between the children's centre that has a dedicated specialist building and spreading the money quite thinly to get as many centres as possible—as is obviously happening in my constituency?

Chairman: I will only take one of you on that point. Who wants to answer?

Professor Melhuish: There is certainly a dramatic difference between the children's centres that were originally set up as Sure Start programmes in deprived areas and the rapidly expanding number of children's centres—roughly 2,500 of them—since 2007 onwards. Primarily the first types of centre, phase one as it might be, often have a dedicated building and the later ones often don't.

Chairman: We have to give Edward and Andrew a chance to ask their questions. Edward.

Q42 Mr Timpson: Margy, you said earlier that children's centres are the first phase of education and that there has been an emphasis on, and a move towards, child care but that education is still going to be absolutely key in trying to narrow the gap in terms of educational attainment, as we have spoken about a lot today. We may have to wait for the five years of Teresa's research, but I am hoping that we might get an answer earlier about whether children's

centres in their current form have the capacity to try to narrow that gap in educational attainment. What evidence do we have that they are doing so?

Dr Whalley: In our local authority, we appear to be narrowing the gap. Whether the children's centres can take ownership of all that, I doubt very much. But I think that it is having very highly qualified teachers on the staff that has helped our children's centre to ensure that we are mapping and tracking children's progress, from birth right the way through, and we can show the value-added that the children's centres provided. So regarding the earlier discussion about EYP, about ensuring that the EYP status is just an initial qualification and that we encourage those people to go on and become highly qualified staff, I think that that is making all the difference. I think I have lost track. Did I answer the question? I hope I did.

Professor Melhuish: We are producing a report, which will be published early in 2010, on five-year-olds who have spent all their lives in programmes that were originally Sure Start programmes and that have now become children's centres, and we will be able to answer the question about whether there has been a narrowing of the gap for the children within those children's centres. However, that is a very narrow part of the total panoply of children's centres that we now have.

Q43 Mr Timpson: But if the evidence is that in children's centres with high-quality staff the educational attainment is rising, particularly among children from more deprived areas, does that mean there should be a greater focus within children's centres on that aspect of their remit, or should they just continue in the way that they are currently going?

Professor Siraj-Blatchford: First, we do not have to wait for children's centre research to tell us this; we have a lot of evidence that this is important. The second thing is the way that we interact with the home learning environment of the child before they are five. Children's centres should be in an ideal position to raise the educational aspirations of parents for their children and to support them in raising the early home learning environment, because we have found that to be very powerful. Ted and I have been looking at our data. There is an independent but separate effect, say from mother's education, but it is almost similar. So in that respect, we are talking about social capital and cultural capital, and not just about social class. It is the education that happens in the centre, but you get a double effect if you are also able to support the parents in terms of education within the home.

Dr Whalley: It is not just about supporting them; it is about acknowledging the amazing stuff parents already do. I think there is a huge class assumption that working-class parents are not doing amazing stuff. Very good research was carried out in the '70s that showed that parents were doing very exciting things for their children at home, but it is not recognised that there is knowledge and learning going on in the home. If we shifted the balance of

2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley

power a bit and actually looked at where parents are making a major contribution, and if we gave children's centres an indicator that was about parents' involvement in their children's learning, celebrating the knowledge from home and building on that in our nursery settings, we would have a revolution in the system.

Professor Siraj-Blatchford: Yes, this is what we are saying. Research is showing that it is not just middle-class parents who are doing that. We are not talking about social class; we are talking about social and cultural capital. I was teaching 30 years ago, and we were working with parents on taking home books and reading to your child. There were lots of projects that all the people around this table know about, so I am not going to patronise you by mentioning them. They have had an effect; they have raised social and cultural educational capital for families, and there are lots of families doing wonderful things with their children, whichever background they are from. It is about sharing some of that with the parents who maybe do not have the knowledge, and about giving them access to it, as well as doing it at the centre level and within the centre. We also have lots of research, Edward, that shows that children need to have a good vocabulary by the age of three—for a three-year-old—and that if you are disadvantaged in that at age three, it has an important implication on your reading at age 10. We also know that there are many middle-class children who have heard something like 30 million more words when they start school than their disadvantaged counterparts, so we have lots of research that shows that education really matters, whether it is informal modelling within the home or whether it is slightly more structured modelling, and working with the children in a nursery-based environment.

Dr Whalley: Or whether it is a completely different look at the professionalism of the early educator and real acknowledgment of a co-education role for parents, where we would actually be honouring the work that parents are doing in educating their children at home and building the curriculum around that when the children come into nursery. It links with what Annette said about, "Are we celebrating and looking at all the strengths in the community, or are we directing them to build up their children's knowledge so that they fit nicely into school?" I think it is a very different approach and one that we really need to learn about.

Q44 Mr Timpson: Can I raise one other issue, Ted, about some of your earlier answers revolving around how we deal with the provision of health care within children's centres. You said that there is an administrative gap between how that is currently set up and how it could possibly be delivered. How would you try to resolve that dichotomy?

Professor Melhuish: I think that the Secretary of State for Health should take a much more active role in directing PCTs to take an active role in the running of children's centres. At the moment, PCTs vary dramatically in their involvement with children's centres, even though there is a statutory obligation

to do something, which is very loosely defined. I think there should be active direction, because PCTs, left to their own devices, will not automatically do so. There needs to be more joint training in the early years between health service staff, education staff and social work staff—the core staff of most children's centres—because at the moment there are gaps in understanding between those professions that could be overcome by joint training.

Q45 Mr Pelling: I want to ask Professor Siraj-Blatchford something. I am very grateful for the written submission that you have given on this particular point. What do you feel are the barriers to the very best liaison between the children's centres and the health service, particularly the PCTs?

Professor Siraj-Blatchford: What are the barriers?

Mr Pelling: Yes.

Professor Siraj-Blatchford: In some ways, Andrew, I think that the health service has a longer history of integrated working. Had the money been given to the health service to integrate children's centres, it would be really interesting to see what would have happened, but hindsight is a great thing, as I've said. One of the barriers is that the health sector has its very set way of working. It's almost like the education side has to integrate health into it. I think Ted is right. There needs to be some kind of directive or a further look at how things have worked to date and why the health sector does not feel that it can be involved. I have anecdotal information from health professionals who say that they're so crippled by the targets they've got that working on somebody else's targets is a little too much for them. The way we've been working with local authorities is to say that when they work with the health sector, they have to be able to make clear how what they're doing will help the health sector to meet their targets. People need to be able to see what they're getting for the work that they're doing and the obligations that they've got to deliver what they have. There's not a great deal of altruism out there in that sense. I think there are pressures on different professionals to deliver different targets. Somehow, those need to be brought together. I'm not quite sure how, but that needs to be looked at.

Q46 Mr Pelling: Are there any potential short, medium or long-term economies for the public purse from getting the two sides to work well together?

Professor Siraj-Blatchford: I think there are. Ted's hit on part of it. We need some kind of training together, but not initial training. The research shows that people need their professional identity—they need to be able to say, "I'm a doctor," "I'm a teacher," "I'm a social worker"—but at the same time, they need to learn what each other is doing and then take responsibility for some of that with their families and children. One example would be that we have one of the lowest European rates for MMR vaccination. A key person in a children's centre who has responsibility for 10 children should really know whether their children have been vaccinated or not. The job of vaccinating is the GP's or the hospital's,

**2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley**

but if you've got inter-agency thinking rather than simply a surface with different people on it, you would find out from the parents what had happened and why they had not had their child inoculated, and provide them with the information, including where they could get it done. At which point does the integrated work happen? Does it have to have a health professional there for it to happen, or is it something bigger? If we got that bigger picture, children's centres would be amazing if we had individuals who got into integrated thinking but didn't feel they had to do the job. Then you've got the real advocate there for the family and the child, whether it's for education, health or care.

Q47 Mr Stuart: Isn't the original idea of children's centres as service hubs where children under five and their families could receive seamless integrated services and support or access to services within pram-pushing distance essentially an inner-city urban concept, and does that concept really make sense in less densely populated areas such as the one I represent?

Professor Melhuish: It clearly has to be adapted for rural areas. You're quite right that the model as originally developed fits fairly readily within a concentrated urban area but does not fit easily within a rural area. A radical rethink needs to be thought about for rural areas. I don't think the Government have really come to grips with that.

Chairman: We have a lot of rural and coastal poverty.

Mr Stuart: We do indeed.

Q48 Mr Chaytor: Going back to the question of conflicts with the targets, if the evidence of many years is so overwhelming that integration and multi-agency approaches—across the public services, not just in children's services—deliver better outcomes, why is it the perception from either health professionals or the local authority side that integration is going to lessen the chance of them meeting their targets? Surely the evidence should suggest that integration would increase the chance of them meeting their targets. Could you give us any example of particular targets that people have raised with you as being problematic in this area?

Professor Melhuish: It is a question of what you mean by targets. If we are talking about best long-term outcomes for children, that's not what the targets are primarily about.

Mr Chaytor: No, it's the individual performance indicators for general practitioners, nurses or local authority staff. Perhaps you could give the Committee a flavour of targets that people have expressed concern about.

Professor Siraj-Blatchford: I can't think of any specific examples at the moment, but I shall pluck one out of the air, from London, to do with the 87% of children who are inoculated against MMR. That would be a target, presumably, for health as well. It is one thing to say that integrated working is a good thing and for everybody to accept it, and another thing to do it. Between the two, something is needed

for it to happen, because if I am a teacher, a doctor or a playgroup worker, that's where my identity and my brain are. On a day-to-day working basis, the research shows that people need workplace learning to happen. So there needs to be some kind of training in the workplace that makes all these things explicit so that people discuss them, talk about them and learn how to do them. Just putting people together doesn't mean they know how to integrate.

Q49 Mr Chaytor: If we take a common performance indicator, such as the one to reduce the numbers of low birth weight children, why isn't it self-evident to health professionals that more work with parents on diet, tobacco and alcohol is part of that?

Professor Siraj-Blatchford: Well, I don't know. That's a really good question. Part of it is to do with, maybe, lack of trust that another sector could help. Maybe there is still a belief that if you're a health professional you're best placed to do that. I think we've got to let go a little of wanting to do things ourselves, but that is what people know. In social care, social work and education, we are getting better at it, but still, with the health professionals there is a difficulty. But many centres are doing it well.

Q50 Chairman: I know we're coming to the end of our time, but isn't it frustrating? I always regarded the whole Sure Start programme, and children's centres, as the best sort of programme. It seemed to be based on evidence. In the early days of the Committee, when I had just started being Chair, I was always asking, "Is this evidence-based?" With Sure Start they said, "Yes. The service has been done. This is where you intervene—early years." It all seemed a glorious path. Some of you say it's only been two years, but you know it's been Sure Start. It's changed, but it's the same programme in different shapes, with different funding and different responsibilities. You all come over as pessimistic about what's been achieved. Is that a wrong interpretation, as a group of researchers?

Professor Melhuish: I think Sure Start has evolved for the better over the past 10 years.

Chairman: It is evolving positively.

Professor Melhuish: Positively, yes.

Q51 Chairman: But you are torn, Ted. One minute you said health was the problem and then you wanted to give the funding through health.

Professor Melhuish: Sorry?

Chairman: Didn't you say it would have been better if the money had come through health?

Professor Melhuish: No, I didn't say that.

Chairman: Who said it?

Professor Siraj-Blatchford: I said it would be interesting had the funding been given to health.

Chairman: I beg you pardon, Ted, you didn't say that.

Professor Siraj-Blatchford: I think a great deal has been achieved. I think we're just even more ambitious to see some of the vision realised. It's been a very short period of time since its inception.

**2 November 2009 Professor Edward Melhuish, Professor Iram Siraj-Blatchford, Teresa Smith
and Dr Margy Whalley**

Q52 Chairman: Some of my constituents would say, “A lot of money and a lot of time.” Ted said two years is a long time in a child’s life, and this sector has been given a lot of money. A lot of my constituents say, “Why haven’t they achieved more? Why are they so diffident about the achievements?”

Dr Whalley: I think we have achieved an enormous amount in some places, but it is not a universal thing yet. We have professionals who are all trying to make each other’s targets shared targets in Corby. People are working in a very strong and committed way not to let any child through the net in terms of safeguarding. We have teams of staff working across children’s centres in ways we’ve never had before. We have children’s centres that are prepared to share funding in ways we’ve never had before. Professionals are seeing each other’s strengths, but that does take time. The way we engage with all the other agencies is by making sure that their work is central to our work. Parents and children get fed up with being seen as though just a bit of them is of interest to a different agency. They want to be seen as whole people, but it requires professionals to work differently and that doesn’t happen overnight, Barry. You will see places where things have really shifted and moved forward and we have a vision for the future, but we have to learn from best practice and the professionals have to be given time to share best practice across centres and build up this critical dimension in their work whereby they can face up to what they’re not doing very well and celebrate what they are doing rather well, without everything changing again. Children’s centres need to be given a chance.

Q53 Chairman: Teresa, you’ve had quite a long chance and now the money’s running out. Is that true?

Teresa Smith: The money is running out?

Chairman: Isn’t it?

Teresa Smith: For children’s centres?

Chairman: Yes.

Teresa Smith: Surely you are better, or the Committee is probably better placed—

Chairman: No, in some of the evidence you’ve given us as academics, you’re predicting the money’s running out. Are you arguing that there should be—

Teresa Smith: I don’t think there was anything in which I said that.

Professor Melhuish: The money per child across the whole Sure Start programme is a lot less now than it was at the beginning of the programme. That’s clearly true.

Q54 Chairman: You think there should be a higher budget for this?

Professor Melhuish: If you are to fulfil the full ambitions of the Sure Start programme, there has to be more money. You cannot roll out 3,500 children’s centres across the whole country at the level of funding that is currently being planned.

Q55 Chairman: Perhaps, to take Graham’s point, you close down the ones that aren’t all singing and dancing or aren’t in the right place.

Professor Siraj-Blatchford: It does seem a waste of resource, doesn’t it?

Chairman: So you’d have fewer?

Professor Siraj-Blatchford: I’d have fewer, and I’d have higher quality and expand at a slower pace.

Chairman: Teresa, would you have fewer?

Mr Pelling: Taxpayers are paying tax and getting no service. It’s the same over and over again, isn’t it?

Mr Timpson: Graham wasn’t suggesting that any close.

Chairman: Let’s get this on the record. You weren’t saying that, Graham?

Mr Stuart: I think it was Iram who said it and I was questioning whether the others agreed that it would be better to have fewer properly funded than more improperly funded.

Chairman: This has been a very good session. We very much value the long time we have kept you here. Will you stay in touch with the Committee? There are a lot of things that we should have asked you but probably didn’t, and probably a lot of things that you could have said to us that you didn’t get a chance to say. We see this as a dialogue until we write the report. Is that all right? Thank you very much. If my cold has made me slightly irritable tonight, forgive me.

Monday 9 November 2009

Members present:

Mr Barry Sheerman (Chairman)

Annette Brooke
Ms Karen Buck
Mr David Chaytor

Paul Holmes
Helen Southworth
Mr Graham Stuart

Witness: **Naomi Eisenstadt**, Former Head of the Sure Start Unit, Department for Education and Skills, gave evidence.

Q56 Chairman: Naomi, we've asked you to give evidence because you are the former Head of the Sure Start Unit at DCSF, and you have had a whole range of involvement in the programme from Sure Start through until fairly recently. As I said to our special advisers, we look to you in one sense to give us a kind of overview of how you think the programme started, how it developed and a bit of its history. Will you give us a flavour of that to get us started?

Naomi Eisenstadt: Yes. If I can, I should like to make some general points first, and then if you want me to give some history, I will.

Chairman: I am happy for you to do that as well.

Naomi Eisenstadt: The first thing to say is that, since being here and having given several seminars and big conference speeches on what we have done in Britain, the Americans are amazed and very impressed. It is fantastic being here because, when we are in Britain, we always look at what we have not achieved yet and, of course, being here, I can have a real sense of what we have achieved over the last 10 years. The second thing is about the nature of what we were trying to do. Were we trying to ameliorate the effect of poverty on children or make children less poor? Ameliorating the effect is what we do on parent support and high-quality children's programmes, but the only way to make children less poor is through employment. Those two go hand in hand. I still worry when people think of them as completely separate. It is a "both/and", not an "either/or". My third point is about the emphasis on community development at the very beginning of Sure Start. Community development is really important, but one of the things that happens with community development is that, when you give people power, they make choices you are not very happy about. I would describe this as the great aromatherapy debate. I got in terrible trouble because Sure Start parents wanted aromatherapy, and very eminent people at No 10 rang me up and said, "What's this all about? What will that do for their children?" The important thing is the skill at the front line in using what people want to engage with them, but not leaving them there and then working further on what we know is good for their children. It is another "both/and". The second big point about community development, which goes to the root of some of our disappointing results at the very beginning of Sure Start, is that the community does exclude the most disadvantaged. The people who come forward first are active, engaged, love what you do and actually do not want the drug addict

mother there. They may not be that friendly to the teen mother, so the way in which we work with the community is to have the skills at the front line to make sure that we know who is not coming and why is key to all the things that we are going to do in terms of inequality. My last point is that the most important thing is the quality of staff. I think that we underestimated the skills base that was needed to run these programmes.

Q57 Chairman: Thank you for that. In terms of quality of staff, there have been improvements, have there not?

Naomi Eisenstadt: Yes.

Q58 Chairman: There has been a recognition of the deficiency. All your points are very strong. Your first point was that some of the people active in the early days of Sure Start did not really want to reach out to some of the less desirable members of the community. How was that tackled as the programme developed?

Naomi Eisenstadt: There were a few ways in which it was tackled. First, it was not the staff themselves; it was the parents themselves who were not particularly welcoming. The way in which that was tackled was by getting the data on who was not coming, not on just who was. That goes to the point of the importance of our engagement with health. Health organisations have much better data on who the parents are, with children under two. It was tackled by better data, more spending on outreach; and, of course, the way in which it was tackled did deliver outcomes because, in the second set of outcomes on the local programmes, those differences were evened out. They did not exist any more. But it is something that we always have to be vigilant about.

Q59 Chairman: Was there resentment that the outreach programme almost sounded like registering and identifying where every child in the community was?

Naomi Eisenstadt: I am not sure why that would be resented, if you are offering something that people want. I always stood the ground. Yvette Cooper said in the early days that this was the first programme aimed at poor people that middle-class people were jealous of, and I take that as enormous success. We were offering something that people wanted, and we needed to make sure that the people who really needed it had the right kind of access.

Q60 Chairman: But has the strong community ethos—the involvement of the community—in Sure Start weakened, as we have moved into children’s centres and as children’s centres have moved into different phases? Is there still that strong community link that you feel was there in the early days?

Naomi Eisenstadt: I think that it has weakened, which disappoints me. In part, that is because different local governments have different skill sets and, indeed, different beliefs about whether they think it is important. In some areas, it will still be very strong and, in others, it will be weakened.

Chairman: We have warmed up the technology now, so I shall bring in some of my colleagues. I ask David to start questioning on the reflections of the Sure Start local programmes and their impact.

Q61 Mr Chaytor: Naomi, I want to ask about outcomes, which you touched on earlier. What is your assessment of the impact of the Sure Start programme over recent years? Is it possible to measure outcomes accurately?

Naomi Eisenstadt: If we are just talking local programmes, I have very high regard for the work of Ted Melhuish and Jay Belsky on evaluation. It gets very good academic recognition. It is extremely rigorous, very tough and of a very, very high standard in that the children chosen to be followed through was a random selection of children in the local programme areas. That was a very tough test. The 2007 results showed that, in five key areas, there were measurable improvements mainly in parenting, in child behaviour and in attitude towards the community, and those improvements did not vary by sub-group. We were getting improvements for teen mothers. We were getting improvements for workless households. We did not get the variation that we had in the 2005 results, so it was a very good result.

Q62 Mr Chaytor: As the programme develops and becomes a national programme of children’s centres with lower levels of funding for each centre, do you think some focus will be lost and that the primary purpose of the original Sure Start programme will be dispersed as the number of centres proliferates?

Naomi Eisenstadt: Yes, I do. The figures that we worked out when I was still there was that a sustainable Sure Start children’s centre in the most deprived areas would cost about £500,000 a year in revenue, and they were getting mainly about £400,000 a year in revenue as the benchmark. I am worried about it being spread too thinly. However, the key flaw meant that the original model was unsustainable. You could not continue having a local programme where equally poor children on the other side of the road were not eligible for the services. I can understand that it was the right thing to do when setting it up initially; but very quickly, we began to see the arbitrary nature of the borders around the local programmes. The difficulty in terms of the funding is that, in my view, local authorities in some areas are spreading it too thinly.

Q63 Mr Chaytor: Given that the funding is now fixed for the next spending period and is unlikely to increase dramatically beyond that, what should be the priorities for the national roll-out of children’s centres?

Naomi Eisenstadt: I would like to see a continued concentration of funding in the poorest areas, but greater flexibility around the edges of the borders because a strict line is not fair. The other issue that we need to put into context is that, when we set up the local programmes, it was before we had the directors of children’s services and before we had Every Child Matters. We need to see the evolution of the Sure Start programmes in the context of the wider changes in the governance of children services, which are absolutely fantastic.

Q64 Mr Chaytor: What are the implications of your last comment about integration with other services, particularly with health?

Naomi Eisenstadt: Health was always very important from the beginning and was always a struggle. The evaluation found that, in the early days, the programmes that had a health lead were getting better results. I think that that was because they had better data sharing. If we can get that data sharing and make sure that we get health visitors and midwives into the children’s centres, we will have service integration. Indeed, in some areas it happens; in some, it does not. Everybody believes in local authorities until it comes to their key area and then they want everybody to do what I think is most important. There is always a tension between local democracy and what we think every child needs.

Q65 Helen Southworth: You have described the potential unfairness in having in a tight geographical boundary in that a child on the other side of the road with an equal disadvantage could not access a children’s centre. Do you think that they would work best if access were focused on disadvantaged young children, or do you think that they would work best if they have a mix, so that people from more advantaged backgrounds could move into area—or be twinned with an area—that had a children’s centre for the more disadvantaged?

Naomi Eisenstadt: It works best when you give the most money to the poor areas, but the evidence from EPPE—the effective provision of pre-school education project—and the work of Ted Melhuish and Kathy Sylva is that, in nursery provision and group care for young children, the children do better if they are mixed. The poor kids’ language development is improved if it is not just poor kids together. One of my key criticisms of Head Start here in the US is that they bring all the poor kids together, with incredibly high entry barriers in terms of how poor you have to be to participate, and I don’t think you get the cognitive gains for the kids that we get in Britain by having a mix. So, yet again I’m afraid it’s a “both/and”. I go to huge amounts of trouble to engage the poorest parents, but in group care for the children, I’d want the mix.

9 November 2009 Naomi Eisenstadt

Q66 Ms Buck: Hi Naomi.

Naomi Eisenstadt: Hi Karen. Good to see you.

Ms Buck: You too. Just going back to the issue of health service involvement, I think that most of us, being close to children's centres, would recognise that the degree to which primary care trusts will be involved is very variable. There is a statutory requirement to be involved, but it is not specific. What do you think might be the mechanisms that we could use to bind primary care trusts in at a more strategic level?

Naomi Eisenstadt: I'm not sure. I always used to joke about the duty to co-operate that I was waiting for someone to go to jail for not co-operating.

Chairman: I wish I had that power on this Committee.

Naomi Eisenstadt: The mechanisms are one of the incentives. How much do we make sure that the Department of Health maintains its key responsibilities for babies? If we have a Department of Health doing the work that it is doing on pregnancy through to two, and we do better integration with things such as the family nurse partnership, we can do better. I also think that health visiting and midwifery are underfunded services, so if we don't get the concentration on the funding, we won't get the service.

Q67 Ms Buck: In that respect, do you think that it mattered that the ministerial leads changed in the way they did, or do you think, in a sense, that however we cut the cake, there are always going to be issues of boundary? Do you think it did actually influence the ethos?

Naomi Eisenstadt: I think it's the second. However we cut it, we have to navigate the boundaries. We are always enthusiastic about the next structure, and never do the proper risk analysis of the new boundaries.

Q68 Ms Buck: One of the criticisms that has also come through recently, again reflecting this issue of ministerial lead, is the extent to which the employability agenda and the drive for child care expansion to enable parents to work has squeezed out the emphasis on the relationship between parents and their very young children and the child-centred approach. Do you think that's true? Is it inevitable? Is it important to keep those two in balance?

Naomi Eisenstadt: It is incredibly important to keep the two together. If you can't read, you can't get a job. If you can't read, you can't read to your baby, and even though you got the job, you still have to read to your baby. The people who argue against the employability agenda all have jobs. They make money. The best way to make people not poor is for them to have money, and sadly the best way to have money is to have a job. So the work flexibility is really important and putting Jobcentre Plus within children's centres is really important, but I still believe very strongly in protecting the first year, because I have never thought that there was high enough quality group child care for under-ones. We have a commitment to protecting the first year and

we have good arrangements for part-time working. Of course, in a recession it is even more important to get adults' employability skills honed, so that as we come out of the recession, they will be able to take jobs that become available. Both Gordon Brown and Tony Blair pledged to eradicate child poverty; you cannot do that without an employment agenda. The employment agenda has to be tied to affordable child care.

Chairman: Okay, let us move on to Graham.

Q69 Mr Stuart: Hello. Can I bring you back to the subject of Sure Start, as originally was, and children's centres' role in tackling deprivation. To what extent do you think that rolling out children's centres everywhere has undermined that focus on closing the gap?

Naomi Eisenstadt: I think that it has weakened it, and the difficulty is that a children's centre is not the same entity everywhere. We should have just named it something else, and then it would have been fine. I mean, the idea that you have the service space in every area, where parents can go for advice, find out what child care is available and get some parenting support—a service hub that signposts—is different from getting all the services in one place. There has been real confusion over what we mean by a Sure Start children's centre. Both are worth while doing, but it has led to a misunderstanding about what the core purpose is, and for me, narrowing the gap is the most important one.

Q70 Chairman: What should we have called the programme then?

Naomi Eisenstadt: I don't know.

Q71 Mr Stuart: If Sure Start in its children's centre form has essentially taken the narrowing the gap agenda off the rails, how do we get it back on again? Do you think that it is compatible? In our evidence session the other day, we had a witness who said that she would much rather have 500 effective centres than 3,500 duds. She did not specifically say that she wanted only 500, but she did say that she certainly would rather have 500 successful ones focused on the core purpose than 3,500 with the margarine spread very thin.

Naomi Eisenstadt: We already have universal pre-school education for all three and four-year-olds. We have excellent participation, so we have very high rates of three and four-year-olds in the programmes. The original intention, which I think is still right, was to build on that base in terms of a universal offer and then have in the poorest areas these all-singing, all-dancing centres or local programmes—whatever you want to call them. I think that what we never got right is that half of poor children do not live in poor areas. How do we sensitise, in the areas where there is good pre-school provision, an understanding of the needs of those children who are poor but not living in the poorest areas. I'm sorry, I haven't answered your question, because it is actually very hard. So my answer is always a "both/and".

Q72 Mr Stuart: I am sorry to probe in exactly the same place again and again, but I think that it goes to the heart of the disquiet about the current situation. I'll go back to asking the question again: where would you strike that balance? Of course there is a case for universal children's integrated service support for everyone; but equally, as you say, we need additional resource and capacity to tackle disadvantage in the poorest areas. Are you convinced that in the current constraints, not least of resources, those two can be seen as allied as opposed to opposed?

Naomi Eisenstadt: I think that there is tension between the two and I would put my resources into the poorest areas.

Q73 Mr Stuart: So, if you had the choice between 3,500 with weakening finances and a loss of purpose and 500 very effective ones targeted on the poorest areas, you would choose the 500?

Naomi Eisenstadt: I would, but I would add to that—we have a fantastic resource in schools. A lot of the 2,000 or 2,500 that are not in the poorest areas are based in a school's infrastructure. And that's the right thing to do. They've got community resources.

Q74 Mr Stuart: You talked about the difficulty and importance of getting the right staff, and that's one of the reasons why Sure Start was rather slower to expand compared with what had been hoped for—getting the right people with the right skills was absolutely critical to delivering what is an ambitious goal. Are you concerned that, by making it universal, the danger will be that the most gifted individuals may drift away from the most needy areas and tend to go somewhere rather more comfortable?

Naomi Eisenstadt: A lot of the most gifted individuals actually like working in the most needy areas—I mean, I did. So that doesn't worry me as much as not having equalised pay between early years foundation stage and early education teaching—that worries me. It also worries me that the key skill base in working with parents and children is one skill base, but there is another skill base in managing inter-agency services. They are not the same, and I think that we need to be careful about that. I think that Margy Whalley in particular has done brilliant work on preparing people for running multi-agency centres.

Q75 Mr Stuart: You have been closely involved in the "Think family" approach. Can you tell us what relevance you think that that has to the work of children's centres?

Naomi Eisenstadt: It's enormously relevant, in that in virtually every family with problems, the problems are to do with the adults as well as the children. It was what I was saying about not managing the risk in restructuring. In creating children's services, we didn't manage the new split between children's and adults' services. We don't have the same level of information sharing across adult services as we have across children's services, and we need to get better at all that. But when you

are thinking about the most complex, most disadvantaged families, they need a package of support that spans housing, employment, health, children's services and adult mental health—it is difficult.

Q76 Mr Stuart: One last question, if I may, Chairman. It is either a ridiculous question or an invidious one, I suppose. For children's centres, which do you think the priority should be, if you had to choose one or the other—the literacy of the child or the literacy of the parent?

Naomi Eisenstadt: That depends on the age of the child. I would want the parents engaged from pregnancy to right through. The literacy of the parents when the child is a baby is critically important. I said when I left the DCSF, if I could wave a magic wand and every mother breastfed and every mother and father read to their baby, that would have a huge impact on literacy for the child—loads of other outcomes for the child as well. If the child is three or four, the child's literacy is most important, but if it's a baby, it's the mother's literacy—I am afraid that when I say "mother", I mean it.

Chairman: Okay, Graham, jolly good, now over to Paul. We're working you well.

Q77 Paul Holmes: I want to return for a minute to a question Graham asked about the suggestion that we have heard from previous witnesses—that Sure Start is expanding too fast, and there is not enough money or qualified staff. In your opening comments, you made the point that we had underestimated what was needed in terms of the number and quality of staff. Can you elaborate a bit on that?

Naomi Eisenstadt: The only thing that we underestimated is that we put an enormous emphasis on people in the community and then gave them lots of money to build the building. Well, commissioning a building is a highly skilled task. I would have great difficulty doing it. So my view is that a lot of the slowness in the beginning in getting the services off the ground was because people were spending huge amounts of time getting planning permission, finding a piece of land, finding a building; these are highly skilled areas that most people in the early years world don't have. That was one particular problem in terms of the capital investment. Now we are not likely to repeat that, because it is unlikely that we will have that kind of money again.

Q78 Paul Holmes: So you are more concerned there about the management skills in developing buildings, rather than the more educational skills that are involved?

Naomi Eisenstadt: No, I'm saying that in the very early years people did not have the skills for what we were asking them to do and that was our problem. We just misunderstood that. In terms of now, I want them to have skills in child development in particular. There is a difference between pedagogy and what you understand about child development from birth onwards. I think that is really important.

9 November 2009 Naomi Eisenstadt

I think that imparting that to parents is really important. I used to say, “I don’t want Sure Start to be a knowledge-free zone.” We know a lot about child development. We need to find ways to share that knowledge appropriately and accessibly. That would do the best in terms of children.

Q79 Paul Holmes: Do we have enough staff with those skills and that knowledge to run 3,500 centres, rather than 500 or 1,000?

Naomi Eisenstadt: Not in my view.

Q80 Paul Holmes: So would it be better to have a slower roll-out of the programme, rather than rush straight to 3,500?

Naomi Eisenstadt: I remember discussing this with Margaret Hodge. There is one argument, which is, “Do it more slowly” and the other is, “Get the infrastructure in place and then slowly raise the quality.” I think changing something on the ground really makes a difference to communities. People believe you when you begin to do something. The difficulty with raising the quality is that it is less visible and it takes much longer to get the results. But it is very important.

Q81 Paul Holmes: The amount of money for the phase 2 and phase 3 centres has fallen and it is a lot less than in phase 1. One of the arguments that came from the Department was that, because you are no longer commissioning buildings from scratch, you are putting more emphasis on using existing buildings and so you do not need as much money. Is that valid?

Naomi Eisenstadt: Yes.

Q82 Paul Holmes: So why spend all the money commissioning brand new buildings from scratch in the first phase?

Naomi Eisenstadt: Because in the communities we were going into there were virtually no services. It made a huge difference in very poor communities to give people a really nice building. There were some funny views that poor people would be uncomfortable because they were unused to having nice facilities. That was horrible.

Q83 Paul Holmes: Another witness suggested to the Committee that, when it was in its early phases and there were a few high-quality centres, the Department was really keen on it. It was innovative; it was new; and it was exciting. Now that it is rolling out to 3,500 and is managed by Serco, the Department has lost interest. It is just an administrative chore now. Have you any thoughts on that?

Naomi Eisenstadt: New programmes are always very exciting. The hard slog is getting them to be basically part of just what happens. I would not think that the DCSF is no longer interested in schools. We have had schools for a long time, but we are very interested in making schools as good as possible. I have the same view about DCSF interest in early-years provision. We have got an infrastructure now.

It is not contested. It’s a matter of how we make it the best. I don’t think there’s a diminishment in that interest.

Q84 Paul Holmes: In phase 1, you had an early design stage and then it was estimated that it took probably three years from that point to get an effective centre working. In phase 2 and phase 3, we are looking at doing the whole thing in two years instead of three years plus. Can that be done effectively in two years, if it took longer than that previously?

Naomi Eisenstadt: It depends what getting an effective centre working means. If you’re building on a school that already has a nursery class and what you’re adding to it is more parent support—more outreach work—you should be able to do it in two years. Of course, we know a lot more about how to do it.

Q85 Paul Holmes: Kent Children’s Trust suggested specifically that there was not enough sharing of that early experience going on. You’re saying that we know how to do it, so we can do it faster, but people on the ground say there is not enough learning from the experience of the first wave.

Naomi Eisenstadt: That’s probably right, but we now have the centre for excellence in children’s outcomes that the Department set up. I think they are doing a very good job of peer-to-peer sharing of expertise. One of the things that we forget is that, in 1997, early years was what Norman Glass called a policy-free zone. Nobody was interested. We have built an infrastructure; we have a lot more skills; and we have a lot more people out there who talk to each other about how to do this stuff. I am not saying it’s perfect now, but, boy, are we far ahead from where we were.

Q86 Paul Holmes: People are suggesting that some of the early experimentation—your aromatherapy example would be part of that—has gone now, as we roll out phases 2 and 3. It is now a matter of just getting on with the job. People are not taking the risks of trying new approaches in the same way. Is that a loss or a sensible approach?

Naomi Eisenstadt: I think it’s a loss. The aromatherapy wasn’t about experimentation. It was about responding to what local parents were asking for—using that to get them to start using the services and then talking about reading to babies, adult literacy and that kind of stuff. It is always give and take in local communities. You have to give some of what local people ask for but also what you think is right for their kids. Unless you do both, you’re wasting your money.

Q87 Paul Holmes: Within two or three years of Sure Start opening up, some press reports were saying that there was no evidence that they were working or making an impact. That seemed a bit strange to me because, if we are to measure the impact, surely, we should be looking 10 to 15 years ahead to see whether those children really do have different outcomes.

Naomi Eisenstadt: I think that's right. But it was a massive amount of public money and therefore people wanted quick wins, but it was unrealistic to expect them. On the other hand, it was right to do close monitoring, so that we could change the programme as we went along. If we hadn't done the close monitoring, we wouldn't have known about the importance of really assertive outreach. That was a very important lesson.

Q88 Paul Holmes: The success of the American Head Start programme—partly the inspiration for Sure Start—can be measured because it began in the 1960s, so you can look at people in their 20s and 30s and ask whether they have the same levels of prison conviction or unemployment. You can't do that if you're looking at an experiment that's only been running three or four years.

Naomi Eisenstadt: That's why you need to maintain the evaluation. That's a plug, obviously. Unless you follow those children through, we won't know. It is very important to know that.

Q89 Chairman: Can I just chip in here. We all talk about the early evaluation of Sure Start, and about learning lessons and getting the programme right. Have we learned lessons over those other years since then, in terms of what different communities have brought to the programme? It is not fixed in the first three years of the evaluation is it? Surely we have learned as the programme has continuously rolled out.

Naomi Eisenstadt: I am not sure of the timing of the next outcome results, but I think that within the next 12 months we will have the next set of results for the children when they are about six. Obviously, Ted Melhuish can give you more detail on that. We are currently doing a longitudinal study, and we are following the children through and seeing if we are getting the improved results that we want. But it does take time.

Q90 Annette Brooke: First, can I ask you something about the legislative background. What difference do you think it will make putting children's centres on a statutory footing, as presumably they will be just after the Queen's Speech?

Naomi Eisenstadt: I'm not sure. First, I am out of the country, so I have not been keeping up with what the exact proposals are. The important thing is having the fixed infrastructure for early years services. Saying that children's centres are a critical part of that infrastructure is great, but we must define what that means. In fact, for funding I don't think it will make that big a difference.

Q91 Annette Brooke: I'll take another strand out of that. In the Childcare Act 2006, when you were here, there was a great deal of debate about what providing sufficient child care meant, and whether the word "quality" should appear on the face of the Bill. Do you think that in retrospect it has been a mistake not to have "quality" on the face of the Bill? Are we not still in this dilemma, where we take the opportunity to improve quality as we expand?

Naomi Eisenstadt: Obviously, quality is enormously important, but having a particular word on the face of the Bill creates opportunities for judicial review, for civil servants and bureaucrats to spend loads of time drafting statutory guidance and voluntary guidance. It is about what you can do in legislation, and what you can't do in legislation. In my own view, I was not that bothered about it. I thought that you had to have legislation to put the framework in place, and then it was really up to all of us to build the quality. I did not want to be diverted into a whole set of what would become bureaucratic processes, as opposed to building hearts and minds from the bottom up on how to get quality services.

Q92 Annette Brooke: I think we've heard in evidence recently that even with the consultations on the new funding formula at nursery education, quality is not there as one of the criteria for giving top-up money, for example. My question is really about whether we have created a situation where we are focusing primarily on the quantity, and even at this stage not enough is being said about the quality.

Naomi Eisenstadt: We defined the input by having an early years foundation stage, but you will only get the quality of those inputs by having a trained nursery teacher or an early years professional in the delivery. The fact is that quality costs money. Whether or not it is in the Bill, unless we pay people more we will not attract those who are willing to do the training that will deliver the quality. That is a big issue for us.

Q93 Annette Brooke: It has been an issue all along. Following on from that, given that the newest children's centres have less money, is there a case for them to concentrate on fewer objectives—perhaps objectives identified by the local community, as they must now have management committees thus withdrawing representatives at least from the authority, if not the immediate local community? Is that something we can tackle? Can we have a reduced remit and not try to do too much, but have the local community identify the most important things to pursue?

Naomi Eisenstadt: That is probably sensible, but we have to get back to thinking about outcomes, not inputs. For any local area, what are the needs? Therefore you work hard so you can identify the needs and know the outcomes that are wanted for children. What is the gap between the needs and the outcomes? What is the particular service mix? That is how all children's planning should be happening, not just for early years. It should be the basis of the Children's Plan. What do data tell us? How do the data match with what local parents tell us? How much money do we have? That is what planning is all about.

Q94 Annette Brooke: Can we change tack slightly because my personal interest is the provision of children's centres in rural areas. I do not know whether you have actually done an evaluation of

9 November 2009 Naomi Eisenstadt

that or whether you have ideas of how they could be expanded in the future. How can people—often very deprived people—in rural areas access vital services?
Naomi Eisenstadt: We struggled with this in the early days of Sure Start, and we had some rural programmes that operated in very innovative ways with mobile provision, play buses and lots of outreach work. A really interesting one was in the north-east. In Northumbria, they were using things like an unused fire station from which to deliver services because that was the building that was there. People were coming in from very wide areas. There needs to be flexibility in rural areas. In rural areas, we should be supporting child minding a lot more, because at least people are in their own homes. There are things in rural areas that we should be thinking about. That is true for extended school provision as well. Annette, you will know that, if the bus leaves at 3.30 and you are in a rural area, kids cannot use the best extended services in the world. We need to look a lot more at transport. We have to think about more creative use of the buildings that are around and more at what home services would look like.

Q95 Annette Brooke: Thank you. You have led us into extended schools. Clearly, there is intensive support in some areas for families with children up to, say, the age of five, but that diminishes rapidly. We might say that that is the most important area to cover, but is it not tailing away too quickly when there has been a high level of support? Is there really joining up between the extended school provision and the level of support that is given in some areas in those important early years?

Naomi Eisenstadt: I can quote Ed Ziegler, the founder of Head Start in the US. He said that early years provision “is not inoculation”. It is a protective factor, but we need persistent support for families that need help right up the age range. The ParentLine Plus evidence is that it gets a high volume of calls from mothers and fathers with children between 10 and 14. I don’t think we’ve got our parent support right for children beyond the pre-school years. I think that persistence is really important.

Q96 Ms Buck: I’ve been obsessed with how we pay for these services for a great many years. On the basis of all you learned and experienced in extended schools in particular, and in early years child care, do you think it is better for us to invest on the supply side or to look again at the way in which we subsidise low-income parents buying out-of-school services and child care services?

Naomi Eisenstadt: If you don’t invest on the supply side, you won’t get the quality. That’s the problem. So middle class parents will pay more because they will be interested in the quality and the poor parents will not be able to pay the premium for quality. So I am definitely a supply side person in terms of the balance. I also think that the supply side protects you against the problems of a recession where you will lose lots of provision because parents lose their jobs and cannot pay for the child care.

Q97 Helen Southworth: Sure Start had a clear focus on involving parents and engaging parents in the ownership and the activities because they were so keen on good outcomes for their children. Do you think that the move to local authority control has given enough consideration to that? Do you think that is working well or do you think that perhaps more needs to be done there?

Naomi Eisenstadt: Whenever you devolve responsibility you get more diversity. So some local authorities will really be emphasising that and others will not.

Q98 Helen Southworth: How important do you think it is to the development of the children that there is a focus on their parents’ development as well?

Naomi Eisenstadt: I think it’s mixed.¹

Q99 Helen Southworth: Has the children’s centre model struck the right balance between innovation and learning in that local centre and the delivery of a standard service?

Naomi Eisenstadt: I don’t know. I have not seen enough of them recently to be able to say. But I do know that we lurched between celebrating diversity and wanting standardisation.

Q100 Helen Southworth: What do you think would be the right balance to strike? What should be aimed for in terms of those two things?

Naomi Eisenstadt: We know an awful lot from EPPE about what very good early years group care should look like. With the right investment, that is not difficult to make happen. We also know that the biggest impact is the home learning environment. But our tools to change the home learning environment are much more limited. That is the dilemma. *[Interruption.]*

Chairman: Once the bell has stopped ringing we will call an end to the session. It would be a cruel and unusual punishment to make you wait until we come back from the Division.

Q101 Helen Southworth: You were talking about the tools to change the home environment, and about what the ideal children’s centre would actually use as the tools.

Naomi Eisenstadt: There are lots of programmes that improve parenting, and they are evidence-based and very good. The difficulty is with parents staying the course. The ones that do the full course get great results, but there is often a high drop-out rate. We need to build the skills at local level, to be able to select the best evidence-based programmes that suit local parents and that you can do on parenting support. I also think there are opportunities in everyday contact with mothers and fathers to have those conversations with them, about whether you count when you set the table for a meal, or whether you cook with your child. There are so many

¹ *Note by witness:* You need focus on both the child’s development and the parent’s development.

9 November 2009 Naomi Eisenstadt

opportunities to learn with small children at home, and it's so much fun. We need to get parents doing that.

Chairman: Naomi, that was fantastic. I'm sorry that the Division will truncate this. I wanted a few more questions, but we have to call it a day. It was a wonderful session. Thank you very much. E-mail us

if there are things that you wanted us to ask, or things that you should have asked or told us. Thank you again for putting up with this rather intense hour.

Naomi Eisenstadt: It's a pleasure, Barry. I hope to see you when I get back to England.

Chairman: See you soon. Thank you.

Monday 7 December 2009

Members present:

Mr Barry Sheerman (Chairman)

Annette Brooke
Ms Karen Buck
Mr Douglas Carswell
Paul Holmes

Mr Andrew Pelling
Helen Southworth
Mr Graham Stuart
Mr Edward Timpson

Memorandum submitted by the Association of Directors of Children's Services Ltd (ADCS)

SUMMARY

Do the Children's Centres model of integrated services for under-5s and their families promote early childhood development and is it an effective response to deprivation?

The Children's Centres model of integrated services for under-5s and their families do promote early childhood development when operating on an outcome focused model where all services are developed around the identified needs of the child and through consultation with children and families. The development of local authority locality integrated teams will strengthen the effectiveness of this model as will the implementation of the EYFS, however it will take time for this to be fully integrated into working practices.

The flexible way in which they were encouraged to be developed has been a particular strength of the Children's Centre agenda, allowing children's centre services to best meet that communities needs.

Where there are good working practices and information sharing between the children's centre and health services eg health visitors and midwives, targeted support is at its most effective for the most vulnerable at the earliest opportunity.

However, whilst recognising the good practice within Children's Centres, it is felt that there are concerns around the evidence base for the benefits of Children' Centres, particularly on the most vulnerable.

There are also concerns around continuing funding after the initial grant expires and in particular whether, in a tight funding settlement, the universal service can be sustained.

1. *How models of Children's Centres have developed as the programme spreads from the most deprived neighbourhoods*

1.1 Phase 1 Children's Centres evolved from a number of DCSF initiatives eg Early Excellence Centres, Sure Start Local Programmes, Neighbourhood Nurseries etc.

1.2 As Phase 2 and 3 Children's Centres have developed, local authorities have increasingly used community buildings, schools, libraries etc not only to enhance partnership working but also to share ongoing revenue costs.

1.3 The flexible approach to the development of children's centres that was actively encouraged throughout the first two phases, has resulted in numerous innovative models being developed across the country. This is especially true of the more rural counties where one size does not fit all and alternative approaches to service delivery have had to be developed.

1.4 This has resulted in local authorities developing their Children's Centres in a number of different ways, such as:

The Hub and Spoke Model

- This seems to be a popular approach. One benefit of this model is that where a main hub serves a large area, it can, through satellite provision, meet the needs of the different communities within it, without losing the overall vision for the reach area.
- The main benefit of this approach is that it will save on administrative and managerial costs, thus releasing more funding for service delivery. In addition, it will provide additional facilities to support the integrated locality based approach to service delivery.

The 30% and 70% centres model

- In some areas where the demographics correspond, Local Authorities have been able to adhere strictly to the guidance regarding centres in 30% and 70% areas. They have developed both as self contained centres and those shared with partners, such as libraries, schools, health and community centres.
- The main benefit of this approach is that centres can fit more clearly within the Ofsted/Full Core Offer parameters.

Models in Rural and Urban Areas

- Demographics play a large role in the development of Children Centre models. It appears that the agenda is designed for inner city, urban areas with densely populated areas where those communities live in similar conditions and statistically fall into the same level, or similar levels of deprivation.
- The idea of 800 children living within a half mile radius of a centre is suited to metropolitan areas, but for more rural, less densely populated areas this is unrealistic.
- In addition in the rural areas there is “masked” deprivation which is not recognised through the IMD criteria, where small numbers of isolated children will need specific and perhaps intensive support.

1.5 Whilst local authorities have developed children’s centres as platforms for the delivery of services for children aged 0–5 years, most have recognised the benefits of continuing to provide services beyond these years for those most vulnerable children and their families, allowing them to benefit from continuity of care and support. It is crucial that this model links to extended services thus enabling children, young people and their families to benefit from seamless integrated service provision and have the opportunity to access a wide range of exciting activities from pre birth to 19 years.

1.6 Service delivery models also vary and include:

- Children’s Centres; the childcare and the service delivery are managed by the local authority.
- Centres on school sites, which are managed by the Headteacher and Governing Body.
- Centres where all services and management functions have been commissioned from the PVI sector.
- A mixture of the above.

2. *The range and effectiveness of services provided by Children’s Centres*

2.1 The DCSF core offer of Children’s Centres provides a framework for the development of services according to the level of need in each community (30% and 70% areas). It is against this core offer that children’s centres are performance managed.

2.2 As a result of the flexible approach to the development of children’s centres, (referred to earlier in this report), even within a single local authority a number of different approaches to performance management are being used. By and large local authorities are working to address this by consolidating the variety of approaches being used by different centres into a common model which will achieve consistency of approach at a local authority level. However, at a national level this creates the potential for each local authority to be using a different model and therefore data sets will not be comparable across the country.

2.3 In order to measure the effectiveness of services, centres are often reliant on baseline data provided by statutory partners and national bodies. This can be very challenging at times as centres require information at LSOA level, but data may only be available at ward level or above. This has obvious implications for performance management and evidencing impact.

2.4 In addition to this, it appears that protocols for the sharing of information are under developed both nationally and locally. This impacts on the ability to share data that will enable children’s centres to specifically target support and resources to the most vulnerable children and families.

2.5 The result of this is that the collation of data to demonstrate impact is still at an early stage. Many authorities are able to provide quantitative evidence of attendance at children’s centres, but it is the demonstration of impact that is the most challenging.

2.6 There is concern about the child care element of the Sure Start programme, and in particular, the high costs compared to provision in other sectors that is not matched by higher quality provision. This is particularly relevant in view of the proposed expansion of free childcare places for two, three, and four year olds.

2.7 The EPPY project looked at benefits of child care and early years education with some conclusions drawn on Sure Start. It was acknowledged that other than this project and research into specific projects the evidence base is weak and that needs to be stated in the response. There are of course reasons for the lack of evidence, including the length of time that Children’s Centres have been running, but that making assumptions on the benefits is not good enough in the current financial climate.

A summary of the evidence base

In 2004 EPPY produced an overview of research into integrated Early Years education and care, but could not find sufficient relevant UK studies to include in the review. Those international studies used were rarely focused on outcomes.

The National Evaluation of Sure Start Local Programmes (run by DCSF) have published a number of “quasi-experimental” studies into the impact of Sure Start, which has found some benefits to the programme, including better parenting leading to improved social behaviours, as well as possible increased

vaccination rates and reduced accident rates (though there are concerns about the data used). The most recent study (2008) found that the discrepancies in benefits gained across social classes found by an earlier study were no longer apparent and that “*the effects associated with SSLPs appeared to apply to all of the resident population*”¹ but that “*Nevertheless, however consistent the benefits detected in the current phase of impact evaluation, they should not be exaggerated, as all positive effects of SSLPs detected were modest in magnitude.*”

When looking specifically at parenting support provided through Sure Start, the studies found that there was little evidence-based support for parents, outside of universal advice on breast feeding, for example. Outreach staff were not sufficiently trained to deliver the highly intensive home based parenting support that is demanded by the research in this area.

In terms of “reach” early studies found that fathers, working parents and ethnic minority families were not taking up services in the Children’s Centres, not as assumed by the practitioners, due to a lack of confidence, but because services were not designed around their needs, ie sessions in the evening or weekends.

A 2007 study found that “outreach” workers were focused on bringing “hard to reach” families into the centre to attend group sessions, rather than any services delivered in the home. This was seen as a short-term measure to attract families to the services provided in the centre. This “outreach” work was seen as aiming to ensure that those who needed services most received them. The study does not, however, comment on the impact on outcomes for this group. The outreach was perceived to be most effective when led by universal health services ie midwives and health visitors.

A study of the impact of Sure Start Centres for domestic abuse also found that most interventions in this area were initially reported by universal health services, rather than identified through Sure Start outreach. After identification, support was offered through the Children’s Centre.

A study into the impact of Sure Start services on safeguarding found that families and staff felt that the distinction between child protection and family support was important in attracting “hard to reach” families to the centre. While there was some evidence of good joint working with social care (child protection) Sure Start staff were keen to distance themselves from the statutory duties.

3. *Funding, sustainability and value for money*

3.1 There are concerns about continuing funding after the initial grant expires and in particular whether, in a tight funding settlement, the universal service can be sustained.

3.2 Many local authorities have developed their own formulas for the allocation of resources, based on numbers of children, levels of deprivation etc and for this reason sustainability of the centres is not considered an issue at this stage. In many areas, services are being reviewed with reference to impact and value for money as improved performance management procedures are introduced.

3.3 The notion of self sustaining childcare on Children’s Centre sites, especially in the most deprived areas, is a major challenge now that additional funding (such as NNI) has come to an end. This is especially disconcerting when the aim is that this particular childcare should not “just exist”, but be of the highest quality, in order to have real impact on children’s well-being.

3.4 It will need to be recognised that funding for the maintenance of the infrastructure will need to be increased as the buildings and equipment age and need to be repaired or replaced.

3.5 Short-term funding cycles, and uncertainty about future funding levels, has hindered the ability of long-term planning of finances and development of sustainable services.

4. *Staffing, governance, management and strategic planning*

4.1 The staffing and management of Children’s Centres reflects the requirements of the core offer, the needs of children and families within the area and the different models that local authorities may have developed. Variances will arise where children’s centres are managed by schools, local authorities or have been commissioned to third parties.

4.2 Where commissioning has taken place, there is evidence to support economies of scale in areas such as management and administration, where centres have been clustered together or are in a hub and spoke model.

4.3 There are issues throughout the country around the recruitment of QTS in terms of the levels of pay and conditions of employment. There are limited opportunities for career progression of staff in these positions, and this is exacerbated by uncertainty regarding the future of the QTS role in relation to that of the Early Years Professional. This needs to be addressed if early years services are to be of the highest quality.

4.4 The model of children’s centres delivery that each LA has developed will influence the structure of the Advisory Groups, as will the link to integrated locality based working and the Children’s Trust Board.

¹ The Impact of Sure Start Local Programmes on Three Year Olds and Their Families by The National Evaluation of Sure Start Research Team (2008).

5. *How well Children's Centres work with other partners and services, especially schools and health services*

5.1 Delivery of the core offer of children's centre services engenders good partnership working as many elements of the core offer are the responsibility of other statutory partners eg health or job centre plus. In order for services to be developed effectively, it is crucial that the children's centre and other statutory partners work very closely together in planning and developing service provision. Lines of communication must be good so that practitioners are fully aware of the range of children's centre services available and are able to work with centre staff supporting children and families in accessing them.

5.2 Research into the early years health centered interventions is much more developed than for Children's Centres themselves, for example Family nurse projects. In contrast to the evidence, local authorities struggle to get PCTs involved in these projects or similar efforts in Children's Centres. Alternative proposals for removing funding for outreach workers in Sure Start Centres towards a more universal health visiting service, or a service providing health guidance for well children (0-5 specifically) eg on obesity, was well received as it was felt that this is where universal services can have greatest impact.

5.3 It appears that there are a variety of arrangements in place or being developed between children's centres, schools and other services such as MoU's, partnership agreements, service level agreements etc. All too often though it is down to the quality of individual relationships on the ground; the quality of the advisory group; the sharing of information and the opportunities for the co-location of staff eg health visitors and Job Centre Plus advisers on site.

5.4 As mentioned previously there is still some work to do on information sharing both at a locality and national level to ensure that vulnerable children and families have their needs met in a timely manner.

5.5 There is also some work to be done regarding communication and increasing the understanding of the changing agendas of statutory partners.

5.6 The joining together of the children's centre and extended services agenda in an integrated 0-19 approach promotes the development of good relationships between schools and children's centres, providing seamless provision of support for children and their families for as long as it is needed.

6. *Whether services are being accessed by those most in need and how effective they are for the most vulnerable*

6.1 As previously mentioned, there are many systems in place across local authorities that record "numbers and provide sound quantitative indicators of children and families who have accessed children's centre services" eg eStart. Such systems will also provide evidence of which target groups these families may be from, eg BME and fathers. However, it is the qualitative evidence that will show the actual difference that has been made.

6.2 When evidencing and measuring impact within a preventative framework it must be remembered that it may take many years before we are able to show that outcomes have been improved and be able to attribute it to a particular, or a number of, specific interventions.

6.3 It is therefore very important that all children's centre performance management systems collect both quantitative and qualitative evidence and that children and families are tracked over a period of time. It would also be useful if there is consistency of approach in this area across all local authorities so that the data collected and stored is comparative and will therefore allow consistent judgements to be made.

6.4 As the CAF becomes more embedded within children's centres there will be more evidence that vulnerable children and families are benefiting from children's centre services. The same can also be said about 'Team around the child' meetings and Early Support.

October 2009

Memorandum submitted by the London Borough of Newham

1. EXECUTIVE SUMMARY

- This submission outlines the London Borough of Newham's approach to the delivery of children's centres and tackles the Committee's questions around whether the model is effective.
- The submission describes how the multiple challenges faced by Newham's residents have shaped the way services are enabled and developed in a collaborative, targeted and cost effective way. Newham is keen to explain the collaborative targeted early intervention good practice and value for money established locally in our children's centres. We agree, however, that the way forward is to ensure more joined up working through complementary services.
- Brief general context information is followed by a series of challenges or myths answered by evidence based responses setting out Newham's position. These include tackling challenges around the use of children's centres by middle class parents rather than vulnerable families or ethnic minority communities; whether centres are value for money; whether centres can show impact and focus; whether centres undermine the role of parents.

- A series of recommendations for action, based on the responses and evidence, including proposals to recognise the potential effectiveness of early intervention and the role of children’s centres in tackling deprivation and joining up partners to address child safety. Further recommendations include a focus on outcomes and impact rather than outputs and process and the introduction of cross professional challenge to consultation and policy setting.

2. BRIEF INTRODUCTION TO THE SUBMITTER

This submission is being made by the London Borough of Newham. Newham delivers and enables the provision of 24 children’s centres and associated services with a range of local partners. In 2005, Newham was one of four local authorities nationally to achieve Beacon status for “Early Years and Childcare—the Sure Start Agenda” for its mainstreaming of Sure Start local programmes into a borough wide service. We have subsequently developed our locality model to link in related services such as extended schools, parenting and play to achieve the maximum from our resources to effectively support families in Newham.

3. FACTUAL INFORMATION

3.1 Newham is classed as an outer London borough but has inner city characteristics. Key relevant issues:

- Youngest population under one nationally and very high child poverty rates.
- High levels of ethnic and cultural diversity but also high levels of community cohesion.
- Very high family mobility levels challenge overall continuity and impact of services.

3.2 Newham has 20 children’s centres and four children’s centre outreach centres. Our 20 centres are required to include childcare as the whole borough is in the 30% most disadvantaged areas of the country. We use our DCSF funding to run these 20 designated centres and provide additional value in providing an additional four centres which provide the whole core offer except full time childcare and a range of framework services to ensure that the centres are well supported in delivering good quality services. Without ongoing funding, achievements are likely to be compromised.

3.3 *The accompanying service targeting and performance management data in appendices² to this submission show* the high levels of child poverty in Newham, the dense population of very young children, the wide ethnic diversity of our families and the multiple challenges many of our residents face.

3.4 These multiple challenges require us to deliver and enable services in a way that meets the wide range of requirements of our residents. This challenge provides a good base for integrated and outcome focused work, using families’ needs to design services. Children’s centres and a core offer of related and graduated services to support families where appropriate within a universal framework provide the best approach to collaborative and potentially cost effective models of local delivery that currently exists in the public sector. This provision could be linked far more effectively than is currently possible with other services at a locality level to create a more cost effective holistic set of collaborative services that address need and deprivation.

3.5 *Accompanying case studies show how joined up working can really make an impact on children’s lives in a cost effective way which minimises crisis intervention and maximises opportunities.*

4. PROPOSITION

4.1 Children’s centre services are used only or mainly by middle class parents, effectively subsidising families who do not require additional help. Poor and vulnerable families do not access children’s centres.

Evidence in Newham

4.2 Nearly all children in Newham using children’s centres and related outreach services are in the most deprived 20% of children nationally.

4.3 Children’s centres enable parents—including the vulnerable—to tackle a diversity of needs through one approachable access point. Those who are hardest to engage are visited at home or pulled in to access services by targeted outreach, providing the lowest levels of intervention appropriate to the situation.

4.4 89% of Newham’s children’s centre service users are in the 20% most deprived super output areas nationally.

4.5 We have a reliable local data system underpinning this information. These children represent real and current users of services, not survey based statistics.

4.6 Our heat maps in the appendix³ show actual numbers of registered children in different areas of the borough, allowing us to target increased numbers of children of a particular age, focus on specific identified needs or vary our planned offer to meet the requirements of different communities.

5. PROPOSITION

5.1 Children’s centres have failed ethnic minorities.

² Not printed.

³ Not printed.

Evidence in Newham

5.2 Children's centres in Newham provide and enable services for the widely diverse ethnic, cultural and religious communities that make up the borough. Our approach is holistic and inclusive, bringing communities together to promote and enhance community cohesion at the earliest points of family life.

5.3 Our planning information plots and records ethnicity details for all children in the borough. We are able to record usage of services by particular ethnic communities, plot where real communities are clustered or spread for targeting purposes as well as note any gaps in use by communities to challenge our types of support. Our extremely high levels of engagement with the diverse range of communities in the borough show that this approach works. Details of this data are in the appendix to this document.⁴

5.4 Newham's regular residents' surveys pick up this local perception of a high level of community cohesion with 87% saying that people from different backgrounds get along well in the local area (Liveability Survey 2009). This is despite the high levels of challenge across many other indicators.

6. PROPOSITION

6.1 Only strongly targeted services, tackling the most difficult families, provide effective use of tax payers' money.

Evidence in Newham

6.2 In Newham, we believe that children's centres need to be used as part of an essential continuum of services. Engaging at the earliest and most cost effective stages prevents later expensive crisis intervention and long term care and support issues for children in care or anti social behaviour.

6.3 Early intervention in targeted health outreach services or lower intensity level parenting training and family support, for instance, can prevent a slide into dependence and family crisis and break poor parenting cycles. Early employment support and targeted training for parents who are far from the jobs market (because of literacy, numeracy or lack of language skills) can tackle benefit reliance and provide positive role models for children growing up in a working household.

6.4 While there will always be a need for specialist services dealing with families deep in crisis, children's centres provide an opportunity to intervene earlier and more cost effectively to enable better life chances for children and their families.

6.5 Early intervention through targeted health services is achieved through assertive outreach, working with parents through home visits, telephone contact and using other key workers already engaged with family (nursery officer/teacher, health visitor or midwife for example). Services and support are delivered in the family home, children's centre or other accessible community venue. Health services, delivered by the children's centre, local authority and local health trusts working in partnership are:

- Child and family consultation services—assertive outreach to referred families not engaging in mainstream family therapy services—82% of those hard to reach families engaged by assessment and support services. Families encouraged and supported from these sessions to attend other children centre services.
- Midwifery—women identified as vulnerable in pregnancy are supported through assertive outreach in both the home and children's centre. The breastfeeding rates amongst these more vulnerable women was 6% higher than the Newham average at 89% and 56% of these vulnerable women breastfed past six months after birth.
- Previously, women needing extra post natal support could only access this through their GP. Psychology services in children's centres improved access to this service for women. 75% of women who accessed this support through children's centres reported that they would not have accessed this support through their GP. Pathway and referral training for health visitors, midwives and early years settings' staff around post natal issues meant that services could be targeted and effective when these vulnerable women required support.
- Through children's centres, parents/carers can be referred to nutrition sessions to increase awareness of healthy eating, while practising healthy recipes that parents can replicate at home. These sessions empower parents to make healthier food choices for their family and provide necessary cooking skills to cook a healthy balanced meal for their family. 92% of parents/carers who attended sessions reported they were able to sustain the changes in their eating behaviours and diet three to six months later.

⁴ Not printed.

7. PROPOSITION

7.1 Children's centres are very expensive to run and create more layers of ineffective professional do-gooders.

Evidence in Newham

7.2 In Newham we have found that operational models for children's centres must include important cost effective and performance management elements in order to provide good value and impact for families.

7.3 In Newham, our centres are run with a diversity of partners, on different sorts of sites and with different needs in mind. The borough, while significantly deprived, has a wide range of different communities and needs and requires a range of approaches to engage parents and target effective services.

7.4 To be cost effective, we make best use of existing centres and venues, using schools and community centres where possible to link children's centre services with compatible services (such as extended school services, voluntary sector training or community services) and minimise additional infrastructure and management costs. Our six directly managed centres (developed from eight sure start programmes) provide an additional base for multi agency services and are managed on a locality model. There are no additional managerial layers running centres and staff are part of a local multi agency workforce supporting and engaging families with an emphasis on targeting vulnerable children at the earliest possible stage.

7.5 Our core childcare offer is run on a market basis. We give only start up funding for childcare provision in centres and in the majority of centres we have a partnership with private sector providers to provide childcare. This generates rental income to support infrastructure costs and provides opportunities for our partners to resource crèches and other services where appropriate and effective.

7.6 Our funding for centres is allocated on a transparent funding formula basis which provides a core infrastructure base but requires additional activity and service provision in order to claim additional funding for staff and resources such as crèche provision. This ensures that where funding is not given to some centres, others will benefit with additional funding based on need and innovative working. These planned services are agreed with the local authority through a delivery plan jointly reviewed every six months. While some of this plan is based on process as measured by central government and help to build the self evaluation forms required nationally, the majority of the plan focuses on activities and outcomes. We will further track and evaluate performance and impact by using cost benefit analysis and we are currently following this through to withdrawal or awards of funding based on outcome and value for money.

7.7 These cost efficiency measures allow us to fund an additional four centres on top of our current 20 centres, enabling geographically targeted provision for isolated communities (see maps at appendix)⁵ and an ability to focus on need and specific local requirements. In addition to this, we have used a children's centre on the edge of the Olympic site to deliver Playing for Success support for school children that require additional curriculum support in different environments alongside core services for young children. Many of our centres are based in primary schools, joining up the extended services in schools and children's centre offer for families with children of different age ranges to mainstream and pool resources.

7.8 Our attached heat maps⁶ show actual numbers of children in different areas of the borough, birth rates and under five population in order to see where changes are occurring and new services may be required.

8. PROPOSITION

8.1 Children's centres have little impact on vulnerable children because of their lack of focus on need and vulnerability.

Evidence in Newham

8.2 Children's centres in Newham are clearly focused on integrating and delivering services at the earliest opportunity to those families who need targeted and outcome based support.

8.3 We aim to identify vulnerable children and their families as early as possible through a clear multi agency process. The process is action orientated and allocates resources at the lowest intervention levels across agencies where possible.

8.4 Our data on vulnerability is informed by initial contact referrals from a range of different agencies. A comparison of the density and type of referrals enables us to look at particular hot spots to tackle underlying problems where possible.

⁵ Not printed.

⁶ Not printed.

8.5 Our Every Child Matters (ECM) meetings are recognised as good practice in identifying concerns from a range of agencies and acting effectively to impact on family difficulties as quickly as possible. Practitioners from Health (midwifery, school nursing and health visiting teams) children's social care and children's centre staff come together as a core with schools, nurseries and voluntary sector partners also attending. The joined up approach to services for young children and their parents tries to ensure that pooling of information leads to tenacious services that prevent children falling through the net within a borough with a high birth rate and transient population. We draw on a wide range of possible services—from universal and low level support such as hand holding support to attend carer and toddler groups to referrals to more intensive and specialist services. Short case studies in the appendix⁷ show how ECM meetings can work to support vulnerable families, lessen the need for specialist services and move families into training and employment.

8.6 The aim is to support families holistically, using the range of resources available to different agencies and joining them up to enable better outcomes for children as well as maximising and rationalising resources.

9. PROPOSITION

9.1 Children's centres undermine the role of parents and add to the nanny state.

Evidence in Newham

9.2 Effective children's centres contribute to the parental role by enabling parents to take their responsibilities seriously and understand how to deal with them. Parenting courses providing early intervention to families experiencing difficulties with children's behaviour or becoming overwhelmed with a range of problems. These families are likely to form part of the group of parents who have later difficulties with children and young people. As families slip into crisis, they need to be rescued by the state when opportunities to turn lives around have been narrowed or lost. These late interventions—where the state steps in as a corporate parent—are far more expensive, intrusive and undermining for family life.

9.3 Earlier versions of support for difficult families through council run or voluntary sector services such as day care often removed children from families to delay, rather than tackle, fundamental issues around parenting and environment. Children's centres work alongside parents to resolve issues with a range of multi disciplinary services to focus on what is needed at the lowest possible level of intervention. Peer support from other parents is used to reinforce approaches to parenting in mixed groups wherever possible. More cost effective universal services are used to underpin any specialist services and include vulnerable families alongside others.

9.4 Children's centres empower parents to take responsibility rather than replacing parental roles with institutional processes.

9.5 Our parenting training shows an exceptional success story of support for different levels of need across a range of agencies and providers. Our approach was to ensure that we worked alongside more specialist areas such as anti social behaviour and community and mental health services, requiring real reciprocal action for staff training, validation and support. This approach ensured that we had access to a far wider workforce to deliver parenting training at a range of levels, empowering parents at the appropriate and lowest point of intervention to boost responsibility rather than reliance.

9.6 Our evidence based parenting programme (Triple P) shows an impact with parental attitudes and abilities in evaluation follow up. We hope to continue this with ongoing assessment and tracking into the future to show trends and longer term outcomes.

10. RECOMMENDATIONS FOR ACTION

- Recognise that the universal and early intervention model works—in Newham we are beginning to find evidence that children's centres tackle fundamental causes around poverty, social exclusion and deprivation.
- Recognise that multi agency communication and co-operation is vital to child safety and that children's centres are the natural local vehicles for doing this.
- Recognise the potential impact of children's centres to deliver local services in a cost effective way. Targeted and universal services (in non stigmatising accessible centres) fit effectively with localised multi agency provision.
- Ensure that resources go further by joining up initiatives like extended schools, Think Family and parenting with children's centres, reducing the separate layers of inspection and support and making better use of existing service based infrastructure.

⁷ Not printed.

- Look at what works in outcomes and impact on families and children’s lives when measuring performance rather than just outputs defined by process, structure and organisational targets. This is not a plea to reduce or minimise targets or output measures, but to focus more effectively on joined up services that make a difference.
- Make cross professional challenge a condition of consultation and recommendation. Do not listen to any single profession groups alone—including “professional” voluntary sector or national body lobbyists and civil servants.
- Ensure a period of medium term resource stability for initiatives requiring long term cultural, organisational and local change.

October 2009

Memorandum submitted by Northumberland County Council

1. Does the Children’s Centre model of integrated services for under-5s & families promote early childhood development and is it an effective response to deprivation?

In Northumberland the Sure Start Children’s Centres contribute to both these aims, in particular through:

- Increased access to high quality early years and parenting provision in disadvantaged communities offering a number of new services; eg subsidised child care/involvement in two year pilot/DCATCH (Disabled Children’s Access to Childcare) initiative, effective allocation of funding for childcare to children assessed by FACT (Family and Children’s Trust) teams as in need of respite care.
- Support from the Central Performance team has enabled each locality to target support to children around the Foundation Stage profile using data and information to support the intervention planning process, and target service delivery, especially with regards to the “narrowing the gap” agenda.
- We work to an agreed SEF (Self Evaluation) process across the county, again with the advice and support of the Performance Team, allowing a clear focus on evidencing impact on outcomes for children.
- Adult learning & employability activities and services, alongside some or all of the above, support parents in finding routes out of poverty;
- Close partnership across agencies supports collaboration around the safeguarding agenda, with shared working practices, information sharing and clear referral pathways.

Specialist advice and support on site (or signposted), enabling early intervention for children with developmental delay/emerging special needs and disabilities or where there are safeguarding concerns. Comments, suggestions or examples to illustrate these points.

DCATCH pilot/implementation of Inclusion toolkit.

Speech and Language Therapists input supported by trained Language Development Workers.

Lead Safeguarding Advisor Role to address safeguarding issues/links with FACT Teams.

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

Children’s Centres and schools offering Extended Services have a key role in addressing child poverty.

Regular, universal work can often lead to the identification of high risk cases. Often these cases would not have been picked up and positive outcomes would not have been achieved without Sure Start intervention.

2. Views on the range and effectiveness of services provided by Children’s Centres

Highlight the benefits of integrated model, in terms of increased scope for early intervention (ie specialist advice and support without need for a referral or appointment etc), holistic responses to children’s needs (eg supporting parent’s mental health as well as child’s language and behaviour) and increased reach of families who wouldn’t usually access relevant services and might be put off by stigma, making and keeping appointments, travel etc.

Presence of high quality Early Years facilities and family-friendly resources in their own community draws families in, so that can be supported or signposted towards any support they may need.

Northumberland’s Sure Start Children’s Centres are rigorously monitored and inspected and there is a clear framework for effective performance.

An important principle of the Sure Start model is that there is a wide range of services provided including universal services. This reduces stigmatisation for service users and supports easy transition for families who may move into (and out of) targeted or specialist services as family circumstances change. An equally important principle is that these services can be provided by a range of providers to enable high quality, inclusive and diverse services that can maximise reach and engagement.

All Northumberland Sure Start Children's Centres have reshaped services to get a balance between universal and targeted provision. We have also endeavoured to ensure each Centre offers "specialist" provision for particular groups eg teenage parents/Dads/BME/Children with disabilities, and in Northumberland's case, families who live in rurally isolated areas of the county. Each programme endeavours to provide a balance between supporting parents, whilst ensuring we can evidence benefits for children (eg ensuring family support does impact positively on children not just parent confidence etc).

3. *Funding, sustainability and value for money*

Funding allocation in Northumberland Children's Centres is based on a budget formula agreed at strategic management group, including a voluntary sector representative with an equal voice in decision making. By basing each Centre's allocation on numbers of children whether or not SSLP/CC 30%/70% SOA areas, and the size of buildings relating to actual running costs, an equal and realistic allocation of funds has been agreed. This also allows each locality to direct resources to frontline services, where they show the most benefit for children and families.

A particular sticking point is longer term sustainability of Children's Centre childcare provision. The Government's plans to have affordable and flexible childcare is not being experienced on the ground (except in London where there's been more funding to boost affordable childcare in the capital and help unemployed parents back to work). In a competitive market parents will go for cheapness at the expense of quality. This is a worry for our Children's Centres, which are often not the cheapest but do offer an excellent standard of care. Tendering/commissioning would mean established and valued childcare run by Children's Centres may go.

Early Sure Start programmes were required to establish day-care as part of the provision. As these were in the most disadvantaged areas sustainability has been a very challenging issue. In particular for day-care there is a tremendous difference between making provision high quality and making it affordable. Day-care providers often argue that the Nursery Education Grant funding for three and four year olds does not cover the true cost of the place.

The push to have Children's Centre day care provision run on a business model whilst also meeting the needs of the most disadvantaged ie "narrowing the gap" and developing a "world class" early years workforce is an example of where current policy is difficult to apply in practice.

Phase 1 and 2 Children's Centres have been quite generously funded—this has been essential to establish services in very disadvantaged communities and where there is often very significant need.

There was also some concern about the difficulty of attracting and retaining Early Years Professionals when they will have to undertake a degree, but know they will still be paid a nursery nurse salary on completion. All staff need to feel valued and recognised, especially those in this position working alongside Teachers who are paid significantly more than they are, in addition many early years staff are already highly qualified and experienced, before setting out to gain EYP status.

Northumberland's Children's Centres have established Value for money principles through commissioning, setting up Service Level Agreements, and continuous re-shaping of core budgets in response to local need. Supporting parents to access their own funding through constituted groups and/or voluntary management committees.

Capital plans have included the widespread use of Play vans for phase 3, as a value for money alternative to buildings and the associated ongoing revenue costs.

An important area of work established in 2002 was the co-location of services, to this end several fire stations across Northumberland now host Children's Centres and associated services. This way of working has produced numerous benefits allowing the Children's Centre and Fire Service teams to collaborate on projects such as home safety assessments, including the fitting of smoke detectors and carbon monoxide monitors, car seat safety, and seasonal campaigns such as candle safety, bonfire safety etc. This collaborative approach has reduced deaths and casualties in Northumberland, and opened the door for further collaboration.

4. *How well Children's Centres work with other partners and services, especially schools and health services*

Northumberland Children's Centres are part of the Family and Children's Trust and sit within 0–19 learning service, this approach has led to a more joined up approach between schools and Children's Centres.

Experience in Northumberland has suggested that it has been difficult to engage with some health colleagues, although this situation is greatly improving. Ideally Children's Centres are a partnership with health, schools, JC+ (Job Centre Plus) and social care—as opposed to working in partnership with them, but the reality has been difficult to achieve, although at a local level there are some very good relationships and successful integrated working. However this is not systematic and indeed systems often make this difficult to achieve—particularly in relation to professional and agency boundaries, agency policies, procedures and protocols, information sharing, understanding of roles and remit and at times a professional “snobbery.”

At Strategic level the Health Visitor Lead Manager is proactive in engagement, and now sits on the Locality Managers group, there are also recently appointed H.V leads to be linked into each Localities structure.

We all believe this situation would be improved if working with and in Sure Start Children's Centres were put into Health and Education's performance management and funding requirements. All parties need to have a shared vision and understanding of the Sure Start model. Staff shortages, recruitment issues and pressure on Health practitioners in respect of safeguarding, and now to some extent the Swine Flu outbreak, are deemed as barriers to full engagement.

In Northumberland, Children's Centre Managers are involved in Extended Services steering groups and have reciprocal arrangements for Extended Services staff and partners on Children Centre stakeholder groups, but relationships vary within and between school partnerships

There is a strong third sector involvement in the Northumberland structure, with a range of contracts, commissioning and partnering agreements in place. We have an established effective model, if this was to change, then services to families would be adversely affected.

Local charities (Children North East) with a long history and therefore known and trusted by very local communities can be harnessed and commissioned to provide trusted services. Innovative solutions, for example, in deeply rural areas can be sought out and sustained, eg a children's centre managed by a group of parents in the North Tyne

The involvement of the third sector can bring confidence, trust and loyalty of communities. The non-stigmatising and non-threatening nature of the sector is crucial. Key partners in Northumberland include Barnardo's and Action for Children, both organisations have a recognised quality workforce, are able to clearly demonstrate outcomes, have robust systems in place to do this, backed up by strong structural and organisational support.

The third sector can respond quickly and pool resources to meet needs, but to do this effectively commissioning needs to be clear, transparent and opportunities for delivery balanced across all sectors, with a built in need for full cost recovery for all commissioned services.

The Children's Centres work well with key partners to deliver the Two Year Olds Pilot which provides 86 places of up to 10 hours of free childcare for children from the IDACI 15% most disadvantaged areas. Strong links are forged with leads from the LA, HV, and CAF.

5. Are services being accessed by those most in need and how effective are they for the most vulnerable?

Northumberland Children's Centres have a “hard to reach strategy” and reports on success/failure of this work in its self evaluation form (SEF).

In terms of challenges, a gap that we identified was a link with adult services. The experience was that even when adult mental health or drugs teams had been working with a parent for a long time they were often unaware that a child existed or didn't see that they had any role in signposting the family/child to services for the child. This again goes back to adult services acting on the principles of the “Think Family” agenda. Children's Centres would be in a much better position to support vulnerable families if they were routinely informed about children who have experienced parental substance misuse or parental mental health problems. Adult services really need to pick up on this and refer more; again guidance at a national level would help to influence this.

It would also be helpful if Children's Centres were involved in pre-birth conferences, extending and supporting a sometimes difficult link to Midwifery teams and ante-natal services.

The general feeling was that we'd like for there to be a broader, more holistic approach and a real commitment to “Think Family”. “There's only so much we can do without help from other agencies”. Referrals, or making people aware of what Children's Centres offer, should be part of a range of agencies' pathway planning (like registering with a school and a GP). Common Assessment Frameworks should be used more too, with a greater focus on the Lead Professional role. Northumberland currently offers a wide range of tailor made services targeting groups such as Fathers, teenage parents, Travellers and so on, these bespoke services, allow families access to a wide range of opportunities, supporting personal development, parenting skills and their contribution to the local community.

Through the Two Year Olds Pilot, family support is being provided to parents and children within the DCSF criteria for that pilot.

6. How models of SSCCs have developed as the programme spreads from less deprived neighbourhoods

Within Barnardo's Children's Centres, the Northumberland model, centres are run as a partnership between Barnardo's and Northumberland County Council. Staffing structures and ways of working have saved money and both organisations' staff work together to deliver on the ground.

Action for Children manage one of the largest Children's Centre in Northumberland and thus have capacity to accommodate a wide range of partner agencies; such as, local health visitors and the Barnardo's Fathers worker as well as Northumberland County Council staff. This model has resulted in greater reach to the local community and innovative partnership working.

In Northumberland we have developed a locality approach to service delivery which takes account of population size, levels of deprivation and local needs. We ensure equitable use of resources across the locality—the larger SSLP act as hub and staff resources are deployed across the area. To ensure value for money, we have undertaken a rationalisation of services to ensure all services are relevant to the identified needs of the local community—evidenced by increased take up.

In phase 2 centres with smaller 30% populations, we have looked at how we place the location of centres in target areas to ensure effective service delivery. In all areas of Northumberland effective partnership working with the third sector is often vital for wide spread and effective service provision.

7. Staffing, governance, management and strategic planning

In Northumberland all the Children Centre Locality Managers are highly trained and experienced in the delivery of integrated service provision and all now hold the NPQICL qualification. Many of the Sure Start staff are now qualified to level three and above, and a significant number are progressing to a degree level qualification. There is a high level of motivation and commitment from all the staff teams, with many staff working across agency boundaries to ensure effective service provision, multi-agency partnerships, skill sharing, and on-going CPD which benefits all, especially the children and families.

Northumberland is a county of contrasts, with urban areas and vast, sparsely populated rural areas; it is acknowledged that one size does not fit all. We need to be flexible and react locally to local need. Rural areas do not fit with the earlier emphasis on the most disadvantaged 30% areas and have historically “missed out” on the provision of vital services. With the flexibility to adopt a more universal service, we are able to include these areas, some of which are within the third worst IMD in terms of access to services, and address issues such as rural isolation and increased risk of post natal depression. With more advanced method of data collection (E-start) we are able to identify very small pockets of deprivation (sometimes just a few streets) within larger more affluent areas, and thus whilst providing a universal offer, can help and support these more vulnerable families.

Our Locality model offers clear lines of accountability/responsibility to Children's Centre managers and staff, with a clearly identified route to and from the FACT board. Thus ensuring effective joined-up response to need and allocation of frontline resources.

We are linked into CWDC/EYP developments with regards to workforce development and at local level are now developing a more effective framework for identifying staff training needs to ensure high level continuous professional development, especially around safeguarding. We are able to show good evidence of “growing our own” staff in Children's Centres, with a range of identified progression routes for staff.

With regards to governance, we are now considering the idea of a county wide advisory board to provide strategic guidance/direction and that under this, each locality will develop governance/partnership structures that fit the needs of their locality.

In terms of strategic planning—close strategic links with health/Safeguarding board input/learning and development including central early years team.

Close links are in place with the LA's Families Information Service which includes training on the FIS data system in order that families can be informed via Children's Centres too.

October 2009

Witnesses: **Jan Casson**, Children's Centre Locality Manager, Northumberland County Council, **John Harris**, Association of Directors of Children's Services, and **Councillor Quintin Peppiatt**, Lead Member for Children's Services, London Borough of Newham, gave evidence.

Q102 Chairman: I welcome our witnesses today to the inquiry that we are conducting into children's centres: John Harris, Councillor Quintin Peppiatt, who is also the Rev. Councillor Quintin Peppiatt—is that the right way round?

Councillor Peppiatt: I never know which way round it is; I'm not an expert in protocol.

Q103 Chairman: All right. Well, we are going to move on from Quintin very quickly then. I also welcome Jan Casson. Thank you all very much for agreeing to give evidence to the Committee. We are going to get on with it, but we always give the chance for our witnesses to have a couple of minutes to say where they think we are on children's centres—or the whole effort to reach these hard-to-reach children—and how effective we have been with children's centres and Sure Start. However, it really is a short opportunity, because we have limited time for questioning. John, do you want to open up?

John Harris: Yes, thank you very much indeed. Good afternoon everyone. I have just a few brief points that I would like to say in summary at the start. Children's centres, in my view, model the joined-up delivery of services for vulnerable children and families envisaged in Every Child Matters and the Children Act. They provide the most visible evidence of impact to date of Every Child Matters in action, particularly in targeting work with the most vulnerable children and families through universal services. The leadership by local authorities has been crucial, along with children's trusts, in ensuring that children's centres focus on key priorities in their area, reflected in the Children and Young People's Plan, and are part of a much wider whole system change that we have seen and taken forward over the last five years. Establishing the network of children's centres has been a significant task and where we are now at, really, is beginning to see evidence of impact, particularly when we look at individual case studies with children and families. There are some key issues for us going forward: first, to be able to evidence the impact systematically across all local authority areas; and, secondly, to ensure the sustainability of the network and value for money. We also need to draw together the learning from the last few years to identify what worked, particularly when we know we are moving into an era where there will be more scarce resources for us to take forward the programme.

Q104 Chairman: John, you speak for the Association of Directors of Children's Services.

John Harris: Yes.

Chairman: And you are also the DCS for Hertfordshire. I imagine that will contrast with Quintin's borough of Newham.

Councillor Peppiatt: Yes, very much so. Just to give some background to Newham for those who do not know it, Newham has 250,000-odd people, though that is a bit of a dodgy one to try and estimate, because sometimes the ONS figures are not quite accurate in Newham. The important thing for the

children's centres is that we hit around 87% of the population of 0 to fives. The population is 90% black or Asian in the 0 to fives. We have a very high birth rate: five years ago it was 3,800 births in Newham, yet this year it is 6,500. That leads on to primary school places, which I know is another concern. Take-up of free school meals is very high, obviously. The interesting thing about the mixture of people is that on the whole they tend to say that they get on quite well. In a survey, 87% said that they get on well together. It is an interesting area to work in. One of the key issues around deprivation and poverty that I want to change is that from this station here at Westminster on the Jubilee line, looking at the figures, for every station that you go towards Canning Town, there is a year less life expectancy. Trying to change some of those figures is crucial for the work that we are doing, starting out in the children's centres.

Q105 Chairman: Jan, that couldn't be further from Northumberland. You've had your own problems recently, haven't you?

Jan Casson: We certainly have—we have had too much rain. I am a locality manager for Northumberland county council, and we are a county of contrasts. We have urban areas with all the associated problems, but we also have vast, sparsely populated rural areas. My own particular patch is 750 square miles, so we certainly don't do pram pushing, as we used to say in the Sure Start local programme days. Often, rural areas did not fit with the earlier emphasis on the most disadvantaged 30% of areas. Quite often, rural areas were historically missed out. With the flexibility to adopt a more universal approach that has been brought through by the children's centre agenda, we are able to access services and address some of the issues such as rural isolation from services. Sometimes, you have families who live in poverty, but they are also living in poverty of service provision in terms of access to basics such as a GP surgery. The pub that used to be the hub of the community often had the post office in it. A lot of those have now gone from our rural areas. In the county council we are trying to concentrate more on our data collection, so that we are able to identify small pockets of deprivation even within the more rural and acknowledged affluent areas of Northumberland. Sometimes, that is just looking down a few streets or at a small hamlet in rural areas—we are trying to do it, but so that it makes sense to our rural population.

Chairman: Karen is going to open the questioning.

Q106 Ms Buck: May I start with Councillor Peppiatt. In your evidence to the Committee, you talked about the extent to which the children's centre model has the potential for reconfiguring the whole way in which local authorities approached the under-fives services. Could you tell us a little bit about the extent to which those changes are being driven, and whether you think that good local government has driven good children's centres, or

whether the experience of delivering children's centres in itself is transforming the way that we deliver services to children?

Councillor Peppiatt: It is a bit of both. When I took over as chair of what in those days was the social services committee, in 1998, I remember visiting one of the social services centres in the area. It was a vivid experience as there were literally six children, with more social workers than that. It really wasn't satisfactory, both in terms of using a building, and in that it was saying, "You go to a social services centre; this is where you do your social services work with the "vulnerable" children." In the same centre, we now get thousands of people going through in a year accessing both child care and health visitors, and all the other services attached to the extended services—it has been remodelled. First, that is cost-efficient, as it ensures that the centre is used in a much better way but, more importantly, the local community is using it. As we have seen from our evidence, we get about 87% take-up. I think that that can radically transform how we deliver local government services, because apart from anything else, it is a much better use of money.

Q107 Ms Buck: John, would it have been possible to make those changes without the additional investment that children's centres brought with them? Have children's centres and the money that has gone with them helped to unlock a way of spending money more effectively, perhaps also through the children's trust model?

John Harris: As Quintin said, there is a lot of evidence from over a number of years that having a more integrated approach to early years services makes a difference, particularly in more vulnerable communities. In my previous experience as a director in Westminster, there were some very good examples of where integrated nurseries worked. The key issue was going from what were often good local initiatives to something that was far more systematic. I think that the national funding, along with other changes relating to children's trust arrangements and the expectations about joint working at every level from the strategic leadership of the key local agencies right down to local delivery, has made it possible to systematise the work with children's centres. However, there was a strong professional evidence base about the impact of integrated working before we embarked on the children's centre programme. What the national funding has provided, along with the expectations about joint working through children's trusts, has been a much more systematic approach, and not just in the places that more naturally lent themselves to that philosophy and approach. Speaking for many local authorities, I think that it has given us that system.

Q108 Ms Buck: The years have flown by; I can't remember when you left Westminster.

John Harris: 2002.

Ms Buck: That was a long time ago. The Committee went to look at the Queen's Park Sure Start centre, which was based on Dorothy Gardner, which you

remember very well. One of the very positive elements of the beginning of Sure Start, leading into the children's centre programme, was the extent to which you had different models of delivery that grew up on the basis of particular patterns in the voluntary sector, community sector or nursery setting. Some are saying that we have lost that a little as local government has increasingly become the single driver of the children's centre model. You're all shaking your heads emphatically.

John Harris: I disagree with that.

Chairman: There's a lot of head shaking. Jan, you were the first and most vigorous.

Jan Casson: I was the vigorous one. In Northumberland, there are five localities. Of those, one is managed by Barnardo's and one by Action for Children. That voluntary sector influence has been absolutely key to what we delivered not only county-wide, but on a locality basis. I cannot do what I need to do for the families and the community I work with without the support and the infrastructure that the voluntary sector puts in place for us. Whether that is through a commission service, a service level agreement or just mutual support, it is absolutely key to delivery.

Q109 Ms Buck: I think that is absolutely right, but some of the voluntary organisations that were active in the early years field—whether a freestanding nursery, a Newpin or any other of these voluntary organisations—are saying that the flexibility and the ability to drive the agenda that they had has now gone.

Councillor Peppiatt: We have to deliver services differently in different areas. The reality is that in the north of the borough we have a mainly Bangladeshi and Asian population, so it needs very different services from the south of the borough, where we have white and Afro-Caribbean communities. They require different services, partly because of English acquisition and partly because of a whole series of other cultural influences, which means that we can't do things on even a borough-wide basis in Newham, because of the differences between the areas there. So each children's centre delivers different services, depending on the community in which it is set, so I don't think that we have lost any of the individuality of the different children's centres.

John Harris: The key thing is that the local authority should set a strategic lead and a strategic framework. That is not the same as being the provider and closing out other providers. If I may be parochial, Hertfordshire has 82 children's centres in its framework. The authority set an overall specification and commissioned a lead agency to develop each of the 82 centres. If you look at the lead agencies, you see that there is a whole range from schools to district councils to voluntary organisations—both local and national—and all of them are acting as lead agencies. There is a very diverse base of lead agencies, and their brief is to put together a network of services that are appropriate to each of the 82 micro-communities. Again, those communities will be very different from some of the communities that are very close to the edge of

7 December 2009 Jan Casson, John Harris and Councillor Quintin Peppiatt

London and which have inner-city characteristics, and from the most rural areas—certainly in our county. It will not be one size fits all; it's the lead agency's job to work within a core framework, but then to fine-tune the range of services to the needs of the local area. If every local authority in the country were here, they would certainly be saying that that was the approach they needed to adopt.

Chairman: Karen, have you finished?

Ms Buck: I think so, for the moment.

Chairman: Okay. We'll move on to Douglas, who will talk about expansion.

Q110 Mr Carswell: There has been an expansion beyond the initial idea of targeting just the most deprived wards. Jan, I think you were a Sure Start adviser when Sure Start first got going, so you would have seen the change in focus. What impact has this had? To use the phrase that someone used before this meeting started, is the jam being spread too thin? Are services being watered down as a result of the expansion?

Jan Casson: What I would say is that we are doing things differently. It was very difficult as a Sure Start local programme manager. It was a bit of a postcode lottery, and morally it was quite hard to define the boundary of your Sure Start area when you knew that maybe 400 families just beyond the boundary were equally in need of the services, so in some ways we almost tried to subvert the system by spreading the jam a bit thinner when we were a Sure Start local programme. What we've been able to do now is to do it with the blessing of the DCSF. We are doing what we should be doing, which is serving all our community, but serving them differently.

Q111 Mr Carswell: Did you personally feel uncomfortable with the idea of you taking responsibility for focusing on certain areas and not others? Would you feel more assured if there was official guidance to avoid you having to take that responsibility?

Jan Casson: In the early days, I did feel that we were concentrating on small areas, for very good reason—because that was where the Sure Start programme was designed—but the children's centre agenda has allowed us to look wider and to do more. However, that doesn't mean the service is the same for every family. There is an element of targeting within that universal provision, and that is the only way we are going to meet the needs of those families who need help the most.

Mr Carswell: Quintin and John, did you have anything you wanted to say?

Councillor Peppiatt: Yes. I agree, in terms of you having a universal service. I remember when we first put in for Sure Start. Obviously, all our wards were in the bottom 20%, so actually all the wards could have covered a Sure Start local area. It was almost impossible to say from one street to the next which was the most deprived. There was no real difference, so what we initially put in for was one across the whole borough, which was then rejected and turned back—they said, "You just want to have the 400 families." What we have done with the money we

have now is we have got it across the whole borough. We have 20 children's centres, plus four extra additional centres. You obviously can't do the serious intervention with all the families. You have to target, as Jan was saying, depending on when they come in. One of the interesting ways we have been working—this is just one example—is on the family consultation service, where there were a lot of did not shows or did not attends. The children did not turn up to counselling events when they were referred to them. They then were referred on to us in terms of the children's centres in the local areas, and about 82% of those families then engaged. The reason they engaged was that it wasn't a specific service in terms of saying, "You need counselling." It was engaging the whole family—the parents as well—and getting them into the children's centre, and then we did the extra work that was needed. So it is that targeted intervention, when needed, on particular families.

John Harris: Just briefly, I think it is unhelpful to go back to a comparison with the Sure Start local programme. We have a whole different framework now in which children's centres are actually working. We have the universal service and the key issue, it seems to me, is about how you ensure that there is effective targeting. Certainly in many areas, you will not be able to identify one children's centre community with a deprived community. In fact, there will be pockets right across the whole of the area. The key thing really is about how you resource, and resource differentially, for different children's centres and the communities that they serve. Partly, that can be done with the way the local authority works out its formula for resourcing the children's centres, but there is also a role for the children's trust. Each children's trust has to have an overall view about the levels of need for vulnerable children and families in its area and to build that view into its children and young people's plan. Then it will focus a whole range of resources on those local communities, and the children's centre and the leadership of the children's centre should be networking into that. So, I don't think there is a risk that the jam is being spread too thin, to use your words. It is more about how you use the range of other things that are available to the children's trust and its partners to resource targeted support at the right level.

Q112 Mr Carswell: In my part of the world, there is a children's centre called The Ark, which has been going since the 1950s and was actually doing many of the things that Sure Start does. When it came to expansion, though, there was a feeling that that meant creating a totally new architecture in parallel to an existing civic institution and, it would be said, at a cost to that civic institution. They have substituted what was there, at great cost to it, rather than building on what was already there. Is that a problem that you have come across before? Have you had complaints that, when expanding, what was there already is not looked at?

Councillor Peppiatt: In our area, because there wasn't a massive private sector—

Mr Carswell: It's not private at all. You misunderstand me.

Councillor Peppiatt: Yes. Because we did not have a vast amount of child care places, we have created 4,000 since 1997. There just was no child care provision before, basically. It was very minute, so actually we needed that expansion to happen.

Q113 Mr Carswell: Are you aware of examples where the expansion has substituted or undermined what was already there, or are you not aware of any cases?

Jan Casson: No. I was a Sure Start local programmer for East Sussex county council before I moved to Northumberland, and we had a very clear mandate from our local authority and the local community.

Q114 Mr Carswell: That is not the same question. I'm not saying, "Was the local authority blind to what was already there?" Were you aware of instances where there was something there and you disregarded it, and you shouldn't have?

Jan Casson: Absolutely not, because we were spending public sector money. We had to make sure we were making a good case. I can honestly say that we did not replace. What would be the point of replacing something that was good and working? We added value to that.

Q115 Mr Carswell: A final question. We have talked a bit about the expansion. I'm looking at some figures for Hammersmith and Fulham where the Sure Start local programmes are now receiving less than they were. Surely, by definition, expansion must mean that there is not enough going on the initial narrowly focused projects, which were surely what it was all about. Has not expansion meant that there is not now enough money to target what was originally intended to be targeted?

Jan Casson: If you're asking me do we need more money, I would always say yes, because we have been poor for longer than we've been rich in the early years. We are very good at looking at what needs to be done and doing it. We can be creative, we can be imaginative, and it's not always down to money. Sometimes it is about changing hearts and minds and allowing the public sector to do what it does best, but making sure that the private and voluntary sectors are playing the key part in that.

Q116 Mr Carswell: So there is no need to recalibrate or refocus?

Jan Casson: More money is always useful.

John Harris: Just on resourcing, very briefly, I think it's wrong just to assume that there is core-level funding going into children's centres and that's it. Certainly, my experience and many authorities' experience is that what you're looking to do is get centres that are quite entrepreneurial in the way that they operate. In other words, they don't simply operate on one source of funding; they build a network and bring together and align a whole range of other resources to create a programme that serves their local community. So, they will be drawing on funding for adult learning, for example, or through

their PCT or their extended schools provision programme. It isn't simply about one source of funding. I have to say that there was also probably a very welcome re-evaluation of the way in which expenditure on the Sure Start local programme was done when we moved to the wider system. It isn't simply about one source of funding; it's about the way that's put together creatively.

Q117 Mr Stuart: One of the shortcomings of Sure Start and children's centres has been how difficult they have found it to reach the hard-to-reach families. I know from reading the submission from Newham that the feeling is that you've succeeded there. Would it help, in order to ensure the welfare of the most vulnerable children, who are the youngest children, if there was compulsory registration of all children, either with the local authority or with children's centres, from birth?

Chairman: You are being very naughty, Graham, but never mind. Very quickly with that, because it's not on the main agenda today.

Councillor Peppiatt: I am willing to take the bait. I am happy, in a way, with compulsory registration, for access to services: I think we should have compulsory registration in terms of immunisation, in terms of doctors and in terms of dentists, where we've got a real problem in terms of getting people actually into dentists' surgeries. Actually, I've got no problem with that, because to access those services, you ought to have certain other people brought in. Especially when you've got, in our area, a very mobile population, sometimes just getting them on the registers in terms of the dentists and doctors, and also in terms of the health visitors, would be useful.

John Harris: There is clearly a need to ensure that children's centres have the most accurate and up-to-date information about the children in their community. There has been quite an issue of variations between local authority areas about getting that information, so some sort of compulsory registration would be one way to achieve that reach.

Chairman: You didn't say whether you wanted it.

John Harris: There is quite a debate about whether that would be helpful or not, but I do know that at the moment we have not got the information consistently in each of the children's centre areas.

Chairman: But John, we were asking your view and you still haven't given it. Would you like to see a compulsory register or not?

John Harris: It is worthy of exploration.

Jan Casson: Part of me wants to say that it would be very good because then we would know that we were reaching every family, but the other part of me wants to say that I want them to register because we provide such a fabulous service that they wouldn't want not to be registered.

Q118 Helen Southworth: Do you think there are children in local areas that people don't know about?

Jan Casson: Yes.

Councillor Peppiatt: Yes.

7 December 2009 Jan Casson, John Harris and Councillor Quintin Peppiatt

John Harris: Yes, and some of the most vulnerable families that you want to have involved are sometimes quite invisible to a whole range of public services. Building up their innate trust and confidence is one of the key jobs of outreach team members.

Councillor Peppiatt: I can give you an example of that. The registration of doctors—even though it isn't the full registration in Newham—gives us a population of 330,000. Our ONS figure is 256,000. It obviously isn't that amount—there is mobility and all the rest of it—and they haven't cleansed their lists, but there is still a massive under-registration.

Q119 Helen Southworth: And is that considered a risk factor among your professional colleagues?

Councillor Peppiatt: Yes.

Jan Casson: Yes, it is definitely a risk factor. One of the issues we have, being on the Scottish border, is that families travelling down from Glasgow and Edinburgh see Berwick and think that is quite a nice place and get off. They may only stay a few weeks, perhaps in a farm steading or a B&B, and then move on. Quite often they are the vulnerable families we never get to see because they don't appear on anybody's radar. We only hear or see them if they end up in A&E or there is a safeguarding issue.

Mr Stuart: Pushing your indulgence, Mr Chairman, could it be best done by using the existing database?

Q120 Chairman: We are looking at children's centres. You've got away with blue murder. It is a very good question that has been answered. Everyone else wants a chance to ask questions. I'm sorry. We have missed out a very important one about Together for Children and its support and challenge. How important is that? What do you make of that organisation?

Councillor Peppiatt: Could I give you a list of the organisations that inspect us at the moment?

Chairman: No. I want you to talk about Together for Children.

Councillor Peppiatt: Together for Children is one of 10 or 15 organisations that inspect us: Goal, which does a lot of inspections; the National Academy of Parenting Practitioners; the Teacher Development Agency on extending schools; Together for Children; Together for Disabled Children; Play England; London Play; the LDA on the child care initiative; Ofsted, of course; the National Support Team which is around health; and the Child Poverty Unit about employment. I have also got the LSC looking at family learning and I've got National Strategies. I am happy to look at Together for Children but all of them are looking at local authorities and children's centres. There is some scope, I say in an English understatement, for perhaps thinning down the number of inspections that we all have to report to because half our officers are spending half their time just reporting to agencies.

Chairman: Anything on that, John?

John Harris: Generally I agree that there needs to be a reduction in field forces. Taking the question in its narrow sense, Together for Children has provided a

range of supportive toolkits and other materials to help local authorities and their partners develop children's centres, but I think the overall approach needs to be light touch and I am sure we will want to review field forces for the future.

Q121 Mr Timpson: The last few years have seen a relentless roll-out of the capital programme for children's centres. Some would say it has been quite unrealistic in its ambition of ensuring that every centre that has opened is a good-quality community space and has had the full consultation of all local users and providers. Obviously, we're keen to ensure that every community has a children's centre where it's needed, but has this timetable been realistic? If it hasn't, what have the consequences been, particularly for those in phase 3?

Councillor Peppiatt: On the capital side, the approach in Newham is mainly on refurbishments, so it hasn't taken as long. Where we have done extra builds, it's a quite expensive way to do it, because of the London costs in terms of building within London. Yes, it's taken longer than we would have hoped, to be honest, to get through various things—we're just coming to the end of the building programmes at the moment. Was it unrealistic at the beginning? Well, I'm glad we had the time we've had up to now to do it. We certainly couldn't hit the initial targets that we had, and we had to keep having roll-overs. We had building problems with contractors, such as you always get. So it did take a lot longer than initially envisaged.

Jan Casson: We found that we just had to be a wee bit more creative. We used quite a lot of modular builds. The good thing about a modular build is that the community see their ideas very quickly take shape and so, yes, it was challenging and it's been very difficult. I think certainly in the early Sure Start programmes the managers learned skills around building that I never thought I would need in an early years setting, but actually that stood us in good stead. But Northumberland has taken a slightly different tack at phase 3, and we've gone for more mobile provision, mainly to ensure the sustainability of the buildings we already have, rather than immediately thinking we should build more.

John Harris: The programme has been extremely demanding, to establish the full range of centres, and certainly the capital doesn't extend to being able to support the kind of generous new build that I think Edward's question was implying. I think local authorities and their partners have to be extremely pragmatic and target very carefully where they would invest in major new facilities and where they would build smaller-scale additions to existing facilities. The thing I would leave you with is that this is all about a network, not a building. You need a core building as a centre, but it's about the network of provision and the relationships, rather than just focusing on one centre building.

Q122 Mr Timpson: But it's also about accessibility to the services. Are there instances that you can point to, or occasions where you've had to compromise the

location of a building purely on the basis of cost, as opposed to accessibility to those in the community whom you would like to be able to access that facility?

John Harris: I think every local authority in the country will have had to make some hard judgments about exactly where they will put the level of investment and try and get the best fit between the capital available and the local centres, and that does inevitably mean some compromise either about location or about precisely what the mix of facilities would be.

Q123 Mr Timpson: Jan, in relation to Northumberland—a predominantly rural area—has trying to find the right model of children’s centre for that more dispersed population brought its own difficulties in trying to deliver what is required within the capital budget that you have been given?

Jan Casson: It has brought some difficulties, but also some triumphs, in that we co-located with the fire service and now have five fire stations that are also children’s centres. At first, that does not seem like a sensible fit, but the extra outcomes that we have been able to achieve through that marriage have been phenomenal. Apart from the fact that we do not pay each other rent, because we are all county council, it has made a working partnership that has allowed us to exploit, for me especially, the retained firefighters, who are the men, women, mums, dads, grans and granddads of the local community. So what was a pragmatic, “Let’s save a bit of money by co-locating” decision has actually paid dividends.

Q124 Mr Timpson: Do you go away from this with the view that you have been given sufficient freedom to develop the local models that you need in your area, or have you been constrained in any way by the criteria that you have to keep to when developing each individual children’s centre, and your network of children’s centres? Basically, have you got what you wanted?

Jan Casson: I would say yes.

John Harris: I would say there has been a very good balance between a core offer and the scope to innovate. Again, it depends on the framework of leadership. What is key is being clear about what you have to deliver, and then giving scope for a lead agency or the leadership of a particular centre to be able to fine-tune the services for a local centre. I think the balance has been right. The timetable to establish centres has been pretty demanding, and that is where the biggest risk has been—delivering to that time frame and with the constraints on capital and other resources.

Chairman: I have a delightful image from *The Beano* of delighted children sliding down the emergency pole. It sounds a delightful place.

Jan Casson: I hate to tell you, but we don’t have any poles.

Q125 Chairman: You don’t have any poles? Oh dear, that has destroyed my image. John, is it not a fact that taking a cheap option is not always a good

thing? I know that there is great demand, but children’s centres should be in the right place, and sometimes the worst place is in a school where a lot of the parents are anti-school. In some of the places I have visited, being on neutral territory has been rather good, instead of being too close to a school or in a school setting.

John Harris: There is an argument for that point. Certainly, there needs to be some pragmatism about where to put the base. Your point is that wherever it is located there needs to be something that recognises the centre as community space. When children’s centres are established on school sites, they often have their own identified children’s centre room and reception, and something that makes it visibly distinct from being associated with the local primary school.

Q126 Paul Holmes: The main source of funding for children’s centres is from Sure Start, early years and child care grants, but you can also get money from Jobcentre Plus and primary care trusts. Do they all contribute equally well across the country, or is there good practice in some areas and nil practice in others?

John Harris: You won’t be able to get an exact fit in every one of the 150 local authority areas, but generally there is good evidence of joint funding and investment around a whole range of programmes. The key thing is that that is easy to achieve where good alignment has been established at children’s trust level, and when you have some idea about shared outcomes and are clear where the children’s centre programme fits into it, and also when you are clear about what the children’s centre is meant to do to support the local community. As long as there is good alignment around those objectives, it is easier to bring in the range of funding. What is not successful is just asking people in effect to fund without a context. It is all to do with the leadership and the way in which the centres are tied in with the wider set of proposals for local improvement.

Councillor Peppiatt: The other thing that is important is that you can have the children’s trust model where you all work together—that is absolutely right, and we must get it right—but there is also a place for service level agreements being quite tight in terms of saying that you’ve got to deliver for the money that is being commissioned by the children’s trust or whoever, and that you deliver the outcomes. Whether it is our partner agencies or whatever, there must be delivery, and we are quite strict about the service level agreements that we draw up with all our partner agencies.

John Harris: If I could just add to that parochially for Hertfordshire, each of our lead agencies has a formal agreement with the local authority around its contract for delivering the children’s centre, and part of that is a whole business plan and a funding agreement. They are required to look at bringing together all the different funding streams as they put their partnership together. Then there are strategic agreements between, say, the PCT and the local authority to support each of the children’s centres.

You have a number of things that put in place the propensity to get the resources that you need to support the local programme.

Q127 Paul Holmes: None of you mentioned Jobcentre Plus specifically. I have seen an example in Chesterfield, not through children's centres, but when money from the working neighbourhood fund has been really helpful in reaching hard-to-get groups that would never go near a jobcentre because they think it would take their benefits from them. We were talking earlier about not having children's centres based in schools and the two of them having the same barriers. Has Jobcentre Plus been successful in getting involved anywhere, or not?

Councillor Peppiatt: Yes; I mean, certainly we've been involved with Jobcentre Plus, and also a local initiative called Workplace, trying, with the Olympics in sight, to do some work around that. I think—certainly for our communities, in getting the parents in—because some of the initial LSC funding has been taken away, in terms of the lower level courses, that's hit us really hard. Actually getting English acquisition, the lower level course, and just getting people into a context where they can learn, is very important, I think—and actually take up jobs and have the confidence to do that. That can happen in a children's centre at the moment, obviously if you have got the funding; but with the LSC going particularly for the criteria, and all the rest of it, that makes it more difficult, when that's being withdrawn from the further education colleges; and those courses are being withdrawn because of the LSC funding arrangements. So I think there is a real gap there, but certainly our parents—the most deprived—are really accessing those kind of lower level courses, to go on higher.

Jan Casson: In terms of rural areas, Jobcentre Plus has been incredibly supportive, I think the difficulty being that they can't come out and do sessions in the rural children's centres as much as they can in the urban ones, just because of the geographical spread. I mean, one of my centres is at Seahouses, and it would be a 34-mile round trip for the local JCP advisor to come out, so we've had to think differently about how we work together. Certainly I think the relationship is a strong one, but sometimes it's frustrated by the geography we have to deal with.

Q128 Paul Holmes: We're coming to the end of the ring-fenced funding and we're coming to the start of the public sector cuts, because of the recession and public debt, and all the rest of it, so is all this going to be sustainable over the next year or two?

Councillor Peppiatt: I can speak for Newham, because we obviously get a large chunk of money because of our deprivation, and £17 million comes in for the extended services. If that is cut away, the children's trust may take on some of it, but it can't replace the £17 million that we would lose if that money was taken away, and so a lot of the services would have to go. There would just be no way of sustaining it from the children's trust funding, to that level. Obviously the child care element would stay, because hopefully the tax credits would still

stay, so we've got a very self-sustaining model there; we haven't given great subsidies to child care providers—just start-up grants and things. But the other elements—the extended school elements and the children's centre elements of it; the wider elements—we would struggle with, I think.

John Harris: It is true to say all local authorities and children's trusts and the centres will need to do a fundamental reappraisal after the next spending round. I think, quite bluntly, we've been able to establish a range of services now, but there will need to be quite a sharp reappraisal, depending on the level of resourcing that is in place, and a judgment about where the major priorities will be.

Q129 Chairman: Where is your priority for children's centres? Where would you put it?

John Harris: You've got to have the core offer of high-quality child care, in particular focusing on the most deprived communities—particularly where you want the integrated offer—and I'd be wanting to make some judgement about other centres, about the level of resource or, indeed, whether you would provide a centre in every community in the way that we do now.

Q130 Chairman: So if you went for the 30% most deprived areas you wouldn't be worried.

John Harris: I think just to go back to the 30% most deprived areas would be a key problem because I think you would miss out, then, some of those pockets of deprivation that I mentioned earlier. Nevertheless, there are some hard choices to be made about exactly what you would cover in the programme, and to what level of resource. I think all local authorities and children's trusts inevitably are going to have to make that judgement.

Q131 Chairman: Is that a coded way of saying some children's centres are worthwhile and others aren't?

John Harris: No. I don't say that. I think they're all worthwhile. I think if you have scarce resources you'll need to make some judgements about exactly which centres you would put more investment in, and where you would place your emphasis, on the core.

Q132 Chairman: Would you go to the stake for children's centres?

John Harris: As a director of children's services I would go to the stake over children's centres. I think they've been a massive investment in early intervention, prevention and modelling a whole different way of working—working with children and families in a non-stigmatising way, and working with children and families at a point where, as new parents, you have the maximum opportunity to capture parental interest and promote their capacity. If we don't invest in that ring of children's centres, we risk high-cost intervention at a much later stage because we have fundamentally failed either to support children at risk or to empower families who are among the most vulnerable in our community.

Q133 Chairman: I got a lot of passion out of you with that question. I daren't mention stakes to a priest, but Quintin, how far would you go for your children's centres?

Councillor Peppiatt: I think crosses would be better than stakes. There were 55,000 users last year that we had in Newham that wouldn't get the services that we are providing, so I would. It's our community. It's the most deprived community. Most of them are in the top 10% of deprivation indices. Yes, I would absolutely go out of it, because I think that they do an excellent job in terms of bringing those communities that weren't catered for in many respects before into the community, accessing jobs and employment. There's some really excellent work that we're now finding coming out of it, so I would go to the stake, or cross, over it.

Jan Casson: I was running a home visiting scheme before Sure Start came along, and I was running it on very little money. Every day we were seeing children whose home situations weren't bad enough to come to the attention of social services, but those children were living in situations that in the 20th century, as it was then, we should have been ashamed of. I can't even think what it would be like to go back to pre-Sure Start times. The number of children we saw on a daily basis whom we were letting down doesn't even bear thinking about.

Q134 Paul Holmes: There is concern—I have certainly seen it in Derbyshire—that some of the parents Sure Start was most aimed at are getting squeezed out by parents and families who need it less. If you've got local authorities who are now looking at charging, like North Tyneside, Lincolnshire¹ and Hammersmith and Fulham, is that not going to destroy the whole concept of Sure Start?

Chairman: I can only take one of you on that.

Councillor Peppiatt: Absolutely. Certainly from our communities in Newham, it just wouldn't be an option. They wouldn't be able to afford it, is the bottom line, actually. Most of them are on benefits. There would not be a way of accessing services unless you put it into some other form.

Chairman: Graham, one quick one-liner to one person.

Q135 Mr Stuart: Going back to the earlier point about finances, were there to be a big reduction, whatever it might be, across the public sector, it might be 20% or whatever people talk about, would you want to see an even cut in the budget across everything, or would you think we're better—I think

previous witnesses said to us they'd rather have a smaller number of excellent centres than a larger number of mediocre ones? Any thoughts on that choice, if that was the choice on offer?

Jan Casson: From a Northumberland perspective, I would say we haven't got any mediocre ones and we're already giving very good value for money, because we're thinking differently. We're taking our services to families rather than always making families come to services. Every day, we're looking at ways of saving money, so that direct service intervention is where the money goes.

Q136 Mr Stuart: So, better across the board is your answer?

Councillor Peppiatt: I have a vested interest, obviously. If you do the bottom 20%, then Newham is great. But the reality is that I think they offer, across the board, some excellent services to families that have not been able to access them before. I think it would be really devastating to my communities if those extended services were then taken away. They've allowed people to get into jobs, to get into training, to skill themselves and also to have parenting courses and a whole series of other interventions that have been really useful for the public sector in terms of value for money. We don't have a large bureaucracy. There are four quadrant managers across the whole of Newham for 55,000 interventions. This is not a large bureaucracy. There's a bit of data collection that we need to do. It is a very good value for money service, I think, and it should not be cut. I would say that, wouldn't I?

Q137 Chairman: Do you agree with that, John?

John Harris: I think it would be a real shame, having established this national network as we have and taken three years to do it, to completely dismantle it, but recognising that there are constraints on public expenditure, rather than simply leaving people the stark choice whether to dismantle or not, I think you would need to try and reframe the way the entire network operated. It would be possible to do that, perhaps retaining centres of a particular kind in their most challenging communities but using some of the existing learning around what works with vulnerable children and families to put in place a slightly different network. But I think to lose the network as a whole would be a real shame.

Chairman: We only get to the really interesting questions and answers as we go through and build a relationship. Now that we have built it, we are going to say, "Could you please step down and let the new panel come in?" However, will you remain in touch with us? Very often after people leave they think, "Why the hell didn't they ask me this question, and why the hell didn't I tell them this?" We want to make this a good inquiry, so if we could keep the relationship going, we'd be very grateful. Thank you for your presence today.

¹ *Member correction:* Lincolnshire County Council states in its written submission to the inquiry that it has established a group to consider sustainability of Children's Centres with a focus on income generation and social enterprise, but does not refer specifically to charging for services.

Memorandum submitted by Ormiston Children & Families Trust

1. INTRODUCTION TO ORMISTON CHILDREN'S CENTRES

1.1 Ormiston Children & Families Trust manages 11 Sure Start children's centres, in the East of England, in Colchester, Ipswich, Peterborough and rural Fenland. We are commissioned by four different local authorities to provide this work. Our original family centre, operational in Ipswich since 1981, was a forerunner of the existing children's centre model and became a designated Sure Start children's centre in 2008.

1.2 As a children's charity, our aim is to reach those children most disadvantaged by their life circumstances. Our areas of expertise include children affected by imprisonment, the children of Gypsy and Traveller communities and children and young people at risk of emotional and physical harm.

1.3 Our children's centres are therefore unique in that we are able to include and apply these specialist areas of work within our mainstream community services, reaching those marginalised by their life circumstances and working with other agencies to help them improve their life opportunities, health and well-being.

2. EXECUTIVE SUMMARY

Ormiston's experience of running a children's centre for 28 years makes us uniquely qualified to comment on the efficacy of the children's centre model.

2.1 We can see that our newer children's centres cannot yet provide the service we have in our long-established centre because it takes decades to embed the service into the heart of the community and fully engage with both the most vulnerable families and the partner agencies that can support them.

2.2 We can see that continuing support past the five year age barrier is crucial to families struggling to cope with a variety of challenging circumstances. Passing support of parents and children onto Extended Schools is not working comprehensively, because of a lack of resources and universality. The failings of the Extended Schools system could make it seem as though the children's centre system of support is failing, when this is not the case.

2.3 The transition of support must be smooth, stigma free, universally available and individually tailored in order to protect the most vulnerable children and adults in our communities. Without this, the most vulnerable children and families are falling through a gap almost as soon as they reach the threshold of five years, and move beyond the remit of the statutory children's centre support. Whilst children are catered for when under five, the risk factors often increase as support drops away once they go to school and become wholly reliant on schools to pick up underlying health concerns and emotional, social and physical issues.

2.4 Having expertise in working with the most vulnerable groups within our society enables us to provide greater support to these individuals and to ensure our services, and those of our professional partners, meet their unique needs.

3. OUR COMMENTS ON HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

3.1 Ormiston's Ipswich Family Centre was a forerunner for the children's centre model and had been operational since 1981 in a deprived area of Ipswich. It became a Sure Start children's centre in 2008. Because the pattern of inter-agency support is well established here we can see that it takes decades to develop this method of working within the heart of the community.

3.2 We also provide a service of support for young people aged 5–16 (and up to 24 if Looked-After or special needs), attached to this children's centre, so that vulnerable children and young people still receive support after the age threshold of the statutory children's centre remit. This service includes support for bereaved children, children with parents who abuse drugs or alcohol, children excluded from school, young carers, children of newly-arrived families in the UK, children with a wide range of emotional and behavioural concerns, as well as children of prisoners and children of Gypsy and Traveller communities.

3.3 Our seamless support method provides families most isolated and at risk with tailored help through the difficult times in their lives.

3.4 Local authority controlled children's centres tend to focus more on early years provision. Ormiston's knowledge and expertise of working with vulnerable families and family support intervention differentiates our work in children's centres from those run by local authorities.

3.5 It is our intention to develop all our children's centres to provide continuous family support beyond the threshold of five.

4. OUR COMMENTS ON THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

4.1 *Children's centres—A model for community cohesion*

Our children's centres provide a one stop shop for under 5s services, which brings convenience, familiarity and belonging, thereby promoting community cohesion and integration. We also choose to take our work out into communities, into schools, prisons, homes, with the aim of providing support free of stigma and to create a sense of ownership within the community.

4.2 *Children's centres provide universal services that are stigma-free*

Our children's centres provide a range of services both targeted and universal, with staff building confidence skills for the whole family either in their home and/or supporting them to access the centres. Our children's centres have developed to provide a good model for social care services engagement. Children's centres provide preventative intervention, with an emphasis on non-labelling, so there are no issues with stigma attached to attending certain groups or receiving particular services and you do not have to have a problem to access the services.

4.3 *Quick referral and crucial early intervention*

Both parents and professionals have identified that the referral route for support can happen quicker and more effectively through children's centres. Routinely having professionals ie health, speech therapists, qualified teachers present in the centres, prompting the early identification of development delay, providing parenting support without waiting nor having to access clinical settings, helps parents to feel more at ease with the "professional". Support is needs-led from where the individual family has identified issues.

4.4 *Parents very involved in developing services to fit their needs*

It is important to ensure that parents and children play a part by having a say on what their centres should look like and provide. We have parent representation on our advisory boards and make sure the language and rhetoric used does not exclude them from participating in decision-making and understanding how their children's centre works for them. Our expertise allows us to recognise where we might overlook or alienate the most vulnerable, perhaps because of literacy or language differences, and ensure we include and involve them. We do not believe all Early Years-focused local authority controlled children's centres will necessarily have this experience of working with vulnerable families.

5. OUR COMMENTS ON FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

5.1 *Benefits of working together*

Added value of multi-agency, multi-disciplinary approach to working with communities. This element of participation and volunteering breeds sustainability and ownership and creates a sense of community responsibility.

5.2 *Shared resources among professionals also helps reduce barriers to access for the most vulnerable.*

Resources can be pooled and health care and education professionals can work from the children's centres and use equipment, and in turn the families receive the support needed, ie health clinics taking place within the centres. This obviously also reduces the travelling and other inconveniences which might prevent a family from accessing vital health care services.

6. OUR COMMENTS ON STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

6.1 *A need for sensitive consistency without uniformity*

Having one umbrella organisation overseeing the children's centre agenda development (Together for Children), with prescriptive structures ie partnership boards, advisory board, lead agencies etc, should promote consistency. This appears fluid and dependent on local political priorities.

Early Years staff should be complimented by social care staff at all times in order to provide the preventative early intervention family support packages.

7. OUR COMMENTS ON HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

7.1 *Reduce competitive commissioning*

Not all delivering partners engage in the same way across the board, making partnership working patchy and ineffective in some areas. Commissioning of these services could be self-defeating as partners become competitive and not necessarily want to share resources. Also with commissioning, the commissioners appear not to look at quality most of the time choosing to go with more for less which then compromises achievement of the intended outcomes.

Because we work with four different local authorities we can see that the level of support and success of children's centres, working in partnership with other services, varies from one local authority to the next.

7.2 *It takes time to build relationships that work*

Work is in place in promoting the work of children's centres, but it takes time to build relationships with partners and other services. Multi-agency work is still very new. Trust and respect of all professional heritage has to be established. For example midwives and health visitors need to learn to know and understand the full breadth of services within the children's centres to understand the benefits of encouraging families to take part. Where our children's centres are well established we can see this is clearly working very well. However, it has taken time and effort.

7.3 *School links are essential*

Successful children's centres need really good links with schools, with a range of activities also taking place in schools. Head teachers should access advisory boards, which have representation from services supporting families in the community, including parents-representation. This is a way for agencies to get to know about each others work and to identify partnership working and gaps in delivery.

7.4 *Other agencies need to refer to children's centres as early as possible*

Early intervention is essential and referral to children's centres should be done quickly. Midwives can pick up vulnerable adults at "booking in" stage and the Health Visitor role to be more as it used to be, with home visits being made on a regular basis to enable early identification and intervention.

7.5 *Believe in the holistic approach*

Holistic approach working with whole family is often a way to see improved outcomes. Services need to learn that working in isolation is not always the best option. Staff also need to be adequately trained and experienced to take on the family support role. The Ormiston Children's Centre model here works well. Families can move seamlessly through from family support to the children's centre services or other way round and we have seen more of the vulnerable families access the universal services through this system.

7.6 *Embrace expertise*

Ormiston's own work with children affected by imprisonment, children of Gypsy and Traveller communities and children at risk of emotional and physical harm informs our community work. Accessing this level of expertise of working with these groups means our children's centres provide a greater level of support. Understanding the unique issues affecting these groups enables us to provide them with the appropriate support and signposting. We are also able to help other partner professionals to understand the unique needs of some within these groups.

8. OUR COMMENTS ON WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

8.1 *A Case Study: A vulnerable family—Jane, Steve and their three children, Ben, Sam and Max*

8.2 Suffolk Children and Young People Service requested support from Ormiston Children's Centre for a young and vulnerable family, struggling to cope with a range of issues. Jane, the mother was finding it difficult to cope with her youngest son Max, who was violent and aggressive towards her and other children. Her eldest son Ben is autistic, her middle son, Sam, is quiet and withdrawn and Max, the youngest had already been referred to Child and Adolescence Mental Health Service (CAMHS) because of his hyperactive behaviour. Jane had been in a previously violent relationship and Steve, her husband, had recently returned to the family home, after a three month separation following a domestic incident.

8.3 At the children's centre, Jane joined the Freedom Programme, a 12-week course to support women affected by domestic violence. Through this she was able to learn new skills to keep herself and her children safe. Her middle son Sam joined our Wishes and Feeling support programme to help him understand the mix of feelings of anger and frustration he was feeling. This was provided through one to one sessions at school as this is where staff felt Sam could feel safe in expressing his feelings. Jane joined our Incredible Years Parenting (Webster Stratton) programme to help her understand how to encourage, support and set effective boundaries for behaviour for all three of her children. These sessions were delivered to Jane at her home, to help her model new ways to deal with her children's challenging behaviours.

8.4 This was a family at risk. By providing support within the physical environment of the children's centre, as well as at home and at school where appropriate, we were able to treat the challenges facing the family holistically and work effectively in collaboration with the appropriate statutory support services. The children's behaviour and the family's problems cannot be changed overnight, but with the support of their children's centre, they are finding new ways to cope and learning quickly to minimise the risks and dangers to the children. Our work with this family will continue beyond the age limit of five years.

(*names and some minor details have been changed to respect the confidentiality of our service users.)

8.5 *Identifying the most vulnerable*

The support we can offer in the home is vital to enable us to build confidence and trust, this can only happen if agencies know where we are and how to refer. In our experience it is not until we can establish the partnerships with agencies and they let us know where the families are that it will work. Children's centres are relatively new so it will take time. Where inter-agency relationships—at an individual level—are good, then vulnerable families have been identified and supported.

8.6 *Proving that children's centres are being accessed by the most vulnerable.*

The designated data collection system E-start does not collect the necessary demographic data to prove the reach and scope of children's centres and does not identify those considered to be most vulnerable. A lack of standardised evaluation methods—different local authorities capture different information—therefore makes it difficult to quantify and evaluate the success of accessibility and efficacy of outreach.

9. OUR RECOMMENDATIONS TO THE COMMITTEE

9.1 *Replace E-start with a system which will collect the right statistics to prove outreach*

E-Start, the chosen method of capturing data to prove the efficacy of children's centres is destined to fail. It cannot provide the necessary data because it is not capable of collecting the appropriate information. A new standardised system of data collection which can analyse the inter-relationships between children's centres and the most isolated and vulnerable families will be necessary to prove children's centres do reach out.

9.2 *Results aren't instant—allow time for children's centres to become part of their communities*

It takes years to embed a system of support in the heart of the community. To create a stigma-free place with a sense of belonging within a neighbourhood, to engage with health care and education professionals and with generations of local people, we know that this cannot happen instantly. We can see that after almost three decades, our children's centre in Ipswich has universal appeal and is reaching out to very vulnerable families and functions well only because of the full engagement of the partner agencies.

9.3 *See children's centres as crucial to a holistic approach to helping the most vulnerable.*

Children's centres are uniquely placed for early intervention and could save lives and money

Early intervention is crucial and children's centres are uniquely placed to identify families or individuals who may be struggling, long before their problems become a crisis. Early intervention can save lives and will save public money in the long run.

9.4 *Continuing family support is essential*

We need to be there for children beyond the age of five and make the most of the links children's centres have already forged with the most vulnerable

Family support should not end once a child reaches five. The nominated system of passing over support to Extended Schools is not working because of limited resources and a lack of universal application. For some of the most vulnerable families we work with, schools are not even aware of their problems, for example children of prisoners, or children who do not attend school such as Gypsy and Traveller children. If children's centres such as ours have made contact with these isolated communities they are best placed to continue that support, within schools, communities, prisons and homes, according to an individually tailored support assessment.

9.5 *Ensure family support is always appropriate, universally available, needs-led and stigma-free*

Extended schools are also not always the best place to provide a stigma free environment for supporting the most vulnerable families. For example, we can provide a support programme for women affected by domestic abuse within our children's centres during the afternoon, this could not happen through the Extended School system while the school is in session. One to one support sessions for bereaved children could be inappropriate within their classroom after school or in close proximity to their friends in the playground. We have seen that when we are able to continue to work with families we already know and have helped, we can continue to make a difference to their lives. Children's centres are uniquely placed to build that trust and sense of belonging from even before the birth of the child. Consequently they should continue to provide the work on a needs-led basis, regardless of the age of the child.

9.6 Ensure training and expertise so staff can recognise and help the most vulnerable

Children's centres, where staff have received the appropriate training and have the knowledge and expertise, can reach out into the community and can find those most isolated and at risk. Our staff work in homes, schools, communities and prisons as well as within the physical building of the children's centre. There should be an emphasis on training children's centre staff to build this expertise and understand the issues surrounding some of the most vulnerable within our communities.

October 2009

Witnesses: **Lorraine Cartwright**, Essex Area Manager, Ormiston Children and Families Trust, **Cynthia Knight**, Head, St Thomas' Children's Centre, Birmingham, **Janice Marshall**, Head, Treetops Children's Centre, Brent, and **Richard Thornhill**, Headteacher, Loughborough Primary School and Children's Centre, Lambeth, gave evidence.

Q138 Chairman: I welcome Richard Thornhill, Cynthia Knight, Lorraine Cartwright and Janice Marshall to our proceedings. You have had the real advantage of seeing the first innings, and so you know exactly how it goes. It's not an intimidating process at all, is it? We all enjoy these sessions. There were a few nervous giggles there. You're going to get the same chance as the last lot to say a couple of words about where you think we are with children's centres, from your points of view. You come from very diverse areas of the country and that is why we have you here, but you also have great expertise in the area. I am going to reverse things—Richard is drinking his glass of water and there are three women on the panel, so let's start with Janice.

Janice Marshall: I have worked in LEAs for about 21 years, and I firmly believe that children's centres are a great model for delivering services for children and families. I feel that they offer the opportunity for families to have services under one roof, and for us to work in an integrated way with those families. Also, for the practitioners who work in these centres, this has really given us an opportunity to be skilled and learn new expertise in a way that perhaps we wouldn't have done before if we hadn't worked in that integrated way. People were talking about it being an ambitious programme; I think it is an ambitious programme, but we were right to be ambitious for the children and families we work with. I firmly believe in that. We talked a lot about impact, and that is a question that people are really interested in. When I worked at Thomas Coram as a SENCO and a lead person for safeguarding, in the way that we worked—as a team around the child—we started to see ourselves making an impact for those children, particularly children who were in need, where there were safeguarding issues, and for children who were looked after. It is right to give support early on for those children and families, through intensive work with them, because if we don't intervene early enough, the outcomes for those children in the future are not that great. So, I firmly believe in working in that integrated way, and with support in place.

Lorraine Cartwright: I have worked for a voluntary sector organisation for more than 20 years and I think that, previous to children's centres, one of the key things that we learned was that it is about being embedded in the community and about families being able to access services in their community where there isn't a stigma. Children's centres coming

on board has enabled us to widen our reach for families to access services in their communities so that they feel they can just turn up at a centre. For me, it's also about being able to reach the families who are most disadvantaged at the same time. So there is modelling happening, and families who are perhaps more able can model to families that need that extra support. Our being able to offer the outreach—bringing families from the family home into the centre—has been a real benefit. For us as a voluntary organisation, having made partnerships with organisations to actually make it happen has been a real benefit as well. Obviously, prior to children's centres, making partnerships with other agencies such as health and education was a key part of delivery. Now, bringing those partners into the children's centre obviously makes a difference to children. We've actually been able to see the benefits of that, and outcomes have been really positive.

Cynthia Knight: Before I came to London, I talked to a wide variety of parents about how they feel about the centre, which has actually been in place since 2000 because we were an Early Excellence Centre. They value the centre. They see it as a community in its own right. For some, it is a place of safety for their children and families when they are suffering from domestic violence, for example, which is widespread. For others, it's a place of growth, possibilities and friendships with a wide range of people. They value particularly the high-quality, flexible education and child care, which is integrated. That is first because they see their children flourishing, and secondly because they are able to access training, quality programmes, artists sessions—there is a wide range of things that they can get engaged with. They value the approach, which is both supportive and empowering, and they see the staff in the centre as advocates. They are growing in confidence, and they want to be part of the future direction of the centre. That is their view.

Richard Thornhill: The children's centre for which I am responsible is sited in Lambeth at Brixton. It is part of a primary school. The first thing I would say is that they do work. They have an impact on the ECM agenda, in particular in terms of pupil attainment in attendance and behaviour, which are the key measures that we are interested in at school. There are some key requisites to make things effective. First, the local authority has to take a strategic view across the piece, and make sure that those services are linked up at the strategic level, so

that operational managers, like myself, can have the chance to make them effective on the ground. Without that it becomes very difficult. Also, there needs to be flexibility in terms of funding the full core offer and oversight, so that we can shape the services that we provide to the needs of our community. Particularly in a school, we have a full programme of extended services, and we have a lot of the services that already exist in stand-alone children's centres. When you put a children's centre in a primary school, obviously you want to avoid wastage and duplication. We do have outreach workers and family support workers operating within the school, so therefore a flexible approach needs to be taken when it is based in a school, otherwise you duplicate and create wastage. Particularly around child care, there needs to be flexibility. There needs to be flexibility on how we use the delegated funding so that we can support the most vulnerable families and not simply provide subsidised child care for the middle classes, which is quite easy to do in my school, because we are only a short walk from Loughborough Junction, which is seven minutes to the City. We do not want a lot of Volvos parked outside our school, thank you, and have our most vulnerable children kicking a football in the street. We need to have some flexibility there. When sited in the school, we take a much longer view because we have those children potentially for 10 years—in my case, the children's centre is part of a federation—and longer. Some of our children stay with us until they are 19. Therefore, when we site them in a children's centre, we can take a much longer view. If we can have greater flexibility in terms of the funding arrangements and linkage of extended services, we can then provide those services right the way through the child's education, rather than having dislocation at entry into either nursery, reception, or indeed secondary school.

Q139 Helen Southworth: People have been describing how the vision of Sure Start is changing lives and the future for families who, for generations, have not had those kinds of opportunities. But how important is local leadership in translating that vision into an operational reality? Can you explore with us a little bit about the role of the leader and how those leaders need to be supported?

Lorraine Cartwright: It is obviously important for the leader to have an understanding of the various professionals, because the children's centre is about bringing different agencies together to make it happen; it is about bringing health professionals and other professionals together. So it is really important for the leader to have an understanding of the role of the various professionals. It is also important for them to bring people together and to have an understanding of how the various people involved can use their skills to make a difference to the families using the centre. So I think that having an understanding of the heritage or background of different people is a really important part of that process.

Richard Thornhill: I would go back to one of the points that I made earlier in my opening comments: an operational manager who has all the different staff within the children's centre cannot make effective use and linkage of services without the local authority providing the strategic guidance. In other words, the DCSF and the senior managers within the other statutory services, for example, must set the context, including for the third sector organisations to work in. I say that because you can approach operational managers and they will not know who you are or what you are talking about and that makes life on the front line quite difficult. So, for the local leadership, it is extremely important to motivate, lead, organise and galvanise the other operational-level managers, but they have to do that in a joined-up context. As I think one of the previous witnesses said, there must be a context and an overall strategic framework in which people work, so that they understand why they are being approached and so that health managers have briefed their operational people as to what they should be doing, what children's centres are and where the money is coming from. You often hear the phrase, "But we can't afford it." Actually, it is because the strategic-level management has not identified the funding that is required, or indeed is using the money for something else.

Q140 Helen Southworth: Does the background of the leader of the children's centre make a difference?

Richard Thornhill: The children's centre manager? No, I don't believe it does. Obviously, within a school, I am the executive head of the federation and I have overall responsibility for everything. Then we have heads of schools who are obviously QTS and we have teachers within the children's centre, but the children's centre manager happens to be a community worker. What we find is that—I would say this, wouldn't I?—when you work in a statutory organisation like a school, there is obviously a wide range of people who that children's centre manager can draw upon. For example, if he or she needs QTS expertise or access to the local authority, heads and governors of schools have some leverage to try to achieve that.

Q141 Helen Southworth: Do you think that the National Professional Qualification in Integrated Centre Leadership, which is the most amazing name for a qualification, has the kind of status that it needs to have?

Chairman: Cynthia, you are shaking your head.

Cynthia Knight: I have a vested interest as I am a lead facilitator in the NPQICL programme. I think that it is beginning to get that status. I think that we are developing, if you like, a new professional, with people from a range of professional backgrounds. I think that there are extra-special skills that are needed, in terms of accepting complexity, uncertainty and change, that are needed on top of the leadership abilities that head teachers, for example, might have developed. So we need a range of professionals but we also need that training to be compulsory, because it develops people, and also

7 December 2009 Lorraine Cartwright, Cynthia Knight, Janice Marshall and Richard Thornhill

because there is a sharing of expertise within the programme itself that you cannot find elsewhere. So we are developing networks and frameworks for the programme and for the competencies of those leaders, which are not the same as the competencies of other professional leaders.

Helen Southworth: What about the other witnesses?

Janice Marshall: I would agree with that. I undertook the course myself and found that it came at a really important part of my life in terms of being a leader. It gave me the necessary skills that I had not had before in terms of looking at other people's professional heritage, working across professional boundaries, looking at integrated work and what that meant, and looking at things such as vision and how to impart it into your team. I think that those things are particularly crucial, because we were starting something quite new in children's services. There wasn't anything before that, and I think it came at a unique time to develop the particular skills that I needed in a children's centre.

Q142 Chairman: Don't you think it's pushing it a bit? The most desirable qualities for centre managers are listed as "partnership working ability, ability to engage communities, and charisma and visionary leadership." You can't find those in most political parties, let alone in children's centres. It's asking a lot, isn't it? Do you bump into people like that all the time, Janice?

Janice Marshall: Some. I'm not saying that we display all those qualities all the time, but that is what we are striving for. I think it is right to set the benchmark high and to say that what we are looking for in our leaders—

Chairman: It is my way of paying a compliment. I actually find those qualities more in the leaders of children's centres than I do in political leaders.

Mr Stuart: Enough of your thoughts about the Prime Minister.

Chairman: I said all political leaders.

Richard Thornhill: We are more familiar with the National Professional Qualification for Headship, which is a headship qualification, than the centre leadership qualification. We don't have any plans to put any of our people through it. We think that the team that we have across the federation meets those needs, so we don't see it as something that we would specifically develop. A range of people input to that, because there are more than 250 people working in the federation staff-wise—that covers the full range of people—so we take a slightly different approach.

Q143 Chairman: How many bits are there in your federation?

Richard Thornhill: We have four primary schools, a visually impaired service and a children's centre.

Q144 Helen Southworth: The two qualifications are actually supposed to be equivalent in aim, aren't they?

Richard Thornhill: I'm not sure. That would be interesting. I am not aware, for example, of a head teacher who has been appointed on the basis of an integrated centre leadership qualification.

Helen Southworth: That is one of the questions.

Richard Thornhill: The mandatory qualification for headship is the NPQH. I do not know whether the integrated centre leadership qualification would do that, but all headship candidates have to have the NPQH to lead a school.

Q145 Helen Southworth: We received evidence that salaries for leaders in children's centres vary from around £25,000 to around £65,000. Have you any comments on what that means in terms of the value we are putting on leadership of children at a critical point? I would be surprised if you didn't have any comments.

Chairman: Lorraine, you are looking thoughtful.

Lorraine Cartwright: I think it is very difficult. I work in the children's centre field and, as you say, different organisations pay different levels. You have to think to yourself that, the more that people are being paid, the less resources there are to deliver services to children and families. I think it is very difficult and depends on the organisation and its pay scales. I think there should be a bit more of an even benchmark on salary scales, but it is difficult.

Chairman: I can introduce you to some bankers. That kind of morality is sadly lacking in some professions.

Cynthia Knight: I think it reflects the inequalities in the whole children's centre agenda. We have family workers who are very poorly paid for doing a very good job. We have not got consistency. In my own children's centre, we tried to make sure that we paid our senior family workers at a social worker's rate, and that our nursery staffing was equivalent to that of the local nursery school. That is the way we got quality. I would have thought that the same thing is true of leaders.

Chairman: That is a very good point. We must move on.

Q146 Mr Stuart: Janice and Lorraine, please pretend that Richard isn't here and tell me what the disbenefits are of co-locating a children's centre in a primary school.

Janice Marshall: I must admit I have never had the experience of working for a children's centre in a primary school. I imagine that some people might feel that there is an issue of identity and that perhaps the school might just have a designated space, in terms of the whole centre and a whole identity. The centres I've worked in have been stand-alone and have had very much their own identity, so I'm probably not the best person to answer on co-location.

Lorraine Cartwright: Two of our children's centres are within schools, and I think that one of the battles we have had has been and about who is leading in the relationship, the school or the children's centre. Early conversations are needed about different roles for the school and the children's centre. At the moment we have one centre that is working really well and one that needs a lot more conversations.

Chairman: You're being polite because Richard is here.

Q147 Mr Stuart: Is there an issue about engaging with other schools, because co-location perhaps has a tendency to prefer the children at the school in which the centre is co-located?

Cynthia Knight: I would say that initially there were tensions. We have a nursery school as part of the centre, and there were tensions resulting from different professional backgrounds, clientele and attitudes towards the parents, but we are working through those, with the help of the National Professional Qualification for Integrated Centre Leadership, I have to say, having experienced that. The cluster arrangements are really helping us—we are in a cluster of six to eight primary schools—and working well. We are on the steering groups for both clusters we are attached to. New programmes, such as that for parent support advisers, are helping us to make the links from the early stages, from nought—even from before nought, actually, as we have midwifery—right through to being able to support families in difficulty through the schools. It is in the early stages and there are not enough parent support advisers, but that programme has really been helpful. I jointly manage that with the cluster co-ordinator, and it is a particularly successful way of joining those things up. I feel that there has been huge progress with the clusters, which themselves are working better, and we are shouting a bit louder about the services we are offering before children get to school, because the assumption is always that children start at three or five, so we are trying really hard to make that a reality.

Q148 Mr Stuart: So will it be your view, Cynthia and Lorraine—Janice may wish to opt out—if money was no object and you had an independent site, that that would be preferable to co-location with a primary school?

Lorraine Cartwright: This might be going off the question slightly, but with regard to schools, as Richard described, having services for families with children over five is really important, because there are lots of services for children under five. If there was an endless pot of funding, it would be about us being able to continue those services, whether on a school site or not.

Q149 Mr Stuart: You have anticipated my next question. Can you give a yes or no answer on whether it would be better if the centres were independent of the primary schools?

Lorraine Cartwright: It would be better.

Chairman: Richard, I think you deserve a shout on this.

Mr Stuart: Chairman, with your permission, I'd like to get an answer from Cynthia before we move to Richard.

Cynthia Knight: No, because we get combined nought-to-five, high-quality early years education and care from our links with the nursery school.

Chairman: Are you going to give Richard a chance?

Mr Stuart: I think that's a good idea.

Richard Thornhill: Surprisingly, I would disagree. I think that stand-alone children's centres, and we have some in Lambeth, do an excellent job. What I will comment on is that there has to be an outcome to all

this, and those children have to make their way in life and have to achieve and attain, and not just up to five. When you place a children's centre in a school or, as in our case, a large federation, the resources are there to support that child with those extended services without seam or break right the way through their education until they leave us and, in some cases if they go to the right secondary school, into their secondary schooling as well. What the school offers is the package in the children's centre continuing right the way through school. Just because some of those children are over five does not mean to say that they do not need the full suite of extended services to ensure that they attain. The measure of that is that children who have attended our children's centre are now achieving at least as well as, if not better than, children who have not done. Their attendance is good and their behaviour is improved. As soon as those things start being embedded from reception and Key Stage 1, their life chances suddenly start to expand. Our job is to carry them through that. That would be my main argument, as well as for having a far broader range of expertise to support the children's centre, not least preparing and building funding within the schools budget to anticipate a drop-off in funding for the children's centre, so that we can mitigate against the losses that we anticipate coming in future years, so we can hopefully support it.

Q150 Annette Brooke: Can I ask Richard—I accept all the advantages, but if parents have had a very bad school experience themselves, is it sometimes difficult to attract them in at that very early stage because the centre is co-located within the school building? If we have a bright new something different, it might be easier to bring in those parents.

Richard Thornhill: Yes, that could be the case. I think we should all recognise that. For example, the one for which I am responsible is on the same site and carries our brand, the Loughborough brand. As result, it could be the case. People tend to come to our children's centre, and their children tend to go on to one in school. We think that that risk is outweighed by the benefit of actually getting people into the children's centre prior to the school, because their children have to go to school later, and such behaviour has to be overcome at some point. We would much rather that the first time we met them was in the children's centre, which is a far less threatening and far more flexible sort of environment than the more rigid one of school. Consequently, it does allow that integration. Therefore, while I recognise what you say, I suggest that the benefits outweigh that risk.

Q151 Mr Stuart: Moving on to Lorraine's earlier point, I know that in your submission to us, you talked about the difficulty of keeping services going for the over-fives and ensuring continuity, because we have integrated services, particularly for vulnerable families early on, and we do not want them to lose that as soon as they get to school. How can we ensure that that transition is more successful in more cases?

Lorraine Cartwright: Following on from what Annette said earlier, a lot of our work is with the parents. We work with parents initially to raise their

7 December 2009 Lorraine Cartwright, Cynthia Knight, Janice Marshall and Richard Thornhill

self-esteem to enable them to parent in a more positive way. A lot of our work is around that initially. Obviously, if there were to be additional funding for working with families—the whole family—after the age of five, then the work with the parents could continue in a different location, so our work would not be nought to five, but nought to 19.

Q152 Mr Stuart: So you just need more money?

Lorraine Cartwright: Yes, possibly, and people with the skills to support the parents. There will still be parents who have issues around depression or domestic violence who would not go unless they felt comfortable going to a school environment. Obviously, they would still need that support to enable them to parent their children however old they are. So we need all that support for the whole family to continue, rather than it stopping at five.

Q153 Mr Stuart: How do you rate the involvement of Jobcentre Plus in your children's centres?

Chairman: Whom are you directing your question to, Graham?

Q154 Mr Stuart: Whoever has not commented on it already. My memory is so poor, I cannot remember. Anyone want to make a particular comment on Jobcentre Plus? The other key agency we have been talking about is health.

Cynthia Knight: We are dependent on the commitment of those agencies, and local turbulence within them means that they may be withdrawn. There is a lot of talk about it, but sometimes they do not always deliver—sometimes they do and sometimes they don't. I would say that our relationships with midwives and health visitors on the ground are strong because we have developed those on a community basis. In terms of the consistency of the support from middle and senior managers in health and Jobcentre Plus, I would say that it was intermittent.

Q155 Mr Stuart: Is that everybody's experience? Basically, the front-line troops have better links than you feel there are further up the organisation.

Richard Thornhill: Jobcentre is weak.

Q156 Chairman: What about health, Richard?

Richard Thornhill: Better, but it depends on which service you look at. GPs are weak, but we have found that midwifery and health visitors are strong, which echoes the earlier comments. That goes back to, in my view, being fortunate enough to have some input at the strategic level in my local authority. I feel that that linkage is where that weakness occurs, because what happens is that the senior managers within those services do not work as well as they do in education, from my experience, to ensure that operational activity is joined up and that people are prepared for those approaches from the workers in the children's centres in particular.

Q157 Mr Stuart: Everyone is nodding. Do you have hopes for the children's trust model, as it solidifies? Has it yet been made statutory? Maybe it has, maybe

it hasn't. It was supposed to be in the apprenticeships Bill. I cannot remember. Do you believe that it can strengthen, and health can become a full partner in the way that it is not now?

Richard Thornhill: I would hope so. Certainly the processes and the procedures are there, and it then requires the local leadership to ensure that they are put in place.

Q158 Chairman: On Graham's question, Richard, doesn't it make you angry that here we have a local authority structure and a health structure, and I am getting the feeling that all of you are saying that at local level—at health-visitor level—there is participation and you have good partners, but you do not get the commitment from the top? What on earth is going wrong with an organisation that is paid by taxpayers if that does not happen? Is it the head of the PCT who is failing if they are not co-operating at a full level?

Richard Thornhill: My view is, yes, we find it enormously frustrating. We know that funds are identified because our leaders tell us that funds are identified, but we get too much short-termism in the management of services. As a result, some of those funds and priorities get skewed and, as a result, long-term strategic thinking is not put into place. As a result of that, the operational and the strategic are not linked together. It is particularly a problem for stand-alone centres, which do not have the volume and the mass to wield influence within their local authority. If you imagine our organisation, which is accountable for the education of a couple of thousand children and millions of pounds, we have some weight within a relatively small local authority, but a small stand-alone children's centre in a large authority will struggle. That is one of the benefits—I appreciate that some schools are not ideal for children's centres, but that is my experience. I think that the trust model is something that I hope will go some way to addressing those issues.

Q159 Chairman: But will the trust model help the other difficult one—the collaboration and partnership with GPs—that we picked up? Why is that not better? Surely they care about Every Child Matters and the five outcomes. Lorraine?

Lorraine Cartwright: Well, in my experience, GPs just do not know about children's centres. They do not know what they are. Only recently, I spoke to 60 GPs and they did not know what a children's centre did.

Q160 Chairman: Why don't you invite them in then?

Lorraine Cartwright: That is what I have started to do. It is about sharing. It is still quite a new thing for a lot of people. People are still saying, "What are children's centres?"

Q161 Chairman: How long have children's centres been going?

Lorraine Cartwright: Children's centres, two years, but we are still having to share the knowledge of what they are—that is part of our role. I was astounded that a few GPs didn't know what a common assessment framework was.

Q162 Mr Stuart: So we have a lack of understanding and a lack of strategic buy-in at the top of health, and perhaps we can move those things forward. Are there any misaligned incentives that you can come up with? I'm trying to work out whether there's anything in the incentives structures or whether whatever it is that drives GPs and health managers cuts across the ethos of the children's centres and puts them on a non-parallel line.

Janice Marshall: For health visitors, it's important that they reach lots of mothers and families. They may not think that they will be able to do that in a small children's centre, so maybe there's an issue of capacity. People say, "We need to get to lots of families. Are we going to be able to do that in a small, stand-alone children's centre?" Especially in our local authority, the health visitors are talking about capacity—whether there are enough staff to do the role. They will perhaps want to go to one of the bigger settings, where they will be able to access more families.

Cynthia Knight: It would help to provide some evidence-based practice to show how family workers working together with a health visitor—and a midwife—add value for all parties, and to look at the common messages and threads. We need to get that through our local authority and show that those shared messages save money. A health visitor can talk, for example, about the home learning environment, which is crucial to children's future attainment. They don't have to take on the role of the family support worker, but the family support worker can share in the health messages. I thought that was what was going to happen, but I am not certain that that message about value added has got through to health or, indeed, social services. We know that we are saving social services lots of visits and money, but we really need to prove that, and we could by showing where things are really working well. That brings us on to outcomes and evidence.

Q163 Mr Stuart: Are you suggesting that social services aren't fully integrated with children's services?

Lorraine Cartwright: Not all the time.

Q164 Mr Pelling: I'd like to ask one question to follow up on Graham's question. Mr Thornhill talked about short-termism, but I could not really see what he meant. Could you give an example?

Richard Thornhill: I certainly think that children's centres can outreach to families that may not be in immediate crisis, but when I talk with the DCS, for which I work, I find that the concern is largely about managing crises that arise in relationships or service provision. Consequently, the long-term, planned strategic thinking that is required to do what Cynthia has just described is a long way off; it's more about managing and preparing for the next joint area review and the crisis in child care—certainly in my authority, the baby P case had a huge impact on the focus of officers. So we are moving to things that come up very short term—short-termism is all I can describe it as. There was a huge review of child care. We never seem to get to the point where we actually

take back and review services and look at how the different roles can be integrated. I don't know whether I have explained that particularly well, but that's what I mean.

Q165 Mr Pelling: Thank you. May I ask about staff. Obviously, the ambition is to have an integrated service, but that must involve real challenges in terms of recruitment. How difficult is it to recruit a staff team that is able to work in an integrated way? What skill sets might be missing or is it difficult to build? I'll start with Mr Thornhill, as he is already on the stage, as it were.

Richard Thornhill: I'll just go back to one of the comments about the variation in salary, which Helen raised. For people who can actually manage in integrated terms, that is quite a complex job. That is one reason why salaries are being driven up, because such people can command quite high salaries—£40,000, £50,000, £60,000 is not out of the way for somebody who can manage that. There are huge cost burdens in funding that level. Someone on £60,000 is costing us £80,000. That is a large amount of money. If you look across various employment opportunities in the local or national press, there aren't many jobs that command that sort of salary. We can recruit people to posts; that is not a problem. To recruit really good people who can lead the level of integration that Cynthia described, for example, is expensive and not easy.

Mr Pelling: Janice, what is your view?

Janice Marshall: I think it can be quite difficult to find somebody or individuals that possess expertise around early years, with an early years qualification, knowledge about multi-agency working and child development. It can be difficult to find somebody with all those sets of skills. It would be a challenge to find that type of person to work with children's centres. Some people might have some of the sets of skills and, as Richard said, there might be other people in a centre who possess other skills that you can learn from and you develop. That is the beauty of a children's centre where lots of people from different professional backgrounds learn from each other, because you will not have all of the skills all the time.

Q166 Mr Pelling: I suppose in reality that this is still very much in its early days. I guess that as professionals gain confidence that this is the way forward, they are more likely to try more global understanding of the skill bases they need. Is that your view?

Cynthia Knight: We are developing new programmes for new practitioners. For example, we offer not just the NPQICL but a seven-day leadership programme for children's centre teachers, for people in middle management—assistant heads, senior family workers—to begin to learn the new profession, if you like, and to get that variety and the range of experience. Colleges themselves are beginning to offer, for example, family support worker qualifications, which haven't been there in the past. It is growing and developing.

Q167 Mr Pelling: Is there much dialogue between providers and trainers, to ensure that there are people who are qualified through the training process?

Cynthia Knight: I suppose I am biased because I also have a leadership role in training in Birmingham. We are certainly listening and looking at the impact of those workers and trying to develop a qualified, accredited, professional range of expertise, but it is in its early days.

Richard Thornhill: A comment has just occurred to me about just how critical quality is. We can employ people—that is not a problem. But to make all these dreams a reality—all this integrated working and being able to deal with the complexity that is confronted—quality is absolutely critical. The only issue is that that comes at a price. A judgement needs to be made. The greater the quality of individual staff the better. The difference in impact that a high-quality, well-qualified member of staff makes compared with someone unqualified and of lower quality is enormous. All the systems and procedures in the world won't compensate for the difference.

Q168 Mr Pelling: That sounds like a warning to politicians. Politicians have great ambitions to achieve things but the real work takes place elsewhere. As Paul said earlier, this will be a time of pressures on public spending—to put it euphemistically. How would you manage to ensure that, over time, children's centres have the quality while at the same time coping with the issue that there will probably not be the resource there to ensure you have people of sufficient quality?

Richard Thornhill: For us, we will take any duplication out of the constraints of the funding arrangements that currently operate within children's centres and we will deploy school staff—teachers, TAs, learning support assistants and early years educators—and spread them out in that way. By doing that, we will mitigate against individual provision.

Lorraine Cartwright: If there is a reduction in funding—I hope that there is not a reduction—that is why it is really important to make partnerships with the health visitors, the midwives, the schools and the other people in your community who you know have the skills to support people. For me, the fundamental skill of a leader is the ability to identify the skills of other people and to bring those skills together. The whole family support background is really important to developing the whole “think family” approach.

Q169 Mr Pelling: One last question. Typically, how many qualified teachers are there, percentage-wise, within the children's centre? Are some children's centres operating without the appropriate number—the minimum requirement, in fact—of qualified teachers?

Janice Marshall: I have worked in different local authorities and the approach has been quite different in each one. Where I work currently, we have an advisory teacher, who works with us up to three days a week, but my preferred model is where the teacher

is based there full-time, and embedded in the team. I think it gives tremendous benefits when that teacher is part of the team. I prefer that.

Richard Thornhill: We have a full-time teacher in our children's centre and we also deploy other teachers into the centre, as time allows, so we have some flexibility in our staffing. I couldn't agree more that a teacher makes a huge difference. It goes back to that quality issue. If you put a teacher in there, you see a difference.

Q170 Annette Brooke: Following up on that, when you use the word “teacher”, does that mean somebody with qualified teacher status, as opposed to the early years professional—Right. I think that has answered that question. Secondly, the Government have put quite a lot of money into funding outreach workers. I really do not have any idea whatsoever about the qualifications or even the remit that outreach workers have. Could you just give some indication about those things? If you are employing an outreach worker, what qualifications should they have?

Chairman: I just want to point out for *Hansard* that the answer to the previous question was yes, because everyone nodded in response to it. I don't think that was picked up by *Hansard*.

Annette Brooke: Sorry about that. So, it's outreach workers that I am really interested in.

Cynthia Knight: I think that our outreach workers are qualified workers, because—²

Annette Brooke: Qualified in what?

Jan Casson: In early years and in family support. They would have experience of family support or of early years education and child care, but they will be trained to do the outreach work. They will not be going out ill-equipped to perform the very sensitive role of going into somebody's home and being non-judgmental, picking up on the sensitivities of what is happening within a family and inviting families to come and participate in the children's centre.

Q171 Annette Brooke: Are there clearly recognised qualifications that you look for before you appoint an outreach worker, or is it just the case that you have a feeling that a person will be good because they have a certain mix of experience?

Janice Marshall: In our local authority, they have to come in with a minimum of an NVQ Level 3 qualification. I know that there are certainly some members of staff who are graduates too, but they certainly must have a minimum of NVQ Level 3.

Lorraine Cartwright: I would say the same. The Level 3 qualification could be in child care or family support, but they must also have the experience of being able to engage with parents and to make them feel better about themselves and about parenting. It is also about not being judgmental. They must also have experience of being in the family home. Also, for me, it's about those outreach workers having the support from their organisation around supervision and training to enable them to carry out that role, which is really important in the children's centre

² See Ev 71–2

agenda or in any kind of supporting vulnerable families. The key thing is training and supervision for the staff.

Q172 Mr Timpson: When the Committee visited the Queen's Park children's centre in the Westminster city council area recently, one of the aspects of their staffing and skills that they took into consideration was ensuring that fathers were catered for within the children's centre. They actually had a dedicated fathers' worker. Clearly, many of the families who come there need support and assistance not just for mothers but for fathers as well, if you're going to try and ensure that they go away with all the skills they need as a family. What do you, in your children's centres, offer in terms of staffing or skills to try and encourage fathers to engage with your children's centre? I see some reluctant faces.

Chairman: Who wants to start?

Cynthia Knight: We struggled for a while with fathers. We actually found a family worker who was male, but who did it in partnership with a senior family worker who was female. It was the Saturday morning session that actually reached them. It wasn't football and going to the pub—it was actually "How do we provide the same kind of support for our children, or the same experience and expertise, that perhaps the mothers are getting during the week?" In a sense, they get a replicated service on a Saturday, and they do all the same kind of programmes that happen during the week. That was their preference, and they're consulted on a regular basis.

Janice Marshall: In our local authority, some of our teams are working in clusters. They're doing things for fathers in a group way. They're trying to engage fathers who come to use services at the weekends, for example, when they might not be available or whatever. That seems to be working in some parts of our borough. In other places, they've been putting on events that have been specifically aimed at fathers. Some of us are looking at engagement of fathers, again, in things like "Are they attending the reviews at the centre? Are they on the management board?"—looking at it in lots of different aspects, and their whole involvement in the centre. We've tried lots of things like consultation, speaking to fathers about what they want and joining other agencies to try and deliver things to fathers. We're trying lots of different things at the moment.

Q173 Mr Timpson: Is it improving their attendance? Is it working? Are there more fathers who come regularly?

Janice Marshall: In terms of fathers bringing their children to the nursery, we have a lot of fathers who do that. Many fathers might see that as what they do. They bring the children in or pick them up. In my other centre, we used to monitor fathers' attendance at the review meetings, and year on year, those were starting to improve, because we made a concerted effort, when we were sending out letters for reviews, to say to both parents—not just to the mums, but to both parents. There was a good take-up of that.

Chairman: I am afraid we have to move on, because we have a last section, to be led by Paul.

Q174 Paul Holmes: Next year, public finances start to get squeezed, and next year, Ofsted starts its full inspections of children's centres. How do you prove to those people that your children's centre is working really well and should continue to be funded?

Chairman: Shall we start with Richard, as he has been neglected?

Richard Thornhill: We've had visits from Ofsted. How do we persuade them we do that? We have a number of measures. We include the children's centre in our pupil tracking system. Therefore, those children are tracked from the moment they come in, right the way through the school or until they leave to go to another school. That is obviously focused around the five outcomes. We track the pupils and all the interventions. We try to take measures on their behaviour, the engagement of their parents, their academic attainment and their attendance. We use those measures as evidence of outcome. We then track those pupils through into the foundation stage and monitor their foundation stage profile outcomes. This has now been there long enough to go through to their Key Stage 1 SATs results. Again, all of those are what we would call soft measures, as opposed to the hard measures of test data. We collate that information and match it up against the ECM outcomes, put that into the school evaluation form and hand it over to Ofsted.

Chairman: Anyone else want to come back on that?

Cynthia Knight: We were fortunate to be part of the Early Excellence Centre evaluation, which gave a really good foundation in putting together quantitative and qualitative measures for parents, families, staff and children. We seem to have lost track of that.

Chairman: You've lost track of what?

Cynthia Knight: Overall in children's centres, I don't think we have the framework strongly given to us on how to measure these outcomes. Not all children's centres are confident about measuring outcomes that are not just quantitative in and out ones. We are trying really hard to put together our family case notes with our children's centre outcomes. That is the difficult part. Because we are one children's centre and our child care workers and family workers work together, we are beginning to see a way of doing that—looking at the family's and parents' outcomes as well as the children's outcomes in terms of EYFS. EYFS is a very good way of looking at children's outcomes. The family outcomes are more difficult to look at long term, but we have some strong long-term case studies that are showing really strong development in confidence in the social capital of those parents and families.

Lorraine Cartwright: Similarly to Cynthia, we have established a recording system that looks at distance travelled for families and children so that you can see the point when they start at the children's centre, and can see how they are feeling about the intervention six weeks later. Also, we are looking at each of the groups to make sure they all have an aim and an outcome. There are constant evaluations of the

7 December 2009 Lorraine Cartwright, Cynthia Knight, Janice Marshall and Richard Thornhill

groups, with questionnaires for both parents and children, to look at the difference that we are making. That is what we haven't been good at and what we have to do more of. Ofsted will want to see that. Yes, there has been lots of good work happening in children's centres, but there is not enough evidence to prove it. More and more now, we need to be showing the excellent work that has been happening in children's centres.

Janice Marshall: I have similar things to say about the evaluation. We also want to develop a tracking system for children and to look at the outcomes for families. We recognise, like everybody else says, that we need that evidence and data to prove that we are making a difference in treating families right. We are trying to concentrate on that.

Q175 Paul Holmes: Good, because Ofsted has built some pilot inspections to help it develop the framework for the full-scale ones from next year. It said that none of the people it looked at in the pilot inspections could provide that clear statistical analysis. They could all say, "Look at these families we have been really successful with", but they could not do an analysis across the board. That is partly what you were saying.

Janice Marshall: Some centres are doing it though. When I worked in Camden, we started to do entry data and exit data, and to formalise the tracking of the children, particularly looking at those who were toddlers at the time. We looked at the two-year-olds and we noticed, in particular when they were perhaps with disadvantaged backgrounds, that they were making significant progress over and above once they went into the kindergarten. Some centres are actually doing it.

Q176 Paul Holmes: How do we measure it? What group are we measuring? Let us say that 1,000 families around the children's centre really needed the help, that 500 come to the centre and you do well with them, while 500 you do not touch at all. Are we measuring a brilliant success rate with the people who come into the centre or are we measuring all the people you are not reaching at all? How do we do it?

Cynthia Knight: One issue is that we have been bombarded with everyone else's targets. We have the ECM targets and we cannot possibly be responsible for all of them in terms of health and social care. Going back to the issue before, we need the support of the strategic partners actually looking at the data and providing us with that quantity of data so that we can measure. We are certainly not getting support for the data analysis. In our self evaluation form, the health data section is empty. We get new birth data, but apart from that we are not looking at the progress, for example, on perinatal death. We have a midwifery department to reduce perinatal death in our area, but we are not able to measure that progress because we do not have the stats on perinatal death in our area. We need support with that. We cannot do it on our own.

Chairman: Thank you for your attendance. It has been a good session. As I said to the first group of witnesses, there are so many more things that we would like to ask you. You will be going back to your respective parts of the city and country thinking that you should have told the Committee something really very important. Can you be in communication with us. We do want to make this a good report. Thank you very much for your time, and I hope you did not find it too stressful.

Supplementary memorandum submitted by Cynthia Knight, Head, St Thomas' Children's Centre, Birmingham

THE EVIDENCE IS IN RESPONSE TO QUESTION 171 FROM ANNETTE BROOKE ON THE 7 DECEMBER

There seems to be some misconceptions about the roles and qualifications of family workers who work in the community. (outreach)

I would therefore like to offer this case study which sets out the qualifications and roles of the family workers at St Thomas Centre Birmingham.

The following family workers do outreach and community work:

The team is coordinated by a family coordinator (Degree, Masters and NPQICL);

three senior workers (two have a degree and one is an SRN and has a nursery nurse qualification.)

two family workers (one has a family therapy qualification and the other an NVQ3).

WORK OF THE TEAM

The team all do new birth visits (we visit every family in the reach area using health data) and in addition undertake regular home visits to homes where there is a concern.

In addition staff take responsibilities for:

- work with the midwives and the health visitors;
- (breastfeeding, weaning, attachment);
- leading group sessions—new parents, promoting happier parenting, parenting without smacking, language development, creative sessions. These may be in the centre or in other venues in the reach area;

- work with staff from health, social care, NCT, benefits advice workers, police, lawyers, housing associations in the centre or in the reach area with schools health clinics, and in the home; and
- supervision of social work and teaching students, who do placements in the centre.

The team all attend specific training on subjects like domestic violence, counselling, safeguarding, supervision, leadership and management, home safety, family therapy, drugs and alcohol advice, child development.

I would like to argue therefore that they are appropriately qualified and trained to work with families, both in the centre and in the reach area, and are in a good position to be advocates for the families and provide early interventions which have a life long impact on the children, and are therefore indispensable to the work of a children's centre. Strong evidence is available from parents as to the value and importance of this work in terms of the increased well-being and life chances for both them and their children.

December 2009

Monday 14 December 2009

Members present:

Mr Barry Sheerman (Chairman)

Annette Brooke
Ms Karen Buck
Mr David Chaytor
Paul Holmes

Mr Andrew Pelling
Mr Graham Stuart
Mr Edward Timpson

Memorandum submitted by 4Children

SUMMARY

1. 4Children welcomes the opportunity to submit evidence to the Select Committee inquiry on Sure Start. Our submission is drawn on our experience and involvement throughout the lifetime of the programme:

- As shapers of the original Sure Start for the CSR with the Norman Glass team at the Treasury.
- As advocates of Children's Centres in the 2001 Childcare Commission which called for 10,000 Children Centres.
- As architects of the Children Centre rollout through the secondment of 4Children's Chief Executive to the Prime Minister's Strategy Unit in 2001 to advise on the 10 year strategy.
- As supporters and developers of Children's Centres as partners in the Together for Children Consortium which is contracted by the DCSF to support local authorities to establish and develop Children's Centres.
- As deliverers of Sure Start Children's Centres—now delivering 24 4Children Children's Centres.

4Children is a national children's charity

2. 4Children is passionately committed to the goal of integrated provision for all children and young people 0–19 years through Children's Centres, extended schools and integrated youth provision. We believe in the need for a seamless 0–19 approach which is capable of:

- Recognising that families are not static and that their needs change over time.
- Supporting children, young people and families throughout childhood and through all important transitional stages.
- Providing early intervention and preventative support.
- Providing intergenerational activities and support—reaching out to the broader extended family.
- Incorporating or drawing together wider services in an area.
- Grounded and owned within the community

3.4 Children's nationally acclaimed Carousel Children's Centre in Braintree is delivering an exemplar model with a seamless and integrated approach across disciplines for children from 0–19 years and their families. Our ambition is that all our Centres develop this approach over time to create a vibrant, community owned hub capable of offering both universal and specialist support for all families in the area. We believe that this approach provides a valuable model for national development and replication.

4. Nationally, whilst most Centres are still in their infancy (the majority are less than two years old), evaluations are already showing improvements in parenting, improved development and social skills in children and increases in parental employment. A visit to any Centre will demonstrate the array of support on offer to families—often for the first time and certainly for the first time in an environment that is welcoming and non-stigmatising.

5. Whilst the parent may be encouraged into the Centre to weigh their baby or visit a toddler group, the door is then opened to much wider support—from housing to health, specialist support for their children to help with training. Trusted relationships and ongoing support are key and this is what parents tell us they value most. For some of the most chaotic families, the people at the Sure Start Centre will provide the consistency and support that they have never had.

6. This means that Sure Start is able to facilitate early intervention, by enabling both parents and professionals to spot difficulties and deal with them as they develop and before they escalate. At a time of real concern over high thresholds for support, Sure Start gets in early, becomes part of life and part of the support network.

7. Whilst it may take a generation to show through fully in evaluations, the Sure Start approach is what parents say they need to truly change their lives.

8. In economic terms, the long term cost/benefit analysis from programmes of this kind speak for themselves. In the face of public spending pressures this means that we must maintain confidence in the programme and reject suggestions to cut Sure Start such as those advocated by the recent Institute of Directors and Tax Payers Alliance report, “How to Save £50 billion”.

9. Indeed, in a time of financial restraint where a “more for less” approach is needed, the Phase 3 Children’s Centre model of bringing together existing pots of funding and services provides a model of modern public service delivery. Investing in this approach in the long run must be a priority.

10. It is wrong to suggest as some do that Sure Start has been taken over by the middle classes. It can only be positive to have children learning and developing together from a range of backgrounds. However, it is right to say that more needs to be done to reach out to the most disadvantaged families to get them involved. Opening the doors to the Sure Start scheme is just the beginning, making sure they maximise their potential is now their priority.

11. There are no quick fixes to the problems some families face, but by investing in Sure Start, 4Children believes that we have put in place the foundations that can make it happen. We must now continue to invest whilst building the programme into the heart of a new early intervention and preventative approach.

HOW MODELS OF CHILDREN’S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS?

12. Children’s Centres are increasingly well developed and awareness is high and growing, particularly in the deprived areas where the programme started. They are becoming as integral and accepted a part of local public services as schools and GPs surgeries and are viewed as a core part of the architecture by other services and professionals including social workers and health professionals.

13. Centres are developing in a highly diverse way. This should not be a cause of concern. Parents should be entitled to expect a core level of service from their Children’s Centre wherever in England they are. However, the key to success is that the services provided are shaped around local need, as a result of mapping of local services and also that they are developed in collaboration with parents and the community. This will inevitably mean that Centres are not uniform in nature.

14. In addition to our exemplar Centre, 4Children delivers both Phase 2 and Phase 3 Centres. To achieve this we have developed a social business model which maximises the potential of existing services in an area in a flexible and creative way. The model is based around five key principles:

- Early and continuing engagement across communities.
- Recognising and working with local diversity.
- Multi delivery sites, taking services to families, and raising expectations.
- Best use of existing resources—being imaginative.
- Building on existing local services, workforce and skills.

In this way, the Sure Start Centre is able to create a community hub—bringing together and adding value to local services at all times driven by the needs of the community.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN’S CENTRES

15. The wide range of services provided at or around a Sure Start Centre, delivered in a one stop shop approach is key to its success and is proving to be highly successful in reaching out to parents. These will include baby sessions, art classes, baby massage, twins groups, dads groups and many more.

16. However, 4Children believes there is enormous potential to extend the Children’s Centre model beyond the early years. Early years support is crucial but it is not an inoculation for life and continued intervention and support is needed as the child grows up. 4Children is developing models to extend the support of the Children’s Centre across the age range to provide ongoing, consistent and trusted support.

17. Our 0–19 approach: 4Children’s Carousel Centre is a Phase 1 Centre developing an exemplar model for children across the age range. As well as providing a high quality “core offer”, Carousel has taken the concept a step further, now providing over 40 different services to children aged from 0–19 years. [See Appendix for further detail].

18. 4Children has developed a “cluster” approach to its Centres which enables it to deliver highly targeted services, in a cost effective way in the communities that need them most, including in isolated rural areas. This includes domestic violence support, drug and alcohol, CAMHS and special educational needs services, operating as part of a multi disciplinary team. 4Children believes that this approach should be explored in more detail with the potential for wider roll out.

19. 4Children works closely with health professionals including health visitors and midwives. For example, Health Visitors now run regular health and advice sessions for Young People at our Centre with more specialist support for teenage parents.

20. We have been impressed with some of the midwife programmes that are in operation, in particular a pilot “24 hour” midwife scheme, based in our Children’s Centre in South Leeds. Midwives work alongside outreach workers to offer around the clock on call support for some of the most vulnerable parents at this crucial stage encouraging parents into the Children’s Centre for further advice and support. Midwives report encouraging results reaching out to families who may have had no contact with services before.

21. In 2007 DCSF made working with fathers one of five priorities for Phase 3 Children’s Centres. Centres are developing innovative approaches including opening at weekends; dads-only groups; sporting and martial arts activities and trips for fathers and kids to do together. Research from the University of Durham has shown that this is popular with dads, mums and children. <http://www.fatherhoodinstitute.org/index.php?id=3&cID=189>. This is important work but does not replace the importance of fathers’ involvement across the Centre. Fathers must be made to feel just as welcome at “stay and play” or “sing and sign” as they do at the “dads club”. Some centres are also developing specialist services for dads who face particular barriers, for example because they are non-resident parents or because they are in prison.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

22. The sustainability of funding for Children’s Centres is crucial. 4Children believes that the key to the long term sustainability of Children’s Centres is integration. Integration of funding streams across the Trust; recognising the importance of the Centres and early intervention to education, crime prevention, health, regeneration, poverty reduction and community cohesion. And integration at neighbourhood level, bringing together a wide range of funded programmes and professionals around a central hub.

23. As Phase 3 is showing, whilst much can be achieved by utilising funding streams from the wider policy areas of health, education and crime prevention there will be a continued need for core resources for the “hub” of the Centre (the manager, administration, accommodation and some outreach) to make this possible.

24. 4Children has developed a funding model based around a “cluster approach” that we believe provides sustainability, flexibility and value for money. As Lead body for Essex County council delivering a growing number of Centres across the county. We bring all our funding together which allows us to use a central pot to create, for example, a central management team and a central “targeting team”.

25. Unlike the Sure Start Local Programme centres which have benefited from high levels of funding from which they directly employ a multi-disciplinary team, our Phase 2 and Phase 3 Centres work with local partners particularly health to co-locate and deliver already funded services through the Children’s Centre. In this way the Centre is able to maximise the potential of local services and add value to their effectiveness. As Centres become an increasingly accepted part of the service architecture locally, this can only grow.

26. Some Centres provide childcare and this can be challenging, especially in a difficult economic environment. 4Children is committed to the provision of childcare to provide vital support for parents to take up training and return to work. However, occupancy can fluctuate (we are seeing increased demand for shorter, flexible sessions at the moment rather than full time places) which can mean income shortfalls. For local authorities who often struggle to respond quickly to local changes this can create a major problem.

27. 4Children believes a robust social business approach is required. Excellent business planning is key with clear targets for occupancy and controls on spending. Consistent scrutiny and review is essential as is a flexible approach to places.

28. Parents who are utilising Tax Credits are less likely to struggle with childcare costs. 4Children takes a proactive view to ensuring parents are accessing any available funding to pay for childcare costs. Many of our nursery places are currently being funded by support from the Department for Work and Pensions for parents to undertake training to improve employment prospects.

29. Given the importance of sustainability issues, it should be a priority for all to Children’s Centres (working with Local Authorities) to review their sustainability plans and consider a social business approach.

STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

30. High quality Children’s Centre Managers are the key to a successful centre and 4Children has sought to recruit individuals with a broad range of skills in community and partnership development as well as being experts in working with children and families. Strategic development of the Centre with high level abilities to liaise and negotiate with others are key components of the job.

31. 4Children believes the key to effective governance for Children’s Centres is parental participation and community involvement. We believe that Centres must be community based with a strong local connection, and importantly locally recruited staff. Professionals must be “on tap not on top” so that the Centre supports the community to meet its own challenges.

32. We consistently use a range of participative interventions to ensure parents and families are involved in the design, delivery and evaluation of services at the Children’s Centre.

33. With our informal groups we use a rapid appraisal tool as part of the on-going performance management of the centre. This allows us to gauge an immediate response from parents participating in the activities.

34. Each of our centres has a focus or a management advisory group. We always encourage parents to be involved in this forum which in many of our centres has proven to be instrumental in identifying needs in the area. For example at Seesaw Children's Centre in Essex parental input at the focus group informed and led on the development of lifeskills training for parents.

HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

35. To work effectively as a community hub, the Centre must develop excellent partnerships with local services.

36. Developing ways of working with health partners has been challenging and barriers remain in some areas. In areas where it is working having Health Visitors and Midwives delivering universal as well as targeted services from Children's Centres rather than GPs surgeries is linking services together to the benefit of parents and children.

37. Where multi disciplinary working is in place, Children's Centres are driving public service reform in their localities, creating change in the way individuals experience and receive their services. Children's Centres are beginning to make a reality of a "whole family" approach, in which services support families as units rather than individually as adults and children.

38. One of the key relationships with any Children's Centre will be with its local schools, whether co-located or not. Children's Centres, working with schools and extended services, can make a reality of the concept of "wrap around" services which have huge benefits to families. To achieve this, the Children's Centre must become a key and visible aspect of the school with the ability to reach out to the community beyond the school gates.

WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

39. Engaging the most disadvantaged families is a number one priority for Children's Centres. Children's Centres are using outreach to draw in harder to reach communities and partnership working with universal health services is meaning that more of the neediest families are coming through the doors of the Centres. 4Children Centres are helping some of the most isolated families including those new to the UK—many of whom speak little or no English—with activities and groups involving an interpreter.

40. The 4Children outreach model delivers visits to all families in a catchment area within two months; activities to raise community awareness; monitoring of service usage; specific work to target minority communities especially isolated groups.

41. Centres are becoming an important resource for parents with disabled children or those with special educational needs. They are providing early identification of special needs and disabilities and providing inclusive services which reduce isolation. In particular, the provision of speech and language therapy through Centres is proving to be an effective and cost effective early intervention.

42. In light of recent cases there is an emerging political consensus around the need for early intervention with vulnerable and damaged families. By using the Common Assessment Framework (CAF) Children's Centres are lowering the threshold for identification and support and providing a vital underpinning to what needs to be a fully integrated system. The development of E-CAF, by a consortium including 4Children and Logica, will develop this potential still further.

43. In 4Children's experience middle class domination of Children's Centres is a myth, indeed in some more affluent areas into which Phase 3 Centres are moving they are facing a perception problem from families that the Centre is not "for them" because they are not deprived.

44. 4Children strongly resists calls to residualise or roll the service back so that it only serves the most disadvantaged. 4Children believes:

- A mixed environment with children and parents from a range of backgrounds helps to drive aspiration and quality and reduces stigma.
- Given the existence of pockets of deprivation in otherwise affluent areas, the Phase 3 roll out of Centres means that previously isolated families now have access to much needed services.

45. The postcode lottery that used to exist which meant that some families were excluded from utilising a Centre in their community was wrong and unhelpful.

CONCLUSION

4Children would be delighted to provide further information to the Committee on any aspect of this submission.

October 2009

APPENDIX

INTEGRATED PROVISION

Carousel Children's Centre, Braintree, Essex

4Children's Carousel Children's Centre is run in partnership with Essex County Council and Sure Start. Opened in May 2006 the flagship centre pioneered the 4Children approach to fully integrated service provision and facilities for children aged 0–19 and their families.

As well as providing a high quality “core offer”, Carousel has taken the concept a step further, now providing over 40 different services.

As well as activities for younger children, including a static bus within the grounds to encourage free play for under five year olds, the centre also hosts a play strategy club for 11–14 year olds which runs daily after school.

The centre attracts many teenagers who take part in social, volunteering and vocational opportunities and runs an alternative education programme for children likely to be excluded from school in year 11 (aged 16) alongside a complimentary education programme for children likely to be excluded in year 9 (aged 14).

Carousel is used as a resource base for families who have fostered or adopted children to support parents and bring children who have been fostered or adopted together in a relaxed setting.

A community café will be opening soon to further encourage parental engagement.

Involving parents

Engagement of parents in Carousel children's centre and its informal groups has been crucial to its success. One example of this is the Twins and Multiple Births group, which is run by the parents themselves while the toddler group, initially organised and publicised by the centre's family support worker, is now encouraging parents to take a lead role. A young mum runs the Messy Play group with the support of a qualified teacher.

Inclusion

Carousel is located in an area of acute deprivation with issues around teenage parenting, worklessness and child poverty. We pride ourselves on our outreach work including building a successful relationship with the local traveller population and recent Polish immigrants who have experienced basic problems around integration.

A Specialist Developmental Nursery and Speech and Language therapist caters to the individual needs of disabled children and the centre has a fully equipped sensory room with bubble tubes and fibre optic lights which is of particular benefit for children with Special Education Needs. In addition, the Strawberry Fields Catering Service offers training for adults with specific learning needs allowing individuals to develop practical and life skills.

A full time Special Education Needs Officer works to ensure access to out of school provision for disabled children and their families at the centre. While Essex Police work in partnership with the centre to ensure that young people have access to youth support and provision at the centre.

Early Intervention and Outreach

Professional teams working to support early intervention work around schools, children & communities (TASCC) were created in September 2007 by Essex County Council. One of these teams is based at the Carousel Children's Centre and works in the community to intervene early to support families in difficulty. The Centre has Family Outreach Workers to work with vulnerable and hard to reach families at the earliest stage possible to deal with family or parenting difficulties before they are escalated to TASCC.

Partnership working

The Carousel children's centre works in partnership with numerous local organisations. Partners at Carousel include: Mid Essex Primary Care Trust, Essex County Council Youth Service, Essex TASCC Team, Essex County Early Years & Childcare Service, Strawberry Fields (a local organisation supporting adults with learning disabilities), Homestart, Jobcentre Plus, Family Learning, Connexions, Braintree District Council, Essex County Social Care, NCMA, CAB, Women's Aid, Braintree Voluntary Services, Essex Police.

Memorandum submitted by Action for Children

1. EXECUTIVE SUMMARY

- Children’s Centres should be the one-stop shop for children and families. Services must be tailored to meet the needs of local families and developed in partnership with parents and the local community.
- Children’s Centres are a key part of community-based networks to support children and families with a wide range of needs, including those who need intensive support at particular times in their lives. Targeting the most vulnerable must be a priority for all Children’s Centre providers.
- Action for Children would like to see continued support for roll out and funding for Children’s Centres with a focus on:
 - Investment in preventative and outreach services.
 - Investment in targeted early intervention services for the most deprived children and their families.
 - Improved multi-agency safeguarding arrangements.
 - Effective working with clusters of schools.
 - The full involvement of health professionals in centres.
 - Commissioning arrangements to extend the range of people to whom services are available, to ensure that age does not act as a bar to services.
- There are some specific areas where further guidance/protocols would be helpful. Particularly, clarification is needed over the Children’s Centres manager’s overall responsibility for safeguarding in an integrated setting.

2. ACTION FOR CHILDREN

2.1 Action for Children supports and speaks out for the UK’s most vulnerable children and young people. We are one of the main providers of Sure Start Children’s Centres, in partnership with local authorities. We currently run 110 Children’s Centres across England. Each Action for Children Children’s Centre is unique, as it responds to local need.

2.2 Action for Children works with over 80% of local authorities in the UK and we have been complimented on our strong leadership, demonstrating an expertise at working in partnership with a wide variety of organisations to deliver services.

3. HOW MODELS OF CHILDREN’S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

3.1 Children’s Centres are increasingly becoming a key part of community-based networks (or hubs) with services that can reach out to support children and families with a wide range of needs. There are clear advantages for both child outcomes and value for money in being able to offer families a variety of services from their local Children’s Centre. These may take the form of targeted services embedded within universal services.

3.2 At Action for Children Children’s Centres we are committed to ensuring that we are helping the children and families most in need. Our services provide intensive, personalised family support based on sustained relationships with highly trusted, skilled workers.

3.3 An essential, but too frequently overlooked aspect of this work is effective outreach to take services to families who are unable to access family support services or who need encouragement to do so. We have commissioned external research¹ which shows that outreach activity is most likely to be successful if outreach workers can offer a genuine “menu” of services. Even families who are reluctant to use services can be successfully engaged through such a personalised approach. Once engaged, the possibility arises of “bridging” the families into the full range of services that can support their needs, developing parenting capacity and enhancing childhood resilience and emotional wellbeing.

3.4 Assumptions are sometimes made that families with “straightforward needs” will be deterred from using services in the same physical service context as those who are coping with complex problems. Yet our research² has found that there is great positive value in integrating families with different levels of need bringing a reduction of stigmatisation of vulnerable families and an increase in shared learning from parents with different skills.

¹ *Evaluating the delivery by Action for Children of targeted family support*, Synergy Research and Consulting Ltd (2008).

² As above (1).

3.5 *Ashington Children's Centre—financial literacy*

Parents at Ashington Children's Centre in Northumberland are among hundreds of families on low incomes who have been supported to take control of their finances and stay out of debt through Action for Children's Financial Futures initiative with Barclays. Staff from a local Barclay's branch use their professional skills to help run a series of six money management workshops at the centre, giving those who attended valuable free guidance on budgeting, how to deal with debt, the differences between lending organisations and the meaning of financial terms such as APR. Ashington Children's centre is one of 18 Action for Children services to have run the scheme over the last three years.

4. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

4.1 Children's Centres have the potential to give children the best start in life and in many localities are increasingly recognised as part of the "glue bringing communities together". While the national evaluation of the Sure Start programme in 2005 queried whether the most vulnerable and excluded were still missing out, the 2008 national evaluation report revealed beneficial effects for almost all children and families living in Sure Start areas, reflecting greater experience in reaching out to the most vulnerable households.³ Action for Children has made targeting the most vulnerable children a priority in our centres and the benefits of this approach stand out in evaluations of our services.

4.2 *Green Ark Children's Centre—range of services offered:*

- Antenatal clinics three days a week.
- Sexual Health Clinic on Monday mornings to target younger parents.
- External agencies use the centre's "Bistro" area for drop-ins.
- Connexions offer advice, targeting those aged 16–19 years old.
- Job Centre Plus sessions to encourage returning to work.
- The National Autistic Society 8–16 youth group.
- A drama group for Erme House (part of the Local Health Authority for Child Adolescent Mental Health).
- A 10% Club (following a weight watchers-type scheme).

4.3 *Nomony Children's Centre—range of services offered:*

- A primary mental health worker who works with 0–19 year olds.
- Seconds a worker from health to work with young pregnant service users aged 17–25 who are assessed as being vulnerable.
- A home birth support group with a midwife.
- A Citizens Advice drop in session for families.
- Social care and foster agencies provide sessions.
- Plans to run a holiday club for 5–8 year olds.
- Awaiting Ofsted approval for opening the centre's day-care on Saturdays.

4.4 Action for Children is establishing an explicit continuum of cost effective services ranging from short-term time limited, intensive interventions, to long term support which can meet multiple and complex needs. In 2007 we commissioned Synergy Research and Consulting Ltd to explore the effectiveness of this continuum in action.⁴ The research, which included a Sure Start Children's Centre, shows that the services represent good value for money and use their resources to make a genuine difference to the lives of the families using the services.

4.5 Key messages from the research:

- Intensive support can make a positive difference to the lives of children and their families in even the most challenging circumstances.
- Targeted support is not seen as stigmatising by parents and young people, who welcome a personalised approach to their problems in order to produce personalised outcomes.
- Robust outreach, whereby project staff make individual contact with families in the community—in their own homes in the first instance—is essential to make a reality of access for those families who are seen as being the most "hard to reach".
- Workers with a wide range of skills and professional backgrounds can work together to deliver a high quality family support service.

³ The impact of Sure Start Local Programmes on three year olds and their families, National evaluation of Sure Start Research Team at Birkbeck, University of London, March 2008.

⁴ Synergy Research and Consulting Limited *Evaluating the delivery by Action for Children, of targeted family support* (2009).

- Intensive family support based on sustained professional relationships is particularly effective in cases of neglect.
- Effective family support services encompasses services which deliver both practical help and emotional support.
- The measurement of an individual child level outcome needs to allow for the concept of added value, given the complex needs of many families in receipt of targeted services. A genuinely preventative approach seeks—at every point—to prevent “something worse” happening.
- It is a mistake to view the “revolving door” as an indicator of service deficit. On the contrary the “open door” approach sustained across the projects was likely to maximise positive outcomes, given that it facilitated early access at whatever stage of the problem.

5. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

5.1 Action for Children has recently published a major piece of research produced in collaboration with nef (the new economics foundation) which set out the economic and social case for shifting towards a more preventative system. A key part of this research was carrying out Social Return on Investment Analysis (SROI) of three Action for Children projects. One of these projects was Wheatley Children’s Centre.⁵

5.2 Predictions for our Wheatley Children’s Centre show that this service is expected to generate £4.60 in social value for every £1 invested. What’s more, the initial investment used to fund these interventions was recouped within two to three years. Share of social value by stakeholder was:

- The principal beneficiary group are low needs children, accounting for 41% of the benefit.
- 27% of the total benefit is for high-needs children.
- Parents and the state benefit in approximately the same measure.
- The principal benefit to the state is estimated to come from savings from not needing to take children into care and from not needing to provide alternative school arrangements.
- For parents, reduced social isolation and improved mental well-being are the major contributors to their overall benefit.

5.3 The research also identified the service delivery approaches which seemed to work well:

- The community focus and “tough love” approach: a consistent feature of the stakeholder engagement was the personalised approach and welcoming environment of Wheatley Children’s Centre, as opposed to similar services accessed by their stakeholders. It was also noted however, that being willing to refer Children to the Child Protection Register and not “pandering” to pushy parents also contributed to the respect felt by stakeholders toward the centre.
- Signposting opportunities for parents: the centre is in an excellent position, situated in the heart of the community, to act as a disseminator of opportunities for parents, be it assistance with drugs programmes, adult education etc. The impact of a better educated, caring parent with less social issues to contend with has a huge impact on the well-being of a child.

5.4 The Backing the Future report notes that the “ability to firstly identify and then be in a position to offer services to high needs children on the same site as universal services reduced the stigma of take up of these specialist services. The continuity provided by staff allowed relationships of trust to develop that aided the achievement of positive outcomes.”⁶

6. STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

6.1 The transfer of commissioning from the Sure Start Unit to individual local authorities has “shifted” the way in which both central government and Action for Children are able to ensure consistency over the range of provision. We are now potentially responding to 152 commissioning authorities. The fragmentation of the commissioning process means that our Children’s Centres are developing very much in response to individual commissions.

7. HOW WELL CHILDREN’S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

7.1 Linking Children’s Centres with schools can yield significant benefits by ensuring a smoother transition to school life for children by providing wrap-around care. Regular joint activities and planning meetings with school staff all generate better inter agency collaboration and co-operation.

7.2 Action for Children is concerned that commissioning arrangements within schools remain underdeveloped and that this acts as a barrier to effective multi-agency working. The pathway from schools for referral to targeted provision remains unclear and it is in the commissioning of targeted services that schools need to join up.

⁵ *Economic and Social Return on Investment of Action for Children’s Wheatley Children’s Centre*, 2009.

⁶ *Backing the Future: why investing in children is good for us all*, nef and Action for Children 2009.

7.3 In order to deliver the full range of early intervention and targeted support, Children's Centres need to be able to work effectively with clusters of schools. Clustering arrangements are essential to enable third sector involvement, which would not be feasible with individual schools. Our experience demonstrates that this is the most effective mechanism for delivering early intervention services that are sufficiently flexible to meet the needs of individuals and communities.

7.4 Ensuring that health professionals are closely involved in the services offered by Children's Centres is important to giving children the best start in life. In a survey of our Children's Centres, 95% managers reported that Child and Family Health Services were delivered from their centres. Action for Children works closely with local health visiting teams, and all but one of the services surveyed had midwifery services delivered into their centre. We work closely with speech and language professionals to enhance children's communication skills.

7.5 *Action for Children Sure Start Exeter—working with health professionals*

Action for Children Sure Start Exeter has pioneered an innovative parent-infant mental health service, which involves a parent-infant mental health specialist (psychologist), using the CARE-Index training for staff. This service aims to meet the needs of parents arising from CARE-Index assessment and parents with post-natal depression.

Action for Children Sure Start Exeter is also piloting a parent-infant mental health model for Exeter Primary Care Trust, which will roll out across Exeter and through the Children's Trust to the rest of Devon. This is a whole-programme promotion of preventative parent-infant mental health in partnership with statutory agencies (health visitors, midwives, adult services and Sure Start Children's Centre staff) and includes universal attachment surveillance through health visiting. Working closely with health professionals such as midwives can act as an important link to excluded families and introduce them to the services provided by Children's Centres.

7.6 *Action for Children Children's Centres across North Devon*

Working with Devon County Council, Action for Children has bought the Webster Stratton parenting programme to the area and has facilitated the training of practitioners from a range of disciplines. This includes the school based Dina programme that supports children 3–8. This approach enables the building of relationships between schools and children's centres staff teams. Feedback has been extremely positive.

The centres also deliver a range of supports around the promotion of attachment and infant mental health. We are committed to delivering the Children's Centre as a universal service where all families can access a range of services, but where targeted interventions are available to those who need them. We work with families who are engaged with statutory agencies, including those children with complex health needs and those families subject to safeguarding plans. Home visiting remains an essential part of service delivery. The Home Visiting Team can support families in individual areas including breastfeeding, support with children's behaviour, post natal depression etc. Our staff attend core group meetings, are involved in safeguarding plans and are trained in implementing CAFs. Some are trained as budget holding lead professionals.

As well as working with statutory agencies, we work with local voluntary services organisations to provide an affordable community transport scheme, known as Tiny Travellers and a Safety Loan Equipment Scheme.

7.7 However, the current multi-agency approach to delivering services through Children's Centres could be strengthened. A key example here is ensuring that all agencies are aware of their role in developing services and practice protocols that ensure a robust multi-agency safeguarding framework within Children's Centres. Clarification is needed over the Children's Centres manager's overall responsibility for safeguarding in an integrated setting where s/he does not directly manage all the staff (eg co-located health staff), and where the premises are used by other organisations. We hope that legislating for Children's Centres will, by formalising the role, ensure the status and accountability of the centre manager.

7.8 More specifically:

- Action for Children would like to see clear lines of accountability for safeguarding with a nominated lead person who ensures staff practice is of a quality and standard that keeps children safe within Children's Centres developed for all staff and volunteers.
- When setting up a Children's Centre it must be made clear which agencies' policies and procedures are to be followed. There must be clarity about governance and accountability regarding both management and professional advice to workers, and the role of supervision.
- Each Children's Centre should have a designated lead on safeguarding (similar to that in schools).

8. WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

8.1 When delivering Children's Centres, Action for Children prioritises the need to offer an inclusive, engaging, integrated and effective service to meet the differing needs of children and families, such as the example below. This approach often involves working with other local voluntary organisations or community groups and volunteers.

8.2 The Children's Centre model continues to evolve. Action for Children believes that, going forward, this development should prioritise two areas: ensuring the delivery of targeted support through universal settings, and extending the range of people to whom Children's Centre services are available. This could mean that, for example, age no longer serves as a bar to services. Some Centres offer facilities to 0–19 year olds with the introduction of before and after school clubs. Where the age of 0–5 is strictly adhered to this is an issue in some Children's centres linked to schools that have identified families with multiple needs which include several older siblings.

8.3 *Kates Hill and Sledmere Children's Centre*

The Children's Centre is located in a very ethnically diverse community. A significant number of children spoke little or no English when starting school, making this a very traumatic time for the children. The Centre knew that many of their parents were also struggling with a second language. Many of the families were very isolated and were having difficulty accessing even basic services such as the local doctor or finding out what services were available to them.

Therefore, the Children's Centre has:

- Launched the Early Start English for Speakers of Other Languages Programme helping both the children and their parents learn English and boost their confidence in social situations. Sixteen parents and their children attended the first course, all of whom came to us by word of mouth.
- Used local networks to ask for help to identify families who would benefit the most from the course.

Outcomes include:

- The confidence of the parents grew and this was crucial for their child's development.
- Many of the parents are going on to full ESOL courses, while others are staying on with their children for "play and stay" sessions at the centre.
- By combining English with a focus on their children, the team reached families they had never been able to reach before.

8.4 *Action for Children Furness Children's Centres, Barrow In Furness, Cumbria (Walney, Ormsgill, Greengate, Newbarns)*

The Furness Children's Centres deliver the Sure Start Speech and Language Measure with parents/carers of two year old children. This has been a valuable tool in providing evidence of improved language skills in the local two year old population. Due to Action for Children's early identification programme, fewer referrals are being made to mainstream Speech and Language Therapists and of those being referred, they are referred earlier.

Action for Children Furness Children's Centres' practice is outcomes driven. Core outcomes for all activities have been identified as:

- Increased confidence of parent/carer.
- Greater awareness of how they (parent/carer) communicate.
- More realistic expectations of their child's language and behaviour.
- Improvements in children's communication and behaviour.
- Families enjoying time together.

October 2009

Memorandum submitted by Barnardo's

1. Barnardo's works directly with more than 100,000 children, young people and their families in over 400 services across the UK. These services are located in some of the most disadvantaged neighbourhoods, where experiences of child poverty and social exclusion are common.

2. Barnardo's currently runs 84 Sure Start Children's Centres, concentrated principally in three regions of England: the South West, North West and the Midlands. We also provide aspects of the Sure Start offer—typically family support and other services for vulnerable children and parents—in a further 31 areas.⁷

3. We use the knowledge gained from our direct work with children to campaign for improvements in policy and to champion the rights of every child. With the right help, committed support and a little belief, even the most vulnerable children can turn their lives around.

4. This submission draws extensively on the experience of Barnardo's Sure Start Children's Centres in England. It begins with a summary, before addressing key issues raised by the Select Committee.

5. We would be delighted to provide further information on these issues or to organise visits to Barnardo's Sure Start Children's Centres for Select Committee members.

SUMMARY

6. Barnardo's experience in working with disadvantaged families across the UK convinces us that Sure Start Children's Centres are one of the most effective models we have for breaking the cycle of poverty, transforming patterns of poor parenting and educational under-achievement in Britain's most deprived communities.

7. Barnardo's has a strong track record for delivering accessible, inclusive services and successfully engaging "hard to reach" groups. This is a priority for our Children's Centres, working in partnership with local agencies. Key groups for whom targeted initiatives have been developed include: children in need, children with special needs and disabilities, parents abusing drugs or alcohol, families in squalid housing, BME communities, recent immigrants and asylum seekers, isolated families in rural areas and fathers.

8. Children's Centres have the potential to be a highly effective vehicle for delivering preventive services to vulnerable and disadvantaged young families. Barnardo's would like to see greater prominence given to Sure Start Children's Centres as a key element in local preventive strategies, reflected in Children and Young People's Plans and other strategic plans. Integrated working is most effective when there is genuine high level commitment from each of the partner agencies.

9. In particular, Children's Centres are well placed to identify safeguarding concerns and to undertake preventive work with parents, involving social services as appropriate. Children under four are particularly vulnerable to abuse and amongst the most likely to come into care.

10. Most of Barnardo's Children's Centres are concentrated in the South West, Midlands and the North West; we also run a number of Children's Centres in the North East and South East. In some areas, very few Children's Centres have been put out to tender or offered only on short term (typically one year) contracts. Such short-term contracts limit the scope for third sector involvement.

Does the Children's Centre model of integrated services for under-5s and their families promote early childhood development and is it an effective response to deprivation?

11. Children's Centres promote early childhood development and contribute to improved outcomes for children in the most deprived communities by:

- Extending high quality early years provision and parenting advice in areas which historically had little access to such services.
- Intervening early, for example where there are concerns about developmental delay, special needs and disabilities or safeguarding issues, providing swift access to specialist advice and support.
- Reaching out to vulnerable and disadvantaged families through outreach activities, providing one-to-one support and gradually encouraging parents to make use of other Sure Start services.

Feedback from parents at Barnardo's Saffron Sure Start in Leicester

"I didn't realise how important it was to spend time with my child. I didn't know how much they learnt from me."

"Parenting classes have given me other ways of disciplining my child. Now I don't lose my temper so easily and I don't smack him anymore."

"I understand more about how my child thinks and learns."

⁷ These figures are accurate based on current service information, but recent growth and differences in the extent of Sure Start services provided by Barnardo's and the delivery model used (ie some are not centre based, others involve clusters) makes it difficult to provide an exact figure.

Example: Promoting early childhood development

An Ofsted inspection of Barnardo's Sure Start Benchill in Manchester found that their impact on the learning and development of children and families was outstanding. In particular:

- highly inclusive services successfully met the needs of the vulnerable children, such as children in need, children with learning difficulties or disabilities, and those with little English. This included Welcome Centre provision for residents newly arrived to Benchill; and the Lyndene Inclusion Nursery, co-facilitated with SEN (special educational needs) practitioners.
- the youngest children benefited significantly from the co-location of health services and “healthy start” promotion, including breast-feeding and baby massage classes.

12. Barnardo's experience in working with disadvantaged families across the UK convinces us that Sure Start Children's Centres are one of the most effective models we have for breaking the cycle of poverty, transforming patterns of poor parenting and educational under-achievement in Britain's most deprived communities.

13. Children's Centres provide hubs in disadvantaged, fractured communities, offering safe, friendly spaces for young families who would not historically have accessed early years or parenting provision. This takes time: Children's Centres need to be valued and trusted by local families and reflect community needs.

14. Parents can learn alongside their children—taking part in group activities and courses—and many go on to enrol in courses to develop their own skills (for example in literacy, numeracy and ICT), which they might not have felt confident to do in a school or college environment. Volunteering also plays an important role, building parents' skills and confidence and providing a stepping stone back to employment.

Example: Breaking the cycle of deprivation

Barnardo's Sure Start Children's Centres in the North East are making inroads into child poverty and generational worklessness through adult learning, careers advice and volunteering opportunities. This has included:

- courses in numeracy, word processing and other essential work skills and referrals to learning providers;
- careers advice, action planning and help with CVs;
- volunteering to develop new skills, gain experience sought by employers and build confidence; and
- collaboration with JobCentre Plus, who fund some daycare places for parents on courses.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

15. The range of services—often co-located—provided by Children's Centres is important for a number of reasons.

16. The presence of high quality early years services, co-located or working closely with specialist health and family support practitioners, enables early intervention—providing swift access to advice and support (such as family support, speech and language therapy or counselling) where needed.

17. The range of services also means that Children's Centres are able to work directly with parents and children, for example, providing extra support to a child presenting with behavioural problems in the nursery at the same time as working with their parents to address underlying difficulties, such as post-natal depression or domestic violence. Families are more likely to engage willingly in the CAF (common assessment framework) process (or other specialist assessment, as relevant) if they already know and trust Children's Centre staff; they are also more likely to raise issues of concern themselves.

18. Within the range of children's centre services, outreach and family support are critical for engaging vulnerable and disadvantaged families—for example, families with safeguarding issues, parents with learning difficulties and families with disabled children.

19. As regards service effectiveness, Children's Centres are subject to DCSF performance management requirements (including a detailed self-evaluation form, reviewed annually with the local authority) and inspection by Ofsted. From the outset, there has been a great emphasis on quality and evidence-based practice, informed by the National Evaluation of Sure Start. All Barnardo's Sure Start Children's Centres work towards a set of specified outcomes for children, based on the Every Child Matters framework. Outcomes for children and families using our services are recorded to ensure that our Children's Centres are making a positive impact in the communities they serve.

Are services being accessed by those most in need and how effective are they for the most vulnerable?

20. Barnardo's has a strong track record for delivering accessible, inclusive services and engaging "hard to reach" groups. This is a priority for our Children's Centres, working in partnership with local agencies. Key groups for whom targeted initiatives have been developed include: children in need, children with special needs and disabilities, parents abusing drugs or alcohol, families in squalid housing, BME communities, recent immigrants, asylum seekers and transient populations, isolated families in rural areas and fathers.

Examples of targeted initiatives in Barnardo's Sure Start Children's Centres

At Sure Start Benchill (Manchester), children with learning difficulties and disabilities can attend the Lyndene Inclusion Nursery, a unique collaboration between the centre and a local special school which provides support and respite to parents and carers and opportunities for children to mix together and make progress in relation to communication and socialisation skills. A proportion of places in day care at the centre are allocated to children in need. They benefit from the quality of the provision and their relationships with key workers results in gains in confidence and independence.

In Birmingham, Barnardo's employs a dedicated Fathers Engagement worker, who works at flexible times and days across three areas to encourage participation from fathers and male carers. A positive relationship with local police means that some young fathers are signposted to our services to help engage them in their children's lives and empower them to be "dads as well as lads"—we can work with them and our partners to encourage training, sexual health awareness and relationship/parenting skills to help them develop as citizens as well as fathers.

In Cumbria, we run the HouseProud project, to help families living in squalid conditions to clean up their houses and to take responsibility for standards in the home. Early outcomes have been impressive, with fewer children at risk of being removed from their families. The initiative is being rolled out more widely.

In the South West we employ trained workers to support disabled children and parents with learning disabilities, working across more than one children's centre area. We are also successful in engaging vulnerable families within the BME community, with the involvement of staff who are able to communicate with parents in their own languages.

21. For the most vulnerable families, the role of outreach is critical. Locating services in accessible and familiar community facilities and visiting families in the home is critical to reaching those who would not, by themselves, access Children's Centre services. Outreach is often needed, for example, to work effectively with families where there are safeguarding concerns, if parents have learning difficulties or mental health difficulties, families with disabled children and for some minority ethnic communities.

Quotes from parents at Barnardo's Saffron Sure Start in Leicester

"My child has got disabilities, it's great that someone can come and see me at home or I can pop into the centre rather than cross the city. I feel as though I am not alone."

"My life revolves around the centre and my children. I had severe postnatal depression, I had panic attacks and couldn't go out of the house, now I'm here every day."

22. Feedback from Barnardo's Children's Centre managers highlighted the significant numbers of safeguarding concerns they deal with. Children under 4 are particularly vulnerable to abuse and amongst the most likely to come into care. Children's Centres are well placed to identify possible concerns and to undertake preventive work with parents, involving social services as appropriate. In our experience, families who have a history of involvement with social services are sometimes more willing to engage with Barnardo's than with statutory services.

Feedback on safeguarding work by Barnardo's Children's Centres

"Over the past years I have been involved in Sure Start I have seen the changes made to children and families—it sometimes takes months, even years of work to build that relationship and see outcomes ... We see changes in families that would have meant children being harmed, accommodated into the care system or left as "invisible" children throughout their lives if not for preventative strategies like children's centres."—Children's Centre Manager

Quotes from parents at Barnardo's Saffron Sure Start in Leicester

"My family support worker, helped support and guide me through the child protection process. Those 12 months were the worst time of my life and I honestly don't think I could have got through it with out her."

"With the support of Sure Start staff I have moved myself and my children out of domestic violence. I would never have had the strength to do this without their support."

HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

23. In some areas, Sure Start has been a catalyst for integrated working across children's services: providing a hub for multi-agency services and laying the foundations (by building relationships, sharing information, joint working etc) for effective partnership working to meet local community needs.

Examples: integrated working in Leicester

Leicester City Council built on the experience of their Sure Start Local Programmes (some run by Barnardo's) to develop an integrated service model for children aged 0–19 years. Health, Education and Social Care work together to deliver integrated teams in local neighbourhoods. The network of local Children's Centres was used to pilot initiatives such as the Common Assessment Framework. Looked After Children and Children in Need services have been integrated into their Children's Centres.

24. However, the success of the integrated model is dependent on the support of partner agencies, in particular, health and social services. This can be problematic, due to budgetary constraints, differing priorities and service boundaries, barriers to information-sharing and cultural differences. Barnardo's services in some areas reported difficulties in securing the involvement of health services in particular, for example, reductions in Speech and Language Therapy and health visitors not being well linked into Children's Centres.

25. Children's Centres have the potential to be a highly effective vehicle for delivering preventive services to the most disadvantaged young families. But in the context of tight public service budgets, preventive services are often vulnerable to cuts.

26. Barnardo's would like to see greater prominence given to Sure Start Children's Centres as a key element in local preventive strategies, reflected in Children and Young People's Plans and other strategic plans. Integrated working is most effective when there is genuine high level commitment from each of the partner agencies.

Example: integrated working in Barnardo's Children's Centres

In Barnardo's Children Centres in Wythenshawe, integrated working is well established and central to its success in working with vulnerable children. This includes co-located health professionals, social work staff seconded to work alongside Barnardo's staff, two designated teachers and a CAF (common assessment framework) co-ordinator. They are also collaborating with local schools to engage with children who are struggling with the transition to school and are presenting with additional needs related to issues such as bereavement, parental substance misuse or domestic abuse. Children at risk of exclusion or self-exclusion are also targeted for additional support.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

27. The first waves of Sure Start Local Programmes were generously funded, enabling the development of innovative practice and providing strong foundations for integrated working. Budgets have tightened over time and as Children's Centres have gradually extended their "reach" to more vulnerable and disadvantaged families, so resources have had to stretch further. Improved value for money has also been achieved through increased partnership working with schools and local agencies, and by sharing specialist expertise and facilities across clusters of children's centres.

28. In some areas, there are difficulties with funding levels for childcare and nursery provision, as Sure Start budgets have been reduced, Neighbourhood Nursery Initiative funding has tapered off and in the context of welcome moves to improve the skills and qualifications of the early years workforce. In particular, some Barnardo's services operating in disadvantaged areas have reported difficulties with:

- providing flexible, affordable childcare (outside London, where additional funding has been made available). In a competitive market, parents will often go for price rather than quality, while Children's Centres have prioritised high quality, inclusive services; and
- the sustainability of day care places. This was part of the core offer and well funded in the early waves of Sure Start, but some services report that the Nursery Education Grant for three and four year olds does not cover the true cost of a place.

STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

29. Part of the strength of the Sure Start model in the early waves lay in the great emphasis placed on responding to local community needs and priorities. The flexibility this allowed and the innovative practice this stimulated was important in making inroads into communities which had historically not used such services. This responsiveness must not be lost in the move towards a common Children's Centre model and as budgets become tighter.

30. Most of Barnardo's 84 Children's Centres are concentrated in three regions of England—the South West, Midlands and the North West. We also run a number of Children's Centres in the North East and South East. But in some regions, very few Children's Centres have been put out to tender or offered only on short term (typically one year) contracts. Approaching the General Election we have noticed an increase in contracts of just one year, despite recent assurances on both sides of the House to maintain and build on the successes of Sure Start. Such short-term contracts limit the scope for third sector involvement.

October 2009

Memorandum submitted by Family Action

The response is divided into the following sections:

1. About Family Action
2. Family Action experience and involvement in running and working with Sure Start schemes
3. Summary of our evidence and recommendations
4. Funding, sustainability and value for money
5. Value for money
6. Are services being accessed by those in greatest need
7. Working with other agencies and services
8. References

1. ABOUT FAMILY ACTION

Family Action has been a leading provider of services to disadvantaged and socially isolated families since 1869. We work with over 45,000 families a year by providing practical, emotional and financial support through over 100 community-based services across England. Additionally in 2008–09 we distributed 3,235 grants totaling over £641,000 to families and individuals in need throughout the UK. Family Action won the 2009 Charity Awards Foundation award for effectiveness.

2. FAMILY ACTION EXPERIENCE AND INVOLVEMENT IN RUNNING AND WORKING WITH SURE START SCHEMES

- Supporting vulnerable families through a number of outreach models and services.
- Offering our core model the Family Action family support service, (FSS) as part of multi-agency teams in children's centres in Roehampton and Battersea, Wandsworth, and Edge Hill, Liverpool
- Managing Sure Start children's centres in Miles Platting Manchester; Southend, Essex and West Mansfield, Nottinghamshire
- Via staff who previous to working via Family Action worked in roles in local authorities establishing earlier Sure Start programmes and centres

3. SUMMARY OF OUR EVIDENCE AND RECOMMENDATIONS

- Family Action celebrates the achievements of Sure Start, in particular the recent Ofsted evidence showing the good or outstanding impact made by integrated services on the learning and development of children and parents in over half of the centres visited.ⁱ
- We applaud the major contribution of the Sure Start brand in increasing awareness of the importance of early years education and intervention where previously they were under-valued and making pre-school provision available to families who were previously excluded from it.
- It is our experience that parents in deprived communities benefit from children's centres as havens of support where they learn from each other as well as early years professionals. Successful multi-agency working underpins the best functioning centres realising their potential as integrated service access points.ⁱⁱ
- We support the ambition of Sure Start as a universal service which helps it to be non-stigmatising, raises aspirations and maximises community buy-in to early years provision.
- However, if children's centres are to play a part in challenging outcomes for children and existing patterns of social mobility they must meet the challenge of engaging hard-to-reach vulnerable families who may experience very complex needs including mental health problems, domestic violence, learning difficulties, substance misuse and severe financial hardship.

- In our view, some centres are confusing outreach with home based family support. Outreach is primarily focused on trying to bring families into the centre. This is needed but it is not a service in itself. Home based support is a support service in the family home. As part of this, families may well be encouraged to use a children’s centre but they need the intensive support in the home to resolve complex difficulties. Family Action offers a range of these services which have been evaluated as effective for families not able to access Sure Start centres immediately. These are explained in more detail in section 6 below.
- Multi-agency working based in centres should include organisations offering home-based family interventions so as to increase the chances of such families engaging with services and the range of positive outcomes for parents and children.ⁱⁱⁱ
- While children’s centres are potential centres of parenting excellence, to realise this in practice, centres need to provide supportive non-judgemental environments through targeted in-centre offerings that gain the confidence of the most vulnerable families. Some of our staff have commented that the quality of Children’s Centres is variable and largely dependent on the quality and creativity of the manager and their experience in working with disadvantaged and troubled families and safeguarding issues.
- Albeit the aim of increasing free or affordable childcare to support labour market entry is an important one, the delivery of it via Sure Start needs to be carefully communicated and managed if it is not to conflict with the aim of spreading parenting excellence.
- The high ambitions for the leadership of Sure Start Centres may not be sustained on some of the Phase Three budgets that are coming to our attention. It is difficult to fund a comprehensive service when the budgets are £100–£150,000.

4. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

1. The funding and sustainability of children’s centres and associated services need to be seen in the context of the expectations that have been created among parents; and Government’s expectations of the people who work in the centres.

2. Sure Start began as a programme with its sights firmly on supporting the most disadvantaged, but over time its ambitions have evolved to offering a more universal service. Some researchers have remarked that as the expectations of Sure Start have expanded, funding has stayed the same or decreased. “Sure Start funding, which at its peak in 2004–05 reached about 20% of the population of children under four and their families, was increased by about 10% in 2005–06. However, in more-for-less fashion, that funding is expected to reach 35–40% of children 0–5 and their families and to provide care before and after school for older children. Local authorities are supposed to “find” the money to cover budget shortfalls, but this is proving to be unrealistic in practice.”^{iv}

3. Funding will differ according to local factors, including the level of deprivation and corresponding expectations of service delivery level. In 2005–06 when nearly all the 1,000 Sure Start Children’s Centres then in existence were based in deprived areas the National Audit Office reported they spent on average between £350,000 and £580,000.^v

4. To properly establish if “more-for less” is the case now that the expectations have changed would require the NAO study to be repeated. However, in the process of tendering for the management of centres during Phase Three, we are encountering local authority draft budgets starting from £100,000. While local factors and service delivery levels will vary, and this budget was for a centre in a less deprived area, the overall expectations created by the Sure Start brand remain that children’s centres should offer integrated services, and reach disadvantaged families.

5. Our concern is that targeted interventions for the most troubled families are more expensive per head to provide—but they are the most needed if we are to deal with the impact of poor parenting or disadvantage at an early age. Evidence suggests that this is most effective.

6. To be coherent, sophisticated and safe in their offerings, centres should normally employ at least one qualified social worker or equivalent to supervise the team. With requirements to offer up to 20 hours a week of crèche facility and pay general overheads in each centre, integrated services can only be delivered on an annual budget such as £100,000 if multiple centre management is commissioned from a provider. Depending on the provider, the salary for managers charged with responsibility for teams in more than one centre can be as low as £26,016 pa (eg, post of Family Support Worker, Qualified Social Worker, 18 months post-qualification experience, required to manage teams in two children’s centres of the Ladywood and Soho areas of Birmingham, which was advertised by a recruitment agency in September).^{vi}

7. In 2008 the then Children’s Minister told Sure Start leaders “To be a Children’s Centre manager is, in short, to be in a highly demanding, multi-disciplinary management and leadership role . . . In the future we want all of you to have the National Professional Qualification in Integrated Centre Leadership qualification or equivalent. That’s the same level of qualification as a head teacher, and it needs to be, such are the demands of the job.”^{vii}

8. Firstly head teachers are paid £36,618 to £109, 658 so that the level of ambition envisioned for Sure Start leaders is not commensurate with centre budgets of £100,000. Secondly the demands on children's centre managers can be so high that multiple centre management and employment of managers with minimal post-qualifying experience are far from ideal ways to deliver to the lower budgets. Working as a source of encouragement to discouraged and disadvantaged parents and managing staff to deliver integrated services demands greater management experience and excellence.

9. Any thinning of budgets therefore does imply risks to the sustainability of energetic good quality leadership of Sure Start centres which will adversely affect the delivery of their aims. While commissioning authorities may find "more for less" a desirable way out of the current economic morass, it will not yield necessarily value for money in terms of good quality support or outcomes for families, particularly those with the greatest needs.

5. QUESTIONS ON VALUE FOR MONEY

1. The Melhuish team at Birkbeck College state in their cost-effectiveness evaluation methodology that "Sure Start can be thought of as an investment in young children and their families, which is rather like an investment in education. Costs are incurred in the short term in the expectation that there will be a return on that investment in the longer term."^{viii}

2. Aside from early concerns about methodologies employed by the DCSF-commissioned evaluation of Sure Start,^{ix} the long-term nature of the return means evaluation of Sure Start is not straightforward. Outcomes for children around the age of two presently in Sure Start are not going to be effectively tracked until 2012 when they are in primary school. Many of the organisations delivering Sure Start, including Family Action, have found it difficult to track outcomes of their delivery relative to spending, particularly where working in areas of high residential mobility and in multi-agency teams. An additional issue around 2006 was the lack of clarity around the responsibility for the collection and evaluation of information at the transformation of programmes into centres when responsibility passed back from those delivering through local partnerships to local authorities.

3. In the short-term, Ofsted's small scale study has recently found the impact made by integrated services on the learning and development of children and parents was good or outstanding in over half of the centres visited and at least satisfactory in all but one of the remainder. The schools reported that children's improving attitudes to learning and social development are easing their transition into primary school".^x

4. This is borne out at a local level, for example, at the Roehampton Sure Start service in Wandsworth which we help to deliver through home-based intervention and parental involvement services. As more families have used Roehampton's Sure Start's services over the last three years so there has been an improvement in outcomes for children at Foundation Stage Profile (age five); and the gap between those classed at 30% most disadvantaged and those in advantaged areas (70%) has closed more in Roehampton than in any other part of the borough

5. Over the longer term the nef and Action for Children have estimated that a mixture of targeted interventions, universal childcare and paid parental leave could help address as much as £1.5 trillion of the £4 trillion the UK will have to spend over the next 20 years to address problems such as crime, mental health problems, family breakdown, drug abuse and obesity. For every £1 invested annually in targeted services society may benefit by up to £9.20, for every £1 invested in children's centre there may be a return of up to £4.60.^{xi}

6. However, it would be a mistake to see targeted services and children's centres as either/ors or to deduce that one is a better value option. Targeted home-based intervention can be essential for engaging the hard-to-reach, but intervention in individual families will be time-limited. On the other hand it is not appropriate to lose contact with vulnerable parents. Following a period of intervention it is appropriate to keep parents engaged with services via centres where they can find support. Via centres, parents can be supported to participate in delivery of services through committee membership and volunteering, thus enabling them to gain a vital mix of soft and administration skills in preparation for moving into employment. For example, this is delivered via our parental involvement support service at the Sure Start centres in Roehampton and Battersea in Wandsworth. However, to ensure the engagement of the most vulnerable with public services in the first place, targeted intervention must be the top priority of investment.

7. One of the ultimate impacts of not intervening in the early years is care proceedings. The House of Commons Children, Schools and Families Select Committee found that at any one time around 60,000 children are looked after by English authorities. The total gross expenditure on children in care in 2007-08 was £2.19 billion, 51% of which was spent on fostering services and 41% on children's homes. The average cost per looked-after child per week in a residential home is £2,428, in foster care £489.^{xii} This clearly demonstrates how Family Action's most highly targeted home based intervention packages (costing up to £5,000 a year for its Building Bridges services with families with mental health problems) are value for money especially when they are part of a package that journeys socially excluded parents and children to wider community participation.

6. ARE SERVICES BEING ACCESSED BY THOSE IN MOST NEED?

1. Our Family Support Service is aimed at the most vulnerable hard-to-reach families often affected by one or more factors including domestic abuse, mental health problems, learning disabilities and severe financial hardship.

2. While we work with families wherever they feel comfortable and safe—in their homes or in a community-based centre—the Family Action FSS worker usually starts working with families in their own homes. This is because assisting families in changing their behaviour to one another, bringing structure and routine to chaotic household circumstances and obtaining their trust are often vital stepping stones to not only improving the quality of relationships between parents and children but also ensuring families are able to participate in their wider communities, including attending Sure Start Children’s Centres.

3. For example, where parenting style has promoted very aggressive behaviour in the child, the latter may need help before they are able to play acceptably with other children in a centre setting. A mother who is depressed may need her confidence raising by a worker before she is ready to attend a setting which requires her to mix with more people. In addition, ensuring the parent has a routine that enables they and their child leave the house promptly to arrive at timetabled activities and knowing there will be a friendly face to greet them at a children’s centre can be key to ensuring they attend. For many weeks—or if necessary, months—before they attend a centre the Family Action family support worker will attend a family’s home in the morning to help them change behaviour patterns, establish routine and, when they are ready to attend, makes sure a Family Action colleague is there at the centre to welcome them.

4. This home support, and outreach methods, ensure that 66% of those engaging with our Southend centre come from the most deprived groups (20% plus level) and that the take-up from ethnic minority groups is running at double those of other centres in the borough. This ensures that hard-to-reach groups’ take up of services in the centre is substantial. Their participation rate is 40–100% in the specialist women’s services, job centre advice, assertive parenting course and Mothers on Their Own Group (where parents and children first eat lunch with workers and workers are able to guide parenting behaviour in a supportive way).

5. Where children’s centres are based in the most deprived areas with hard-to-reach groups we need to question the rationale for providing childcare in centres vis a vis outputs which are about promoting excellence in parenting. While such childcare can be valuable in promoting the ability of parents who are further along in self-development to take up training and volunteering opportunities in and outside centres, there is also a risk that seeing children being left in the centre sends the wrong message to newly attending parents who need to focus on staying in the centre with their children to improve their parenting skills. It is essential that the primary motivation for providing childcare through Sure Start is to provide a high quality pre-school experience. If it is primarily designed and communicated as a strategy for getting parents back to work this will impact negatively on the ethos of Sure Start.

6. It needs to be recognised that there are some groups which children’s centres will always struggle to engage with, for example, when parents of very young children are giving concern and more serious mental health problems are involved.

7. When we come across this in the course of our Wandsworth Family Support Services the preferred option is to refer them to one of our two specialist Newpin centres. This is an intensive centre based service. Severe depression considerably impacts on development of the parent child relationship due to low motivation and engagement of the parent.^{xiii} Research shows that the Newpin model improves mothers’ mental health with an increased ability to recognise children’s needs.^{xiv}

8. A 2007 evaluation of mothers at our Newpin projects demonstrated that many of them had felt unable to engage with Sure Start because of their depression “And then Sure Start said, come on, we’re going to go on this trip but that trip was awful because everybody was happy and I didn’t feel like being happy so I thought I’m the only person who can’t do it so that trip was awful.” “Most people don’t come from happy backgrounds with no issues, like we all like to read about in books. The fact is that most people don’t come from that but maybe at Sure-Start things you either have to come from that or pretend you do”. For this group of mothers, attending Newpin where their depression was recognised by other parents, was extremely important to engaging them in parenting skills. Social phobia or fear of a violent ex-partner being able to enter the space may also prevent parents from attending a Sure Start children’s centre.^{xv}

7. WORKING WITH OTHER PARTNER AGENCIES AND SERVICES

1. The Family Action Support Service works alongside other partner agencies and services to engage the most hard-to-reach families in children’s centres as we describe above. An additional aspect of our multi-agency working is the role we play in enhancing and consolidating work done by other partners, for example in fulfilling the programmes of speech and language therapists who may not be able to visit families frequently

2. We welcome proposals for an increased role for health visitors in early intervention. Health visitors can make substantial a number of referrals to our FSS. For example, in Wandsworth they provide around a quarter of referrals.

3. Presently our function is distinctive and complementary to that of health visitors. They generally refer and we carry out programmes of work with families. Often we develop the service based on their assessment of family need. For example, in cases of post natal depression the health visitor would be able to ask us to help the mother to manage her newborn and other children and help her address the depression. This intensive time commitment is needed but would not be possible with present health visitor caseloads. Nor, we suggest, does it need that level of training to carry out the service. Once diagnosed the two services are complementary and a good value for money.

4. However, if an increased role is envisaged for health visitors, as is indicated by some proposals, much more will need to be done to recruit and retain them in the most deprived areas which have historically been priorities for Sure Start and which are less attractive than areas such as Wandsworth. Our Sure Start centre in Manchester notes that for a catchment area including some 1,000 families on a birth book at any one time there are only two health visitors, one of whom is part-time. By contrast they experience far fewer referrals from health visitors than our services in Wandsworth.

5. Social workers also refer to our Family Support Service. While we work closely with social workers of contracting local authorities in light of concerns over child protection, again referral demonstrates that outreach is presently delivering a function distinctive to that of local authority social workers

October 2009

REFERENCES

- ⁱ *The impact of integrated services on children, parents and families*, Ofsted 2009.
- ⁱⁱ Apps J et al, *Family Support in Children's Centres*, Family and Parenting Institute 2006.
- ⁱⁱⁱ Ibid.
- ^{iv} John, K: *Sustaining the Leaders of Children's Centres: The Role of Leadership Mentoring* European Early Childhood Education Research Journal Special Issue, Leadership and Management, 16(1)53-66 <http://teacherresearch.net/John-eecerj08.doc>.
- ^v *Sure Start Children's Centres*, National Audit Office, December 2006 http://www.nao.org.uk/publications/0607/sure_start_childrens_centres.aspx?alreadysearchfor=yes
- ^{vi} <http://www.myjobsinbirmingham.co.uk/search-results/job/120167408>)
- ^{vii} <http://www.dcsf.gov.uk/speeches/media/documents/Sure%20Start%20Leaders%20Conference%20-%20FINAL.doc>
- ^{viii} <http://www.ness.bbk.ac.uk/cost-effectiveness>
- ^{ix} Barrett H *Evaluating evaluations: Evaluating recent evaluations of Sure Start, Home-Start and Primary Age Learning Study*, Family and Parenting Institute, December 2006 <http://www.familyandparenting.org/item/publication/31/2>
- ^x *The impact of integrated services on children, parents and families* Ofsted 2009
- ^{xi} "Backing The Future: Why investing in children is good for us all." Action for Children and new economics foundation 2009, foundation http://www.neweconomics.org/gen/z_sys_publicationdetail.aspx?pid=293
- ^{xii} The House of Commons Children, Schools and Families Select Committee Third Report, 20 April 2009.
- ^{xiii} Sheppard M, *Maternal depression, child care and the social work role*, British Journal of Social Work 34, 33–51.
- ^{xiv} Phillips R Newpin Evaluation Unfinished manuscript (2002) quoted by Sanders L Chapter Six, *Newpin Courage to Change Together Helping Families Achieve Generational Change*, ed L Mondy and D Mondy, Uniting Care Burnside, Australia 2008
- ^{xv} Lederer J *Family Action Southwark Newpin: Evaluation report of Perinatal Project* 2009, <http://www.family-action.org.uk/uploads/documents/Southwark%20Perinatal%20Support%20Project%20Evaluation%231%23.pdf>

Witnesses: **Helen Dent CBE**, Chief Executive, Family Action, **Anne Longfield**, Chief Executive, 4Children, **Martin Narey**, Chief Executive, Barnardo's, and **Dame Clare Tickell DBE**, Chief Executive, Action for Children, gave evidence.

Chairman: I welcome Clare Tickell, Anne Longfield, Helen Dent and Martin Narey. It is a pleasure to have you all here at the same time. You are, as we know, the big four in the charitable sector. We recognise your competence and your knowledge in this area. We are, as I have said outside, halfway through our look at Sure Start Children's Centres. We value very much the quality of the evidence that we get in these oral sessions, although we have had a lot of written evidence, and we are busily getting out there and looking at Children's Centres in our constituencies and elsewhere. So, welcome indeed. We will go straight into questions and Karen will ask the first one.

Q177 Ms Buck: I want to ask a few questions about the effectiveness of Children's Centres and the criteria that you use to determine their effectiveness. I will start with you, Martin, because your evidence was specifically supportive of Children's Centres. You said that they are "one of the most effective models we have for breaking the cycle of poverty." I wondered if you could start—perhaps all four of you could comment on what measures you think the Government should adopt to assess the effectiveness of the Children's Centre model—and why is your evidence supportive of them, Martin?

Martin Narey: I am relatively new to the voluntary sector. When I arrived four years ago, I had heard about Sure Start, but when I first saw the centres, I was most struck by speaking to parents—mums inevitably—who had had older children and contrasted for me their experience of bringing up children pre-Sure Start and post-Sure Start. I saw the change in ambition and aspiration for the children, a belief that the children could do much better and the sense of children being supported. I was hugely taken with that and I probably visited 50 or 60 Children's Centres then. I have continued to be impressed. It does not mean that they are perfect. For those of us who provide Children's Centres, it is incumbent on us to find objective measures to prove their effectiveness. Barnardo's are trying to work on that right now in, I think, two areas: measuring the value added for the children who come to the Children's Centres, particularly on transition to primary school; and, secondly—it is very difficult, but a real challenge for us all—getting proper measures to show that we genuinely are getting to the hardest to reach. Although progress has been made, there is more work to be done in that area.

Q178 Ms Buck: That's very helpful. May I push you a little bit harder, then turn to the other witnesses. On the issue of criteria, it is great that you are positive—your evidence was very positive—but is there not a danger that you are positive simply because they exist and because they are felt and perceived to be a good thing, without necessarily helping to draw up criteria that say they are worth the money because they are delivering specific outcomes?

Martin Narey: You would be entirely right to be sceptical about why I would say that. After all, we—with my colleagues here—run a lot of them. I came to Barnardo's from running the Prison Service and the probation service. If there is one thing that I thought linked my old world and my new world, it was seeing these centres, to which I was completely new, and seeing the potential for them to transform young people's lives. When people talk casually and sometimes ask me about what we should be doing in the field of crime prevention, I do not talk about Youth Justice Board schemes, I say, "Go and see Sure Start", because that avenue towards a new start in life and towards a child doing well educationally and what that means for aspirations, has dramatic potential. It will be some years before we realise that but, as we are seeing in the USA with the heyday of Head Start, I think we will see a number of benefits for Sure Start, but one of them I believe will be a lesser likelihood of children as adults getting into crime.

Q179 Ms Buck: Turning the question the other way around, the Institute of Directors and the TaxPayers Alliance, which know something about money even if not necessarily about children, have been very critical of the Children's Centre programme. As evidence, they cite the fact that it has not transformed the Key Stage 1 standards and that there has not been continuing progress in the reduction of the number of children in poverty after 2005. With those facts, which they are using to demonstrate concern about the effectiveness of Children's Centres, what kind of evidence could you give the Committee to say, "Well, actually, that evidence is wrong, but this evidence does support their work"?

Helen Dent: The first point that I would want to make is that a lot of the early evidence in the Sure Start schemes was not proving that all the families who were attending and the children in particular were improving in the way that was expected. However, the second and third waves of research are actually beginning to show that, so we are getting a lot more evidence on what is working as part of Sure Start and Children's Centres. Secondly, quite a lot of the researchers, if I am honest, have not been terribly helpful, because it is not always easy to work out what works on human behaviour. You can come to a Sure Start centre and, at the same time, what is going on in your life is that, your mum might have left your dad, or she has a new partner, or one of them goes to work and, all of a sudden, life gets a whole lot better for the family. The researchers are quite rightly pointing out, "What is Sure Start doing that is making a difference here and what are other aspects of their life?" I think that that is problematic for the research. But it is not like drugs—you get better or you don't. There are elements of human behaviour here. I do not think that I want to get into tortuous debates about methodologies, but I do think that you have to know about families in order to interrogate the data. That is one of the criticisms

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

that I would make of the IOD—it might know a lot about employing staff, its own services and industry, but it does not know about family policy. I would therefore be quite critical about the IOD extending its remit to families. I also think about what it has not criticised, which is the link to poverty. It has skated across a whole number of things and I do not think that it has analysed the benefits in terms of the outcomes for children. Nor has it looked at the links between Children’s Centres and poverty work. The other point that I would make, in relation specifically to the IOD, is that it is itself unlikely to be a direct beneficiary of Children’s Centres, but it has not made the link between its staff, who have children in centres, and the impact that a child’s care is having on its members or staff being able to access child care, which is making work pay. I think that that is an area that it should have looked further at. I could witter on for hours if you like, but that is probably enough.

Ms Buck: That was very helpful. I am sure that it will be interesting to hear from Anne and Clare.

Clare Tickell: May I witter on a bit?

Chairman: No one witters on. The Chairman never allows it.

Clare Tickell: I completely support what Helen said about the research that is being done. I have just a few things to add. It will, by definition, take a while to properly understand the positive impact that Sure Start Children’s Centres have made. It is difficult proving a negative, as some of the things that we are measuring are what hasn’t happened, because we have stopped things from happening with our Sure Start Children’s Centres. I also think it is worth strongly making the point—we are doing a number of pieces of research on this—that when a lot of families come to us in our Sure Start Children’s Centres, it is the first time that they have accessed services. If we go back to their parents and grandparents, we can see that they have not accessed this level of services before. If you are talking about breaking cycles of deprivation, they are coming in much earlier than they might otherwise have done. In terms of the people coming to our Sure Start Children’s Centres, we had some research commissioned by Synergy, an external consultancy involving some academics, which tracked different families coming into six of our Sure Start Children’s Centres.¹ We were interested, particularly in whether we were managing to pull in some of the most stigmatised children, young people and their families, who otherwise probably would not come to anyone’s attention until they were in tier 3 or even tier 4. The evidence based on that was fairly compelling. Our Sure Start Children’s Centres are incredibly successful, if you sit them alongside finding ways of going out assertively and pulling in some of that bottom 2% who have eluded so many people. Something like three quarters of the families were known to social services, children’s services or health in some way, shape or form, but not sufficiently well to find ways of pulling them in.

¹ *Witness correction:* The research commissioned tracked different families coming into four of our family support services, one of which was a Sure Start Children’s Centre.

Ms Buck: I think there will be other people who want to explore that theme a bit further with you.

Anne Longfield: I know you are going to want to ask me something else.

Q180 Ms Buck: I am interested in your views in this. I don’t know if you can shed any light on that Head Start research that was one of the factors that lay behind Sure Start and Children’s Centres back in the day, and how long that took to feed through into Britain?

Anne Longfield: Absolutely. That was going to be my starting point. Realistically, we need to realise that the phase 2s are probably all a year old in the main or less, and the phase 3s are just coming on board, so this is really early days. Plus, there are no quick fixes here—these are long-term measures for long-term problems. It will be a whole generation until we see some of that coming through. Certainly, regarding Head Start, we are looking now at 25 or 30 years, and the evidence in terms of financial gains to be made—they invest \$1 now and you get \$8 back—is very well thought of, well thought-through and well-evidenced. The evidence in terms of increased employment, reduced involvement in crime and better life chances for people who are 25 to 30 years old, who have been through the Head Start programme, is the thing that is behind many of these assumptions with the services. We could all talk for an awfully long time about some of the positive anecdotal stories that you will instantly hear when you go through the doors of Children’s Centres—you must be getting some of those from parents—that are compelling and set out a life-changing pattern. Some of the soft measures are being counted and looked at, such as increased self-esteem, confidence and health—all those life-changing measures that you would know about. There is clearly something to do on some of the harder outcomes that you hit on there, but as this is work in progress, I think that this is now the next step within that.

Q181 Ms Buck: Coming back to you, Anne, I am wondering what you, and maybe others, think about whether there are elements of the Children’s Centre approach that can be effectively translated into support for families who have children older than five.

Anne Longfield: Absolutely. You have picked up the common theme in our submission. I think, in terms of a programme, this is around early intervention, about joined-up support, about tailor-made support, bringing together health and other services that are absolutely things that parents and families tell us that they value so much. This is the embodiment of this approach. I think the other thing to say is that often we think of Sure Start centres as buildings, and it’s absolutely not about buildings; it is, I think, about an approach, but I think it is also fair and right to recognise that it is not an inoculation for life, and we know from much of the research—and Leon Feinstein has done an awful lot of that—that children will fall back after time. Certainly, we talk to families who have children who

are eight, nine and 10 and they talk about not having any support out there, and we say, “Well, what about their Sure Start centre?” and they say, “Well that’s for younger children, not ours.” We think there is enormous potential to pull out the whole plethora of support and the approach to support across the age range, and certainly, in our own flagship centre in Essex that is what we have done, where we have a nought-to-19 centre, and provision for children throughout childhood; and of course there is potential to offer support for families for possibly 10 or 15 years while their children grow up. We are starting to see real effects as the children move through the centre, and we think that that is an area that really is worth exploring and has potential across the piece.

Q182 Ms Buck: That’s very helpful. There’s one last question from me, for the others, which is an extension of the same point: is there a means by which the extended school programme as currently conceived can deliver that kind of integrated support for older children, or do you see that as having worked its way out as a rather different model of service?

Clare Tickell: They are not mutually exclusive. I would completely agree with Anne on having flex on Children’s Centres. Restricting them to under-fives, particularly when there are other siblings in a family who can be impacting a great deal on that family and on the young siblings is a bit of a false economy, in a sense, and the research shows that children anyway have different needs at different points in their lives in terms of transition, so having something that can respond to that, as Anne said, and something that is possibly one of the only fixed points in a child’s life as they grow up, is a fantastic thing to do. In some instances, that could complement an extended school very well. In others it is not going to work particularly well, because the Children’s Centre/Family Centre, however it has evolved, may have done so in a different direction from an extended school. It is the kind of thing that, within the context of localism and a local set of partners designing for themselves, and, indeed, a community, how their extended school and Sure Start Children’s Centre will look, should allow for the flex, depending on the individuals and the way in which those systems work. What is important, however, is—if you’re going to start thinking with Children’s Centres and trying to get them to work with school—that you need clusters of schools to make it work properly. A single school, in and of itself, can be restrictive around a Children’s Centre, whereas if you can get heads thinking together about how you work with Children’s Centres you begin to get something that is much more integrated, and if you can pull health in as well, you’re on to a winner.

Anne Longfield: But the vast majority are in the schools; about 70% of ours are in schools. So there’s a huge opportunity that may well be missed by not looking at those services in a much more coherent way.

Q183 Paul Holmes: I want really to carry on from that last question. If it’s so valuable to run Children’s Centres that can go up to older age ranges—even up to 19—where’s the money going to come from, given that money’s going to be much tighter from next year onwards?

Anne Longfield: As a starting point for Sure Start, from our perspective—and clearly money’s important, so we’re not trying to undermine that—we would not look at them as a cost but as a way of leveraging in funds to add value to a whole range of different services. Now, you will have those services in the community anyway for children as they grow up, throughout the age range and, again, taking it right into teenage years: there will be significant investment, and a whole range of programmes. But while they exist as different programmes you fail to get the kind of added value that you get or indeed the kind of added impact you get from being able to join them together. So we’re keen to look at Sure Start not as a huge cost in itself—although there clearly is a cost—but as a kind of mechanism, almost to add value and save. I would say that you weren’t looking, really, there, at additional spending needed to pull this out across an age range, but actually at a different approach, a different culture and the will and leadership to make it happen. With that, it is perfectly possible to do.

Q184 Paul Holmes: Looking at the other end of the age range, I have a junior school on a very deprived council estate in my constituency. It had an after-school club that a charity was running. After about 18 months the club folded because the school had said, “We’ll set it up out of the charity’s funds, but in the long run we will need some income.” That didn’t come from anywhere, and the parents on the estate—mostly single parents—would not pay, and the whole thing folded. You can only lever in those funds if they are already there.

Anne Longfield: What is needed is some central funding to make this happen. We reckon that for every £100,000 invested, you can probably lever in another £500,000 from different services. That does not mean that you get £500,000 worth of fundraising, but your health strand will combine towards that, and perhaps Jobcentre Plus will combine. Those funding streams do exist, but the glue does not. While you are looking at an independent service such as the after-school club, which will rely only on parents’ fees, it will always be vulnerable. However, if you plumb it into a system that has long-term sustainability because you have funded a small core, we think that it is perfectly possible for it to become sustainable. Clearly, this will need to be modelled up, but if you can pull out that centre core of the Children’s Centre—not to make people do more for less, but rather to pull it out—you potentially have a springboard for wider intervention across the age range. If you can use a universal service to bring in specialist support, you will have many of the answers in tough economic times that people will be looking for locally.

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

Q185 Paul Holmes: Does somebody else want to come in? Last week at an evidence session, we were talking about the fact that some local authorities are now suggesting that they look more at charging for some of the services as a way round the problem in the future. Do you have experience of that? Is it a good idea, or is it disastrous?

Helen Dent: Can I pick up on two things in relation to the basic question. First, can we extend the age range into Children's Centres? I would say that, frankly, we are beholden to make the most of public buildings, and I do not have a problem with that. I am rather more sceptical about what you can do without additional funding. I do not disagree with the principle that you can make funding work better, but the whole point about Children's Centres is that focus on small children and families at a most vulnerable time in their life. That is what is so fantastic about Sure Start, and we should not dilute that—the importance of young children and the five outcomes for children—as part of wanting to extend it elsewhere. I also think that some buildings will adapt well to that. For example, it would be brilliant to extend our building in West Mansfield to older children as it has brilliant facilities. However, you could not cram another damn thing into our centre in Manchester—we even have debt counselling that takes place in a toy cupboard. It depends on where it is and what the core offer is. I certainly think that our services offer skills—certainly out-of-school family support and child care skills. It is more a question about where you would want to use that, which depends on the community. It is particularly true that you would want to extend that to rural communities. We have had charging for one or two additional things such as cook and eat clubs, where they pay a realistic amount. We also charge for an extended school service at the request of the local authority. However, it is one of those things that local authorities need to think about. From all the work that we do on our grant-making activities, by the time families have paid their bills, they are left with only £4 per person per day to put food in their tummies and buy Christmas presents. If you start charging £1 or 50p, that will come out of food or clothing money. People do not have it if they are out of work.

Martin Narey: I would like to respond to both points raised by Mr Holmes. First, I would not disagree with anything that Anne said about the cost benefit analysis of the expansion of Sure Start. The problem is there's not going to be any cash. We wouldn't be here giving evidence if Sure Start had yet proven its case. We have more to do to prove the long-term efficacy of Sure Start, much as I believe in it. On charging, I guess most of us here—certainly I would—find that regrettable, but I don't think it's inconceivable and I do meet some parents at some of our Sure Start centres who would be willing to pay a nominal fee. The key would be to make sure that the families who couldn't afford it weren't remotely charged it, but there are some people who come to Sure Start centres—not least because so often they're such impressive buildings and so welcoming; they're just a very well delivered public service—who, if it

was absolutely necessary, would pay a charge, but you would have to be very careful that that did not frighten away the people who most need the service.

Clare Tickell: Can I just add something. I suspect it's probably consistent with that. It's an example that speaks in part to Anne's point and your after-school example. We have examples in some of our Sure Starts where there are very small organisations that are largely staffed by volunteers but get a tiny bit of money to help them to do it, although not enough money because they're not doing it often enough, whereas if they can work out of our Sure Start Children's Centre, that takes away the overhead cost, which is the thing that is making them unaffordable. My view is that, given the quality of, and the investment in, these fantastic buildings, it is something we should bend over backwards to facilitate. As part of that, we have opened some of our Sure Starts up specifically to help couples and families where relationship breakdown is an issue. There are some families and parents who can afford, and are happy, to contribute to that if there is no pressure for them to do so. As the others have said, to create the pressure, or to create that as a bar, carries with it some real risks, but there are some people who if you say, "A contribution would be fantastic but there's no pressure on you to provide it" and they've got it, are very grateful and they will pay it. But it needs to be that way round.

Anne Longfield: If child care is provided, there are well developed models for charging for child care, and that would be taken as read, but it is important to recognise that you cannot run a Children's Centre from the child care element alone, even if you are very good in sustainability terms. I suppose my point about whether something was viable in the long term and about funding for older children is that—going back to the point that Sure Start is, I believe, a mechanism to add value and potentially save an alternative approach being taken—it is a model from which those who are looking at youth services would benefit, because young people's programmes suffer immensely from programmes that don't co-ordinate.

Chairman: Let's move on and probe the role of the voluntary sector. Edward will lead on this.

Q186 Mr Timpson: All Children's Centres should be run by voluntary organisations. Discuss.

Martin Narey: Rather surprisingly, I don't necessarily agree with that. I think Children's Centres should be run by the organisation that can best run them. That might be the voluntary sector; it might be the public sector; it could be the private sector. If you look across the country, it's very uneven. One of the keys is competition. We're sitting here amicably as an alliance today, but we compete against one another all the time. Barnardo's and Action for Children are a similar size. We measure ourselves against one another. Two years ago, Action for Children was doing very well against us. Last year, we were doing a little bit better. This year, I think Action for Children got the edge on us again. The absolute single beneficiary of that is the public purse and public effectiveness, because we all know

that if we don't provide high-quality services at the most competitive cost, we won't win contracts. The key is not who should provide them, but using competition to make sure that the quality and the value for money of Children's Centres is at the highest level.

Anne Longfield: In response to your word, "discuss", I think that many more would benefit from being run by the third sector, because the third sector brings a whole range of skills and experience that aren't necessarily embedded in other sectors. That's about creativity, entrepreneurial skills, community development and responsiveness—all the things that the third sector does. It does them partly because it has always had to, but those things are ingrained within the third sector and I think that there are particular benefits that can be brought. The development of Children's Centres has varied, area to area. In some areas, they have embraced commissioning and, have brought the third sector in in many ways; in other areas, less so. Some areas have taken strategic decisions early on, if you like, especially around phase 3 centres, to run them all through schools. That has meant that they have kept a lot of those centres in-house. Some local authorities have a large stock of centres that they ran themselves early on, and for all sorts of reasons, as you might imagine, they aren't necessarily opening the doors for others to come in to that. I think that that is something that needs reviewing. Although I agree with Martin completely that the right people for the area should run the centre and that competition has its place within that, at the moment there is more that the third sector could do to offer the type of vibrant, dynamic centres that families need.

Helen Dent: This is rather an interesting area, actually. I was thinking about this and one of the things that the voluntary sector does, particularly if you have got a lot of parents with children on the threshold of care or on child protection plans, is that those families like coming to a centre run by a voluntary organisation, because they see us as distinctly different from the whole child protection network. Obviously, we are linked in to that network, but the perception for parents is that we offer something else. The other big advantage of being a voluntary organisation, particularly those of us that are bigger and that run centres across the country, is that we have a whole network of these centres, so you actually know how to draw on the expertise that comes from running them across the country. So, for example, our service in Southend was set a target—quite rightly—to bring minority groups into the centres. We have done better than any of the other providers in Southend, but then we should do, because they have been to our services in Tower Hamlets and in Leicester, and said, "How does this work? What can we do?" So you have that body of knowledge and that type of creativity that you have from working with others. Having said that, there are services that have been run in education as part of schooling that are very good. I think that the slightly odd agency that we know that runs services is health, because I think that it does

not really have the same sort of body and framework for running children and family support services. So, I think that all sorts of other people can run centres, but we probably have some advantages as a voluntary organisation.

Clare Tickell: Most of it has been said. I will slightly put my neck out. Lots of families say, rightly or wrongly, that they feel more comfortable making that initial connection with the voluntary sector than with other organisations. The perception of that is not necessarily the actualité. In a way, it is very difficult to answer the question, because there is not a level playing field in terms of commissioning. It is difficult for us to compete properly with local authorities, because of the way that the commissioning process works. So, to be able to prove that we are competing properly, if you are using hard measures, is really very difficult, because of the extent to which some of the costs, when local authorities either take centres back in-house or commission the phase 3 centres—actually, you cannot tell. It is frustrating that we cannot compare them sufficiently well, in terms of commissioning.

Q187 Chairman: Why do you think the Unison survey reported that "73% believe children's centres work effectively with the health service but only 37% believe that children's centres are working effectively with the voluntary sector"? You must have seen that Unison piece of work?

Clare Tickell: I haven't, actually.

Anne Longfield: I suppose that one issue with the voluntary sector is that there is a very low base to start from with a lot of the voluntary sector, especially locally. There is a difference between the national organisations that you have here and a lot of the local voluntary organisations you will have in an area. A lot of those organisations have very low capacity and they do not have spare staffing to put towards developing work of that kind. So there is a very low base with a lot of voluntary sector organisations. Traditionally, the level of partnership locally has been very weak as well. Often, what passes for partnership locally with the voluntary sector is a few services here and there rather than the strategic embedding of the voluntary sector into the process. That is not to say that it can't be done. It can, but it will take time, and it will take will—often political will—and a lot of work to build the capacity of the more passive local organisations, if you like, to take part in that.

Martin Narey: Chairman, could I ask you to repeat the statistic? I didn't quite catch it.

Chairman: A survey of staff by Unison reported that 73% believe that Children's Centres were working effectively with health services, but only 37% felt that the centres were working effectively with the voluntary sector. I thought you must have seen them.

Martin Narey: No, although I have heard similar things. I find that rather amusing, because Unison sometimes says things but it forgets it has rather a lot of members who work for me.

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

Clare Tickell: That is exactly right.

Martin Narey: I can promise you that if you ask the Unison members who work for me, they would not remotely think that. That is a classic bit of protectionism from an organisation that is worried about jobs possibly being transferred to the voluntary sector. I do not say give things to the voluntary sector just because it would do them better, although I agree with everything that has been said about reach. I think that the provision of Children's Centres and other public services should be tested through competition. Those areas that do not commission work are losing out both in value for money and in innovation and effectiveness.

Anne Longfield: All our centres are full of local voluntary organisations running services—probably 30 or 40 different services in each centre. Strategically, there is a possible route for that, with that piece of information you gave us. But practically—day in, day out—there will be a plethora of voluntary organisations involved.

Q188 Chairman: But, Anne, in your response to the original questions, weren't you more or less saying, "Well, we biggies can do it well"? Now you are talking about these little local people.

Anne Longfield: I misunderstood you. I thought you were saying that the local authority reported good working relationships with health and not with the voluntary sector, so my response to you was about the lack of capacity of some of the local voluntary organisations to be able to play a key role with the local authorities strategically. I maintain that to be the case, but in individual centres the voluntary sector is very well plumbed in. But it often relies on individuals, and I suppose that's a weakness because it relies on individuals having enthusiasm and will to build partnerships, and clearly if that enthusiasm is not there, it may not happen.

Q189 Mr Timpson: Just to get a sense of the scale of voluntary sector involvement in the management of children's centres, between the four of you, you run more than 200.

Clare Tickell: We've got over 100.

Martin Narey: We run 84

Anne Longfield: We have 25

Helen Dent: It's about 25 for us.

Q190 Mr Timpson: That's 110, 84, 24 and—

Anne Longfield: Twenty-five.

Mr Timpson: Yes, sorry. You've gained another one since we had our briefing. Do you have an idea of the overall number of Children's Centres run by the voluntary sector?

Anne Longfield: If there are 200 being run by our organisations, you could probably only add another 100—probably 300 from the national bodies. There will be local organisations that will run centres. I don't have the figures for them, but there won't be that many. If there are 3,000 centres overall, you are speaking about a relatively small number.

Q191 Mr Timpson: I am looking ahead and thinking about the sustainability of these Children's Centres as we go into unknown territory. I know, Anne, that you have produced this cluster arrangement, where you've pooled your funding together, so that you have a central management team. You have other voluntary sector organisations, perhaps running one or possibly two centres, that will find it more difficult to do that. In terms of the sustainability of the centres you run, is your model more likely to be successful, and how can we support those smaller organisations that may find it more difficult both in commissioning and running of the services in future?

Anne Longfield: Sustainability for us has had to be absolutely first and foremost. It is a very important thing; we didn't have huge amounts of money to invest, if any at all, so sustainability has played heavily on our priority list. We have looked at creating clusters, and we have looked at having essential resource specialists, if you like, that can work across the centres. We believe that, if you look at that, you are very careful about your cost, commission wisely and build your partnerships wisely with other funding streams, including health, it is possible to be sustainable especially if you look to pull out the services. The local authority model is some way back in a lot of areas where unit costs are still something that local authorities are in the process of developing and identifying. That is still an issue that floats around. Again, the responsibility comes back to the local authority to be able to plan strategically its development and delivery of Children's Centres. The existing smaller organisations are connected into a wider support system—if they are the best people to deliver that.

Martin Narey: We do not manage our Children's Centres that way. We run 84, but actually we run them individually. It is often thought that, because we are a big organisation and have 430 projects, we have a monolithic central operation. The absolute sure way to lose work is to go to a local authority in Leeds and say that you have a model you have used in Manchester. You will not get any further. You can only make services succeed locally if you are using people who are locally based. Although there might be some expense in the commissioning process, we work very hard to make sure that the bids we make for Children's Centres and other services are locally inspired by local people and pretty much managed there. We are a much dispersed organisation. Having said that, my colleagues and I could take you to a large number of centres where we have been aware of a small effective voluntary organisation and have done our very best to include it. Many of our bids now include partnership arrangements with other organisations. I was at a centre in West Bromwich quite recently where the child care provision in an area with a very high proportion of African-Caribbean people was being delivered by an African-Caribbean voluntary group. Members of that group would say if they were here that they would not have been able to do that without our offering the facilities, the premises and a bit of assurance to the commissioners for them to function.

Chairman: I'll take Clare on this question, and then we will move on.

Clare Tickell: The point about protecting smaller organisations as opposed to the bigger ones is important. The single most important thing to make that happen is to find ways of ensuring transparency over costing. If they are costed properly and commissioned properly, they are deliverable. If there is fuzziness around the costing, it makes them seem unaffordable for smaller organisations, because the capital is being washed through by a local authority in the direct labour or something else, and they appear to be unaffordable. That is what blows smaller organisations out of the water. If it is transparent, they should be able to afford to run them.

Chairman: We have to move on to relationships with the local authorities.

Q192 Mr Chaytor: My first question is to Clare about the commissioning process. In your written submission to the Committee, you were critical of the transfer of responsibility from the Sure Start unit to individual local authorities. Isn't it the point to get different forms of commissioning in different kinds of communities? Why do you seem to favour a single, uniform standard model?

Clare Tickell: The two points are inconsistent. The point that I was making a minute ago was about the transparency of the commissioning process and the old thing that the voluntary sector always says about the need for level playing fields. The vulnerability is where local authorities commission and tender on different bases. When there is not the transparency on what it is they are buying that we want to see means that some of the things that we add by way of value we cannot cost, such as the volunteering time or whatever else we put in. As I have said, some matters of capital have been a real issue for us, such as the refurbishment of an old Victorian building, which would cost a huge amount. We had one when just putting up the scaffolding would have cost £100,000. We had to put it into our tender submission, because it needed to be brought up to standard. The local authority took it back in-house, because it said that it could not afford us. In fact, it did it itself and washed it through its direct labour. The issue is that lack of transparency, not a fixed model. You're absolutely right. By definition, the approach needs to be different and it needs to be flexible. If there are ways of bringing in money from PCTs or whoever else, it would be absolutely fantastic to do that. The other point is the importance of not having 12-month funding and of finding ways of properly commissioning to enable us to resource properly what we are doing. It's the principles that should be fairly uniform. Beyond that, of course, people locally need to commission something that they want in the shape that they want.

Chairman: Helen wants to come in. May I thank you, Clare, for using that phrase "washed through". We knew about laundering money, but I take it that washing through money is a gradation.

Clare Tickell: I'm sorry.

Helen Dent: I want to make a point about what was good about the commissioning of the early Sure Start models and about commissioning today. It's only 10 years ago that local authorities had day nurseries where parents left their kids at the door and where there was the most dire and unbelievably boring idea of what day care was. All of a sudden, this Sure Start unit was established and it promoted what works for small children and families. There was an outcomes base and a good solid theoretical base for offering services for very small children. That was what was good about it. Now, that has moved over to local commissioning. I agree with the principle of locally determined services and the fact that you can bring in other agencies, but one difficulty that local authorities face—I said this to a group of directors of social services recently—is that commissioning is, by and large, a constipated, uncreative and unimaginative process, and the bureaucracy is completely mad. That is because so much of the work is led by commissioning units that know an awful lot about devising tick-box forms, but which know diddly-squat about children and families. So one of the issues is about getting commissioning right and knowing what we are trying to do. That's where the difficulties are.

Chairman: Interesting.

Anne Longfield: I'd agree with a lot of what you're saying about the bureaucracy of the process. We have had very good relationships with the local authority that commissioned us, but we've had to be assertive along the way to achieve that, because you do get the examples like your scaffolding, and we need an upfront boldness to talk about how we make some of these services happen. We also need the local authority to be willing to see that it's a partnership with yourself, if you like, to make this happen. Within all that, we sincerely think that the commissioning process is often hidden behind. People, possibly, sometimes start out not knowing quite where they want to end up, and they will meander along. The goalposts might change along the way, and it may take an awful lot longer than you would hope to get there.

Q193 Chairman: Does it cost you a lot of money?

Anne Longfield: We've been working out quite how much it costs. When you talk to one of the big consultancy agencies and they talk about going for one of the big support contracts, they often say that it costs £250,000 to go for a £20 million contract. For a Children's Centre, we reckon that it will cost between £5,000 and £10,000 to go for a contract in terms of the sheer staff time. That will include putting in your initial interest, working up the bid and working through the negotiation process with the local authority. That will be the same whether you are going for 10 centres or one centre. It's significant. You may say that you should be able to prove that you can support that level of cost, but, nonetheless, it's significant. We do think there's a role for smarter thinking. If those who are

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

commissioning know what they want, are clear about the outcomes and clear what the factors are, they can speed the process up immensely.

Q194 Mr Chaytor: Can I ask Martin about the Unison survey that we touched on a few moments ago. You thought this was a classic bit of protectionism, but aren't Unison members who are working for local authorities justified in fearing that their work is being transferred bit by bit to the third sector?

Martin Narey: No. I understand why they think that, but there needs to be a greater dialogue between members in the public sector and members in the voluntary sector. Obviously, a lot of people come to work for us voluntarily in the voluntary sector; other people join us from local authorities less willingly perhaps, because they're sending the work out. It is being contracted out. Invariably, they find that the world in the voluntary sector is really quite nice. If anything, people find the voluntary sector rather more agreeable. Sometimes that is because—right now—working in children's services in the local authorities can be very tough indeed, and they find the sort of organisations that we are perhaps a little more sheltered from some of the unmanageable pressures. There is a great deal of old-fashioned suspicion that work coming to the voluntary sector will lead to a diminution of quality of work and a diminution of salary and benefits. There is, in one particular respect, some truth in that. All of us here have had to deal in recent years with unaffordable final salary pension schemes, and that is not something that is being tackled in the public sector. I accept that that is a real issue. It is one of the reasons why we could all argue there has to be some honest costing. I am afraid—in terms of cost and value for money, because we do not have the same pension burden—it is impossible for local authorities to match us in terms of value for money in running Children's Centres.

Q195 Mr Chaytor: But are you saying that in terms of the competition—the competitive nature of the bids that you can submit—the only difference in salaries and conditions is the absence of final salary pension schemes?

Martin Narey: No, it can vary. When I visit my staff, I am told very frequently that there is a similar job in a local authority up the road and if they went to that it would pay them £3,000 more. The question that I sometimes put back to them is, "I don't want you to, but why haven't you?" The fact is, taken broadly, people find working for voluntary sector organisations very agreeable. I think that I have got a tremendous staff. The deal that they get from us as an employer, taken as a whole, is a very good deal; but sometimes, it means that they might be paid slightly less than their colleagues in a local authority. But in other ways, when they are free agents who can move, generally speaking people tend not to move. Sometimes, I am troubled by the fact that some people shelter from the public sector in the voluntary sector. I think that is regrettable.

Q196 Mr Chaytor: But in terms of where there are differences in rates, is this because of your using common rates but putting people at a different point on the scale, or your having complete discretion over salaries?

Martin Narey: It's because we have a little more flexibility. I was a public servant for 28 years, but what people have said to me for the last four years—at first, I was sceptical about it—is that they might earn a little less but the overall experience and the ability to do the job they were trained for, and the ability to make a difference with the families they work with, is of a wholly different nature in the voluntary sector. That is not me saying our people are better; they are not. I just think that there are people in local authorities now working under the most intolerable strain.

Helen Dent: Can I just make—

Chairman: I'm sorry. Clare?

Clare Tickell: I think that is absolutely right. We have lots of people who work for Action for Children who wanted to go into social care—social work—because they wanted to intervene earlier and prevent things from happening. They are making positive choices to do so, whether by going into a Children's Centre or any of the other services that we provide. They are prepared to do that for slightly less than they may get in a local authority. The kind of pincer for us in a sense is that we are competing against the private sector, which does not necessarily have the burden of pension schemes, so they are just coming in as relatively new entrants. One of the things that we will not do when we are tendering is pay our staff unacceptably low amounts of money. So we are somewhere in the middle. We need to recruit very good people who are very flexible and who are very skilled. A lot of the stuff that we are picking up in Children's Centres now is really about safeguarding. We are picking up on children who are neglected, where there is a real need for a sophisticated, high-quality intervention to ensure that they are kept safe, and where we can surround their families with the support that they need, and we will only do that if we have professional and highly qualified staff.

Chairman: Helen?

Helen Dent: Three quick points, really. From a Unison perspective, we do pay staff probably less, because we're tied to our own national terms and conditions—not the local ones. The second point is that our pension schemes might not be as good. And the third one is, of course, that we don't have job security, because we're reliant on three-year contracts. So from a Unison perspective that's really an important issue.

Anne Longfield: Security's often a big issue for staff—obviously, alongside pay—but I think the creative release that they can get by being in the third sector is immeasurable, and the ability to focus on what really needs to be done and make a difference and be able to use their own judgement and experience to be able to make change happen. If there's something that they can see is a gap, they can apply that. They can find solutions, and they can

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

make it happen in a way they just wouldn't be able to do in the public sector, and I think for many that's something that they really yearn for.

Q197 Mr Chaytor: Can I just ask about the nature of the typical contract as well. Is it that you are winning contracts for the running of Children's Centres or groups of Children's Centres, or for individual services delivered to particular Children's Centres?

Clare Tickell: All the above.

Mr Chaytor: Or, in a phrase that has caught my eye, for the "spot purchasing" of individual family support? Are there really such contracts?

Anne Longfield: We probably do some of that. I think that everyone here has a contract to run Children's Centres as a lead body, and then some of those may be more than one Children's Centre in an area and then, either separately, or as part of that, to deliver some of the services within it.

Q198 Mr Chaytor: But there are such contracts to deal with spot purchasing of individual family support, so a Children's Centre may have an extraordinarily difficult family that it doesn't know what to do with, and it puts out a contract—or rather they put it out to tender?

Chairman: This is a bit like the washing and laundry.

Q199 Mr Chaytor: But they bid to work with individual families; is that right? That is what has happened? How widespread is that?

Helen Dent: Well, I think that we all do all those things. I think that there's no doubt about it. There's not a huge amount of spot purchase.

Chairman: It sounds horrible; it's like buying a second-hand car.

Helen Dent: It's basically a fee you negotiate for looking after one family, and they often do it in relation to contact services, for example, but core services, I think, by and large, are done under block contracts. The other thing that you haven't mentioned, which I think is relevant, is that we provide a service called home-based family support services for parents with severe and enduring mental health problems, domestic violence or learning difficulties. These are the families that are not able to access family centres, and they are often a completely separate process, because they could be borough-wide or county-wide, because there are not huge numbers of the families. They are often looking after families with children, who are often very young, but they're outwith the Children's Centre commissioning process. In many ways that's a very attractive one, because it buys in what they need in their locality.

Q200 Chairman: You all come over as very strong and effective and the members of the Children, Schools and Families Committee rely on you a great deal, but sometimes when we are taking evidence, we wonder why you haven't shouted louder, earlier. You saw our report on looked-after children, and we just thought that the state we found those children

in, especially when we actually interviewed children who were in care, or who had been in care, was quite appalling. What did you think of that report?

Martin Narey: I thought that it was very helpful, but I am perhaps a little surprised that you think that we don't shout as often as we can. I'm sure I could introduce you to some of your colleagues in Government who probably think that we shout rather too often.

Q201 Chairman: What about our report on the training of social workers. What did you think of that, Clare? It came out in August; it might have been a busy time.

Clare Tickell: Can I just shift that a bit. I take the point; there is a particular point that it would be very helpful for you guys to pick up, on this, which is the issues particularly around the importance of safeguarding in Children's Centres. If there is something that absolutely needs to be landed, it is understanding the importance of safeguarding, the extent to which Sure Start Children's Centres or Children's Centres need a nominated lead person who has responsibility for safeguarding across all the agencies and the importance of a recognition that, particularly, with the second and third-stage Children's Centres, which have many more children coming in and picking up on children who are tiers 1 and 2, it is absolutely critical that there is a proper understanding of the extent to which the voluntary sector and other providers of Children's Centres are stitched into the fabric. That is so that we can properly respond to and raise concerns that we may have about children. It is a really important point that needs to be properly understood and properly thought about, if they are to take their proper—that's about five "probers"—and real place in the context of the multi-agency work that happens on safeguarding children. There is a challenge back in a sense.

Anne Longfield: While there are lots of people in the room who have been calling for services such as Children's Centres for an awfully long time, there are many of us who think that we helped get them here at this stage. We have led campaigns and worked with others to raise awareness of the importance of support in the early years and the model of Children's Centres. The fact that we are all here sitting and talking about Children's Centres is one of those great successes of shouting out, if you like. If I was going to give you a shout-out to come back now, it would be about embedding early intervention as the default approach in every local authority and children's trust in the land. Early intervention, not just in early years but throughout childhood, is still seen too much as a programme that sits alongside others. But, as we know, it is a thing that really makes a difference for families, and a thing that they will always tell you would have been of help in averting a crisis. In terms of shout-outs now, that is an important aspect to pick up on.

Q202 Mr Stuart: Can I follow on from the Chairman's question. Given that you are all competing for these contracts, the likelihood of you

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

turning up here in front of the Select Committee and denouncing three or four local authorities for their appalling failure to act as proper corporate parents seems pretty slight. How deeply have you thought about what you have lost by your organisations—I don't necessarily mean in percentage terms—being so reliant on the state and state funding in order to deliver things for which you have campaigned for years?

Martin Narey: I'm very happy to answer that question. I think we lost nothing. I could—it might take some while to do so—demonstrate unequivocally that the fact that Barnardo's does an awful lot of work with local authorities and public services hasn't stopped us in any way from speaking out loudly. But we don't always criticise Government; we make a point of saying that the Government have got it right sometimes when they have—and sometimes that is controversial. There has been no lack of evidence over the last few years of us speaking out, very stridently sometimes, about things with which we are not happy, not least on—a lot of us have been dismissed on this—the Government's record on child poverty. I hear it frequently said that somehow, because we are doing some work that is commissioned by the public sector, it stifles us. But it doesn't bear any sort of scrutiny. I could—if you wish, I will be happy to send a note—send details of things, some of which are quite substantial, that we are quite clear we have had a major role in change over the last three or four years, despite the fact that we do an awful lot of work simultaneously for local authorities.

Q203 Mr Stuart: You don't need to become unscrupulous or fail to speak out altogether. But if businesses rely on contracts from a certain area, they are necessarily constrained, and they will, whether they like it or not, find in some ways that it affects what they say. I find it more worrying that you don't think there's any impact whatsoever on you, your organisation or the people in it, than if you accepted that you had lost something but that you were taking steps to try to ensure that you didn't lose your central purpose and that you were always questioning.

Anne Longfield: Clearly, there are challenges. We didn't deliver services until two years ago, and a very careful decision was taken that was well-thought through. We thought about doing that a number of times over the last 10 or 15 years, but said no at that point. This time, we felt that it was right and proper. One of the reasons for that was that we felt that it strengthened our advocacy base if managed properly, because the base would be done from a position of informed knowledge about the realities and challenges of delivery. So, you may need to manage elements of those relationships and how you present yourself to the outside world, but what you offer in your knowledge, in advocacy terms, is greatly enhanced by doing that in the first place. In essence, the question that we have had to put to ourselves is that, if we think we know so much and these are so good and what we are advocating is so

good, we almost have a responsibility to get involved in the delivery. The hard part of it is to further those arguments in the long term.

Helen Dent: I was going to make a point, in relation to your commissioning challenge to us. It is relatively easy for us to talk to central government and to campaign at that level, because that is not where the money is directly coming from. The issue is about local services and whether we can campaign at a local level on things that we disagree with. I guess that my answer to you would be that we do it in a slightly different way. First of all, if we do not think that what is being commissioned is appropriate, we certainly do not go for services, so we just don't get into that in the first place. There are areas where I suspect that none of us would ever work. The second thing is that if we do not like services, or we are being asked to make cuts—

Q204 Mr Stuart: Can you tell us where they are? That is the kind of openness I am looking for. I want these totally free Voices for Children, Action for Children, Barnardo's—that whole heritage—brought honestly here, warts and all, to show a select committee, so that we can do something about it and so that it is not within the establishment and closed off, where nobody tells you anything. I want to hear the unvarnished truth.

Helen Dent: Well, for example, we have just handed a service back in Hackney, because we cannot deliver what they want to do and I don't think it's appropriate that we are asked to do it. So we have pulled out of the contract on that one. It does happen. The third thing is that the voluntary sector can go and advocate for services that are not part of the commissioning process. So, for example, one of our major services is outreach work for families—actually, it is not so much outreach as home-based family support work, which is a different service. What we are saying is that Children's Centres are not reaching a small number of families with very great needs, and probably the families who need help the most. So that is one of the things that we campaign on really actively at a local level, about the need for these services.

Chairman: That gives us a wonderful opportunity to turn to Annette, who wants to ask about that very subject.

Q205 Annette Brooke: Thank you very much, Chairman. I slightly worry about using the terms “vulnerable” or “disadvantaged”, because obviously there are so many subsets of those terms. So I think that, in your answers, you will probably have to counter that point, one way or another. I wondered if you could tell me what it is that makes a Children's Centre good at really engaging with the families who we all know we want to engage with, but perhaps we don't even know where those families are.

Helen Dent: First of all—

Clare Tickell: I'll go next.

Chairman: I will decide that.

Helen Dent: I'll start.

Chairman: An unruly class.

Helen Dent: I think that a lot of Children's Centres are doing fantastic work and I think that they have struggled a bit in getting some of the more hard-to-reach families into the centres. I agree with you about the concern over language, but if we use that for the time being—anyway, outreach work has been developed as a model of trying to get families into centres—I think that is really important. In some of our centres, for example, we have done a lot of work about going and visiting families where we have had referrals or where there are people—say, minority groups—who we think are not accessing our services. We use outreach work as a model of getting those people into our services. We go to their own homes, we encourage them and we fix them up with buddies or volunteers who will bring them into the centre. That is a very effective type of service. In addition, however, there are families for whom we provide a service in their own home. That service is distinctly different. It is for families who will not come to centres. It is for situations where the parents have difficulties—there are often enduring severe mental health difficulties. It could be that the parents are absolutely ground down by domestic violence, or that they have agoraphobia, or that they have learning difficulties and that they are so chaotic that they cannot get themselves organised. What we would say about those numbers of families is that, actually, you have to provide a service to that individual family in their own home. I could give you an example of a family who were referred to us as a long-term family on the case load of a social worker but who weren't making any headway. When we turned up at the family home, this home was in absolute chaos. The kids were not attending school, they didn't have the right bits of uniforms, they were not going to bed, the house was full of neighbours and all the neighbours were up in arms about the noise—you name it, there was something like 15 agencies involved in this family. But you start by going in there. The children were not going to school because they weren't going to bed, and they didn't have an alarm clock to get them up in the morning. So, you start by actually going through and buying them something like a school uniform or an alarm clock. We got a skip to sort out the home. It is really basic stuff. It is about working with them on developing their parenting skills. They would be the sort of families who you would work towards getting into a Children's Centre, but they might need six to nine months of really intensive home-based support before they actually get there. And we have a lot of people with mental health problems who are not leaving their homes ever. I would make a distinction between outreach work to get parents into Family Centres and this small but very needy and vulnerable group of parents who actually need help—and it works. Then they can go to centres and they can hook into the standard community facilities.

Clare Tickell: I'll just give you a list of things that I would expect to see if I went into a very good Children's Centre.

Chairman: Not too long.

Clare Tickell: It's not that long.

Annette Brooke: I must just say that I met some buddy volunteers at one of your centres last Thursday.

Clare Tickell: Did you?

Chairman: We saw your very good Phoenix thing in Morden.

Clare Tickell: In Merton, yes. I want to see something that is welcoming and actively seeking to engage with people—one of the questions that I always ask if I go into one of our Children's Centres is, "Tell me about your community demographics." I want evidence that they are asking, "Who isn't using the Children's Centre?", "Who should be?" and "How are we going to reach to those people?", which takes you into that bottom 2%, people from different black and minority ethnic groups or whoever needs to be pulled into the centre. I expect and want to see fathers, not as a little group who come in on a Saturday morning and that is all—I want to see active involvement of dads and ways of pulling fathers into the totality of how we run a Children's Centre. I love seeing grandparents, and more and more we see grandparents and older people involved in different ways in our Children's Centres. I want to see evidence that whole families are being engaged—in much the way that we were talking about early on—and that there is an understanding of the bigger sibling groups, where that is necessary. I want to see active, sustained engagement of health, not just someone who pops in when the budget says that they can, but people who are genuinely engaged and working in a multidisciplinary way. I want to see involvement of ownership from the local community. You would not have every single one of those but, if you have three quarters, you have got something that is vibrant and sings if you like. Those are the ingredients that I would want to see for a good Children's Centre.

Anne Longfield: I hate the thought of getting stuck on Sure Starts as centres and buildings. We should think of Sure Start as an approach and, absolutely, some of it would be at the centre and some of it would be outside. The things that families always say were the things that got them engaged were having people they could trust, people they found that they were able to build a relationship with, people who were there for the long game and clearly there for them—not just doing their job, if you like—and people who went out to find families and tailored a response and a service to that family. Often that would be doing really practical, helpful things, which would help the family in the short term. Important, within there, is having a whole-family approach, as you say, so that you are looking at the family in the round, including the extended family. I think that centres need a dedicated programme of outreach workers. To get that—it doesn't happen of its own accord—it is not just about a few individuals who have an interest, but it is absolutely a dedicated programme of support. They also need good partnerships and partnerships with specialist agencies that can refer children and families to them and with which they can work to share that support. When you meet families who have been part of that, and who would be traditionally seen as the families who find it hardest to get access to Children's Centres, they are always the ones that will sing the

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

praises of the outreach workers, saying that it is they who got them involved. Within six to 12 months, you'll see that they are often starting to fly.

Martin Narey: In addition to all those nice adjectives—welcoming, engaging, refreshing, sympathetic and so forth—in my view, the most effective Children's Centres ought to have something else. They should be challenging. A Children's Centre that confuses being friendly with its users and friendship is in danger of not being as effective as it might be. It is an integral part of the Children's Centre experience when I go to Children's Centres. I don't think the job is by any means done. I think we could improve ours much more in terms of reach, not least for the hardest to reach—the Bangladeshi and Pakistani communities and fathers. But the ones that impress me the most—the ones where they see the deal as integral to the centre—are, in the right circumstances, challenging parents. Without that, if we back down from that, we will not be as effective as we should be.

Q206 Annette Brooke: Martin, I have a quick follow-up question. We have a note suggesting that you may have said that attendance at Children's Centres should be compulsory. We have not heard much of that today.

Martin Narey: That is because you weren't at the Tory conference. I did not say that.

Annette Brooke: That is why I said it was a quote.

Martin Narey: At a fringe meeting at the Conservative conference I asked whether or not there was a case, specifically for parenting courses, to consider the need for either inducement or compulsion. I am not at all glib about compulsion. I believe that there is a debate to be had for a certain small minority of families who are utterly chaotic, who are resistant to all the persuasive things that we might do to get them to Children's Centres. I believe that there is at least a debate to be had about the need to make sure that, for parenting courses specifically—it is inevitably young mums, because they are always by themselves—there is a case for further inducements or, eventually, possibly some compulsion to get them involved in parenting courses, which can substantially benefit the children. You won't be surprised to learn that in part—I promise I don't think this is a panacea—I venture that opinion because when I was running prisons and probation, I was told that compulsory attendance at parenting courses as a result of a court order would be a waste of time. I was told that compulsory attendance of young people at drug treatment programmes would be a waste of time. What little research we know shows that the outcomes for people attending those programmes are irrelevant as to whether or not they were compelled to go there or whether they went voluntarily. You can take a horse to water.

Q207 Annette Brooke: May I pursue that a bit further. Obviously, if there is a parenting contract or if a parenting order is imposed, then probably something has gone wrong, and we are beyond the intervention point. Can we explore that? Should

there be compulsion before something goes wrong, or should we be thinking rather more widely about carrots?

Martin Narey: I think that we should be thinking widely about carrots. I have absolute faith in the ability of my staff to do everything possible to attract the right families into the centres. I am not saying that we get it right everywhere; my experience is that we do rather better in rural areas than in urban areas, because outreach is just a necessary part of provision in rural areas. Given the families that I have dealt with in a previous career, I believe that a small minority of families will continue to be resistant to everything that you might possibly do to get them to engage. Sometimes, there may be a case for initially mandating their attendance on things like parenting courses, because the long-term benefit to the children would be very good. But I am not saying that it is a panacea. I am just suggesting, as I did in this single question to Maria Miller at the Tory party conference, that there is a case at least for a debate on that. I don't think that that debate should be ducked.

Q208 Chairman: So you'd also like to know where the children are, would you?

Martin Narey: I'm sorry?

Chairman: In the sense that you'd agree with Graham Badman's recommendation that we ought to have a register, so that we know where the children are, let alone where the hard-to-reach ones are.

Martin Narey: I am less concerned about home schooling than I am about some of the—

Chairman: I am not asking about home schooling. The Committee has looked at children below the radar before. Some of us believe that if you knew that children were in school or in home education, it would allow you to focus on those children who were in neither.

Martin Narey: Indeed. But I am really saying that just a small minority of families are very resistant to the sort of intervention. We all say—and I believe passionately in it—that we have a better reach than colleagues in the public sector, but we should not believe that that reach is absolute. If we are really concentrating entirely on the interests of the child, we have to think about what we do with a minority of people who will never get involved voluntarily.

Anne Longfield: On the challenge point, in a good Children's Centre you would expect some of that challenge to be quite robust. Families say that it was the biggest wake-up call when the worker put forward a whole plethora of support, saying that it is dependent on their getting their act together here, here, here and here. Families will be very happy and keen to work in that kind of environment, and take advantage of that support. They do so because they can see that it helps and that it is possibly the only lifeline that they will get. There are some cases where children might be in danger of being taken into care, but the workers are able to offer alternatives for a limited time. That is something. Cups of tea and soft approaches are very important, but within that has to be the backbone of challenge.

Q209 Paul Holmes: We have already heard Helen and Anne talk about their organisations doing a lot of family support in the home. Outreach is not just about being in the centre, but going out to the home. What about Clare and Martin? Do they have the same approach?

Martin Narey: Exactly the same. It is absolutely important. With the hardest-to-reach families you have to do some of that work in the home before you can bring them into the centres. There is too much preparatory work to be done, and there is too much suspicion of those sometimes—however nicely designed they are—rather intimidating centres.

Clare Tickell: Likewise. To go back to the earlier question, we have done a piece of work that was independently evaluated—the synergy work—about how we get to the bottom 2%. We are in the middle of a piece of work at the moment that Salford university is evaluating for us, which is developing a neglect toolkit. All of our evidence on those matters suggests that if you keep on going back to families and saying, “We are not going to leave you alone, so eventually you need to open the door”, they will do so. Staff say that they just go back and back, and shout through the letterbox. The people’s expectations are so much that the state will do something horrible to them, and if you can just get in there, they do respond. They do not want to be where they are. They will respond, and then you can coax them into a Children’s Centre even if it takes an age to do so. We are failing if we are—as Anne said—running something and expecting people to come in because the people we most need to reach are often those who often feel the most excluded.

Q210 Paul Holmes: When you are bidding for the contracts, is that approach left up to you? Will there be organisations that are not doing lots of family support and just relying on people coming to the centre?

Clare Tickell: It depends on how it is specified and how it is commissioned. We would certainly be going in and saying what we would do to ensure that we are pulling in the most vulnerable children and reaching the most disenfranchised. The people who most need to come in will possibly be those who won’t so, in a sense, we will take that as some as value added. Most local authorities will ask us to do so because, by definition, they are the families who are the most expensive if they fall through the cracks.

Helen Dent: I want to make a distinction between outreach and bringing people into the centres, and just keep on at the idea that there are people who will never engage with centres. They can’t, because of the nature of their difficulties. The link to that with the points that Martin was making is that often they are the tier 3 and 4 families with whom we are working in our home-base family support. As a result of that, their children are very vulnerable and often on child protection plans. So we can never lose sight of the fact that children are our paramount consideration and that safeguarding them is really important. As a result, particularly in some deeply troubled families, it is about the driver into the service in the first place. We take all the women who have been discharged

from psychiatric care in Tower Hamlets, and we work with the mother and the children, reuniting them on discharge. Even if I had concerns about child protection, I would not ram a contract on to that family. We would work with them. We would probably work with them intensively for six to nine months on that reunification, helping improve parenting skills and making sure that the children were safe and being looked after. On the other hand, in Tower Hamlets we run a service where the families are chaotic. There are actually an awful lot of agencies involved where they say, “If you don’t improve, your children are going to be taken away.” With those families we would often work with a contract. We would bring all the other agencies round the table and say, “This family cannot take on all these issues at once. We have to agree between us what are the top priorities.” Then you say, “We will get to them all, but it will take us time.” The first issues are usually that the kids have got to go to school, the house has got to be tidied up, the neighbours have got to be pacified so noise has got to end, and they have to start paying their rent, otherwise they are going to get evicted. Those are four things that you can work with which are manageable. As you go on with a family, you adapt the contract. It is pretty heavy, because the families will know that if they don’t shape up, there is a very high likelihood that the children will be taken away. I would make a distinction about the drivers for the service in the first place, but always, in all of our services, children are absolutely the paramount consideration. That is why you have to be challenging.

Q211 Paul Holmes: Are the staff who are doing all this outreach work well enough trained to do it? Helen, your organisation suggested that there should always be a qualified social worker at least overseeing all this.

Helen Dent: Yes, it is basically the social worker’s skill to do an assessment of levels of risk and levels of need. We prefer that. We have one or two home-based centres that are run by health visitors and teachers, so there are other skills that are relevant. I know that this is a question that Annette is concerned about, as she raised it in an APPG that I was at. I think that it is a fair question: will we get an all-qualified work force in our home-based family support, given that these are the most vulnerable families and vulnerable children? The reality is that, no, we don’t employ all social workers. Do I think we should, or will we ever get there? I think the answer is no. If you think about the family that I was talking about before, with learning difficulties—it was absolutely chaotic. They discovered that the children had never, ever had a bath because no one had taught the mother how to do it. For three weeks our worker went back between 6.30 and 9 o’clock, to tell them how to run a bath and to test how good it was, until they were all confident about how to do it. The same worker was ringing up in the morning and saying, “Have you got the kids up?”, or going round and making sure that they were being taken to school. Our service is available from 7 till 9 or 10 at

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

night. You will not get qualified social workers who are credible to families on the one hand, because you need to have experience of child rearing. You need to have the sort of personality that is going to be credible to the families, and a lot of our newly qualified social workers do not have that sort of credibility. Also, you need to have that sense of experience and living with families like that, and qualified social workers are not going to be prepared to do it as it is not what they were trained to do. I think that Family Action's system of NVQ-qualified Level 3 workers is good for parents and good for them. That is what we do.

Chairman: Right. Thanks for that, Helen. You never did tell me what you thought about our report on the training of social workers, but that might come later.

Anne Longfield: It is important to recognise that good outreach workers don't take away from the need for specialist services. They will hopefully be working alongside other specialists and other professionals, and be part of a network of support locally. The other part of that is that they need to be part of that ongoing solution, but it is very early days for outreach workers in many areas. Many areas are developing at different stages, and even those that are far ahead of the game have only had outreach workers in post for a year and a half. As with Children's Centres more generally, we are still looking at a whole range of services in their infancy and we are starting to see their potential, but they are what we make of them.

Chairman: Clare, Edward wants to ask you a question.

Q212 Mr Timpson: Can I just take you back to one of your earlier answers, when you were at pains to emphasise the importance of clarifying the responsibility and accountability for safeguarding in Children's Centres and the role of the management. Can you give us an example of how that may play out and what difficulties the current system causes without that clear structure?

Clare Tickell: I can think of examples. Health will have a particular protocol on safeguarding—locally, possibly. The Children's Trust may have a slightly different protocol on safeguarding. The voluntary sector provider—whoever is providing the service—may have their own internal protocol on safeguarding. Each of those may be admirable, but you need absolute clarity across the three and an agreed primacy in terms of which protocol everybody is working towards. Otherwise, you get the tiniest bit of ambivalence, which can play out in a bad way. In addition, there is not always absolute clarity about who is the lead person with responsibility for safeguarding in a particular children's centre, as well as about how that will escalate and who will be involved in the different organisations.

Q213 Mr Timpson: Just to understand the seriousness of the point that you're making, are you saying that, as a result of this ambiguity about who's responsible for safeguarding in Children's Centres,

children are missing out on interventions in their family life because no one has taken responsibility for the safeguarding issues that have been raised?

Clare Tickell: Theoretically, that could be the case. Whichever of Herbert Laming's reports and whichever serious case reviews and summaries we read, the most important thing is the extent to which professionals communicate effectively, well and coherently with each other at the earliest possible moment. We all know that the earlier we can make an intervention and we all understand what is happening with a child, the less likely something is to go wrong later down the track. So, theoretically, unless we have all that stuff absolutely crystal clear and in place before anything goes wrong, things could be missed.

Mr Timpson: That's quite worrying.

Clare Tickell: Absolutely.

Q214 Mr Timpson: What's your remedy to ensure that this confusion doesn't reign any longer? Is it statutory intervention? Is it trying to harmonise guidelines?

Clare Tickell: What I'm saying is that there needs to be absolute agreement on what the protocol is before things go wrong—there needs to be an agreed protocol between all the agencies involved—and there has to be a clearly designated, identified lead person with responsibility for safeguarding in a Children's Centre.²

Q215 Mr Timpson: Finally on this point, how long have you been making the case that you've made today for the clarification of safeguarding protocol in Children's Centres? Is this something you've been banging on about for quite some time?

Clare Tickell: Have we been banging on about this for quite some time, team?

Chairman: I don't think you're allowed to do that. It will totally confuse *Hansard*. Sorry.

Clare Tickell: It's not new. Right from the off, we've all been talking about the importance of safeguarding in Children's Centres.³

Helen Dent: All local authorities have a responsibility to devise a plan that is consistent across all the agencies that work in that authority. Our agency is subjected to all the local agreements around safeguarding. There is a pan-London one. I

² See footnote to Q215.

³ *Note by witness:* Action for Children has consistently highlighted our concerns around having in place a person designated to lead on safeguarding in all children's centres, in particular through our responses to the Apprenticeships, Skills, Children and Learning Bill (now Act). During the passage of the Bill, we received assurances from the Government that the concerns were being listened and would be picked up in guidance, rather than being addressed on the face of the Bill. The DCSF has very recently announced a consultation on Sure Start Children's Centres: Guidance. We are very pleased to see that the safeguarding section of the guidance includes proposals for a designated safeguarding lead. Action for Children will be responding to the consultation and we are currently talking to our practitioners who first raised this issue to check that the proposals will fully address their concerns.

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

think the point that Clare might be making is that the knowledge base and the training vary between all the agencies. One of the challenges is to make sure that anybody who has contact with children has the same knowledge base and knows how to put children first. That's the issue—making sure that everybody knows how to do that. When you look at cases such as Baby Peter's, you see how this child was trailed around six or seven different specialists because of the nature of his difficulties. Does each of those—the skin specialist, the paediatric specialist and his GP—have the same knowledge about safeguarding and putting that together? That's one of the difficulties and where practice at local level is challenging, but I think that it's clear that there is a local, agreed safeguarding process.

Chairman: We shall move on to our last section, which will be led by Graham.

Q216 Mr Stuart: Is the right balance being struck in centres between services focused on the community, those focused on parents and those focused on the child? Is there sufficient understanding of the core purpose of Children's Centres? Who shall I start with?

Chairman: Martin, you've been neglected for a little while.

Martin Narey: I find it genuinely difficult to be helpful on that, because I've never really looked at it in that way. If I visit a Children's Centre, I don't divide the work up into those areas. It's an overused word and a word I hate using, but there is something genuinely holistic about Children's Centres, and they respond to different families and different children in different ways. So I'm afraid I can't be very helpful.

Mr Stuart: The question was stimulated by the evidence given to us by an academic, who wondered whether—

Martin Narey: I've never had a sense that it was out of balance, and I would add that I gain some comfort from the fact that in different parts of the world, I see a different sort of balance and emphasis in Children's Centres that I think responds to a particular need and what else is available in the particular area.

Anne Longfield: In broad terms, I think that the answer would be yes, the balance is just about right. That's partly due to the expertise of the people who are working within the centres, who see children as part of wider families and see the importance of the connection with the community, too. That's a good judgment call by those people within the centres. More can be done in a lot of centres about making reduction of poverty a much more robust part of what they do. That area has some weaknesses around it. There are Jobcentre Plus relationships, but they're not always that robust and certainly they could be strengthened. The relationship between the financial independence of families and the ability of parents and children to flourish is something that some centres do not naturally default towards. There's an area to be strengthened there, but in

overall terms, the centres have a good focus on the child as a whole and the family and are increasingly looking at the wider family as well, as part of it.

Q217 Chairman: Why do you pick on Jobcentre Plus? I've been round the centres, and Jobcentre Plus, given its role, is quite good in the ones that I've seen. The most common criticism of there not being a full partnership relates to health. Why don't you, when you have your contracts, make the PCT aware that when it comes to taking on responsibility for children in its borough or area, it should be more active in Children's Centres?

Anne Longfield: You asked about the balance between children and families, and financial security and independence is clearly often seen as something that is about parents.

Q218 Chairman: But is health a problem?

Anne Longfield: Health is not perfect in every area by any means, and in some areas there are challenges around relationships with schools as well, so there's a whole range of different—

Q219 Chairman: But, Anne, isn't this Graham's point again? You're being rather polite and tiptoeing round. We consistently hear the view that, for example, GPs don't know what Children's Centres are, don't get involved, don't turn up and are not very good partners.

Anne Longfield: But some do. You can point to fantastic work, and the situation is much better than it was. If you were in this room one year or two years ago, everyone would be saying that health was an issue and health was a challenge. There's been an awful lot of work, both nationally and locally, to take that forward, and it's moved on immeasurably. There are still some gaps, but there are some fantastic pieces of work going on where midwives are working with families and bringing them into centres. There is some very good stuff, but it needs to be sustained and plumbed in in a much more robust way. On Jobcentre Plus, I think that it goes back to the fact that a lot of staff who work in Children's Centres don't necessarily see it as their first and foremost reason for being there to look at positively supporting families into work. That hasn't often been part of the experience of those who have been working with children and families, and it's an area where in some places brilliant things are going on, but in an awful lot, so much more could be done.

Q220 Chairman: Is there a structural disconnect between some of the organisations that these people come from? Don't the health people in the PCT find it difficult to work with local authorities?

Anne Longfield: There are elements of that. An awful lot of this comes back down to individuals and individual relationships, and where there is a positivity and a will from an individual, they will often overcome whatever challenge there is. So we can look at structures, but if the individual within there wants to make it happen, they usually will.

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

When it comes down to Jobcentre Plus, the reason I pick on that is that people will say that it is often short term and there is often somewhat of a distance between them. If there is going to be a Child Poverty Bill going through and becoming an Act and if we are going to make that a reality in local areas, we have to find a robust way to make Children's Centres real in terms of that strategy.

Q221 Mr Stuart: I think you are saying that you believe—

Anne Longfield: Broadly.

Mr Stuart: Top of the list of purposes for Children's Centres should be tackling poverty and encouraging people back into work.

Anne Longfield: No, I would not say that first and foremost; I would say an important part of enabling families to flourish is about tackling poverty as part of that. If work is part of that solution, that is obviously something that needs to be built in. Of course, many families will be way off work, so we will not be looking at work in the short term.

Q222 Mr Stuart: I think that we have had evidence saying that Jobcentre Plus is a bit patchy, but also that there is quite a churn in staff, so what you need is relationships just among the practitioners to be able to work together—signposts—and learn who does what and work together as a team. Jobcentre Plus has quite a churn going on. Is that everyone's perception? As you say, if the Child Poverty Bill goals are ever to be a reality, we will need—

Anne Longfield: Certainly, there is a distance between the Jobcentre Plus core function and centres, and there can be much more dynamic and creative ways that you get to make sure that the staff are known—very much a reality within the centre. We looked at centres in Blackpool, where you have Jobcentre Plus people working alongside health visitors who are working alongside social workers and known to people over time. But that is very much a rarity.

Q223 Chairman: You looked very aware when I was talking about health, Clare.

Clare Tickell: Well spotted. Our experience will be slightly different from Anne's in a sense and it may play with the Jobcentre Plus. I think that we are finding health generally withdrawing slightly from where they were. A year ago they would have been better stitched in for us than they are at the moment and I wonder—they are slightly cyclical—if there is a lot of noise made, they join in. It is difficult sometimes for primary care trusts and GPs exactly to see where we land and for us to be sufficiently in their line of vision for them to commit in a sustainable way to working with us. One of the issues for us is keeping health engaged over 12 or 18 months. Our experience of Jobcentre Plus is positive. It would be interesting to ask the question in a year's time when in a sense the cycle has gone through and we are having to keep people engaged and say, "Keep coming, please", when in actual point of fact there may be something else that looks equally interesting and stimulating.

Mr Stuart: I would like to keep the focus on the subject of this line of questioning, which is about purposes and not about institutions, Chairman.

Chairman: I know, but—

Mr Stuart: I am trying to steer us to purposes and not going back to the institutions.

Martin Narey: It was just on the same point, which you may want to move on from. I was just going to counter the point on Jobcentre Plus. I find that, when I visit the centres, they locally produce a response, and I find the central apparatus of Jobcentre Plus to appear to be very responsive. We have just gone to them quite recently and said that, in addition to their presence in Children's Centres, they need to make their Jobcentre offices a little more open. They have moved to a situation where they have become appointment only—not very welcoming for people who are just contemplating going back to work. I have found Jobcentre Plus very responsive. One thing that I would say, if I may, is that—I don't know if any of my colleagues is suggesting it—but the thing about engaging with health and Jobcentre Plus is that it is not just up to them; it is up to us as well. My experience is that you are more likely to see health visitors taking an active part in Children's Centres where we have convinced them of the benefit to their work and the welfare of children. We have got to sell ourselves as something in which very busy people should invest their time.

Q224 Mr Stuart: Helen, why does Family Action argue that the aim of increasing affordable child care to support labour-market entry conflicts with the aim of spreading parental excellence?

Helen Dent: This is one of the issues that we have with some of our staff, who say, "Actually, it's quite difficult to manage services where you have a huge part of it that's just about child care for people in work." The rest of them are trying to say, "You can't do that. You have to come in as parents with your children because we're working on therapeutic developments." It is one of those management issues that is a challenge, particularly in some of the new Wave 3 centres, which are very much smaller, so the percentage that is getting child care, as opposed to family support as well as child care, is more challenging. It is largely dependent on the centres as well: on that balance between child, parent and community focus. I would expect to see quite a lot of consistency across all centres in relation to outcomes for children and the child-focus part of it. That's what they should be doing; that is their core work. It's more variable in terms of whole-family and parenting work. You would probably get from us and collectively here—certainly from us—a lot of work around parent-focused work, because we believe that strong parents are better able to look after their children. So we invest an awful lot of our time bringing other agencies to support parents in their work on looking after their children, as well as on our work. I think that the community thing is more interesting, because I think that's where there's a much broader variation. My view is that that depends on what there is, locally. So, for example, we

14 December 2009 Helen Dent CBE, Anne Longfield, Martin Narey and Dame Clare Tickell DBE

run a community centre on an estate in Slough, and we don't run a Children's Centre there. It's an interesting one, because they do very little community work, but they shouldn't, because we run a community service there that is huge: its outreach is across the generations and works with all ages of children. So they don't need to provide that. That's the variation.

Chairman: Thank you all for that excellent session. We've learned a lot. On our side there are a lot more questions. *[Interruption.]* I'm sorry, but we've got some more work to do before 6 o'clock. Graham

would like to ask more questions, but he can't at the moment. Clare, Anne, Helen, Martin, can I thank you all for an excellent session.

Helen Dent: We'll come and see you.

Chairman: You can discuss that with Graham later, Helen. We won't stop that. That's the whole purpose. It's been an excellent session, and, as I always say at this point, could you remain in contact with us. We want to make this report on Sure Start and Children's Centres a good one. We can only do that by listening to people who really know about this stuff. Thank you.

Supplementary memorandum by Dame Clare Tickell DBE, Action for Children

Further to your request to stay in touch over developments relating to Sure Start Children's Centres, I wanted to provide you some further information relating to the safeguarding issues raised during the evidence session.

Action for Children has consistently highlighted our concerns around having in place a person designated to lead on safeguarding in all children's centres, in particular through our responses to the Apprenticeships, Skills, Children and Learning Bill (now Act). During the passage of the Bill, we received assurances from the Government that the concerns were being listened and would be picked up in guidance, rather being addressed on the face of the Bill.

The Department for Children, Schools and Families has very recently announced a consultation on *Sure Start Children's Centres: Guidance*, with responses invited until 1 February 2010. We are very pleased to see that the safeguarding section of the guidance includes proposals for a designated safeguarding lead. Action for Children will be responding to the consultation and we are currently talking to our practitioners who first raised this issue to check that the proposals will fully address their concerns.

For ease of reference I have copied the relevant section of the guidance below for your consideration:

“Designated safeguarding lead

To strengthen safeguarding arrangements, local authorities should make sure that all children's centres have in place a person designated to lead on safeguarding. Their role being to ensure that every member of staff is competent in their knowledge of child protection and knows how to act if faced with child protection issues including the reporting and recording of such issues.

The local authority should ensure that the designated person in the children's centre is required to:

- liaise with local statutory children's services agencies as appropriate and must also attend a child protection training course,
- receive training in inter-agency procedures that enables them to work in partnership with other agencies, and gives them the knowledge and skills needed to fulfil their responsibilities; then undertake refresher training at two yearly intervals after that to keep their knowledge and skills up to date,
- ensure that child protection procedures are included in the induction training of new staff, and
- make sure that parents are aware centre staff have a duty to share child protection issues with other professionals and agencies.”

December 2009

Wednesday 16 December 2009

Members present:

Mr Barry Sheerman (Chairman)

Ms Karen Buck
Mr David Chaytor

Mr Andrew Pelling
Mr Graham Stuart

Memorandum submitted by the Association of Teachers and Lecturers (ATL)

EXECUTIVE SUMMARY

- ATL supports the Sure Start children's centre initiative in its attempts to bring together high quality education and care alongside other services to help families to support their children's learning and development, and in its attempts to focus on the particular needs of areas of deprivation.
- We believe that the support for children and families offered through children's centres can impact positively on children's development of language skills, social skills, and independence. It can also have benefits for parents' confidence in supporting their children's learning and in working in partnership with teachers in the best interests of the children.
- We believe that the professionals who work with the youngest children should be highly qualified, and that teachers should be employed in children's centres both to support education planning and provision, and to work closely with children on a daily basis. Those teachers should all be employed on school teachers' pay and conditions.
- Cost-effectiveness measures may show that spending money in the early years may lead to decreased spending on crime and anti-social behaviour later; however we need to recognise that effective early years provision may also lead to increased education participation rates, which will require higher spending. The most vulnerable children may need continued support throughout their education, which again implies increased cost.

ATL, THE EDUCATION UNION

1. ATL, as a leading education union, recognises the link between education policy and our members' conditions of employment. Our evidence-based policy making enables us to campaign and negotiate from a position of strength. We champion good practice and achieve better working lives for our members.
2. We help our members, as their careers develop, through first-rate research, advice, information and legal support. Our 160,000 members—teachers, lecturers, headteachers and support staff—are empowered to get active locally and nationally. We are affiliated to the TUC, and work with government and employers by lobbying and through social partnership.

ATL POLICY

3. ATL members work in children's centres, as teachers, support staff and leaders. ATL members also work in schools that have close links with children's centres. Most crucially, effective early years work has also been shown to raise the aspirations of children, including the most vulnerable, and that this in turn can enhance their lives and promote their inclusion and participation within their communities.
4. Thus, ATL welcomes the growth of Sure Start Children's Centres. Research from the Effective Provision of Pre-school Education (EPPE) project shows that the quality of provision is higher overall in early years settings that integrate early education and care. We believe that co-locating services for young children and for their parents means that those services are more likely to be accessed by parents, including the more hard to reach families, to the benefit of themselves and their children. And we welcome the focus on the youngest children and their families in order to combat disadvantage; both within Sure Start Children's Centres and within the wider Early Years entitlement.
5. ATL believes that professionals working within schools, children's centres education and other services must be recognised for their knowledge, expertise and judgement, both at the level of the individual and in articulating the role of education in increasing social justice. Within light national parameters, development of the education system, in its widest sense, should take place at a local level: with increasing emphasis on collaboration and supporting well-being across a local area. Accountability mechanisms should be developed so that there is a proper balance between accountability to national government and to the local community, which supports collaboration rather than competition.

ATL RESPONSE

The range and effectiveness of services provided by Children's Centres

6. As the education union, ATL is concerned with the effectiveness of children's centres in supporting early education, and in particular whether children from families supported by children's centres are more "ready" for school. This is not to say that the purpose of children's centres should be to prepare children for school. But our members report huge differences in children's language skills, their behaviour and their physical independence (being able to feed themselves and get dressed by themselves, being toilet trained). We look forward to the next stages of the national evaluation of Sure Start which we anticipate will consider how far take up of children's centre services has an impact on these skills.

7. Our members also report a wide variety of parental support for children's learning. This reflects a range of factors: parents' own level of education; their experiences of their own schooling; their feelings (positive or negative) about school; their familiarity with the school system; how much the culture of school resonates with their own culture and their aspirations; their confidence in dealing with professionals; and their confidence in managing and supporting their own children. We believe that children's centres have a role to play in supporting parenting skills, and in helping parents to fulfil personal and work ambitions, and in challenging any poverty of aspiration. This is not to argue that the purpose of children's centres should be to prepare parents for their children's schooling but children's centres will be most effective when they work in close partnership with schools so that children and their families can move confidently between both.

8. We appreciate that it is very difficult to separate out the benefits arising from the early years provision within children's centres from the benefits arising from other forms of participation in children's centres; or from the effects of other issues affecting children and families living in areas of great disadvantage; or from the impact of other initiatives, outside children's centres, which aim to address these issues. In this context, it would not be enough to judge the early education provision in isolation, either within the Sure Start initiative, or within individual children's centres. Such a measure of effectiveness would be too crude, and simple comparisons with other providers should not be used to hold children's centres accountable for outcomes.

9. We are also very clear that judgements of effectiveness are dependent on the measures used and the target group referenced. There is a difference between judging the effectiveness of children's centres in terms of measuring outcomes of those who use the children's centres services, of those to whom outreach is directed, or of the community in which the children's centre sits. We would also caution against burdening schools and teachers with further evaluation of outcomes as children start school. Schools (and children's centres) should not be required to evaluate a whole range of well-being measures, which should be the area-based responsibility of local authorities.

Funding, sustainability and value for money

10. In the roll-out of children's centres to every community, it must not be forgotten that the most vulnerable will need the most funding, and may well be the hardest communities in which to measure tangible progress, particularly if the measures of progress used are restricted to short-term measures that do not match the community-based, and trans-generational aspirations of the Sure Start initiative. In evaluating Sure Start, and other early years interventions, a cost-benefit analysis correctly draws our attention to how public spending now will save money in the longer term because of a decrease in the costs of, for example, criminal behaviour and teenage pregnancy. However, we must not forget that likely positive outcomes of the Sure Start children's centres initiative that could be measured could include, for example, increases in staying on rates at school or university entrance—each of which would require increased public spending rather than less—but which are still to be welcomed.

11. Similarly, it would also be unhelpful to view the work of children's centres as constituting a one-off "inoculation" against the effects of deprivation and disadvantage. If we wish to "narrow the gaps" between the most and least disadvantaged groups in society, we must recognise that it is highly likely that many of those children and families who most need the services of the children's centre will continue to need additional support and funding throughout the education system.

Staffing, governance, management and strategic planning

12. ATL welcomes the current requirements for children's centres to employ teachers. Evidence from the Effective Provision of Pre-school Education studies (EPPE) shows clearly that integrated care and education which involves early years qualified teachers in interactions with children has the greatest positive impact on children's learning. We believe that the requirements do not go far enough, that more early years qualified teachers should be employed in children's centres, and that they must be involved in day-to-day work with children, not only in strategic planning and management. We are concerned that there is still a discrepancy between the pay and conditions of service of teachers depending on whether they are employed on school teachers' pay and conditions or on the Soulbury scale. We believe that all teachers should be employed under school teachers' pay and conditions, regardless of the "type" of children's centre in which they work.

13. We also have concerns about who should manage a children's centre. Many schools have children's centres developing on site, which are managed by the school's headteacher. We understand how many headteachers can see this as a vital aspect of their role, supporting their pupils through supporting their local

community in raising its aspirations for those children. Nonetheless, many of our members are concerned that this can lead to very “school-focused” children’s services. Although the services offered by a children’s centre are vital to support children’s development and learning, ATL believes that a headteacher’s main focus should be on teaching and learning. Managing and co-ordinating the full range of services offered within a children’s centre takes a headteacher far beyond that core function.

14. We believe that difficulties arise when children’s centres are viewed as individual institutions. The strategic planning and the governance of children’s centres needs to be undertaken at a local level across communities and effectiveness should be evaluated at these levels too. An undue focus on individual children’s centres misses the local authority’s statutory duty to reduce inequalities and improve outcomes for all young children, their Public Service Agreement targets, and their responsibility through Children’s Trusts to discover and meet local need and to develop appropriate partnerships to meet those needs.

How well Children’s Centres work with other partners and services, especially schools and health services

15. We note the recent report from Ofsted that stated that only half of the primary schools contacted during their survey were linking effectively with children’s centres. Within the larger framework set by local Children’s Trusts, there are enormous benefits to developing strong partnerships between schools and children’s centres. There are also benefits to developing children’s centres on school sites, where facilities and premises allow.

16. For schools, it can be a strong part of the extended services offered, and can make for seamless linking between, for example, the healthcare offered by the children’s centre and that offered as part of the extended services offer. For families, it can support their transition between the children’s centre and school, enabling parents and children to become familiar with the school system, building and sometimes staff. It also acknowledges the fact that many families have children who are older than five, allowing families to have all their (younger) children in one place, and offering easy transition between children’s centre services and those extended services provided by a school. Of course, this is not necessarily the case in communities where parents have a “choice” of schools but no guarantee that those attending the children’s centre will be ensured a place at its co-located school.

17. Co-locating a children’s centre and a school may also risk negative implications. Some of our members who work in such children’s centres point to the tendency to give priority for children’s centre services and activities to the families who attend the school already, limiting the potential for outreach. Schools may also find themselves using some of the facilities themselves at the expense of use by the wider community. It can also blur boundaries for teachers and support staff, who may find themselves under pressure to provide support beyond education to parents and children using the children’s centre, at least whilst systems of identifying “lead professionals” within a system of multi-agency working is still being developed and implemented. It may also be an additional disincentive for parents whose own school experiences were not positive—evaluations have shown that some non-users of children’s centres perceive children’s centres as being about professionals telling them what to do.

Whether services are being accessed by those most in need and how effective they are for the most vulnerable.

18. The Sure Start children’s centres initiative has not yet produced a coherent body of evidence about the effectiveness of children’s centres for families from the most vulnerable social groups. As children’s centres continue to be set up outside the most disadvantaged areas, and in all communities, it must be asked whether they are still intended to meet the needs of the most vulnerable in those areas, or are a more general gateway to universal services. This question of definition will have implications for the amount of outreach that is needed, the cost of that outreach, and the ways in which effectiveness will be measured: it will be easier to hit targets by working with families who access the centre than by continuing to reach out to the most disadvantaged.

19. We note the Ofsted (2009) report on the effectiveness of children’s centres which states that children with learning difficulties and disabilities gained much from close working of professionals from each service, and that children’s centres were becoming more effective in reaching out to potentially vulnerable families. However, that same survey points out that half of the children’s centres surveyed reported high levels of social problems that they believe will require more investment and new strategies to effect change.

20. We note that clear evidence of the specific impacts of children’s centres on Black and minority ethnic (BME) families and communities is difficult to find, partly because “BME” cannot be viewed as one group. We recognise that attitudes towards formal childcare and early education, together with maternal employment rates differ between communities, which in turn affect the take-up of children’s centre services. For this reason, it is not enough for children’s centres or local partnerships to simply monitor the ethnic background of members of the community served by the centre; effective outreach to a range of different groups will need differential funding, specialist training and the provision of a range of community languages.

21. We note also calls from groups such as the Daycare Trust for better representation of BME adults in the staffing, and particularly management, of children’s centres. This is not about providing “role models” for children and families. But nobody wants to feel “done to” by professionals with no empathy with and understanding of different cultures and backgrounds. More must be done to encourage adults from BME

communities into childcare and early education careers, and in particular to encourage aspiration to higher levels of strategic planning and management. This calls for sensitivity around access to training, including basic issues such as the days, times and venues in which training takes place.

CONCLUSION

22. ATL welcomes this inquiry into the effectiveness of children's centres. Much research has already been carried out, and other inquiries held, much of which has been inconclusive. We believe that the select committee must be clear what it is that children's centres are intended to do; we suggest their purpose should continue to be to reach the most disadvantaged families and children. While it is vital that money is spent wisely, and accounted for properly, in this work, evaluation of effectiveness is a complex task and we would not expect the select committee to make simple recommendations.

October 2009

Memorandum submitted by Daycare Trust

Daycare Trust (DT) is the national childcare charity, campaigning for quality affordable childcare for all and raising the voices of children, parents and carers. We welcome this opportunity to respond to the Committee's Inquiry and to explain our views on the importance and effectiveness of children's centres.

SUMMARY

- We are only just seeing the impacts of the coordinated approach that children's centres have. We would welcome further research and monitoring of children's centres activities and outcomes so that their effectiveness can be monitored.
- Children's centres provide high quality services, including high quality early years education and care, which has benefits for families both today and in the future. Higher quality early years education and care is associated with the maintained sector and children's centre status.
- The involvement of parents in children's centres is key. Parent champions can be a useful model for reaching out to other parents.
- Children's centres often work in more disadvantaged areas, and therefore need to provide more services to families, leading to higher costs. Early years education and care in these areas are not well served by the childcare "market" and need government intervention (ie funding and direct provision) to address the "market imperfections".
- There can be substantial cost savings overtime if investment is made in the early years, plus additional social benefits.
- Childcare staff are often higher qualified in children's centres, which contributes to higher quality provision.
- Partnership working, eg with health and Jobcentre plus, can be very effective, and is good at making links with those furthest from the job market. However, this must be funded appropriately to avoid dilution of services.

1. INTRODUCTION

1.1 DT was one of the orchestrators of children's centres back in 2001, and the vision was that each locality would have a centre which included a variety of services for children and parents, with the aims of:¹

- meeting more of the needs of children and parents;
- making services currently restricted to deprived neighbourhoods or low income families available to all who need them;
- providing more services to families in need in a non-stigmatised environment to make more effective use of current services; and
- to make daycare services at present only affordable by the well off affordable by all who need them.

These worthwhile aims of children's centres have not changed, nor have they gone away. Furthermore, the Inter-Departmental Childcare Review found in 2002 that "there are significant pay-offs in offering children, parents and communities health, family support, childcare and early education in an integrated way".²

¹ Holterman, S (2001) *Children's centres: exploring the costs and delivery of a national scheme*, Daycare Trust.

² Prime Minister's Strategy Unit (2002) *The inter-departmental childcare review: Delivering for children and families*.

2. HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

2.1 We welcome the roll-out of children's centres to all communities, as this brings services within the reach of all families (and often there can be pockets of deprivation within very affluent areas) and helps to remove any stigma from accessing services. However, we would not want the services to the most disadvantaged communities to be diluted. We believe it is right that there are differentiated levels of services in different areas, as some areas will need a greater number and intensity of service, and therefore there will need to be additional funding in deprived areas.

2.2 Now that children's centres are opening in every locality, and there is a range of different services offered, we would welcome further monitoring information from the DCSF to monitor what services the children's centres are offering throughout the country. This would support the programme of research into Sure Start and help the government and others to understand the effectiveness and outcomes from children's centres and enable the sharing of good practice. We would also welcome information from local authorities, as part of their market manager role, about why they have decided not to operate childcare in specific children's centres, eg because of a nearby nursery, so we can assess whether more children's centres should be offering childcare.

2.3 Ofsted also recommends that there should be an improvement in recording and analysing of data, in order to investigate their current and long-term impact on children and families.³

2.4 We are only just seeing the impacts of the coordinated approach that children's centres have. It is important to recognise that it takes time to build links into communities, especially those that have been disconnected from government services and have a mistrust of authority figures. Outreach will continue to be vital.

3. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

3.1 Children's centres offer a huge range of services, which are vital to many children and families. Services include health visitor clinics, midwifery clinics, toy libraries, stay and play sessions, childcare, parenting support, breastfeeding support, adult literacy, links with Jobcentre plus, information about Families Information Services, SEN provision, childminder networks, and links to primary schools.

3.2 For example, in Medway children's centre they have *Little Diggers*, a healthy eating cafe where parents and children can bond as they learn how to grow, cook, and eat fresh fruits and vegetables. This interactive experience teaches children how food grows and encourages both parents and children to try new food.

3.3 Parents really appreciate the ability to access services in one location—as Ofsted found, “parents from all social backgrounds strongly preferred a range of professional support and guidance under one roof and reported clear gains in their confidence and parenting skills”⁴

3.4 The involvement of parents in children's centres is key. This enables parents to benefit from the centre's services, enforce their role as children's first educators, learn from practitioners, and suggest any necessary changes. Ofsted reported that Children from disadvantaged families gained significantly from their parents' communication with children's centres.⁵ Many children's centres are engaging well with parents. For example, All Saint's Children's Centre in Medway has founded a parent representative group called ASPIRE (All Saints Parents Investing in Real Energy). It bids for funds, which can provide access to numerous opportunities. One of their parent volunteers, Emma, states “As a reception volunteer, I can tell parents about the fantastic range of services at the centre because I know firsthand what's available, because I'm a parent who uses the centre.”

3.5 One way in which children's centres are particularly effective is with regard to the quality of their early years education and care. The Millennium Cohort study found that the maintained sector delivered higher quality, as did centres with children's centre status.⁶ This is incredibly important when delivering childcare and early years to children from disadvantaged backgrounds, as it is only high quality provision that improves outcomes, particularly for children under the age of three.

3.6 In addition to higher quality early years education and care, the National evaluation of Sure Start has also found that Sure Start had benefits in terms of parenting, social development, immunisation rates and access to child—and family-related services.⁷

3.7 Outreach is key to the success of children's centres, as DCSF research into the two year old pilot found. It is essential that children's centres engage professionals who are already working with families (eg health visitors and social services) and have dedicated outreach workers who are able to meet families in their homes or in neutral surroundings, especially for those that have a mistrust of government.

³ Ofsted (2009) *The impact of integrated services on children and their families in Sure Start children's centres*.

⁴ Ibid.

⁵ Ibid.

⁶ Mathers *et al* (2007) *Quality of childcare settings in the Millennium Cohort Study*, DfES Research report SSU/2007/FR/025.

⁷ National Evaluation of Sure Start Research Team (2008) *The Impact of Sure Start Local Programmes on Three Year Olds and their Families*. DfES.

3.8 Word of mouth is also an important method of outreach: Daycare Trust has recently completed a project looking at the role parent champions can play in informing and encouraging their peers in the use of childcare (and the findings are equally valid for the use of children's centres). Parent Champions are parents who have experience of using childcare and who act as advocates and peer advisers in their community—particularly where the use of formal childcare is not widespread—to help other parents to find out about and take up formal childcare and financial help to pay for it. A great deal of research—from quantitative DCSF-commissioned surveys to Daycare Trust's own current qualitative study entitled "Listening to Parents"—shows that parents use other parents as a key source of information about culturally appropriate and quality childcare, as well as types of benefits and services available. The Parent Champion model was very successful and an invaluable resource to provide information and support to parents. A Daycare Trust toolkit is now available from the DCSF to enable local authorities to implement their own scheme.⁸

4. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

4.1 At the outset of the Sure Start/children's centre programme, it was recognised that costs would be front-loaded in order to make savings in the long run. As Daycare Trust's policy paper said in 2001, "As well as cost savings, it is expected that there will be benefits in the form of improvements in children's learning and social development, lower rates of family breakdown, higher uptake of education and employment opportunities by parents, and later on better employment prospects for the children themselves, lower involvement in crime and so on."⁹

4.2 The recent research by Action for Children and the New Economics Foundation identified that "The cost to the UK economy of continuing to address current levels of social problems will amount to almost £4 trillion over a 20 year period. This includes addressing problems such as crime, mental ill health, family breakdown, drug abuse and obesity...Investing in a dual investment package, including targeted interventions and universal childcare and paid parental leave, could help address as much as £1.5 trillion worth of the cost of these social problems. This would leave the UK in a similar position to European nations such as Finland, Sweden and Denmark which have the best social outcomes."¹⁰

4.3 It is important to note that provision of both early years education and care, and other family services in deprived areas is more expensive, both because these families will need access to more services (eg a greater number of speech and language therapists, health visitors etc) and the childcare "market" does often not function effectively in these areas (with significantly less private sector provision, and a decline in the number of privately operated settings in deprived areas). In these areas, the Government has played a considerable role in shaping provision of early years education and care and it is therefore more flexible, operating longer hours and providing more holiday cover.¹¹

5. STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

5.1 Given the range of professionals working together within children's centres, there can be difficulties with different protocols, supervision arrangements, governance, IT systems and lines of accountability. Therefore children's centres need excellent leadership to manage these issues.

5.2 Qualification levels of childcare staff are often higher in children's centres, hence these childcare settings are able to offer a higher standard of provision. For example, in 2008, 14% of staff in children's centres had at least a Level 6 qualification, compared to 4% in full daycare overall. 83% of staff held at least a Level 3 qualification, compared to 75% in full daycare settings.

6. HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

6.1 It is obviously essential that children's centres work well with other partners and services. Engaging with health services is a vital way to engage with families. A large number of children's centres now offer health visitor clinics and host midwife teams, enabling parents and prospective parents to engage with the services of the children's centre early on. However, in order to facilitate partnership working there must be sufficient funding from the different players involved, such as DH and DWP, as well as from the DCSF.

6.2 The Sure Start evaluation found that many of the most successful children's centres were those that were co-located with health services. This enables more families to access the full range of services offered by the children's centre.

6.3 If there is not sufficient funding, the educative elements of children's centres, essential for improving children's outcomes, may suffer. For example, the Millennium Cohort Study found that although children's centres were linked with higher quality, those linked to the Sure Start Local Programmes demonstrated lower quality provision in language and reasoning, literacy and maths. Centres offering child and family health services were of significantly lower quality provision in a number of areas including personal care, literacy

⁸ Daycare Trust (2009) *Report on Parent Champions for Childcare Pilot Schemes*.

⁹ Holtermann, S (2001) *Children's centres: exploring the costs and delivery of a national scheme*. Daycare Trust.

¹⁰ <http://www.actionforchildren.org.uk/uploads/media/36/7857.pdf>

¹¹ Butt, S, Goddard, K, La Valle, I & Hill, M (2007) *Childcare Nation? Progress on the childcare strategy and priorities for the future*. Daycare Trust.

and maths. The researchers speculate that this could be because the breadth of services offered through the Sure Start Local Programmes diluted the impact of child-focused provision. There also needs to be sufficient space in children's centre buildings for health visitors and others to work effectively.

6.4 With regard to the co-location of Jobcentre Plus provision, research by the DWP indicates that amongst parents¹² there was nearly a unanimous preference to access Jobcentre Plus in Children's Centres as opposed to a Jobcentre Plus office, because of more supportive service and a less threatening atmosphere. It also gave opportunities to increase involvement in rural communities. With regard to outcomes, the research found that parents were encouraged to take courses in the centres (often with childcare available onsite) and although hard results in terms of numbers of parents moved into work were limited, the report notes that "There has to be recognition that Jobcentre Plus activities in Children's Centres won't always bring about instant results, but will be planting seeds for the future." This is essential for parents who are further away from the job market. The DWP research also found that a lack of resources and time could be a barrier to success.

6.5 Therefore, it is clearly helpful to families to have a wide range of services accessed in one location, but there must be sufficient resources to make this happen.

7. WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

7.1 DCSF research with parents about children's centres found that 78% of parents were aware of their local children's centre and 45% had used or attended their centre.¹³ There was no evidence from the survey that particular groups of parents were either monopolising services, or being excluded from them.

7.2 One of the key benefits of children's centres are that they offer services in a non-stigmatising way, but also are able to target their services to disadvantaged families where necessary. This is particularly the case for early years education and care. For children from "at-risk" families, it is essential that the childcare they attend is of high quality, in order to improve their educational and behavioural outcomes. This childcare would only normally be affordable by parents on middle or high incomes, but children's centres are able to offer childcare at reduced rates where needed, because of the funding they receive from central government. For example, the childcare provision at Randolph Beresford Early Years Centre is of very high quality. Thanks to its maintained status, the centre is able to prioritise children from disadvantaged backgrounds, through referrals from Social Services, thereby ensuring that they have a high quality early years experience which stands them in excellent stead for the future.

October 2009

Memorandum submitted by the National Day Nurseries Association

SUMMARY

- Innovative and creative models of children's centre development should be explored, particularly the way that childcare is provided, in order to achieve sustainability and quality. But guidance, support and training are central to deepening service integration.
- The range and effectiveness of services channelled through children's centres is advancing, but much more still needs to be achieved. However, this will require sustained or additional funding.
- Full daycare in children's centres faces its own sustainability challenge and has impacted on the sustainability of the nursery sector generally. A partnership model will help stability and value for money, as well as incentivise quality improvement across early years provision.
- Financial support may need targeting more firmly towards disadvantaged families in view of the likely squeeze on all public spending in the near future. This could level the playing field in a positive way, get effectively to low-income families and reduce subsidy that distorts the market.
- Councils and established PVI (private, voluntary and independent) providers should work hard to commission effectively and develop deep partnership, at the same time promoting quality improvement and service integration so that those families most in need can access the full range of health, employment and family support made available through children's centres.

¹² Dench, S, Aston, J, James, Foster, R *Perceived Effects of Jobcentre Plus Involvement in Children's Centres* DWP Research Report 485.

¹³ TNS Social (2009) *Sure Start Children's Centres Survey of Parents*, DCSF research report RR083.

1. ABOUT NATIONAL DAY NURSERIES ASSOCIATION

1.1 National Day Nurseries Association (NDNA) is the national charity and membership association promoting quality care and early learning for children in nurseries across the UK.

1.2 NDNA's vision is a society where all children and families receive the best quality care and learning that enables them to reach their full potential. Our mission is to support the delivery of quality care and early learning for children across the UK.

1.3 NDNA supports its members to develop their quality of care and to run a healthy sustainable business by providing members with information, training and support.

1.4 In this submission we attempt to address each of the six areas of inquiry identified by the committee. Given our area of specific expertise and experience, we concentrate on the roll out and development of integrated children's centre services mainly in terms of childcare provision.

2. DEVELOPING MODELS OF CHILDREN'S CENTRES AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

2.1 In terms of childcare being channelled through children's centres, there has been some concern that this early years care and learning has duplicated existing provision. Duplication can have an adverse effect on providers' sustainability by reducing occupancy rates below viable levels. It also raises questions of value for money.

2.2 Initially, direct local authority early years provision was encouraged in response to perceived "market failure": the assessment that private, voluntary and independent (PVI) provision could not establish itself sustainably in deprived areas or sufficiently extend access. Subsequent experience shows maintained children's centres too have had difficulty achieving sustainability. It should be noted that PVI childcare reaches the most disadvantaged, with 29% of PVI full daycare providers located in the 30% most deprived areas (see also 6.1).

2.3 All phase one children's centres, developed from 2004–06, were required to have a full daycare element, whereas phase two children's centres (2006–08) were only required to offer full daycare in the 30% most deprived areas. Some chose to commission existing PVI early years settings: 68% of full daycare settings in children's centres are run by a local authority or school (DCSF Childcare and Early Years Survey 2008, p 25). Phase three children's centres (2008–10) do not have to offer full daycare directly at all.

2.4 In delivering the children's centres programme's childcare element there has been some evolution towards a model based more on a culture of partnership between local authorities, children's centres and PVI childcare providers. This is not in evidence in every locality; but a number of areas have chosen a commissioned or offsite approach to childcare in phase two and three children's centres. It is also important that partnership is effective in rural areas, where there are particular challenges for sustainability of early years provision.

2.5 In the interests of efficient spending, multi agency joint working and sustainability in early years care and learning, partnership needs to go further. Awarding children's centres statutory status through the Apprenticeships, Skills, Children and Learners Bill, thereby making them subject to the Childcare Act 2006, may help grow service integration and partnership working between children's centres and PVI early years full daycare providers, if backed up by good guidance, support and training.

2.6 Given the vacancy rate in early years settings, it is practical for children's centres increasingly to look for partnership opportunities with existing early years providers. So long as settings are registered as appropriate environments for early years care and learning, and are engaged in continuous quality improvement, it is good value for money for the children's centres to link up with established providers to deliver childcare either directly onsite or via a cluster of providers offsite. This can deliver affordability of access and convenience for parents.

2.7 If terms and conditions are right, and a strong relationship between stakeholders is maintained, this approach can help improve childcare's sustainability and underpin the early years sector's quality improvement agenda. This might be starting to happen more as the number of Ofsted registered full daycare places delivered directly in children's centres declined slightly in 2008. Anxiety over the long-term sustainability of children's centres should be noted.

2.8 In addition, the proportion of children's centres in the 30% most deprived areas that offer full daycare onsite has fallen from 78% to 71% between 2006 and 2008 (DCSF Survey 2008, p 2). This might be explained either through the development of phase two centres on a partnership basis or by over-representation of maintained nursery schools in disadvantaged areas.

2.9 PVI childcare accounts for 86% of registered places and many families choose these settings. Nonetheless, full daycare places in children's centres are still most likely (about seven in 10) to be provided by the maintained sector and the proportion of PVI owned full daycare provision in children's centres appears to have fallen from 39% to 30% between 2007 and 2008 (DCSF Survey 2008 pp 24, 25, 44).

2.10 It is, however, crucial that in developing new models of provision, children's centres with offsite childcare provision, or cluster arrangements with a range of local providers, create an infrastructure that ensures disadvantaged families not only have access to quality early years provision, but also to a variety of other support that they will find helpful, including health, employment and skills services. Networks to ensure service integration are essential.

3. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED IN CHILDREN'S CENTRES

3.1 Latest data suggest children's centres offer a wide range of child, parental and family support (DCSF Survey 2008, p 34) but there is a sense that this could have greater impact and achieve more (Ofsted Inspection). This is especially the case in deprived areas with acute socio-economic challenges, including addiction, health problems, unemployment and a skills deficit. A number of children's centres themselves feel that better partnerships with organisations, such as Jobcentre Plus and PCTs, are needed in order to deliver more effective services.

3.2 DCSF's own analysis of selected areas' childcare in children's centres also uncovered a need to improve integration of services in settings run by PVI providers rather than the local authority. More needs to be done to work in partnership with local PVI providers to support development of family services, information on entitlements, and guidance on where to go to receive further, specialist support. Central government and regional offices can help, as can other organisations: NDNA networks and regional officers work to facilitate local partnership.

3.3 PVI daycare providers and children's centres also appear to be responding better to initiatives aimed at making childcare provision more flexible around the needs of parents and families better than maintained early years provision, particularly around the free early education entitlement (DCSF Survey 2008).

3.4 Research has also identified a need to market children's centres' services better in order to improve outreach and uptake and so make further inroads into tackling child poverty. More progress in engaging black and minority ethnic families is needed in particular. Children's centres face other challenges too, such as working more effectively with families of disabled children and doing more to grow early intervention of special education needs. But this will require sustained, if not more, financial commitment from government and local authorities.

3.5 The framework for inspection of children's centres is presently under consultation by Ofsted. To ensure a robust evaluation of services, it is important that inspection is sufficiently flexible to take account of the differing models of children's centres and report clearly on the individual performance of each children's centre partner, as well as the centre overall.

4. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

4.1 Full daycare providers in children's centres are less likely to record a profit or surplus than other types of full daycare, despite the number recording a loss decreasing in the last year. Thirty-four per cent of full daycare providers recorded a profit or surplus in 2008 compared with 10% of full daycare providers in a children's centre, while only 16% of the former category state that they made a loss in 2008 compared with 34% of the latter (DCSF Survey 2008, p 163).

4.2 This casts doubts over the sustainability of full daycare in children's centres, particularly in the current economic and longer-term fiscal climate when a squeeze on funding could make government or local authority financial support scarcer. The figures are in part due to the fact that many children's centres offering full daycare on site are located in the most deprived areas; but they are not exclusively located there suggesting some in less disadvantaged areas also recorded a loss (DCSF Survey 2008, p 164).

4.3 This requires a substantial subsidy. Full daycare providers in children's centres receive more than 50% of their income from the local authority, whereas for other full daycare providers the figure is less than 20%. Average outgoings for full daycare in a children's centre are over £100,000 a year more than for other full daycare providers. As such, full daycare providers in children's centres generally need to achieve a high occupancy rate in order to break even and avoid a loss (DCSF Survey 2008, pp 160, 162, 165).

4.4 The impact of the subsidy is borne out in terms of lower fees—understandable as low income households are the beneficiary—and staff pay. In the last year for example, childcarers' pay has risen overall but staff working in full daycare in children's centres are paid best at an average £10.40 an hour. Staff in other full daycare earn less, on average £7.30 an hour (DCSF Survey 2008, p 84).

4.5 NDNA wants to see all early years staff improve salary long term, especially having trained for higher qualifications and skills. But the children's centre subsidy can distort the market as, were PVI settings to match children's centres' pay scales, parents' fees would need to rise significantly: in full daycare outside of children's centres, salaries account for up to 80% of the settings' outgoings. Other side-effects of the subsidy are discussed below.

4.6 Independent analysts believe government-backed supply-side growth through neighbourhood nurseries, children's centres and extended schools created excess supply and a tail off in occupancy. Nursery occupancy ran at 79.5% in 2008 compared with 77% in children's centres and neighbourhood nurseries. If funding dries up for the latter in the near future, many could see their sustainability problems multiply (Laing & Buisson Childcare Market Report 2009). As such, it is critical that phase three of children's centre

development proceeds on a partnership basis, both for their own long term sustainability and stability in other forms of childcare provision amid difficult economic and spending conditions. Indeed, as public spending contracts, children's centres funding may need to be focused more on children from disadvantaged families.

4.7 Internal qualitative analysis of childcare in children's centres in five particular local authority areas suggests children's centres where early years provision is run directly by the council are generally of higher quality than those commissioned from the PVI sector, but that the latter are significantly more sustainable. Closer partnership working is necessary to merge the best that both sectors have to offer children and families in achieving service integration, quality and sustainability. It should also be noted the PVI sector is demonstrating its commitment to continuous improvement, with Ofsted inspection gradings showing year on year improvements and 64% of group daycare rated good or outstanding in 2008 (Ofsted Early Years: leading to excellence, 2008).

5. STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

5.1 Local authority and PVI settings report difficulty in recruiting and retaining staff. However, due to the higher salary and benefits package that can be afforded through a significant subsidy, there is a risk that talent will drift into early years provision in children's centres. It is understandable that qualified professionals will want to earn the best salary available, and that all settings will want to attract the best managers. But a retention problem emerges for PVI providers who are supporting training to level 3 (which all early years staff must achieve by 2015) or graduate leader Early Years Professional Status (a 20,000 target, also by 2015).

5.2 PVI providers can themselves receive support to help pay for staff development through the Graduate Leader Fund and local authority Outcomes and Quality Budgets (although ease of access can vary in different areas). But PVI providers will still bear some costs, and see no real return on investment, if staff leave for the better paid, subsidised maintained sector once successfully qualified. It is notable that children's centres were the type of full daycare provider most likely to be recruiting in 2008, especially in senior management positions accessible only to trained and qualified staff (DCSF Survey, 2008).

5.3 Children's centres should also be regarded as a service for the entire family to use, not just mothers and children. As such, it is right that more children's centres are seeking to employ men and develop outreach services to fathers. In addition to facilitating integration and coordinated, joint working between service delivery arms (as discussed, above), local authority and government regional office advisory teams should also work with local PVI childcare providers to improve knowledge and uptake of funding support streams, like the childcare element of the working tax credit, in order to build access for families on low to moderate incomes.

5.4 The support teams are also working to improve local authority commissioning capabilities, help that should extend to the management approach of children's centres. The need would seem evident from the profit and loss data on children's centres offering full daycare directly, as well as to cope with downward pressure on public spending and inevitable demands for better value for money. DCSF's own research reveals that local authorities need to consolidate their capacity and skills in business planning and support for children's centres, which could reduce overall costs, lead to better budgeting and enhance sustainability generally.

5.5 Further central government guidance and closer working with the local PVI sector and regional children and learner specialists in the government offices will be needed to facilitate this progress. Consolidating expertise to commission PVI providers and building dialogue that leads to effective partnership working can also be advanced through linking up with trusted third party organisations with experience of the early years sector.

6. WORKING WITH OTHER PARTNERS AND SERVICES

6.1 We have discussed partnership with early years providers at length. DCSF's most recent survey of childcare provision in England identified 13,800 full daycare providers, including 1,000 providers who offer full daycare in a children's centre. Three hundred of these are sourced through onsite PVI provision. Even in the 30% most deprived areas, early years providers offer a resource to extend access to childcare with 29% of full daycare providers located in these communities (DCSF Survey 2008). There is scope to extend this partnership both onsite and, increasingly with phase two re-commissioning and phase three development, offsite in order to boost the early years sector's and children's centres long term sustainability. The Together4Children consortium could play an important role in promoting this approach.

6.2 With offsite childcare provision, however, it is vital that more is done to facilitate integration and access to: PCT health services; return to work employment and skills services; plus family and parental support services. This will maximise outreach and make the most of the role of all childcare providers in their respective communities and with the people who use the services they offer.

6.3 Commitments to public/PVI partnerships that may have been made under phase one of children's centres need to be maintained, for example, lease agreements should be reviewed and renewed to enable PVI partner involvement to continue.

7. ARE SERVICES BEING ACCESSED BY THOSE MOST IN NEED? HOW EFFECTIVE ARE THEY FOR THE MOST VULNERABLE?

7.1 The best children's centres work with local families and partner nurseries to help access to early years provision. More needs to be done to reach those children and families most in need, which in part explains DCSF's recent marketing drive on Sure Start Children's Centres.

7.2 Children's centres have acquired a reputation for providing subsidised childcare to middle income families rather than their core purpose of providing support and early intervention to less advantaged families. More needs to be done to challenge that assumption.

7.3 Equally, it is important that children's centres do not become a "them and us" service, whereby families who use childcare services in these settings are stigmatised as low income, disadvantaged groups.

7.4 Better therefore to work hard to commission and develop deep partnership with established local childcare settings offsite, at the same time promoting quality improvement and service integration in order that those families most in need can access the full range of health, employment and family support made available through children's centres.

7.5 Please refer to previous comments on how children's centres need to do more to support families with disabled children, and promote early intervention on SEN, ideally in close collaboration with local PVI providers. This will accrue not only child welfare and family wellbeing, but also longer term savings and value for money that early intervention produces.

October 2009

Memorandum submitted by the National Union of Teachers

1. The National Union of Teachers (NUT) welcomes the decision by the Children, Schools and Families Committee to undertake an inquiry into Sure Start Children's Centres (SSCCs).

DEVELOPMENT OF CHILDREN'S CENTRE MODEL

2. The NUT recommends that early education and childcare should be at the heart of any legal definition of a SSCC. This is not to dispute that other services for children and their families are necessary or should be available from Centres, but to ensure that the importance of early education and childcare is not lost in the myriad of services which Centres are encouraged to offer. The definition should flow from the proposition that SSCCs are established primarily to benefit children and to provide them with the best possible start in life.

3. A universal entitlement to nursery education for all three and four year olds has been one of the most significant Government interventions of recent years to address the associated problems of child poverty and social exclusion. The Government's investment in early education may be dissipated, however, by the need to offer a full range of other services via SSCCs. Its long-term aim of boosting children's skills, and hence future employability, could be compromised by short-term targets relating to parents' employment and other associated family-based targets.

4. Local authorities' ability to determine the kind of provision needed and wanted in their local area is currently curtailed by the requirement under the Childcare Act 2006 that they must first consider whether the private, voluntary and independent (PVI) sector is willing to provide it. This can be interpreted as encouraging direct competition between Centres, maintained nursery schools and classes and PVI providers, which is not helpful in establishing high quality, sustainable provision strategically within an area.

5. It also suggests that Government considers PVI sector provision to be of superior quality. The NUT continues to be concerned by the Government's insistence that the private sector should be looked to as the first choice for any new early years provision. Such a policy is not supported by evidence and appears to be more concerned with political dogma than providing the most effective services. The Government sponsored Effective Provision of Pre-school Education (EPPE) research found that the maintained early years sector provided the highest quality provision and outcomes for young children.

6. In some local authorities, however, maintained Centres, nursery schools and classes have been unable to fill all their places, which has led to a number of closures. It would appear in most such cases that private providers are favoured because of lower staffing costs. A significant number of these closures have been in areas of social and economic deprivation. This policy therefore may contradict the Government's stated commitment regarding quality provision for young children and their families and is at odds with its initiatives which aim to support children from disadvantaged backgrounds.

7. In addition, the Apprenticeships, Skills, Children and Learning Bill, which is currently progressing through Parliament contains provision which would require local authorities to consider SSCCs as the first choice for establishing any new early years provision in their area. Together with the existing requirement to use PVI providers, this suggests that local authorities will have very limited ability to offer provision which best meets the needs of local communities.

- The NUT recommends, therefore, that the statutory duties on local authorities should be reviewed and that local authorities should be able to determine what kind of early years provision is needed, choosing from the full range of providers available.

RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

8. Evidence from the National Evaluation of Sure Start (NESS) indicates that Centres are not effective across the full range of services which they are encouraged to provide and that some degree of specialism is required for high quality outcomes in education, employment and training and health, linked to the staffing of the Centre. A “generalist” approach to Centres, where all services are expected to be provided, may in fact compromise the quality of early education and childcare.

9. Indeed, SSCCs are not actually required to offer early education but rather “educational activities” despite the fact that many high quality maintained nursery schools were closed as a result of the establishment of SSCCs, especially in Waves 1 and 2, despite both the outstanding provision they offered children and the range of extended services many of them provided.

- The NUT believes, therefore, that the primary function of SSCCs should be the provision of high quality services relevant to children’s education, health, social care and welfare from birth to five years old and this should form the core of any legal definition. In addition, there should be a duty on local authorities to evaluate regularly the capacity of SSCCs to deliver any additional services to support young children and their families.

10. Parents should be able to expect the same high quality early education and care provision wherever they live and whichever institution their child attends.

- The basis for that equality of opportunity should be that where provision offers publicly funded “early education”, children are taught by a qualified teacher, led by a qualified head teacher. This would provide the best guarantee that all three and four year olds, whatever their home circumstances and prior leaning, will have their learning needs met in an appropriate way.

FUNDING SUSTAINABILITY AND VALUE FOR MONEY

Early Years Single Funding Formula

11. The Union’s overall approach to funding for early years settings is, as its approach to all education funding issues, based on the need for funding levels to reflect the actual cost of provision. Supply-side factors such as the costs of teaching staff and desirable levels of class size are key factors in determining the actual cost of provision.

12. Funding formulae must fully reflect the costs faced by SSCCs, with such costs met fully by funding allocations. There should be a comprehensive audit of the costs experienced by SSCCs and regular monitoring of such costs in the future. The impact of the full range of relevant factors must be included in the funding mechanism. Such factors would include for example the levels of deprivation, the need for SEN support, staff development and differential premises costs.

13. The need to measure the full range of factors will add a high level of complexity to funding formulae. Nevertheless, care should be taken when consulting on the implementation of funding changes to fully engage those consulted by ensuring that such changes are explained clearly. Exemplifications illustrating the impact of funding changes on given SSCCs should be provided, to enable those consulted to consider proposals in the light of all of the relevant information.

14. For some SSCCs, particularly those which are attached to schools or which were formerly maintained nursery schools, the change from place-led to participation-led funding will make a significant difference to both their funding levels and the way they operate. It has long been good practice to admit children to such settings throughout the year according to their age and hence developmental appropriateness. Under the new funding arrangements these Centres will be required to fill all the places from the beginning of the academic year. In addition, the high costs involved in running the premises and maintaining a stimulating learning environment may not necessarily be covered by the formulas currently being finalised by local authorities.

15. Significant changes to funding levels could create real problems for SSCCs. Consideration must therefore be given to arrangements for transitional protection, to enable those SSCCs adversely affected to adjust to new funding levels.

- The funding for maintained settings which also host Children’s Centres must be closely monitored as this may be an area where the Early Years Single Funding Formula (EYSFF) leads to changes to staffing structures as a means of reducing costs. Where SSCCs have been based around a maintained nursery school the staffing costs will be higher as the Centre will employ teachers and other well qualified support staff. Such a Centre may also have higher premises costs. SSCCs run by PVI groups will have lower staffing costs although it is recognised that they should be encouraged to improve staffing qualifications.

16. For SSCCs, there is a real concern that reduced funding levels under the EYSFF will lead to a reduction in staff quality where it is currently good or better and that a dilution in the number of teachers employed in SSCCs will be experienced alongside an increase in the use of Early Years Professionals, who are not qualified in the same way as teachers and should fulfil a different role within Centres.

17. The different costs of staffing in the maintained and PVI sectors are a key concern for the NUT. It has received reports from members that these differential costs are not always factored in by local authorities when they make their calculations. In part this is due to the inherent difficulty of attempting to reconcile the different terms and conditions under which staff in the various early years sectors are employed. Also, staffing costs are being levelled down in many areas, rather than being enhanced to match the maintained sector. This is because of pressure to keep staff costs to a minimum, as they are a key part of calculating the new Early Years Single Funding Formula.

- The NUT’s view is that local authorities should use the statutory ratios for maintained nursery schools and classes, as set out in the Early Years Foundation Stage document, as the guide for minimum staffing levels in each SSCC.
- The NUT further recommends a requirement for qualified teachers to be deployed in a direct teaching role, using the statutory ratios for maintained nursery schools set out in the Early Years Foundation Stage.

STAFFING, GOVERNANCE AND MANAGEMENT

Staffing

18. The NUT believes that there should be a requirement related to good practice for children enshrined in SSCCs legislation. Rather than focus on managerial practices and processes, the legislation should look to enhance the quality of experience for children who attend SSCCs, both pedagogic and otherwise. The Effective Provision of Pre-School Education (EPPE) project, which has been cited extensively by Government, has demonstrated that maintained nursery classes and schools and publicly-funded combined centres score significantly higher than private or voluntary nurseries and playgroups across all of the seven criteria it assessed.

19. It found that in private nurseries, it was often less the staff’s interventions and more the parents’ proactive behaviour which accounted for children’s progress, as families using private nurseries were predominantly middle-class. In more socially diverse settings, however, it was the quality of practitioners’ knowledge and understanding of curriculum and pedagogy that was vital and that trained teachers were the most effective in their interactions with children.

20. The EPPE research is clear that the involvement of qualified teachers in both the delivery of provision and its management are crucial factors in both quality of experience and outcomes. The NUT understands that this was the reason why the original DCSF guidance for SSCCs included:

“the minimum requirement is the employment of an early years teacher on a half-time basis. However, we would also expect that this would be a minimum which most centres would exceed and that centres offering this minimum will build up to a full-time teacher within 12–18 months of designation”

21. In the NUT’s view, this was barely adequate but at least provided some guarantee that the early education services offered by the Centre would be high quality. The NUT believes that this “good practice” from the guidance should be included in legislation, rather than addressed in secondary legislation.

22. Anecdotal evidence would suggest that a number of PVI SSCCs barely fulfil even the above minimum requirement. If Government truly believes that SSCCs are the means to enhance the future learning and life chances of young children it must insist that these children have access to the highest quality staff regardless of who operates Centres.

Role of the Early Years Professional

23. The NUT believes that all early years settings should contain a range of staff who work as a team. Early years teams should include qualified teachers, nursery nurses and well qualified support staff. This range of expertise is vital if all the social, emotional and learning needs of very young children are to be met. The introduction of the Early Years Professional (EYP) status was a welcome step towards increasing the number of appropriately qualified graduates in the PVI sector. The status is not interchangeable, however,

with qualified teacher status, as the latter requires rigorous theoretical training and practical experience in order to specialise in teaching young children, whilst EYP status is typically assessed “on the job” or after a short course which is an adjunct to employment. One type of professional cannot substitute for the other.

- Where Early Years Professionals are employed in Centres, teachers should retain responsibility for leading the educational provision offered by the SSCC. The early years should have equal status with every other phase of the education system and, for that to be so, it needs to be staffed by qualified teachers. Teaching younger children is no easier than teaching any other age group and, therefore, requires the same degree of training.
- The NUT further recommends a requirement that any employee in an SSCC who is employed to undertake teaching-related work which is within the legal definition of “specified work” should be employed under the School Teachers’ Pay and Conditions Document (STPCD) and be paid, according to qualifications, as a qualified teacher or an unqualified teacher. Where the employee is also employed to undertake a managerial or advisory role in relation to the provision of education, they should receive appropriate additional financial reward which reflects those additional duties using the provisions of the STPCD.

Governance

24. Over the past three years, increasing numbers of SSCCs have been opened on primary school sites, thus forming part of an extended school campus. School governing bodies have received little guidance on how governance arrangements, in particular, advisory boards, reflect their shared responsibility for services offered on the school site, even though these services are formally accountable to the local authority, Primary Care Trust etc.

25. The current focus, and legal responsibility, of governing bodies of “predecessor” nursery schools and primary schools with co-located SSCCs is the quality of the educational provision offered by the institution. By extending the range of activities which schools, with newly constituted SSCCs, were required to offer and additional partners from other agencies, such as health, employment and social care, represented formally in their governance and accountability arrangements, it will be difficult to maintain the centrality of responsibility for educational quality in the future.

26. Advisory boards’ accountability must be addressed if such bodies are to become a legal requirement. Clear mechanisms for informing the local community about the advisory board’s discussions, decisions and accountability must be in place.

- The NUT would suggest that school governing bodies could be used as a useful model in this respect, using the principles that they are accountable in law, democratic and representative of the school and local community. Indeed, the original guidance for SSCCs indicated that governance using the governing body model would be good practice.

27. As mentioned above, the relationship between SSCC advisory boards and governing bodies is also far from clear. Indeed, the case for having two separate groups has not been made. Centres which were formerly nursery schools or have developed from a school site already have governing bodies and therefore already have a legal basis.

28. It is important, however, that the views of local community groups are taken into account when governing bodies are considering SSCC provision. It would be useful for governing bodies to be required to consider inviting additional members from the parent body and the local community to represent the users or providers of such services. It would also be advisable for governing bodies to be required to review their existing governance arrangements to ensure that the SSCC is represented on it effectively.

WORKING WITH PARTNERS

29. The requirements to involve local parents, businesses, service providers and other community stakeholders in consultations on the establishment or closure of SSCCs and also on Centre advisory boards is welcome but not unproblematic.

30. Involvement of parents in the education process is a vital factor in raising achievement. There is a pressing need for Government to promote an “education culture” amongst local communities. There must be acknowledgement, however, that some parents are indifferent or even hostile to school and other public services which aim to support their children. The scale of the task facing Centres in securing greater parental involvement, particularly in those sited in areas of multiple deprivation, should not be underestimated.

- Consideration should also be given to how Centres serving a large minority ethnic community can be supported, such as strategies to identify and tackle any barriers to parental involvement, for example, parents who are not familiar with the English education or health system and/or have English as an additional language

Management

31. Currently, Centres are either run by head teachers, who were formerly the head of the predecessor nursery school; have a head teacher who has agreed to take on the additional line manager role for the Centre manager; or have a Centre manager employed and managed by the local authority. Such managers may come from a wide variety of backgrounds and professional disciplines and hold a range of different qualifications. The NUT has argued previously that head teachers should retain responsibility for the leadership of SSCCs because of their pedagogical background and the importance of this to young children's learning development.

32. The NUT supports the ability of head teachers to delegate the day-to-day running of SSCCs to a Centre manager who is suitably experienced and qualified. It cannot support, however, the equal status awarded to qualified head teachers and other persons who have achieved the National Professional Qualification for Integrated Centre Leadership (NPQICL), which has introduced an unacceptable differentiation between head teachers who work in maintained nursery schools and all other state schools.

33. NPQICL participants do not necessarily need to hold a degree level qualification in order to undertake this qualification, but merely to demonstrate "*graduateness*". NPQH candidates, on the other hand, must have at least an honours degree in order to obtain Qualified Teacher Status. Both courses, however, lead to a qualification of a level equivalent to a third of a masters' degree. This devalues the importance of graduate status when compared to a head teacher in the primary sector, particularly as the qualification is intended to have parity with the National Professional Qualification for Headship (NPQH).

34. There is little emphasis on teaching and learning within the NPQICL programme, which is more concerned with generic approaches to leadership in the context of working across sectors. The NPQH, in contrast, covers a far wider range of relevant areas, including the strategic leadership of teaching and learning and the strategic direction and development of schools, as well as general management strategies and working with stakeholders. The NPQH is "*firmly rooted in school improvement*" (NCSL website description) and offers a much more rounded view of what leadership of a school actually means in practice, as the focus of the head teacher's responsibilities must primarily be on educational provision.

35. NPQH and NPQICL cannot be interchangeable. NPQH, as indicated above, is of sufficient standard to cover both sets of responsibilities but the NPQICL can only cover at a minimum integrated centre responsibility. The interchangeability of the two qualifications can only have a detrimental impact on the quality of educational provision offered. Indeed, it would appear that the introduction of the NPQICL qualification was driven more by a need to staff the radically increased number of centres offering early education and care, rather than enhancing professionalism and improving the quality of provision.

- The NUT therefore urges the Committee to consider the need for a requirement that qualified head teachers should have overall responsibility for the leadership of SSCCs.

October 2009

Witnesses: **John Bangs**, Assistant Secretary for Education, Equality and Professional Development, National Union of Teachers, **Martin Johnson**, Deputy General Secretary, Association of Teachers and Lecturers, **Emma Knights**, Joint Chief Executive, The Daycare Trust and **Purnima Tanuku**, Chief Executive, National Day Nurseries Association, gave evidence.

Chairman: I welcome Purnima, Emma, Martin and John—Tanuku, Knights, Johnson and Bangs. This is the last session of the Committee before the Christmas break. As usual, the Children, Schools and Families Committee is firing on all cylinders. All four of us are firing on all cylinders. This is a very important inquiry to us. We are really getting into it now, so your help today will be absolutely invaluable. Shall we get started. I am not going to ask you to make long statements. In fact, I am going to go straight into questions. Is that all right.

Martin Johnson: Yes.

Q225 Chairman: Good. Let's get you warmed up, though. I have a declaration of interest: Purnima and her organisation are based in Huddersfield. I seem to spend an awful lot of time with her and the organisation. I am delighted that it is employing people in my constituency, but apart from that I do not have any vested interest in it. I will come to you first, Purnima. We are at this stage: we had some of

the big hitters on Monday—the big hitters, in terms of the major top four charities that run a lot of Children's Centres. We got a flavour from them of what they thought about the future of Children's Centres. What about you. You represent a lot of people around the smaller end. What are the real challenges for making Children's Centres as excellent as they can be at the moment.

Purnima Tanuku: Thank you, Chair. Yes, we do represent a number of private, voluntary and independent providers across the country. The big challenges are: sustainability—already, there is evidence that the long-term sustainability of Children's Centres has a big question mark over it—quality; and, of course, the engagement of the work force and actually improving the qualification levels in the work force. But the biggest challenge is: how can we reward the work force and raise their status through pay and conditions. That is also a big challenge. It is nice to have quality, but quality does cost. Where the investment is going to come from in the long term is a big challenge.

16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

Q226 Chairman: Good. That gives us a good starter. Emma, what is the big challenge for you. Is it just about the pay and conditions and the quality of the staff.

Emma Knights: Looking at it from the point of view of a think-tank on early childhood education and care then yes, the big challenge that remains is certainly about improving quality. We have had a lot of progress over the last few years on expanding provision and making it more accessible. It is still not entirely affordable, but the really big area where we have not had nearly as much progress as we would like to see on early education is quality. I appreciate that Children's Centres, as a whole, are bigger than just the early education part; that is only one of the services that we would hope to find in, or associated with, a Children's Centre. Speaking on behalf of parents, as the Daycare Trust tries to do, I have to say that the feedback we get from parents about Children's Centres is incredibly positive. Parents who are engaged are very appreciative of the services that they find in Children's Centres—not just the nursery education, but the wider services and the connections between different services. We are very impressed, given the economic times, that the budgets for the next two years have been secured, but we worry about the long-term sustainability.

Chairman: I am going leave Martin and John to Karen.

Q227 Ms Buck: May I ask some questions about what I think is one of the areas of lack of clarity. That lack of clarity started with Sure Start and carried all the way through into Children's Centres. It is about the relationship between that provision and the actual provision of day care. What do you feel about how the balance has been struck between providing child care places and the other important services that the Sure Start programme originally provided, and that Children's Centres now provide. Do you think that is clear. Is the right balance being struck. What is the relationship between the maintained sector of provision and the private and voluntary sectors.

John Bangs: It goes back to the roots of the Sure Start Children's Centres. No evaluation was made of the strengths and the contribution of nursery schools, particularly. In fact, what should have happened was that the Children's Centres and Children's Centre provision should have built on that, rather than replace them. It led to a quarter of nursery schools being closed down and replaced by Sure Start Children's Centres. So that is the first thing. The second thing is that I think there was a belt-and-braces attitude towards qualifications. I think that the early years professional qualification is a confused qualification and it was there to meet the financial needs of the PVI sector. A qualified teacher presence ought to be in the PVI sector, but it was there as a way of making quality affordable in the private sector. That is an unfortunate split between the private, voluntary and maintained sectors.

Q228 Ms Buck: May I come back to that and stick with the first point for now. You say a quarter of nurseries, but what is the basis for that. Where are the

statistics. I ask because we have a number of important maintained nurseries in the boroughs I represent. They have been subsumed into Children's Centres, but it is a badging exercise. It has not actually changed the existence and nature of those nursery schools at all. Can we be really clear about whether we are talking about closures or about effectively a renaming within a different programme.

John Bangs: We're talking about closures in many circumstances; closures took place in Nottingham, for example. But we now have in Warwickshire, for instance, the closure of nursery schools and their replacement by Sure Start Children's Centres, which are not exactly the same thing. The 2009 statistical first release on schools and pupils provides the information.

Q229 Ms Buck: Looking at the balance between child care provision within Children's Centres and the private and voluntary sector, what is your evidence that there are variations between the quality of provision. What is your view on where the Children's Centre programme should be going. Should child care be provided through those centres or in partnerships with the PVI.

John Bangs: We had a conversation outside, which was a sort of pre-Christmas dogfight between the PVI sector and the maintained sector. Ofsted and the Effective Provision of Pre-school Education review are very clear that provision with qualified teachers within it is likely to achieve higher standards in terms of learning. That is not just a personal opinion—it is what Ofsted and the EPPE review say.

Q230 Chairman: Unison says that teachers are largely inappropriately qualified.

John Bangs: Yes, we have had a long conversation with Unison, but we went to Sweden to resolve it. Laraforbundet and Kommunal, the teaching and support staff union in Sweden, got 25,000 of their support staff and qualified teachers together across the country, with the blessing of the Social Democrat Government, to work out what teaching and support staff did and how they could work with each other. I would thoroughly recommend that in this country; that is what should have happened. They produced a pack on it and their relationship is now extremely good, as is ours with Unison. We decided to explore how you can work out on the ground the proper relationship between support staff and teachers. It is an initiative that we thoroughly commend.

Chairman: Could you let us know more about that.

John Bangs: Sure.

Q231 Ms Buck: I wonder whether we could stray into the teaching point, even though we were going to do it later. Can you tell us why you feel it necessary in relation to the quality dimension to have qualified teachers leading the provision in Children's Centres in all places.

John Bangs: Quite simply, the characteristics of qualified teachers are embedded against the qualified teacher standards. We have listed those characteristics. Incidentally, I have a lot of sympathy with colleagues in Unison. Those with National

16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

Nursery Examination Board qualifications are now fading out, which is a real shame. They were long standing, very good and knew their environment extremely well. I think they are concerned about that as well. Unison has to speak for itself. We racked down exactly what qualified teachers do in this situation. I can give you some examples.

Chairman: Not too long, John.

John Bangs: No, no. The examples are understanding how learning is affected by children's physical, intellectual, emotional and social development; awareness of assessment techniques and processes, including the foundation stage profile; skill in motivating children, applying appropriate rewards and sanctions; knowledge of special educational needs and their identification; access to a range of teaching methods and pedagogy to cater for the different learning needs and a real knowledge of the curriculum from the foundation stage right the way through. That is characteristic of what qualified teachers are trained to do. Within the team of support staff, there should be that relationship. I think EYP has been set up as a competition in that situation, rather than highly trained staff, each with complementary roles, working with each other. That has not been sorted out.

Martin Johnson: By way of preface, ATL has in membership early years workers with a range of qualifications. We represent people with nursery nurse qualifications, various NVQ3 qualifications, as well as people with QTS, so we have quite a broad perspective on this issue. I know this is wandering off a bit, but it is central: our members are extremely aware of both the need and the difficulty of showing impact and thereby getting some grasp on the question you are asking, which is whether there is any differential impact. All our members tell us that qualified teachers do have an impact, but John just mentioned an important thing, and that is the need for qualified teacher knowledge and understanding somewhere within the team. It's got to be in such a place that it is utilisable by the whole staff team.

Q232 Ms Buck: Can I ask Emma and Purnima about this. Is this reflecting a fundamental confusion at the heart of the entire policy: were Children's Centres and before that the Sure Start programme designed to help expand and deliver day care. Was it part of the early years agenda, or was it part of a social cohesion and early intervention strategy. Has it been possible to bring those three together and if so, has this been the right way to do it.

Emma Knights: The answer is that the strategy was probably trying to do all those three things. That is what makes it so hard to get a grip on. Although we specialise—we try not just to use the term "child care" now because it has certain connotations. We use the terribly long phrase "early childhood education and care", which we summarise in documents to ECEC, but it is very difficult to say. There have been a lot of advances over the last decade pulling together child care and early education. That has been incredibly important. Things like the early years foundation stage have

been an important part of that. But we started from an incredibly patchworked scenario. It was a case of "I wouldn't have started from here"; but we had to. We still end up with an enormous amount of diversity. From the Daycare Trust point of view—we don't speak for providers, we speak for parents—we are not particularly hung up on who provides the early education provision, whether that be inside or outside a Children's Centre. What we care about is the quality of that provision. We are blessed in this country with really good research in this field. It is not only EPPE; it is the Neighbourhood Nurseries Initiative research, as well as the Ofsted statistics. It really does show time and time again that qualifications absolutely matter. Teaching qualifications are important. It is also important that those qualified people—graduates who have been trained—also do work with children. It is not good enough to have a qualified teacher leading the setting as a whole. You have to have teachers or other graduates working directly with children to make the difference in the outcomes for the children. It is absolutely indisputable now that you will get better outcomes for children if you have that type of qualified staff within a setting, wherever it is.

Purnima Tanuku: I would just like to add a couple of points. On quality, I think we need to look at the bigger context in terms of child care as a whole. There are about 13,800 full day care providers in England; 87% of those are provided by the private and voluntary sector, 5% by the local authority and 6% are school-based—that is the latest DCSF survey. Out of those, 8,000 settings in the private and voluntary sector are good or outstanding. I know there is always talk about how quality needs to be improved by the PVI sector. It is improving—there is hard evidence. The other fact that we also need to remember is in terms of the 0.5 teacher. I agree with Emma that teacher input is absolutely important, but I would challenge the quantity side of things, rather than the quality. Having 0.5 teacher input in a Children's Centre, if that teacher isn't actually experienced in early years or doesn't know how to feed a baby, change a nappy or how to deal with very young children, is not adding value, as a lot of providers tell us. But where it does add value is when you have an experienced early years teacher, who can actually input into the whole work force and work with them. I would argue with the quantity side of it—the quality is much more important.

Chairman: Graham, you were going to have a look at sustainability in the child care market.

Q233 Mr Stuart: Sure Start started off in the areas of greatest deprivation, and now the aim is to have universal services, and the best mix for deprived children in services that have a mix of children. Can you talk through the tension between universality and the original aim of targeting deprivation or disadvantage, and how that feeds into sustainability, particularly given the financial situation.

Purnima Tanuku: If I can again bring back a little bit of the history, phase one Children's Centres from 2004 to 2006 were required to have a full day care element. Phase two Children's Centres were only

 16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

required to offer full day care in 30% of the most deprived communities, and phase three Children's Centres do not have to offer full day care directly at all. Right from the beginning, having child care and early learning as part of the integrated services is a really positive thing, and we need to celebrate the fact that there are some Children's Centres delivering some wonderful quality. But as the programme developed, the engagement of the existing infrastructure and the existing PVI providers' involvement in delivering that child care became very patchy. Some local authorities are doing it extremely well and working in partnership with the PVI providers really well; we have some good case studies. Unfortunately, that is not the case across the board. The cost base is very different in terms of delivering quality care. The Audit Commission, in 2006—very early on—highlighted in its report that sustainability will be a big issue, and I think that is exactly what we are faced with at the moment, in terms of sustainability in the long term.

Q234 Mr Stuart: On some of the phase three centres, are we looking at such low levels of funding that, effectively, they are not good investments. Although it is a smaller amount, they will not be able to show positive outcomes. Is there a risk of that.

Purnima Tanuku: They do need a high subsidy—there is absolutely no doubt about that. Just to give you one fact, full day care providers in Children's Centres cost £100,000 a year more than other full day care providers. That is because salaries in the maintained sector and the private and voluntary sector are very different—you are talking about £7.30 an hour on average across the board. The cost base is very different as well, so there is a lack of a level playing field.

Emma Knights: Looking at Children's Centres as a whole—I am wading into this conversation—we sometimes only look at the early education part of it. If you are looking at all the services that Children's Centres provide—as Purnima said, not all of them provide early years education—one of the important parts of the service is the outreach, getting to families and targeting families that really need to be brought in. Clearly, that has costs attached, and it has a particular set of skills including community development skills. So yes, we have worries that there might not be the funding to sustain that.

Q235 Mr Stuart: I think in our first oral evidence session someone said they would rather have fewer but high-quality centres. Everyone's commented on the fact that there were artificial boundaries and postcode lotteries and that it was invidious and unfair, but they would rather have fewer doing the job really well and being properly funded than a whole, supposedly universal, service everywhere that ceases to be able to deliver high-quality results. What do you think, Emma.

Emma Knights: That's an incredibly hard question. What has been shown in terms of children's outcomes is that the outcomes for all children, but particularly disadvantaged children, are best when there's a mix of children involved in the services. I would not want to

go down the route of providing services that were only targeting the most disadvantaged families, because they're doomed to failure; the place then becomes more stigmatising and parents don't volunteer to go there. It's a bit of a danger in moving away from a universal model to say, "We're only trying to get to specific families."

Q236 Mr Stuart: Initially, it was only in the most deprived areas. They may have had a mixed group within that, because that works best, but they accepted that they weren't going to do it everywhere. Some critics would say that when you start trying to stick the centres in rural areas, like the one I represent, it simply doesn't work anyway: the funding's not there and all you're doing is spreading the goodness too thinly. You would be better targeting a few places, however unfair it might be in some senses, and delivering some genuine good.

Emma Knights: The other thing that is difficult, particularly in terms of the political cycle, is that a lot of the savings from this investment are long term. It is very difficult for people to invest now and think that, actually, when these children are 16 they won't be involved in crime and won't be drawing on other public resources. There is quite a lot of research showing the impact of early intervention. But by and large it's not tomorrow that you get those savings back.

John Bangs: I agree with all that. The expectations on Children's Centres, including the evaluations, have been that magic could be worked in a short period, but they do need embedding: I absolutely agree. There are two question marks over sustainability. The first is over-ambition—that they can do everything. We tried during the Apprenticeships, Skills, Children and Learning Bill to amend and define the purpose by inviting MPs to consider that, primarily, children's services should be responsible for the education and care of under-fives. The second thing is that the early years funding formula—the Minister has made a welcome statement on that basis—needs radical revision, because de facto it will mean that local authorities will be closing down Children's Centres on the basis of funding, not planning and a targeted approach.

Q237 Mr Stuart: Would you rather have fewer doing it well than supposedly everywhere not doing it well and the money getting cut.

Martin Johnson: I would rather have more doing it well. I just want to emphasise a couple of points Emma made—one about the importance of outreach and the other about the time scale of expected impact. This is a long-term investment.

Mr Stuart: Without wishing to make a partisan point, sadly the Government spent all our money and now services like this are going to have to fight hard because of the fact that it's all gone.

Martin Johnson: That's a point of view.

Q238 Chairman: Can we have a point of fact. Three years ago we were spending about £500 million on Children's Centres and in 2008–09 it's now £885 million. Is there a plan to cut that. I don't think so.

16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

Mr Stuart: If you look at the public deficit, Chairman, you'll find that sadly programmes have been—

Chairman: We're talking about Children's Centres.

Purnima Tanuku: I'd just like to bring up one point again. In the first phase, a lot of money has been spent on the capital programme—that is, building the infrastructure of these Children's Centres—but I absolutely agree with the learned colleague here that when we're asking, "Should we have fewer Children's Centres doing a really good job." I think, yes, we may hit the target of 3,500 Children's Centres, but are they all delivering the fully integrated, quality services that the original concept and the model of Children's Centres were designed for. There is a question mark. This is why I argue back all the time for using the existing provision and infrastructure within the PVI sector, which has been delivering—they may not be called Children's Centres—child care and the related family-support services across the country. Actually, 57% of the child care in deprived areas is delivered by the PVI sector. So it is a combination of how we harness that kind of expertise and the infrastructure and provision available, rather than recreating and reinventing the wheel and actually building more Children's Centres or adding more services that we cannot afford.

Q239 Mr Stuart: At our last evidence session, going back to the point John just made about concentrating on the under-fives, one of the witnesses suggested, in the sustainability context, bringing in more services and using the Children's Centre as a sort of hook for 0 to 19. Should we be looking at 0 to 19. Or are we just going to lose the focus of Children's Centres altogether if we go down that route.

Purnima Tanuku: I think we need to get the early years right first. I absolutely agree with the concept of 0 to 19, but there is a danger that if too many initiatives are starting we are not seeing the impact or effect of some of those things. As Emma said, it is the long-term issue. We need to get it right in early years, because early intervention has shown some incredible results. All the studies prove that that is a very important stage.

Emma Knights: I echo that. Although in principle it is a great idea, I think that now we need to concentrate on the early years period.

Mr Stuart: Obviously, John does so. That is a clear point there.

Chairman: We'll move on to child care and integrated services.

Q240 Mr Chaytor: Can I pick up Purnima's point about integration. What do you think are the main obstacles that are currently preventing a fully integrated service in our Children's Centres.

Purnima Tanuku: The main issue is the lack of partnership working. Partnership working keeps coming up over and over again and has been an issue for a long time.

Q241 Mr Chaytor: What is preventing the partnership working. Where are the barriers. Is it individuals or institutions.

Purnima Tanuku: I think the barriers are the culture within the organisations, within the PVI sector as well as the maintained sector. When I talk to head teachers, most or some say, "We don't want to deliver everything. Schools should be the hub of the community, but at the same time we don't want to do everything." At the same time, there is this kind of competition—duplication—which is stopping people from working together. That is a strong barrier. Again, it is the trust and confidence to be able to work together, not just between the maintained and PVI sectors but with health and other agencies as well. So I think it is resources certainly—if you ask health or Jobcentre Plus, they would say, "Well, actually, we'd love to do that, but we haven't enough resources to be able to do that." So there are lots of issues in terms of integrated working.

Q242 Mr Chaytor: Can I just ask one supplementary and then move to Emma. Is there a difference in the extent of integration within PVI providers or within those providing in the maintained sector.

Purnima Tanuku: As I said before, a lot of PVI sector nurseries and child care providers have been doing this for a long time, in terms of offering family-support services and advising and signposting parents. In a Children's Centre, with it being the hub of activity within a community, ideally all the services can come together, but I think the notion that they have to be based in that particular building is not true. In fact, it can be done through various agencies working together, but they don't have to live or be on site. I think there is a big difference when you talk to people about integration; it does not mean that they all have to cohabit—actually, they need to work together smarter and better.

Emma Knights: I would agree with that point, except to say that it is often simpler when you are in the same building. Again, the research does show that some of the outcomes for Children's Centres—whether or not they have within them PVI or other provision, such as maintained provision, and purely by dint of being Children's Centres—are actually better for some children than stand-alone provision. So it is quite a complex area, because of course you could have your PVI provision within a Children's Centre or it could be down the road as a completely separate entity. On your point about the partnership working, I think it is very hard to generalise from a national level because whether things are working well or not varies so much from location to location. I agree with Purnima that this is an issue about different organisational cultures, and in some cases that has prevented organisations getting as involved as one would hope they might and there is an issue of who owns what and governance. Certainly, in the health services it is seen by large numbers of people, both parents and professionals, that it is critical that health is fully integrated. We got an awful lot of anecdotal evidence last year and the year before

about health being absent and how worrying that was. We know that in some areas that is no longer a problem.

Q243 Chairman: Health at what level.

Emma Knights: For example, the absence of health visitors.¹ The GPs did not like to see their health visitors being attached somewhere else and wanted to keep control of that function.

Q244 Chairman: Why would they call them “their” health visitors. They don’t pay them, do they.

Emma Knights: No, they don’t. I think that is about culture and about who is charge of what, who owns what and who can influence what. Obviously, there is the primary care trust involvement, and in some cases they have been incredibly good at helping lead Children’s Centres and in other areas they have barely been involved. Part of it is about a notion of what a Children’s Centre is, whether it belongs to all those organisations or whether it is something else over there that we have to contribute to.

Q245 Mr Chaytor: In the context of this lack of fully developed integration, where are children’s trusts at the moment. Are they key to ensuring integration.

Martin Johnson: I was going to observe, in answer to your previous question, that that is the issue. The children’s trust remains quite a problematic concept in many places, and I think we are all aware of that.

Q246 Mr Chaytor: Do they exist in any full reality.

Martin Johnson: I am struggling to give you an example of good practice.

Q247 Chairman: I think David is trying to put words into your mouth. You both laughed when children’s trusts were mentioned, so tell us, on the record, your reservations about children’s trusts.

Martin Johnson: I am not sure that I can point you to an example where one is working in the way that is intended.

Q248 Chairman: Anywhere in England.

Martin Johnson: I’m not saying that there aren’t any, but I am not personally aware of any. I don’t know whether John or Emma can help.

John Bangs: I think they’re an artificial construct—you asked about barriers earlier—that actually bedevils providers on the ground and prevents them getting together and working out a relationship together. We have argued consistently for children’s services forums in local authorities, involving head teachers, other providers and the other local authority services, such as health, social services and housing getting together to work it out themselves. What we have now, which we opposed in our advice on the recent ASCL Bill, is an unaccountable extension of a local authority through a children’s trust, which is based on the concept that somehow all you have to do to get integration is put the

bureaucratic procedures in place. I do not think you will get integration at all, in any way, shape or form. I think being a DCS is an undoable job, and you can put that on record. It has actually watered down the capacity for co-operation. It is very interesting to listen to colleagues from the PVI sector, and I have learned a lot already this morning. They feel the same frustration we do, in terms of talking to each other. The mechanisms that ought to be in place are about bringing people together to work it out themselves.

Q249 Mr Chaytor: Could any of the panel name any areas of the country where there is a fully functioning, successful children’s trust that is genuinely integrating education, health, care and Jobcentre Plus.

Purnima Tanuku: I am not sure about children’s trust, but there are local authorities where the integration is working. There are a number of case studies, such as Bradford and Peterborough, that we publish on a regular basis.

Q250 Mr Chaytor: Do Bradford and Peterborough have formally established children’s trusts.

Purnima Tanuku: I am not sure, but I am not talking about the children’s trust; I am talking about the integration and working together.

Martin Johnson: They are all formally established.

Q251 Mr Chaytor: But are they established in reality. Is this a virtual organisation or a real one.

John Bangs: It’s like a python swallowing a goat. They just about do it, but then it’s unrecognisable.

Emma Knights: The other point that’s really important in partnership working—again, it’s really hard to deal with this from the national level or even the regional level—is that, so often, really good partnerships are down to a relationship between particular individuals. If those individuals who’ve got good leadership skills and are particularly committed and charismatic move on, that can cause problems. I think that’s a very difficult thing to make public policy around, but I suppose what it tells you is that leadership skills are incredibly important.

Q252 Mr Chaytor: But isn’t the purpose of getting the right structure to compensate for the fact that good individuals do move on.

Chairman: Before we move on from that, can I interject to John. I didn’t realise the NUT was moving in to represent directors of Children’s Centres.

John Bangs: Actually, we have quite a large number of members who are these days.

Q253 Chairman: You have made quite a big play for that market. In a sense, in a different guise, this Committee is very interested in child protection, as you know. Children’s trusts were supposed to be a keystone of the fabric of making sure that awful things don’t happen again in local authorities to children. Children’s trusts were going to play a really important part in that. You’re saying that’s just not working.

¹ *Note by witness:* In 2008, a Unite/CPHVA survey showed fewer than 10% of health visitors were based in children’s centres; the new requirement for Children’s Centres to each have a named health visitor may be a challenge.

16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

John Bangs: I don't think it's working. I think what's happening is that local authorities are setting up thresholds about whether they intervene when they're worried about vulnerable children or not. It's about back-covering. After the Sharon Shoemsmith affair, no director of children's services wants to be seen not to have done anything, so all the paper has to be in place. We have an appalling situation where the flexibility at local authority is not there and there's real anxiety about another tragedy and its consequences. What's happening with local authorities is that their eyes are being taken off the ball when it comes to education. They're concentrating—you could say rightly, in terms of their own self-protection—on vulnerable children. This is where it impacts—incidentally, back to the topic today—on the educational aspects of provision for early years.

Chairman: Okay, we're learning a lot, but that was a little bit of anger.

Q254 Mr Chaytor: A final question to Emma. You said earlier that the evidence was that, where Children's Centres are providing early childhood education and care directly, it has a beneficial effect on other PVI providers in the area, but what about access to other Children's Centre services for parents whose children do not attend the Children's Centre for ECEC purposes. Is there a wider influence that Children's Centres are exerting, or do they concentrate only on the children who happen to be attending.

Emma Knights: No.² I think there's a lot of outreach work being done right across the country. It is sometimes better in some places than others, but real effort's now being made to make sure that children outside their own nursery provision attend them.

Q255 Mr Chaytor: Does every Children's Centre have to have an outreach worker.

Emma Knights: There is now outreach provision across all Children's Centres. I say that slightly hesitantly, in case some aren't up to speed, but I would say that was the general—

Q256 Mr Chaytor: This is not a statutory requirement, but it's normally good practice.

Emma Knights: The generality is that Children's Centres are taking their responsibilities seriously to make sure that children from disadvantaged families are accessing. It doesn't mean they're all succeeding; again, it goes back to some community development skills are better in some centres than others. There's also the question of whether—

Q257 Chairman: Is the maintained sector better than Purnima's sector in terms of outreach.

Emma Knights: Let's say you have one of Purnima's members—a private nursery—providing the education within the Children's Centres. The outreach will not tend to be done by the nursery workers—occasionally it might be; it depends on the staffing structure. The outreach will often be done by

other people who are employed by the Children's Centre as a whole. That's why this is so difficult to get a grasp of, because there are organisations within the Children's Centre's entity. I realise that earlier I did not answer the question about sustainability, looking at it purely from the education side, because you need to look at the sustainability of the ECEC, as it were, as well as the sustainability of the Children's Centre as a whole. We did some research two years ago called *Childcare nation?* which we mentioned in our submission, that showed that there was not really a child care market in deprived neighbourhoods. There is an idea that you can have parents shopping around and that that will sustain a market does not work in deprived neighbourhoods. You have to have a different model for ensuring that your early education provision is sustainable.

Q258 Chairman: You are not really up to outreach then, is that right, Purnima.

Purnima Tanuku: I'd like to add that it is not about one being better than the other, or one doing a better job than the other, when we are talking about different sectors. A lot of people in the private and voluntary sector have been delivering some of these services, such as baby weighing sessions. They have those because it makes good business sense whether they are Children's Centres or not. That is something that we need to look at. The debate is not about if it should be the private, voluntary or maintained sector providing the service; it has got to be about how we can collectively, with all the expertise that we have, achieve the best outcome for children. It does not matter who actually provides the service, and I think that that is the biggest challenge that we need to address.

Q259 Mr Chaytor: But if staff are being paid at or just above the minimum wage, how can anyone possibly expect to recruit people with the skills to do sophisticated outreach work.

Purnima Tanuku: Absolutely, I agree that there is a big gap in terms of pay and conditions, which is something that I brought up earlier. It is good that the Government are investing in raising the quality and qualifications levels of staff in early years but we also need to look at the pay and conditions overall.

Emma Knights: I agree with you because I think that that is one of the biggest issues. Until we professionalise the ECEC sector, we really are not going to get the best outcomes for our children. I know that this is such a bad time to be saying this but we have carried out a one-year project funded by Nuffield since we gave our written submission called *Quality costs: Paying for high quality early childhood education and care*. We looked at all the research, including EPPE, to look at what gives the best outcomes for children, and then we priced that up. It won't be any surprise to you to know that you need more highly qualified people and that, to recruit them, you need to pay them more, which means that the cost of early childhood education should be substantially more than it is now. Purnima's members cannot afford to pay the sort of wages that they need to pay to get a quality service, and that is

² *Note by witness:* Children's Centres don't only concentrate on the children they happen to have in attendance.

absolutely at the crux of things. We are experts on the early education part of it, but I agree that the logic would apply to other types of work as well.

Q260 Chairman: Does this cover qualifications as well because some of us have been to Children's Centres and asked, "What makes a well-qualified outreach worker?" They said, "There's no such thing, you just have to know whether they are right for it by knowing the personality." That seems to run counter to almost any other bit of the profession—that an outreach worker, for some reason, has to have a different sort of experience.

Emma Knights: Yes, our work all relates to the early childhood education part of things rather than outreach itself. One of the things that we did a couple of years ago was run for the Department a pilot that we called Parent Champions, which was about using local parents to go out into the community and basically be outreach workers. Our pilot found that parents were phenomenally successful in doing that. We knew, again from research—that was why we asked to pilot it—that parents listen to other parents far more than they will listen to people whom they deem to be official. It was very persuasive. We found that if you paid parents, you got better results, but you certainly did not need to pay them what we are proposing that you pay early years professionals. Some of the skills that parents needed included the ability to relate to local people and to network, which is obviously different from early educators.

Q261 Chairman: Can I just remind our witnesses that when I first chaired this Committee—quite a long time ago—our first inquiry was on early years. Of course, that was before the national minimum wage, which certain people opposed. We found that people in early years settings were being paid £1 an hour. People told the Committee that they liked doing it so they didn't need a big pay rise. Only nine years ago, £1 an hour was common in pre-school settings. It is slightly different now with the minimum wage—not that I would make any party political point. Let us move on. Karen will talk about qualified teachers, head teachers and Children's Centres. I know that we have touched on that, but have another bite at it if you wish.

Q262 Ms Buck: I think that we should probably concentrate on head teachers and the leadership issue. I want to ask Martin and John why they feel that it is absolutely essential that Children's Centres should always be led by a qualified head teacher and also to hear a different perspective.

John Bangs: Simply because the principal role of a head teacher is to provide pedagogic leadership. In that situation, it is possible and necessary, given the complex nature of any school, that a range of senior staff take on other responsibilities, including management. We are absolutely fully behind the Sure Start Children's Centres, but they have to recalibrate their responsibilities and duties, and get some focus back on education and care, as I have argued before. That requires pedagogic leadership. The problem with NPQICL is that the qualification

approach is generic management responsibilities. It is obviously worth asking—through you, Chair—the Chief Inspector about it, but there is some evidence from our members that head teachers in charge of Children's Centres have the NPQH, but not the NPQICL. I have been told that they cannot get "outstanding" because they do not have the second qualification. That is ridiculous. We should be looking at the quality of the provision itself. Massive investment in the early years sector is right, because all the evidence shows that you build the base and make tremendous progress from then on. It is part and parcel of our view that, if we are to make a major impact, we have to have someone who understands about children's learning.

Q263 Chairman: Are you happy with the quality of inspection of early years from Ofsted.

John Bangs: No, I think that it is a bit confused. It is confused by the messages and it is confused by the range of qualifications of people.

Q264 Chairman: So you like it in schools, but not in children's homes.

John Bangs: This is a discussion about the nature of inspection.

Chairman: Don't go there.

John Bangs: No, I won't, but I do think that the messages from the Government about what you are looking for if you are an inspector are confused.

Chairman: Okay.

Martin Johnson: I have a slightly different emphasis from John. We have some concerns about head teachers as managers of Children's Centres, as we said in our written evidence. There are a number of dangers, one of which is that head teachers might take their eye off the ball of leading the teaching and learning in the school in order to manage the Children's Centre. In other words, it might be too big a job. We do not believe that the manager of a Children's Centre should always be a qualified teacher—I refer you to my earlier remarks. Qualified teachers' understanding and knowledge have to be well embedded within the team. We are a bit more open-minded about whether the manager needs to be a teacher. Even when a Children's Centre is co-located with a school, there is a good case for having an independent Children's Centre manager who may report directly to the governing body and whose sole responsibility is there. The tendency for the community to perceive the Children's Centre as being, in a sense, part of a school is therefore minimised. That is a problem about the co-location of schools.

Chairman: It is good to know that you are more open-minded than John Bangs.

Ms Buck: I would like a perspective from the sector.

Emma Knights: I agree largely with what Martin has just said because I think Children's Centres are much bigger than just the early education element. I would agree with John if what we were talking about was just nursery schools. But they are nursery schools plus everything else. It is important that we do not lose sight of the fact that there is that skill in integration that we talked about before, and that

16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

head teachers might not be best placed to do that. There is also the point about perception. Some of the families we most want to get into Children's Centres are ones that might have had rather poor relationships with their schools. We should not think of Children's Centres simply as early education. The power of them goes back to your original question: they are trying to do more than education. Although we spend our lives saying how important early education is—which it is—what the research also shows is how important the family and the home environment are. It is really important that we do not forget about the support for parenting that should come to families through Children's Centres. We need to think of it as support for the home environment as well as support for early education.

Purnima Tanuku: I would also agree with Martin's comments because I think the Children's Centre manager does not have to be a head teacher. There is also an issue in terms of parents who sometimes feel that their children are going to school too early. If they see the structure being managed as part of a school, or as a school, there are question marks over it. A Children's Centre manager has to be somebody who is experienced in early years and has the empathy and ethos of early years and early learning. That is more important than having a qualified teacher or a head teacher as manager.

Q265 Chairman: John, can I ask you. I go to so many schools, as you do, and it is not unknown to go into a school and hear the head teacher or members of staff say, "We want to be teachers but we are becoming social workers." Surely, particularly in areas of deprivation, that broad support for a child is important, and there is a social work dimension to good teaching, isn't there.

John Bangs: Well, it's about defined roles and responsibilities. The arguments made by my colleagues could in a sense be made about head teachers being in charge of extended schools and full-service schools. I wouldn't argue that at all. What we have been concerned about is a dilution of the focus on education, and education and care for children. There is that potential danger. Where you have an independent Children's Centre management—and often they are attached to schools—there is real tension. The tension is most felt by teachers in the early years settings. To whom are they responsible. To whom do they talk. I think it is a question of how you define the responsibilities and define what you want. The broad initiative is right. The broad intention is right, and it is based on good evidence. But it has been mired since its inception in confusion about roles and responsibilities and by a need, for instance in the PVI sector, to make something affordable rather than actually looking at what you require in terms of high quality. Therefore, we have early years professionals in that centre but also a nod to qualified teacher status, so a presence has to be there and it can be a token presence. We haven't actually looked at what can work, and how at local level organisations can work it through themselves; head teachers can work it through themselves with independent Children's

Centres. We have a model that says, "Independent Children's Centres, right; head teachers, wrong." The most important thing is that it is education.

Q266 Chairman: Yes, but, John, Martin Narey was quite rude about Unison on Monday. He said it is a classic piece of protectionism for an organisation that is worried about jobs possibly being transferred to the voluntary sector. If Narey were sitting here today, he would be saying the same thing about the NUT, wouldn't he. You are just trying to protect your jobs.

John Bangs: No, certainly not.

Chairman: People were shaking their heads when you were just speaking.

John Bangs: Chair, you could legitimately make that accusation if it weren't for the Ofsted and EPPE findings.

Q267 Chairman: Which were.

John Bangs: Which were that where there were qualified teachers in a setting you got much higher standards.

Q268 Chairman: But you're not saying that in your argument on this question. You are saying that it should be run by the head teacher. No one is arguing with you about qualified teachers being there. It is about who runs the show.

John Bangs: But the connection I'm making is that pedagogic leadership makes effective teachers, and that's why you need head teachers.

Q269 Chairman: Yes, but Unison says that a lot of your people aren't appropriately qualified to do this sort of job. You're trained to be teachers; you don't know about child care and early years.

John Bangs: Well, I don't know where the basis for that evidence is. The early-years teachers I've come across actually are qualified. There is an argument for more dedicated training in that area, as always, but I don't come across head teachers putting totally unqualified and inexperienced teachers in early-years settings.

Purnima Tanuku: Unfortunately, there are examples sometimes. This is what I was raising before. Providers have come across people who are newly qualified or who haven't had any early-years experience coming into settings because the requirement is for a qualified teacher. That is even though the setting—it doesn't matter what sector it is—already has a very experienced early-years work force, who are much better equipped to deal with the children's and the parents' needs. That is an issue. The pedagogy experience doesn't have to come from a head teacher; there are an awful lot of experienced early-years workers who can provide that experience.

Emma Knights: Can I just clarify the fact that I completely and utterly agree with John when it comes to leading the pedagogy in the centre. When it comes to the education, I absolutely agree that educational input and educational leadership are crucial. But he is neglecting to think about the Children's Centre as a whole. You were talking

16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

before about making the links with the health services, the voluntary sector and all other services that we want to draw in, whatever they may be. A head teacher will not have time to carry out negotiation, to be the centre of partnerships and to run their school properly. The whole idea of what a head teacher is and does would have to change. Children's Centres aren't just about education, and it's really important that we maintain that integration.

Chairman: Okay. I think we've got to move on. Andrew, do you want to come in quickly.

Q270 Mr Pelling: This is a rather broad question. Are there services that you think Children's Centres should be providing but which they are currently not providing.

Chairman: Who wants to take that. Spin it in a different way, Andrew. Say it again—they're all looking puzzled.

Mr Stuart: So caught within the current thinking.

Purnima Tanuku: If you look across the board at Children's Centres, they're all very different, depending on where they're based. The kinds of service that they provide are very much suited to the community. So there is no such thing as "What should they provide."—that's clear—although it's very difficult to say what they shouldn't do that they're already doing. What they should be doing more is bringing in health, Jobcentre Plus and family support services. They should do that discreetly, without making parents feel that there's a stigma attached to going to a Children's Centre, particularly in deprived areas. They should bring those things together. But I don't think that there's anything that they're doing at the moment that they shouldn't be doing, because things vary so much across the board.

John Bangs: I think there are two things. First, there's the issue of the minimum guarantee. We haven't covered that, but there are beginning to be signs that what could have been offered to parents and children is being reduced. The unforeseen consequences of a minimum guarantee are now leading to the reduction in what is offered. To answer your question, there could be more full daytime provision to children, but, in fact, full daytime provision is being reduced. Finally, I'll come back on what is being offered. One of our real anxieties is that if a Children's Centre manager does not have the history of being a head teacher with an NPQH, rather than an NPQICL, the amount of educational provision will reduce in that centre—that's the danger. That is what may not be offered in the future.

Q271 Mr Pelling: So do you think that the aspiration at the beginning to achieve universality has been lost. Do you think that moving back towards a more minimum and targeted approach towards those in social need means that the original ambitions for the Children's Centres will get lost.

John Bangs: I think it was an ambitious concept and it was not built on what was already being provided. There wasn't a capacity evaluation of what was being provided at nursery school level and how it

could be added at ground level. That's the consequence of what we got. We picked up some evidence that the impact of Children's Centres on really needy families is fragile, but effective, and needs sustaining. On the other hand, there are some families who don't like being involved in the Children's Centre paradigm because they feel they are being identified as needy families, or as needy adults. There is a bit of an issue there. But we have called for a refocusing of what Children's Centres ought to be doing, and we know what they ought to be doing.

Q272 Mr Pelling: So was I being too generous in the way I was describing what the ambitions of the Government were.

Martin Johnson: I think that I come back to what Purnima said. There is such a variety of practice around the country. I think you have heard evidence on whether it is the case that Children's Centres are effectively responding to local circumstances. A number of times this morning, we have collectively mentioned outreach and its importance. In many places, although not everywhere, the growth of that has to be more important in terms of the overall aim, which is to reach children and their families who need the most help and to give them the help of the kind and to the extent that they need. That is always within a budget and within the envelope of public policy funding, but I think that Children's Centres on the whole are on the right track in that respect. There has to be localism.

Q273 Mr Pelling: Isn't there a danger from this desire to concentrate on such standards, that harder-working working-class families will once again miss out in terms of public sector provision.

Martin Johnson: Well, I refer to what I just said: it is responding to need.

Purnima Tanuku: I'd just like to add—I know we keep talking about education—that Children's Centres, when we are talking about the wider context, could be wider ranging. I keep coming back to the early years and it was very much play-based learning and care and learning, as opposed to some of the things we talked about. That is something that we need to remember. The other thing is that when we talk about the sustainability of Children's Centres, we are not talking about sustainability purely in terms of resources. We need to look at sustainability in terms of continuous quality improvement and in terms of engaging the hard-to-reach communities, which is very difficult in some areas, and the sustainability of the whole concept of Children's Centres. What do we mean by that in the long term. That is something, as we have gone along, that has become a bit diluted.

Emma Knights: I certainly would endorse the points made about locality. That is why it is so difficult to generalise. We think that the sort of vision set out in the first place was the right one: to be all services accessed by families with young children. In terms of not wanting to miss out the hard-working families, that is where the free offer for nursery education is so important because it is available to all. I know that

16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

you don't have to get that from a Children's Centre and that that is just one of the places that provides it. But that is incredibly important in terms of a universal offer and a universal acceptance that this is an important part of our public provision. We would be very concerned to see any watering down of that.

Q274 Chairman: I couldn't help noticing Martin's concentration was ebbing a little. He looked out, as I did, to see it snowing. There is a bit of a Scrooge-like air coming through me this morning, John. We have been going to Children's Centres—indeed I was in one on Friday in my constituency—and they say how wonderful Children's Centres are and how they are providing an amazing service. I am talking about the very thing that you were criticising, that someone could be put off going to a Children's Centre because of being identified as needy: actually, they said that potentially having the diversity of services made it a very open and welcoming place to get that mix of services. It seems to me you've got it in for Children's Centres.

John Bangs: No, I haven't got it in for them.

Chairman: You're not celebrating anything at all about them.

John Bangs: Certainly not—

Q275 Chairman: Well, is there anything good about them.

John Bangs: Yes, there's lots and lots. What I'm worried about—and there was a question about sustainability at the beginning—is, when you're going to be in a situation where every penny is going to be counted in future, what is their core purpose. We are very clear what the core purpose ought to be: education and care.

Q276 Chairman: And how do you measure it—whether it is successful or not.

John Bangs: Well, you do it by a 360° evaluation. We can get involved in what an evaluation schedule ought to be, but you measure it by the impact over time. I did argue very strongly, actually. There were those who thought you could get instant solutions from Children's Centres in terms of changes in children's attitudes as they grow up to be adolescents—whether or not they've got ambitions in their life, and whether or not they have high expectations of themselves—and what contribution Children's Centres make to that. You can't do that in two or three years, self-evidently. I've always argued that. My concern is that the strengths of nursery schools and nursery education could be lost if we don't have a focus on education and care, but I don't want anyone to go away thinking that I don't believe that there are some fantastic individuals and centres, making a real difference.

Chairman: So we don't have to warn you about the ghost of Martin Narey.

Q277 Mr Chaytor: This is a question to John, again. You mentioned earlier the question of the legal definition of what a core function of a Children's

Centre is. Are you now satisfied that within the ASCL that definition is clear enough, or would you have preferred to go further.

John Bangs: Well, we should have had it on the face of the Bill. The senior solicitor and I went through seven stages in legislation before we could find any form of definition. It's not clear enough. There isn't a definition there, and I think it should be there—what they are supposed to do, in primary legislation—for the protection of Children's Centres themselves, for obvious future funding reasons.

Emma Knights: I just wanted to echo the Chairman's comments. I was thinking exactly the same: that given what a fantastic development Children's Centres have been, perhaps—not just from John but from all of us—that hasn't come over enough from us in this sitting. It has been not just a step in the right direction but thousands of steps, with huge amounts of work going on at local level. I think you are absolutely right that we should be celebrating that. I know in some localities people do, but it doesn't always get the attention that it should, for example from the national media.

Q278 Chairman: You're going to be part of the evaluation, aren't you, Emma. Your organisation's going to be part of showing us how to evaluate what's worked and what hasn't.

Emma Knights: Academics tend to do that. We work with them, but I wouldn't say necessarily we're doing that ourselves; but the problem, I think, with the evaluation is that it's quite long term and one worries that decisions are going to be made in the near future that don't necessarily wait for those evaluations.

Chairman: Graham, you have the last word.

Q279 Mr Stuart: Going back to the core purpose, my reading of the Government's core purpose isn't education at all—not that there isn't an interest in educational intervention. It's about getting families into work, who aren't working. They see that as the primary route out of poverty—to get people into work, set that example, raise aspirations and have parents who are working. That's what Sure Start was about; that's what Children's Centres are about. That's ultimately what this Government would measure as being whether or not they're working. Is that fair or not.

Martin Johnson: That's a discussion for the members of the Committee to have between themselves, I think. All I would answer is, whatever the Government's intention might have been, it's the proud history of education workers in this country to subvert all governments and to work for the benefit of children and young people—and that's what has happened with Children's Centres.

John Bangs: It's a good point. I take comfort from the fact that whatever government legislation is intended, when it comes out at the other end, from the ground, it's unrecognisable.

Chairman: A quick point from you, Purnima, and then Emma.

 16 December 2009 John Bangs, Martin Johnson, Emma Knights and Purnima Tanuku

Purnima Tanuku: My comment is that the very fact that we are here today discussing where we go next, demonstrates in itself that the Government have invested a great deal in early years. Certainly, whether it is Children's Centres or integrated services or whatever, we need to be really mindful of the excellent work that has gone on so far, and how we sustain it. Yes, we all need more money and there are public spending constraints, but we must look at the existing funding. Is that reaching the right audience. Is it actually helping parents and families to get back to work or to retrain. I am talking about the free nursery education and the entitlement to funding. That is where we need to look at the existing resources and see how they are being spent and distributed, rather than looking at new funding. It would be great to have new resources, but we should look at what we've got at the moment.

Chairman: A quick one from you Emma.

Emma Knights: I actually think that aspiration and getting parents back to work and hence trying to reduce child poverty is a good thing. It has always been part of the agenda, which is what makes it so difficult because there are so many purposes. For example, in the Government's *Next Steps* document, they have interwoven the issues of working families with early education issues terribly well. We should be pleased that we can affect both those agendas through the Children's Centres.

Chairman: Getting families back to work works quite well in Huddersfield, although I don't know about Holderness. Let us get on with the next session. I thank you for coming; it has been a very good, lively session. I hope that John Bangs didn't mind us teasing him a little.

John Bangs: No, I did enjoy it. It has been good fun. And happy Christmas.

Memorandum submitted by Capacity

1. ABOUT CAPACITY

1.1 Capacity, launched in 2004, is a not-for-profit body, conducting research, training and consultancy on behalf of statutory and other agencies, particularly in relation to children's centres, schools, adult skills and linked strategies for reducing poverty and social exclusion.

1.2 Our work is innovative in creating robust links between early years, adult skills development and regeneration and is grounded in understandings about "what works" and the impact of poverty on parents' capacity to engage with public services. An award-winning programme, *Wishes*, designed by us for Thurrock Council and now being delivered in other local authorities, is supporting such parents in pathways to employment.

1.3 We have worked with a number of local authorities to support poverty reduction, including training for front-line staff. Our range of short courses includes units relating to poverty awareness and engaging "hard to reach" families. We are currently working with the London Borough of Barking and Dagenham to support the creation of an outcome framework for children's centres, together with supporting resources for staff.

1.4 Our response draws on this work but, more specifically, on three qualitative studies of children's centres conducted by us on behalf of, respectively, Esmee Fairbairn Foundation,¹⁴ DCSF¹⁵ and the Commission for Rural Communities.¹⁶ These studies, from separate standpoints, have examined the ways in which children's centres engage with and support families most in need. In the course of the same studies, we have interviewed more than 400 parents about their experiences of children's centres, their needs for support and their hopes and wishes for the future.

2. RESPONSE TO CONSULTATION—SUMMARY

2.1 Children's centres play, unquestionably, a crucial role in promoting early childhood development and responding to deprivation. The strongest among them are working with highly disadvantaged parents to: tackle housing debt and benefit issues; help with mental health issues caused by isolation; support victims of domestic violence; open up opportunities for education, training and employment for parents; and create opportunities for civic engagement. These forms of support, complemented by effective outreach, are in addition to the core children's centre offer of healthcare, parenting support and early education.

2.2 Children's centres successfully engage and gain the trust of families affected by poverty and other features of social exclusion. Support from children's centres is described by many parents as qualitatively different from dealings with other services or agencies. Parent users are able to relate specific benefits arising from their involvement with children's centres, in some cases describing these as *life changing*.

¹⁴ Capacity (2007). Children's Centres: ensuring that families most in need benefit.

¹⁵ Capacity (2009). Outreach to Children and Families: a scoping study. DCSF Research Report DCSF-RR116.

¹⁶ Capacity (to be published shortly). Peace and a quite disadvantage: children's centres in rural communities. Commission for Rural Communities.

2.3 Where practice is least consistent is in the capacity of children's centres to bring about economic transformation for families affected by poverty, particularly those which are workless. Yet, asked about the kinds of help they need—parents are more likely to cite help with finding employment than help with health matters or relationships. Centres also need to be able, more comprehensively, to identify and capture the specific outcomes achieved for and by users and assess the value-added of specific initiatives or inputs.

2.4 The effectiveness of children's centres could also, in our view, be enhanced by:

- More support, training and resources for front-line staff from DCSF in relation to the priority of tackling child poverty.
- Reformulating children's centres as Sure Start children and community learning centres with a refocusing of resources to support the achievement of qualifications and new skills by parents.
- Reinvigoration of the principle of accountability to users and local communities.

3. RESPONSE TO CONSULTATION—FULL RESPONSE TO TERMS OF REFERENCE

Are services being accessed by those most in need?

3.1 Among the 242 parents interviewed by us in our study of outreach for DCSF, 56% had family incomes of £15,000 or less; 40% lived in workless households; 48% were qualified only to Level 1 or below;¹⁷ and 36% had long-term health problems. In our current study of children's centres in rural areas, 42% of the 130 parents interviewed live on family incomes of £15,000 or less. Among workless families, nearly half have chronic health problems; 40% have children with health difficulties or additional needs; and only 26% have access to a car.

3.2 These findings appear to contradict criticisms that children's centres may be catering only to the needs of those who are well-off or only moderately poor.¹⁸ However, few of the children's centres in the study routinely capture this breadth of data about their users, either as a baseline or as a means of tracking achievements. Since poverty is the factor with the greatest impact on child outcomes and if children's centres are to assess their impact on child poverty, they require data systems which can evidence their reach to those most affected by poverty.

The Children's Centre model—does it promote early childhood development and is it an effective response to deprivation?

3.4 Children's centres have not yet been evaluated and robust evidence relating to reducing inequalities in outcomes for young children is not yet established. The most recent impact study from the National Evaluation of Sure Start (NESS 2008), suggests that there have been demonstrable benefits for three year olds living in Sure Start areas, compared with a comparison group of three year olds living in similar areas.¹⁹ However, as the 2009 White Paper on Social Mobility acknowledges, divergences in development between children from different backgrounds continue to occur early, manifesting themselves in Foundation Stage Profiles at age four or five, with children from disadvantaged backgrounds developing significantly less well.²⁰

3.5 Although called children's centres, much of their work is with parents, whether in the form of advice, counselling education or advocacy. Parental satisfaction with children's centres is high. Users feel they have been helped and can identify benefits for themselves and their children. Learning and socialising are seen as key benefits for children and for parents.²¹

3.6 In our study of outreach for DCSF, support from children's centres was described by parents as qualitatively different from dealings with other services or agencies. For the first time, parents said they felt listened to, understood and not stigmatised. The benefits were, in some cases, described as *life-changing*. For the majority, the main benefits described were gains in parenting skills, increased capacity to deal with problems, improved self-confidence and reduced feelings of isolation. Two-thirds of current and former users said that the support they had received had led them to make more use of other services in the community. Almost two-thirds felt that family relationships had improved and 38% felt that their children's health or behaviour had improved.

3.7 Many of the benefits described by parents could be characterised as *hard* or *soft* outcomes, for example, gaining a qualification, or improved parenting skills. However, these outcomes are rarely captured in any systematic way. In our view, centres should monitor and track the impact of their work in this way, enabling a fuller view of their achievements and relating these to specific outcomes for children and parents.

¹⁷ Equivalent to GCSEs at grades D–G.

¹⁸ House of Commons (2009) Health Committee—Third Report *Health Inequalities*.

¹⁹ NESS (2008) The Impact of Sure Start Local Programmes on Three Year Olds and Their Families: DCSF Research Report NESS/2008/FR/027.

²⁰ Cabinet Office (2009) *New Opportunities: Fair chances for the future*.

²¹ Ridley-Moy, K. (2007) Sure Start Children's Centres Parental Satisfaction Survey Report and Annexes 2007 DCSF Research Report RW108.

3.8 Children's centres are responding well to the manifest problems of families living in poor environments, some unable to afford basic necessities, or affected by debt or poor physical or mental health. Less evident are consistent and effective strategies to bring about economic change in the lives of their families through training and eventual entry into skilled employment.

TACKLING THE CAUSES OF POVERTY

3.9 Among parents interviewed, more than 40% wanted help in getting a job as a means of improving life for their children. Among parents living in workless families, this proportion was 56%. This finding is replicated in our study of rural children's centres. Other studies of poorer parents suggest they consistently identify financial hardship as the primary barrier to effective parenting.²²

"Results show time and time again that it is difficult for stressed families to benefit from parenting programmes when they face multiple disadvantages and thus policies that reduce everyday stresses in the lives of families (including poverty, unemployment, poor health, housing and education) will support parents in caring for their children."²³

3.10 Children's centres demonstrate their understanding of this in the additional supports they provide to help families with debt, benefit or housing issues. There are also exemplar children's centres which are helping to transform the long-term prospects of families through tailored support to find employment. In addition, the child poverty pilots, announced in the 2008 Budget, may accelerate this trend, providing evidence relating to best practice in supporting families towards economic well-being.

3.11 However, our finding is that children's centres are sometimes inclined to focus more narrowly on those elements which play best to their capabilities, values and professional background. Although committed to families, some are inclined to attribute poverty to personal rather than structural causes. Not all believe that finding work is a realistic or desirable aim for parents. A themed study by the National Evaluation of Sure Start in 2004 found that few programmes made active efforts to reduce worklessness, with only a minority adopting active strategies with partner agencies to take advantage of employment opportunities.²⁴

3.12 DCSF should give priority to helping children's centres tackle the causes of child poverty. Among the *Every Child Matters* aims, the aim of achieving economic well-being has least sub-structure of training, guidance or other resources. However, if there is to be an effective response to tackle child poverty, this aim more than any other, should guide the future development of children's centres, the services offered and the context for assessing effectiveness.

The range and effectiveness of services provided by Children's Centres

3.13 Our study for DCSF found that parents value outreach services and believe that this has led them to participate in other services for children and families. The highest participation rates were in Stay and Play groups and training courses. Participation in health appointments, or health-related activities was at a lower level. Parents were also less likely to cite a health visitor as a preferred source of support—40% of parents said that their first choice if they needed support would be the children's centre family support worker. A similar proportion, 37%, said they would turn to their families for support, while only a small minority, 7%, said they would seek this from a health visitor.

3.14 High levels of interest in and demand for courses and qualifications is also a finding of our study of rural children's centres. Many parents describe discovery of learning as life-changing. This is particularly significant given the high proportions lacking qualifications. The 2003 Skills for Life Survey found that more than 5 million people between 16 and 65 in the UK are qualified only at Entry level,²⁵ with a further 12 million qualified only at Level 1.²⁶ Those who are income disadvantaged are disproportionately represented within this group, yet are only half as likely as those on the highest incomes to enrol on a *Skills for Life* or other course. They are also more likely to drop out of courses.

3.15 A strength of children's centres is that they offer learning which is planned and configured to match the realities of life for poorer families—in the local community and not an expensive bus ride away and provided at times of day which are matched to the start and end of the school or nursery day. In deprived neighbourhoods, many people spend most of their time in their own neighbourhoods, literally, a few streets. Some children's centres are now extending their hours to evening and weekend opening. With a family support and outreach function, there is the opportunity to provide sustained help for vulnerable learners.

3.16 Some provide learning opportunities related to health or diet, child development or parenting; some provide family learning or *Skills for Life* courses; and some have established partnerships with training agencies to support parents into sustainable employment. However, there is currently no requirement to provide progression to a particular goal or to track achievement.

²² Ghate, D & Hazell, N (2000). Parenting in Poor Environments. Department of Health.

²³ Moran P, Ghate, G & Van der Merwe, A (2004). What Works in Parenting Support? A Review of the International Evidence. DCSF Research Report No 574.

²⁴ NESS (2004) Sure Start Local Programmes and Improving the Employability of Parents NESS/SF/2004/006.

²⁵ Basic knowledge and skills.

²⁶ The Skills for Life Survey: A national needs and impact survey of literacy, numeracy and ICT skills DFES Research Brief RB 490, 2003.

3.17 Support for education and training should be brought within the core offer of children's centres, with adult learning providers co-located or established as key partners alongside health, social care and specialist services. With the involvement of training professionals, all parents should be offered help to achieve qualifications and/or to train for particular occupations, in addition to learning opportunities related to parenting and family life. In this way children's centres should be reformulated as Sure Start children and community learning centres.

How well Children's Centres work with other partners and services, especially schools and health services

3.18 In our study for DCSF, all of the children's centres worked with other universal and specialist services, although the form of partnership working varied. The majority of centres worked with at least three other agencies, with some centres linking with twenty or more services and agencies. It appeared that where there was a close working relationship with Social Services, children's centre outreach was focused on parents with a high level of need.

3.19 The relationship with health visitors is pivotal. In small urban areas, outreach staff may be able to identify target families through door-knocking or stopping people in the street; but in larger conurbations, or in rural areas, partnerships with health professionals are essential. In our experience the status of relationships between children's centres and health professionals is variable. Relationships with Jobcentre Plus staff are also highly important, but not yet consistently established across centres.

3.20 There is some concern among health professionals about the level of training and qualifications of children's centre outreach workers. We believe there is a need to clearly define the roles for which children's centre staff should be accountable in terms of social care, health visitors and other health professionals. However, many effective outreach staff use knowledge, experience and skills which are not reflected in formal qualifications and it is important that this dimension is retained.

3.21 Data-sharing is also of particular importance. Where this is in place, staff are able, more effectively, to identify families in need of support and at a suitably early stage. In rural areas, where families may be harder to identify, shared information is of crucial importance. In just over half of local authorities visited on behalf of DCSF, some form of data-sharing took place or was planned to take place.

Management and governance

3.22 Many local authorities are moving towards locality or cluster structures for schools, children's centres, health and other services. These are seen as providing an effective foundation for planning and as a possible precursor to integration and budget-sharing. As part of this, authorities are developing strategic policies for family outreach from children's centres, moving away from the more localised planning and delivery mechanisms which characterised Sure Start.

3.23 While there are clear advantages in these approaches, it is less evident how local accountability will be safeguarded and opportunities for parental involvement in governance be preserved. The original Sure Start model was developed with the idea of breaking with traditional models of service delivery, in favour of a model of community empowerment. Within this view parents and other members of the local community would tackle local problems and work alongside staff to reduce social exclusion.

3.24 Social exclusion is, almost by definition, a state of being in which the voices of those affected are not heard. Across Europe, many governments are actively supporting the creation of social enterprises, giving the beneficiaries of public services opportunities to be active agents in the design and delivery of such services. In the past, reforming organisations like the co-operative movement, trade unions and large voluntary organisations, provided opportunities for people to find identity and purpose and to enter rewarding and long-term relationships with others in pursuit of shared economic and educational aims. In some children's centres, similar opportunities are now provided in the organisation of, for example, community cafes, food-growing projects or volunteer driving schemes.

3.25 We believe that this dimension of children's centres is a distinctive aspect of breaking the pattern of poor take-up of services by those who are most disadvantaged. Without local accountability there is an increased risk of children's centres becoming out of touch with what families want and need.

3.26 The use of parents as volunteers or in governance arrangements is intrinsically related to concepts of empowerment and the creation of what has been described as social capital. Many children's centres say their aim is to empower and yet it is not immediately obvious how, within a developing framework of local authority management, such empowerment is to continue to be secured. We believe that this requires serious consideration and guidance from DCSF.

Memorandum submitted by Community Matters

INTRODUCTION

Community Matters is the national federation of community associations and similar organisations, with more than 1,200 members across the UK. For 60 years we have promoted and supported action by ordinary people in response to social, educational and recreational needs in their communities.

Our vision is for active and sustainable communities in which everyone is valued and can play their full part. Community Matters pursues this vision by supporting and developing the capacity of community organisations and representing their interests at a national level.

We believe

- In the importance of “community”, in a world where so many people are isolated and marginalised.
- That racial, religious and social diversity (or difference) adds value to our society, and that everyone has the right to equality of opportunity.
- That democratic community organisations help to empower individuals and contribute towards a cohesive and vibrant society.
- In the value of voluntary activity: including formal and informal volunteering, mutual organisations and self help groups.
- In the distinctiveness of the community sector as a part of the wider voluntary and community sector.
- In the value of community development as a process which gives confidence and skills to people to exercise greater power in their everyday lives.
- In working in partnership with organisations that share similar values in order to maximise resources and influence

Although we have members of all sizes, most of the organisations we represent are small, independent, community-led and democratically-run groups that work at neighbourhood level. Many are based around a community-owned or managed space, but our membership also includes second-tier organisations, housing associations and Local Authorities.

According to our most recent survey, around 69% of our members work with preschoolers and 70% of our members are directly delivering or hosting provision for children aged 5–11 years of age.

SUMMARY OF MAIN POINTS

- The drive to deliver statutory services through Children’s Centres can compromise the advantages that basing them in community-led organisations can bring.
- The trend for Sure Start centres to move away from being community owned and managed has contributed to their failure to engage with the most disadvantaged families.
- This also contradicts the recommendations of Lord Laming’s report following the death of Victoria Climbié that the voluntary and community sector be at the centre of children’s services in order to improve the safeguarding of vulnerable children.
- The trend towards co-locating Children’s Centres in the same building as schools and other statutory services has concentrated provision for children in one place in a community, often contributing to the disengagement of the most disadvantaged families.

1. Community Matters welcomes the Committee’s inquiry into Sure Start Children’s Centres, in particular its emphasis on examining the extent to which Centres are effective in tackling deprivation and how far they meet the needs of the most vulnerable families.

2. We believe that the drive to deliver statutory services through Children’s Centres can compromise the advantages that can be accrued in community-led organisations.

3. We note that previously, Sure Start centres were community-owned, with local parents and centre staff sitting together on management boards. This was a founding principle of the scheme, included in order to ensure that services were never viewed as intrusive by families, in particular those with a mistrust of “authority”. We believe that this has not been consistently maintained within the Sure Start Children’s Centres model, for which Local Authorities have the strategic lead. Indeed, the government itself has identified that centres are failing to engage with the most disadvantaged families.

4. The co-located nature of services in Children’s Centres can cause a concentration of resources in one geographical location in the community. We believe that the community-led advantages of the original Sure Start scheme have been compromised and that the most vulnerable families are not accessing a whole range of important wrap-around services, as these are all concentrated in one place.

5. Lord Laming’s report into the death of Victoria Climbié highlighted the importance of the voluntary and community sector as the eyes and ears of the community, and emphasised its vital role in the early identification of needs within families, especially those who mistrust authority. Laming further suggested that the voluntary and community sector has demonstrated that it supports and assists such families to seek

and accept statutory services' input, and that it can offer a range of services with enhanced levels of innovation and flexibility. For these reasons, Laming was clear in his conclusion that the voluntary and community sector has a key role to play in contributing to safeguarding of children within communities, and that as such; all opportunities for its involvement in service provision should be taken. He recommended that all Local Authority Children's Trusts should work with the voluntary and community sector. We believe that this is applicable to Sure Start Children's Centres, and that the significant contributions that VCS could bring are being lost.

CASE STUDY: HORNDEAN COMMUNITY ASSOCIATION, HAMPSHIRE

The value of a close partnership between the voluntary and community sector and local Children's Trusts is well illustrated by the experiences of Branches, a phase 2 centre, which is working with Horndean Community Centre, based in Merchistoun Hall in Hampshire. Branches is extremely keen to build its relationship with the local community, and part of this includes using other community venues as well as its own site. It has worked with Horndean Community Association by hiring out Merchistoun Hall for its four weekly parent and toddler craft sessions and other pre-school programmes, as well as also using the building and grounds for larger family events. In order to develop a sustainable and attractive preschool offering at Merchistoun Hall, Branches has helped it to purchase much needed equipment, such as installing a baby changing facility. In turn, the Extended Services cluster for the area is chaired by the manager of Horndean, who also sits on Branches' Practitioners' Forum.

This collaborative approach has helped to ensure that Branches and the Children's Trust is rooted in the community in Horndean, and part of the wider leisure and community development work that happens at Merchistoun Hall. Both Branches and Horndean Community Association feel that this has helped them reach young families that might not otherwise have come into contact with the children's centre.

6. Community Matters was a key contributor in the development of the two "Talking Trusts" publications that outlines our recommendations regarding Children's Trusts working with the voluntary and community sector. *Talking trusts* is a document produced by the Community Sector Partnership for Children and Young People (CSPCYP)²⁷—a consortium of national infrastructure organisations that support local networks for voluntary and community sector (VCS) organisations. The document is intended to inform the discussion about how children's trusts can best involve the VCS especially smaller organisations. Achieving better outcomes for children does depend on effective partnerships with a wide range of VCS organisations. *Talking trusts* sets recommendations which if implemented will have far reaching implications for the way that children's trusts work with the VCS. The *talking trusts* recommendations are divided across six areas of active engagement; representation; effective funding; operational coordination; and infrastructure development. These recommendations have been developed within the VCS and envisage the involvement of the local infrastructure organisations. VCS infrastructure organisations are well placed to foster the involvement of diverse range of organisations working with children and families, including smaller VCS organisations with limited resources.

7. We believe that VCS is not being consistently involved in Children's Centres nationally and because of these important opportunities are being lost to draw in the most vulnerable families due to weaknesses in partnerships with local voluntary and community organisations. We believe that vibrant, diverse local networks of services for children, young people and families are the key to achieving safeguarding as well as reaching those most in need of support.

8. The experience of our members suggests that for many vulnerable families, the co-location of Children's Centre provision with school services can mitigate against access. This can be for a range of reasons, including a general mistrust of "authority" and negative personal experiences of education that make schools difficult to access and participate within. Our members also report that the agendas of Children's Centres can often be dominated by those of school services rather than the needs of the community. The voluntary and community sector may have the capacity to respond to this as it is not constrained by structures such as school terms and holidays.

CASE STUDY 2: HEATON COMMUNITY CENTRE, NEWCASTLE-UPON-TYNE

Heaton is part of a virtual Children's Centre that serves the South Heaton and Ouseburn wards in central Newcastle. However, when the Children's Centre for the neighbourhood was originally being planned, no representative of the local voluntary and community sector was invited to attend the locality meetings. These were chaired by the local lead on Extended Schools, and the senior staff at Heaton feel that until the VCS insisted on becoming involved there was a lack of understanding of the difference between extended schooling and Sure Start Children's Centres. Perhaps as a result of this lack of understanding the local Children's Centre's designated base is the local school, despite most of the services being delivered through it being based elsewhere. There was also an original move to build new facilities that would in effect duplicate what Heaton Community Centre was already offering; this would have been wasteful, but would have also compromised Heaton's ability to serve the whole community. A division between the local VCS and the

²⁷ <http://www.ncvys.org.uk/index.php?alias=CSPCYP&PHPSESSID=713e92ade012eb748a58bdeb9807574a>

statutory children's service providers in the area seems to have persisted; staff in the nursery and playgroups at Heaton complain of being viewed as "unprofessional" by workers at these other Children's Centre providers.

This difficult start has affected the children in Heaton and Ouseburn as well as Heaton Community Centre's Staff. Heaton has recently received Quality and Access funding to renovate one of its buildings, and has commissioned research into current attitudes and needs among families in the area. This has found that basing the Children's Centre at the local school is less appealing to parents who have had bad experiences in school themselves, whereas these same parents say that Heaton Community Centre is "friendly and accessible". It also has a wide range of activities for children of all ages, whereas the Children's Centre services at the local school will turn away older siblings and are affected by school holidays.

After a difficult start however, staff say that the Children's Centre provision has fitted in well with the other things the Community Centre offers. As Sue Newton, who leads on Children's Centre services at Heaton, says, "We're open door. We have people coming in from all over the neighbourhood, everyone from babies to pensioners, as well as more marginalised and vulnerable families such as asylum seekers and refugees".

9. Our members' experience is also that the capital-intensive nature of the programme as a whole has delivered some innovative and flagship buildings. However, these can be intimidating for some groups to access, as well as being out of step with other spaces where other local services are delivered.

October 2009

Memorandum submitted by the Early Childhood Forum (ECF)

The Early Childhood Forum (ECF) is a voluntary organisation hosted by the National Children's Bureau (NCB). It is a coalition of 59 professional associations, voluntary organisations and interest groups united in their concern about the well-being, learning and development of young children from birth to eight and their families. Its vision is to bring together partners in the early childhood sector to promote inclusion and challenge inequalities, and to champion quality experiences for all young children from birth to eight and their families.

Inquiry theme 1—How models of Children's Centres have developed as the programme spreads from the most deprived neighbourhoods

1. Children's Centres in the first phase are making a difference for many families but it will take some time before the work they are doing is fully embedded and meets the needs of all families. We are concerned that the core Children's Centre offer may be diluted as the programme is rolled out in subsequent phases to all neighbourhoods. The Children's Centre programme should provide universal support as well as being responsive to the most disadvantaged in the area. However, this is not easy to achieve without a strong programme of outreach work which is not yet fully in place in many areas. The ability to provide the high levels of support needed for the most disadvantaged and reaching them in the first place does depend on the available resources. Research shows that these families can benefit hugely from a continuum of support, including early intervention, family and Children's Centre services, which will ensure their children get the best start in life.

2. Children's Centres were established primarily to benefit children and to provide them with the best possible start in life. Effective early education has been proven to do this. ECF believes that high quality early education and childcare should be at the heart of developing Children's Centres committed to improving the life chances and opportunities for children experiencing disadvantage. They also provide support to families, including "back-to-work" support for mothers. Factors such as unemployment and poverty are more prevalent in families with a disabled child and there is evidence of difficulties for these families in accessing services. Other research has shown that the combination of disadvantaged circumstances and difficulties in securing access to appropriate services, which are apparent for the majority of families with a disabled child, are particularly acute for families from minority ethnic groups.

3. The disproportionate disadvantage experienced by many black and other minority ethnic families and families with disabled children, indicates the need for a strategic approach that is embedded within local authorities' strategic equality plans to ensure that services understand and meet families' needs. Existing evidence suggests that this is not happening. The reports from The National Evaluation of Sure Start reveal very limited information about the effectiveness of Sure Start on black and other minority ethnic families and families with disabled children, in spite of the considerable impact such an investment could create. In 2006, a report analysing findings from local evaluation reports noted that "detailed evaluation work on efforts to include Black and Minority Ethnic families, group (sic), or individuals in Sure Start was scarce". ECF wishes to see this issue to be addressed by all Children's Centres as a priority.

4. We are only just starting to see the effects and impact on groups that do not tend to access services in the least affluent areas of our communities. It takes time and effort to change the way people think about authority figures, and Children's Centres have needed to work closely and engage with their communities

for local people to see the benefits. Impact may only be measurable in the medium and longer term but with healthcare moving strongly into these centres, they are beginning to be trusted by families and there are signs that they really support improvement to family well-being.

Inquiry theme 2—The range and effectiveness of services provided by Children’s Centres

5. While ECF applauds the mainstreaming of specialist and targeted services through Children’s Centres, we have concerns about the capacity of some centres to cover the full range of services in depth. For instance, there is an overload on some Children’s Centres now that they have responsibility for the roll out of Early Support, particularly when drawing on already stretched PCT provision. There needs to be greater support for Centres in terms of training and providing expertise to help them meet the requirements of families with disabled children. This could be provided by establishing firm partnership arrangements with inclusion services that are typically delivering home based programmes, such as Portage and local authority sensory support services.

6. Parents should be able to expect the same high quality early education and care provision wherever they live and whatever institution their child attends. In order to ensure equality of opportunity wherever publicly funded “early education” is offered, children should be taught by a qualified teacher .

7. Children’s Centre services should include fathers as well as mothers, and in particular should consider how to welcome disabled parents. We would suggest that Children’s Centres collect data on their engagement with fathers and disabled parents and modify their services, systems or practice if there is a low engagement. Some simple techniques such as proactively collecting data on fathers and father figures, addressing letters to both fathers and mothers, setting up home visits to meet both parents, ensuring that mainstream services are genuinely being offered to both parents and offering services of interest to fathers can hugely increase involvement and engagement. Staff need training and support if they are not unconsciously to exclude fathers and miss opportunities to engage with them.

8. “Sure Start and Black and Minority Ethnic Populations” is one of the few reports that acknowledges the impact of racism. The report “All our Children Belong” , exploring the experiences of black and minority ethnic parents of disabled children, acknowledges the doubled discrimination of racism and disability. Those who provide equality-focused training to Children’s Centres know that a minority of staff still hold negative attitudes and assumptions that impact on their relationships with black and other minority ethnic children, disabled children and families. Children’s Centres can only fully realise their potential when racism and disablism is acknowledged, challenged and ended.

9. More needs be done to improve outdoor areas of children’s centres and promote the value of outdoor play and learning for children and families, for health and well-being, as well as provision of the Early Years Foundation Stage. Sure Start Children’s Centres should endeavour to embed the provision of free play opportunities by providing stimulating play facilities on their sites and explore opportunities to make these available outside of hours. By making links with local parks and play services they can help meet part of the Government’s commitment to ending child poverty and help families live in safe, cohesive and prosperous communities where children can thrive, with safe places to play, opportunities to develop, and access to high-quality services. In addition, staff working in Children’s Centres should have an understanding of play and playwork. This should be part of the common core of knowledge and skills that every adult needs when working with children.

10. More attention also should be given to the environment in which services are provided, including making best use of community spaces indoors and outdoors. Families living in temporary or cramped accommodation and poor housing need help both to improve their own living conditions and to be able to spend time in buildings and outdoor spaces conducive to mental and physical good health, social interaction and learning.

11. We are concerned about accommodation for children’s centre services in many cases—particularly in phases 2 and 3 where graduated models are housed in converted classrooms and annexes. A post occupancy evaluation of children’s centres undertaken by CAFE in October 2008 was condemning of the outdoor areas of many of the new children’s centres.

Inquiry theme 3—Funding, sustainability and value for money

12. Evidence from the “Backing the future” report explains why investing in targeted and universal services makes financial sense in the long-term by improving outcomes for young children and their families. We feel very strongly that high levels of funding in early years, including Children’s Centres, must continue as the quality of life that young children experience has a massive impact on their later childhood, adolescence and adulthood. Spending in the early years can save a great deal of money later on, eg in terms of costs of youth justice or substance misuse support which would not be needed so widely.

13. Some original Sure Start projects may have lacked appropriate structures to record their impact on children and families.

14. The Early Years Single Funding Formula (EYSFF) must reflect the cost to children's centres of the full range of relevant factors, for example the levels of deprivation, the need for SEN support, staff development and differential premises costs. There should be a comprehensive audit of the costs experienced by Children's Centres and regular monitoring of costs in the future.

Inquiry theme 4—Staffing, governance, management and strategic planning

15. There are difficulties regarding delegation and supervision in some areas where staff are employed by the local authority but work with health visitors. It becomes quite complex with different organisations having different protocols, governance, IT systems and lines of accountability. In some places partnership working works well but in other areas there are huge challenges and different perceptions.

16. Some Children's Centres are employing staff with a low level of skill, experience or qualification. They are often overwhelmed and have insufficient experience to work with the most complex families and deal with the poverty, child protection, substance misuse, domestic abuse, disability issues and unmet health needs. What happens in practice is that the most needy and deprived families often have the most inexperienced staff working with them. Almost no staff, from the most inexperienced to the most well qualified, have real skills and self-confidence in engaging with fathers. Failure to do so in high need families in particular can put children at risk.

17. The Effective Provision of Pre-School Education (EPPE) research, which is quoted extensively by Government, makes clear that the involvement of qualified teachers in both the delivery of provision and its management are crucial factors in both quality of experience and outcomes. The original guidance for children's centres included the following advice: “*the minimum requirement is the employment of an early years teacher on a half-time basis. However, we would also expect that this would be a minimum which most centres would exceed and that centres offering this minimum would build up to a full-time teacher within 12–18 months of delegation.*”

18. Home visiting is very different from working with families in a centre. There are concerns over lone working and how to work with mothers and fathers in this context. The training that is needed to do home visiting and community work is very different from working on a site somewhere. Many staff do outreach work having not had sufficient education or training on this.

19. It is essential that a career in early years is seen as an attractive option for black, disabled and male practitioners, not only for ethical reasons, but for sustainability and efficacy. Children flourish in an environment with well-qualified and well-trained staff who have the confidence to engage with families and children from a wide range of backgrounds. The National Evaluation Report on ‘Sure Start and Black and Minority Ethnic Populations’ notes that within their study there are very few minority ethnic staff in senior positions in Sure Start Local Projects. Equally stated in “All our Children Belong”, it is very powerful for a child or a young person from minority or stereotyped groups to see themselves reflected in a position of authority. This was acknowledged by the Government by investing in the REACH programme which promotes black male role models. The process of enabling children to encounter positive role models from all backgrounds must start in the early years. Over fifty years of research shows that children notice difference from an early age, including difference in ethnic background, and start to make judgements about what is good and bad.

20. We are supportive of CWDC in exploring the role of men in the workforce and encouraging men to become early years workers by identifying the barriers and seeking to overcome them. Currently there are only two males under the age of 25 working in state-maintained nurseries. It is powerful (in a negative way) for girls and boys to see only women providing care to children and it is therefore hugely important that boys and girls have experience of effective male carers in Children's Centres and other early years services. The issues of low male participation as professionals and low male participation as clients are linked. With the right support, fathers can become fathers who are workers. ECF would like to see greater emphasis on recruiting disabled early years workers and having disabled role models. ECF would actively encourage diversity and disability equality training for all staff.

Inquiry theme 5—How well Children's Centres work with other partners and services, especially schools and health services

21. The Sure Start evaluation identified that many of the most successful children's centres were where health services were co-located. There has been some good practice in developing the health visitor role, particularly regarding outreach. However this has stretched the capacity of PCTs in some areas. Moreover, many health staff have concerns that the public health agenda is getting lost. One of the biggest stumbling blocks seems to be the lack of space in many children's centres for health visitors to be based there due to poor planning and facilities. Health visitors who have been trained in disability equality have a key role in supporting parents of disabled children to think positively about their children's inclusion in Children's Centres.

22. ECF would like to see much stronger messages about the importance of play and green space and access to nature in the lives of young children and their families. There is interesting work in other parts of the world about environmental justice and links to deprivation. There is increasing evidence from a range of research programmes about outdoor play and access to green space and the positive impact this has on both physical and mental health.

23. We would like to see inclusion of proactive programmes supporting family work outdoors.

Inquiry theme 6—Whether services are being accessed by those most in need and how effective they are for the most vulnerable

24. We need to ensure that Children's Centres are truly inclusive in their reach and practice. In the experience of members working in Children's Centres, disabled children are often invisible in all mainstream activities and are relegated to a single support group for them and their families. Disabled fathers, children of prisoners, fathers of disabled children and fathers whose partners are disabled are also particularly invisible to services, as are in some cases mothers. All services need to be developed to be accessible and inclusive to all the groups of children and families, especially those who at present are excluded and invisible. This can include not only disabled children, children of prisoners and their families, but also mothers and fathers who are very young, unemployed, or have been in the criminal justice system; gypsy Roma and traveller children and their families, those who speak English as an additional language; black and minority ethnic children and families, and all fathers to a greater or lesser extent.

25. The lack of hard data and evaluation relating to specific ethnic groups, disabled children and fathers makes it impossible to evaluate how accessible the services are for these children and families. There is limited knowledge of the accessibility of services for fathers and black families in predominantly white or rural areas. We recommend that any local authority funding of Children's Centres is subject to their adoption of the CWDC auditing tool and the collection of appropriate data as well as appropriate tools to measure involvement by gender. Children's Centres must be encouraged to address recruitment, retention and career development practices that disadvantage black and disabled practitioners, or that disadvantage or advantage males (by for example moving them from front-line services to management positions). Gender, age, disability and racial/cultural diversity in staff at all levels flags up important messages about access to local people. Everybody working with children must have an understanding of how gender stereotypes operate to disadvantage both sexes; how stereotypes related to Single Equality Strategies can inform beliefs, attitudes and behaviour; what racism is and how racism and fear of racism impact on people's choices and behaviour; what disability is, and how disability and fear of disability impact on people's choices and behaviour. There is also some evidence of a lack of awareness on the part of practitioners and parents (particularly fathers) of the existence of local Children's Centres and services.

ECF MEMBERS

4Children

Action for Children

Association of Educational Psychologists (AEP)

Association of Teachers and Lecturers (ATL)

British Association of Community Child Health (BACCH)

British Association of Adoption and Fostering (BAAF)

Campaign for Advancement of State Education (CASE)

Children in Scotland (CiS)

Children's Society

Children in Wales (CiW)

Council for Awards in Children's Care and Education (CACHE)

Council for Disabled Children (CDC)

Community Practitioners and Health Visitors Association (CPHVA)

Daycare Trust (DCT)

Early Childhood Studies Degrees Network

Early Education

Early Years (formally NIPPA)

Early Years Equality (EYE)

Fatherhood Institute (formally Fathers Direct) (co-opted member)

Full Time Mothers

Forum for Maintained Nursery Schools

High/Scope UK

ICAN

Learning Through Landscapes (LTL)

Local Authority Early Years Network (LAEYN)

Mencap

Montessori Education UK

National Academy for Parenting Practitioners (NAPP)

National Association of Education Inspectors, Advisors & Consultants (ASPECT)

National Association of Head Teachers (NAHT)

National Association for Primary Education (NAPE)
National Association of Nurseries in Colleges & Universities (NANCU)
National Autistic Society (NAS)
National Children's Bureau (NCB)
National Campaign for Nursery Education (NCNE)
National Childminding Association (NCMA)
National Council for Parent Teacher Associations (NCPTA)
National Day Nurseries Association (NDNA)
National Deaf Children's Society (NDCS)
National Literacy Trust (NLT)
National Network Of Family Information Services (NAFIS)
National Portage Association (NPA)
National Union Teachers (NUT)
Parenting UK
Parents for Inclusion
Play England (formally Children's Play Council)
Preschool Learning Alliance (PLA)
REU (formerly Race Equality Unit)
Refugee Council
Royal National Institute of Blind People (RNIB)
Save the Children (SCF)
Scope
Steiner Waldorf Schools Fellowship (SWSF)
Training, Advancement & Co-operation in Teaching Young Children (TACTYC)
UNISON
Voice—Union for Education Professionals (formally PAT/PANN)
What About the Children (WATCh)
World Organisation for Early Childhood Education (OMEP)
Young Minds

October 2009

Memorandum submitted by UNISON

SUMMARY

- The submission is submitted on behalf of UNISON, the UK's largest public service union and reflects the views of children's centre staff about the effectiveness of children's centres.
- UNISON represents a range of staff working in children's centres including; early years staff, social workers, parental outreach workers, health staff and centre managers.
- Staff in children's centres overwhelmingly report that centres are making a positive impact on children's lives and that in particular they are improving both the range and quality of services available to children from the most disadvantaged backgrounds.
- Staff believe that children's centres have significantly improved inter-agency working and co-operation between all partners. Staff thought that children's centres were working most effectively in partnership with health services and comparatively less effectively with schools and the voluntary sector.
- There remain issues with the staffing and governance of centres, in particular the relationship with schools. However, most staff reported the positive nature of their experience of working in children's centres and believe that children's centres are making a real difference to children's lives and future life chances.

As one family support worker says,

“I think Children's Centres make sense. There has always been talk of integrated working and sharing information but it has never actually been put into practice until now! The Centres are paramount in leading the way in integrated working and sharing information. We have to stop working in isolation as professionals and working together really does benefit families and children. By bringing experts together in one place it allows families and children to get real long term solutions that can break the cycle and give them confidence and choices. It raises aspirations and drives parents to want more and feel worthwhile too. I believe that we are at the beginning and there is so much more we can still do to make our services stronger. But the key is definitely working together with as many professionals as possible.”

BACKGROUND

1. UNISON conducted an on-line survey of members in children's centres in September 2009. Whilst the survey questions did not directly correspond with those of the Select Committee inquiry they shared many of the same themes. The opinions and views quoted in this evidence are those of respondents in the UNISON survey.

2. 92% of survey respondents were women and the majority were employed by the local authority, which is reflective of UNISON's membership in this area.

Theme 1: The development of the children's centre programme

3. There is some sense amongst staff that some of the focus of the initial Sure Start Scheme has been lost as it has been expanded beyond the targeting of children from deprived areas.

4. Some respondents stated that there had not been the same amount of resource allocated to centres opened more recently. However most respondents believed that the children's centre programme offered significant benefits and that it was a service that should be offered in all communities.

5. Some respondents reported that significant benefits had been achieved by broadening the range of services offered and attracting a wider cross section of users from different backgrounds, thereby providing different role models and enabling service users to talk and learn from each other informally.

6. Although some reported they were frustrated that some centres did not offer the full range of services that the first wave of centres offered it was important that the offer the centre could make reflects the needs of the community that it is part of. The fact that all centres suit local circumstances and have developed differently is part of deliberate design of Sure Start.

Theme 2: The range and effectiveness of services provided by children's centres

7. All respondents to the survey indicated that their centre offered a very broad range of services to children. All stated that they offered; childcare, access to health services, family outreach services and access to social services.

8. Other services typically offered included; activities for under-fives, courses for parents, stay and play, parent and toddler groups, baby massage, benefit advice, breastfeeding, anti natal classes, toy libraries, housing and debt advice, ESOL classes, Children and Adolescent Mental Health Services, Job Club, speech and language therapy, parenting support, basic literacy, computer classes and Saturday clubs.

9. 96% of staff believed that children's centres had improved services to children and that children's centres were making a difference in improving children's lives and future life chances

10. When asked about examples of effective working practice, typical comments included:

11. "We can share information easily and involve other agencies in our group work to provide further support for families. Other agencies gain a greater understanding of the work we do and can signpost families to our services. We can refer families for further support by using our close relationships with Family Support Workers. It works really well to join up our working with workers who we have built relationships with and to appreciate each other's work."

12. "We have regular sessions and contact with the speech and language therapists attached to our centre. This has led to several children being referred for speech and language therapy much earlier than I have experience of when I was working in a day nursery. This early intervention has a positive impact on the children's development."

13. "...we have colleagues from health sitting alongside us and working together to support families. We can share expertise, training and provide support under one roof to respond to most families needs."

14. "We have helped people into training and in looking for work. As well as identifying opportunities for volunteering which then gives them the confidence to take up work. Health Services taking place in children's centres have helped families to use other services."

15. "We've taken a lot of stick about not improving 'outcomes', but a scheme like this takes time to be effective. I think it works—families from areas perceived as 'better' are clamouring for our services, but sometimes it's difficult to engage with those that need the services most, but that's why we're here. I hope we can keep going and prove the critics wrong."

Theme 3: Funding, sustainability and value for money

16. The key concern about the sustainability of children's centres was doubts about potential public service cuts and in particular statements by commentators, think tanks and politicians about the effectiveness and future of Sure Start.

17. Staff reported concerns that a lack of political will could impact on the long term sustainability of the programme. Particularly in areas of deprivation, staff felt it was important that there was ongoing core public funding in the Sure Start Scheme to make them sustainable and successful. In areas of deprivation, it was felt, there is simply not the family income nor the incentive for the private and voluntary sector to offer high quality services for those most in need.

18. The view of staff was that by delivering quality services to children in areas of deprivation Sure Start Children's Centres were achieving their goals and delivering excellent long term benefits and value for money.

19. Good quality early years provision can deliver significant benefits in terms of increased educational participation and qualifications, economic activity and earnings, but also in cutting youth crime, substance abuse and poor health. Staff believed that centres could make a real long term impact in some of these areas and were extremely concerned that benefits could be lost in any short term cost cutting measures.

20. Concern was also expressed about the potential impact of the introduction of the Early Years Single Funding Formula (EYSFF) and whether levelling down of funding rates for children's centres would make the current offer unsustainable in the long term. Children's Centres typically have a higher ratio of qualified and professional staff and are often centres of excellence for good practice in the early years sector in their area.

21. Typical comments from staff were:

22. "Things have definitely moved a long way in the two years I have been in this sector however they appear to be at stalemate due to financial hurdles, there is not enough money available to facilitate changes in service."

23. "Sadly, I feel that the future of children's centres is uncertain. We strive to provide the best start and the highest service for the children in our area. I know that we are not sustainable due to running costs and staffing costs and are not given a budget. To enable us to continue providing an essential service and for future generations we have to have a part budget allocated to us by our local borough."

24. "...intensive input by qualified and skilled workers, working together across agencies, is the only way to make a difference to children and families and Children's Centres provide a base from which to do this. To remove them would be a backward step because by the time children reach school it is often too late. More funding should be put into early intervention and less would then be needed for child protection."

Theme 4: Staffing, governance, management and strategic planning

25. Staff reported that there are some issues with the staffing and governance arrangements in children's centres.

26. Sometimes these were the result of structural or cultural differences such as different IT systems between different agencies or confusion around line management, supervision and professional support. Some reported that some agencies had different priorities and targets from each other and that this could impact on work.

27. There remain significant disparities in pay and conditions between staff from different agencies and professional backgrounds working in children's centres.

28. Staff working in 'childcare' are often on significantly lower pay and worse conditions than other staff within the centres. This is particularly the case where the childcare element of the offer is provided by the private or voluntary sector and these staff do not have access to the same pensions and holidays as other staff.

29. This can cause professional resentment and hinder joint work and professional respect. This was particularly the case where children's centre staff compared the work they are doing with the teacher in the setting and then compared the comparative pay and benefits.

30. Some staff reported that where schools led the children's centre, head teachers sometimes struggled to understand the concept, role and strategy of the centre and that this could cause conflict with the centre manager and impact of the effectiveness of the centre.

Theme 5: Working with other partners

31. Staff in children's centres thought that partnership working was one of the key elements to a successful children's centre. The bringing together of services and of professional expertise had enhanced the services to children and made them more accessible to families. Staff were generally very positive about their experiences of working in partnership.

32. Staff in the survey were asked to comment on how well their centre was working with other partners and whether the creation of children's centres had improved joint working practices.

33. 92% of respondents said that they believed that the creation of children's centres had improved joined up services to children.

34. Staff were also asked to rate between 1–5 how effectively children's centres were working with respective partners. One represented very effectively and five being not at all effective.

35. The results from this question were:

How effectively do you think children's centres are working with the following partners?

Schools

1—very effective	12%
2	28%
3	36%
4	15%
5—not at all effective	5%

Health Services

1—very effective	41%
2	32%
3	17%
4	7%
5—not at all effective	1%

Social Services

1—very effective	23%
2	35%
3	26%
4	13%
5—not at all effective	2%

Voluntary Sector

1—very effective	14%
2	23%
3	36%
4	23%
5—not at all effective	2%

36. This shows that staff believe that children's centres are working most effectively with health services, where 73% of staff believe they are working either effectively or very effectively. However, in schools and the voluntary sector this percentage drops to 40% and 37% respectively.

37. When asked about their experience of working with partners, comments included:

38. "Whilst there is still work to do, the centres have made links with health colleagues especially health visitors and midwives; the private, voluntary and independent sector providers such as day care providers and those offering other support services. There is also more LA inter-departmental working happening rather than working in silos."

39. "Working alongside health professionals has improved communication and understanding of roles. This has increased referrals between agencies and openness and communication."

40. "We have co-located early years, integrated services team, health visitors, midwives, social care colleagues and Child and Adolescent Mental Health Services workers. All being located in the same offices has made joined up working for families much easier and smoother."

41. "Many parents are coming into the Centre to use the joined up services between health and Children's Centre. These early services have brought some of the hard to reach families that have then continued to attend other groups. Children Centre's are ice breakers and give confidence to parents about attending."

42. "Through CAF panels and improved communication with a range of different services we are sharing information and providing crucial early interventions."

43. "I think the joined up working between Health Visitors has improved vastly. I also feel that taking health services out of traditional venues and putting them into Children's Centres has meant parents can access support from one convenient venue."

44. "I work as a Psychologist in the Child and Adolescent Mental Health Service, and there is a service level agreement for my two days working at the Children's Centre. This has enabled a really useful link between the two services for advice, consultation, supervision, effective referrals and sharing specialist knowledge."

45. "It has taken some time to get there but I feel that we have finally got a much more joined up service at point of delivery for families with under-fives."

Theme 6: Are services being accessed by the most vulnerable?

46. 93% of children's centre staff believe that centres have improved range and quality of the services available to children from deprived backgrounds.

47. Respondents quoted numerous examples of how they were able to reach the most vulnerable including those just outside the threshold for social care intervention.

48. A minority of respondents reported that services aimed at the disadvantaged were been utilised by other families and others felt that more work needed to be done with fathers. However, the overwhelming response was that important work was being achieved and that real progress was being made in this area.

49. Typical comments include:

50. "Families are starting to have aspirations for themselves and their children. We have had parents who have gained not only the necessary skills but also the confidence to obtain work. Children are being identified earlier where additional support is required."

51. "Children's Centres offer children from deprived backgrounds, who may not otherwise have the chance, the opportunity to interact with other children, have play experiences and develop meaningful relationships with adults. In these and many other ways services can support the child's development in line with their peers."

52. "By working with the local council, local trainers, employers and Jobcentre Plus, we have helped many families get closer to fulfilling their potential, while all the time ensuring the well being of all the children in the family."

53. "The service I provide is support for breastfeeding mothers. We have found that by using a drop-in during a child health clinic rather than a stand alone support group, we are much more likely to attract 'hard to reach' parents."

54. "I feel that we have made an impact on the lives of young children in the highly deprived area that we are in. The services we provide give local families access to activities where children and their parents/carers can socialise and therefore helping to prevent isolation. Parents/carers wishing to train to gain employment can access funding to help with the cost of childcare. This has had a huge impact on the economic well-being and positive self images for these families."

55. "My team work mostly with children in care or on the child protection register. The integrated services offer very good generic services for general public use but these are accessed by the more able local people. There is still a huge gap in provision of preventative services for vulnerable children and families."

56. "We can attract those who might be intimidated by a more institutional setting. We focus on early intervention and prevention and encourage parents and carers to interact with their children in a non-judgemental and positive way."

57. "We have been able to identify vulnerable families within our community much earlier by working closely with midwives and health visitors. We have supported the childcare costs of some children in order to help with socialisation and development. We provide opportunities for play, particularly, for children who have little stimulation at home."

58. "The Children's Centre allows for services to be offered to families who do not meet the threshold for social care intervention. It also means that vulnerable parents can be identified in pregnancy and offered early intervention."

59. "We provide services to families whose problems are not yet serious enough to warrant intervention from Social Care. By doing so we not only provide practical help but we also make these families feel valued and help to avoid intervention becoming needed."

60. "The centre's groups are still dominated by better-off families, and the more needy families remain difficult to reach and engage."

61. "We have a dedicated father's worker who has managed to double our percentage of fathers attending the children's centres and engage them in relationship work with their children. Our courses appeal to vulnerable families for instance, debt and money issues, healthy eating, literacy, computer literacy and safety in the home and first aid."

62. "A lot of our work involves working with families who have a number of complexities. I do not believe this would happen as much if it wasn't for family support workers knocking on doors and escorting families to services. I live in Redbridge and Children's Centres are only just getting set up but my son is now four and has missed out on all the goodness that Tower Hamlets has to offer."

63. "The level of training of children's centre staff is extremely high. There is also a great understanding about infant mental health. The staff at this children's centre have been able to engage with families where other services have failed to engage."

Witnesses: **Mohamed Hammoudan**, National Youth Programme Manager, Community Matters, **Margaret Lochrie**, Director, Capacity, **Melian Mansfield**, Chair, Early Childhood Forum and **Ben Thomas**, National Officer (Education and Children's Services), Unison, gave evidence.

Chairman: May I welcome Margaret Lochrie, Melian Mansfield, Mohamed Hammoudan and Ben Thomas. If I have mispronounced names, don't worry because I am going to go to first-name terms if you don't mind. We promise not to tease you as we teased John Bangs, as he comes in front of the Committee quite often. Let's get started—this is an important second part to this morning's investigation. Margaret, I know that you have been in front of the Committee before; so has Melian. Ben and Mohamed are new to the Committee.

Mohamed Hammoudan: It's the first time, yes.

Chairman: We won't be gentle with you. Let's get started. Graham is going to ask some questions about rural centres. Holderness is quite rural, isn't it.

Q280 Mr Stuart: It is indeed. Well noted, Chairman, from your urban redoubt. Does the Children's Centre model work in rural areas. Who would like to pick up on that.

Margaret Lochrie: My organisation recently published a report on rural Children's Centres, and the answer is yes. There are particular challenges and we found that there was a need for the model to be more flexible in a rural area, but practically all parents were very clear that they had benefited from it. They'd had help across a wide range of things. As the Chairman pointed out earlier, there is all sorts of help that is really useful to them, particularly in relation to rural poverty.

Q281 Mr Stuart: That would be the parents who were able to access services. One of the difficulties and challenges is in reaching out and getting to parents who are currently not doing so. Is it more expensive to deliver Children's Centre services in a rural area. Does that mean that a smaller percentage of families that one would like to reach are reached, per pound, in a rural area.

Margaret Lochrie: Well, we interviewed some non-users as well. The context that Children's Centres operate in, with the lack of infrastructure and transport, is a real issue for the centres and it is outside their control in many ways. The outreach capability of the Children's Centres we visited was quite exceptional in terms of identifying families who are literally cut off, particularly workless families, where only a quarter of them have a car. So a big function of the rural Children's Centres we visited was helping with transport but also getting services out into village halls. Nothing is perfect, but it is certainly better than it would have been in terms of enabling families to access services had the Children's Centres not been there. It probably is more expensive but we were not able to see any figures that demonstrated what the differential was.

Q282 Mr Stuart: Sorry to keep focusing on Margaret here, but since you have just done this work, you said that one of the challenges—as it is in the area that I represent—is to get transport for

people. How do Children's Centres in rural areas effect change in transport. How do they provide it—if they do—or stimulate it. What do they do.

Margaret Lochrie: It falls into two different kinds of help. The first way is getting parents to a particular Children's Centre, and they have made use of volunteer transport schemes, car-driving schemes and dial-a-ride, and the second way is getting the services out through village halls, taking them out to services that are near people, and building round what parents want. Probably the key thing that should drive Children's Centres is what is most useful to them. Some parents want help to get somewhere else and others want services delivered to where they are.

Q283 Mr Stuart: Is the rural weighting applied sufficient to cover the additional costs of providing services in a rural area.

Melian Mansfield: I don't know that we can answer that. One of the most important things is that every family has an entitlement to services and we have to find different ways to enable all families to access those services. Outreach work has already been mentioned, both in the previous session and this one, and in rural areas of course the challenges are different, but they are different in different parts of the country, anyway. But every family in the country should have access to a Children's Centre and its services.

Q284 Mr Stuart: The question is, does it. Is it inhibited from doing so because funding does not follow need. Typically, the area I represent receives much lower funding per head for education, for health and a whole number of things than does Hull next door, despite the fact that it is much cheaper to deliver services in Hull than it is to deliver in the sparsely populated rural community. So the question is not whether they should have it but whether they actually get it and whether the funding is proportionate to the costs of delivering an equitable service.

Melian Mansfield: The question about funding—there always needs to be more funding, but there are ways that can be found round that. If there is not enough funding for rural areas—I don't know whether Margaret knows more about this—it needs to be found so that all families can access the services.

Margaret Lochrie: One of the issues raised by our report and its recommendations was that rural families are less able to make use of services but are not designated by DCSF in the Children's Centre guidance as a priority group. One of our recommendations, which I think is being taken forward and looked at by DCSF and the Commission for Rural Communities, is looking at whether more needs to be done to make rural families, particularly poor rural families, a priority. There are some very well-off families living in the country as well who do not suffer the same difficulties of access. In terms of funding, there is a

rural weighting. No one was able to point to families that could not be reached because of money, because the capacity to reach depends on a whole complexity of factors. It seems self-evident that there was a chance that people were missing out on services because of lack of funding, but that has not been demonstrated in terms of hard cost analysis.

Q285 Chairman: Does Community Matters have a view on this. The evidence you gave us was really very interesting in terms of the broader community context. I wondered whether you had had much experience in that rural aspect.

Mohamed Hammoudan: I have to say we do not have much experience in terms of the rural areas. However, broadly speaking, in terms of our memberships, there is a suggestion that the harder-to-reach communities tend to feel slightly more alienated, particularly when services tend to be co-located in schools. There seemed to be a suggestion that schools are slightly intimidating for some of the more vulnerable groups, particularly parents who have multiple problems. Where you set out flagship centres, they tend to be off-putting for some of the parents who are more likely to want a more informal setting, rather than an establishment that is predominantly educational.

Q286 Chairman: So you'd like the rural situation, because it seems, from what I've read of the other evidence, that the services are often provided in village halls and all sorts of community facilities that people are very familiar with.

Mohamed Hammoudan: Absolutely.

Mr Stuart: And primary schools, which they're less happy with.

Mohamed Hammoudan: I think the voluntary involvement of parents is really important. Some of the larger Children's Centres can feel intimidating. An informal setting is really valuable in terms of some of those grass-roots community buildings and community settings.

Q287 Chairman: Ben, what about you. This Committee has quite a good memory, and one thing I remember from quite a few inquiries ago is that the eastern region of our country has the lowest educational attainment. Of course, that is made up of much rural and coastal poverty. Do you have much experience in Unison of that sort of area.

Ben Thomas: Not particularly. Obviously, our view is that we support the universality of the provision in children's services. I agree with the comments, in that there should be a universal service. There are pockets of deprivation in every constituency, as far as I know, and those people shouldn't miss out simply on the basis that they live in a rural community. The issue of seaside poverty is a serious one, which I am not sure we have particularly addressed.

Chairman: Have you finished, Graham.

Q288 Mr Stuart: Not quite. One obvious thing about a coastal facility is that if you draw a circle around it, half the area is in the sea. Therefore, it

doesn't have the same reach and, again, the cost per unit of activity will be higher, which isn't necessarily recognised in the funding formulas. To deliver the ability to support families in getting into work, obviously child minding is a fundamental part of the Children's Centre offers, or it certainly was in the earlier phases. What more could be done to provide child-minding services and child care in rural areas.

Margaret Lochrie: We found that the number of child minders had decreased in some of the areas we visited. We were told—we didn't interview any child minders—that some child minders were giving up because they were daunted by the requirements on child minders through regulation. There certainly is a need for strong child-minding networks if parents are going to be supported into work; it's not the sole function of Children's Centres by a long chalk. As you will know, a lot of work in rural areas is seasonal. Sometimes it's at weekends or in the evenings. Many parents told us they couldn't find child care that met their work needs and they didn't work as a result. I am sure there were other factors, but the need for flexible child care, we judged, was greater in some rural areas than in urban areas.

Q289 Chairman: Melian, before you answer, do we have to use the term child "minding". Couldn't it be banned. We must be the only country in the world that uses child "minding". I thought we had an early years foundation stage because we don't want our children being minded as though they were mushrooms. We want constructive environments, wonderful play and knowledge of the development of a child's brain. For God's sake, child "minding" seems to be something out of the Victorian era—sorry, it's the snow getting at me again.

Margaret Lochrie: Maybe the name isn't a good description of some of the training that they undergo.

Mr Stuart: Don't be deflected by the Chairman. Stick to rurality please.

Chairman: Stick to the point.

Melian Mansfield: Maybe the word has to change, but in fact child minders have to meet the same requirements as everybody else who works with young children in a nursery school, a play group and so on.

Chairman: A lot of us have seen pretty awful child minding in our constituencies and elsewhere. A few years ago, the National Childminding people took me somewhere that had an enormous television with 12 little seats around it, and I thought, "So much for child minding."

Melian Mansfield: That's a very poor example. There are many outstanding child minders, and we have to recognise that.

Chairman: I agree, but I dislike the tone. Ignore my rant and carry on.

Melian Mansfield: Many Children's Centres are developing networks of child minders, but it is slow. That is where support can be given to child minders. Margaret has said that a number of child minders have decided not to continue because of everything they are required to do. That is not so much in rural areas, of course. But, on the other hand, where there

16 December 2009 Mohamed Hammoudan, Margaret Lochrie, Melian Mansfield and Ben Thomas

are networks of child minders that get support through the Children's Centre and are able to meet each other and exchange experiences, it works well. That is what we need to build on. What we have to remember in everything that we are talking about is that we are in the very, very early stages of developing Children's Centres. We support them wholeheartedly and think that they are really important and should be universal and for all families. We are in the process of building relationships and partnerships with a wide range of different services that have not historically worked together or integrated. They have different cultures and language, and developing those partnerships takes a long time. Many of the early Children's Centres have only been in place—even in the first phase—for three or four years, and many of them were based in Early Excellence Centres to start with, which were already doing good work in education and outreach. There are numerous examples of good practice, which we have to move, develop and look at. Need is different in every local community, so they have to be flexible and build on the experience and services that are already there and link them together. Also, as was said earlier, it doesn't all have to be in the same building—the centre can link with current services. Those who work in Children's Centres need to have huge experience in early years. Incidentally, that includes inspectors who inspect Children's Centres; they need to have huge experience and understanding of early years. The early years are the most important years in the lives of children and families, and investment in them has huge benefits later on. Unless we invest, as many other countries do, in those first early years, support families and provide education of high quality, we will not reap the benefits in their later lives. Plenty of research shows that. This country still has a long way to go to invest properly and fully in the early years.

Chairman: Andrew, do you want to come in on rural poverty.

Q290 Mr Pelling: I do. I have an obscurantist view and note that the Japanese Government have a big initiative on that type of provision. It doesn't boost their rural economy, but that is slightly obscurantist. Is there any empirical evidence on how much more expensive the provision is in rural areas compared to urban areas. Graham referred to it, but is it correct and what is the training support.

Margaret Lochrie: There is a rural weighting in funding, as I understand it.

Mr Pelling: Yes, but that is an assumption.

Margaret Lochrie: I have not seen any cost analysis that would answer your question; that would be for DCSF.

Mr Pelling: But in rural areas—

Chairman: Speak through the Chair please, Andrew. What is this stereophonic noise I hear. Make your point.

Q291 Mr Pelling: I would imagine, through the Chair, that there are implications in terms of the success and sustainability of local communities. It isn't just about quality of service, it is providing a

very significant service support and I would imagine that Children's Centres could in themselves be a keen nexus for the community, let alone serve the needs of the child. Would you all agree.

Margaret Lochrie: Certainly, parents we interview would agree with that. The strong feeling was that Children's Centres would be better as multi-purpose, intergenerational centres with adult education and a youth club. Many of them were concerned about the real limitations on activities for school-age children, or early teenage year children. So there was a very strong feeling that Children's Centres were an incredibly important resource, particularly where there was a new building in the community, and should be used very widely by that community.

Q292 Mr Pelling: Do you think there are things that the Children's Centres should be doing that they are not doing at the moment.

Melian Mansfield: They can only do as much as they can. I think that many of them are doing as much as is possible, but it is dependent on links and partnerships with other agencies. That is obviously more difficult in rural areas, but rural areas have always been poorly served in terms of services. The development of a Children's Centre is a hugely important one, because it is beginning to bring together opportunities for families that they have not had before. The transport issues that Margaret has mentioned have always been there. I know—I was brought up in a rural area. They are worse now than they were many years ago. So that is another issue and there are lots of issues relating to distance and so on, but the challenges are being met. If there is an additional cost, then that has to be met too, because families lose out otherwise.

Mohamed Hammoudan: I was going to point that out, and Margaret made the point. If there are new facilities in a local area then they should be better utilised to bring in the wider community, because space is at a premium. So there is a good opportunity for Children's Centres to expand services, particularly in aspects such as intergenerational work, if those types of things are not available in rural areas, where investment is not as high as other areas.

Chairman: Ben, do you want to come in on this. Look, I will hold that back and you can ask that question again, but I promised Karen that I would get on to employment and child poverty. Karen.

Ms Buck: Thank you. Before I do, can I just put it on the record that you, Chairman, were quite negative about child minding.

Chairman: About the term child minding.

Ms Buck: And the example that you used, Chairman, to be strictly accurate. I just think it needs to be said that child minding is an incredibly important part of the range of child care options. Home-based care is an incredibly important element for very young children and for out of school provision and so forth. I would hate for a negative impression to be formed of that.

Chairman: Karen, I can assure you that I have been to very good child minding centres. It is just that something about the child minding term does worry me.

Q293 Ms Buck: The term, indeed, is horrible. I think you may have been here for the last session, when Mr Stuart launched into an attack on Children's Centres for being framed in such a way that their primary purpose was about turfing parents out into the work place. I think this question is directed more towards Margaret. Without wishing to lead you in any way to a conclusion, does not the work being done in Children's Centres, according to your analysis, probably underplay the role of preparing parents for training or work. Were you not actually quite critical of that element of Children's Centres not coming to the fore.

Margaret Lochrie: I am not sure that I would describe myself as critical. The work of supporting parents to gain skills that can be used both in their family lives and, most particularly, to get into work should be recognised as part of the core offer. I take the diametrically opposite view from the one expressed in the earlier session, which was that it is simply about early education and care for children and getting it right. Children's Centres have a role in tackling poverty, and poverty cannot be tackled effectively unless parents are helped, not just into low-paid work—it is not just about getting them off signing on the register—but into work. This is the view of parents themselves. We have done not only a study of Children's Centres in rural areas but a study on outreach for DCSF. Among those families not in work, or on very low incomes, the thing that is valued most of all is second-chance learning; they talk about that in life-changing terms. Personally, I feel very strongly about this. If we are not to be talking about child poverty in another 30 years, Children's Centres should be brought in to recognise that those with low qualifications or no qualifications are those on the lowest incomes, and parents should be given the chances that they themselves want.

Chairman: Melian, do you want to come in on this.

Melian Mansfield: Yes. Many parents who are involved in Children's Centres as volunteers, or because their children are there, become employed by Children's Centres and then move on to other employment. It is about giving those opportunities to families and parents who may not have had that before, because they become engaged. It is important that the people who work in Children's Centres are encouraging and supportive, and meet the needs of families—for example, by giving them courses and classes in learning English or any other support that they need—so that they become more confident and feel able to take on employment. That consequence has already been seen in a number of Children's Centres, and that can be developed further. It is not the be-all and end-all of Children's Centres. It is about providing support for families and children that will enable them to live more interesting lives in all sorts of different ways, and making them able to support their children better.

For example, we can work with parents to show how they can play with their children, and offer opportunities for play development, which is hugely important in children's development. That is another way in which Children's Centres can help, but there are many others too.

Chairman: Can we go right across the panel.

Mohamed Hammoudan: I take a slightly different view from Melian. It is not just about providing education. It is about the whole cohesion, in terms of involving families in Children's Centres. I feel that that is crucial, in terms of having a holistic view about how to involve parents in having a say in what happens in Children's Centres. I also believe that Children's Centres that are co-located in schools are not necessarily the most welcoming for the most vulnerable parents. There is a space for community groups and community organisations to broker some of that engagement work, particularly with the harder-to-reach parents and families. That is a view that has come across quite widely from our members, who say that it has been quite difficult for them to have an open a dialogue with Children's Centres particularly those concentrated in schools. That has, in my mind, some aspects of community cohesion.

Ben Thomas: I suppose that we see one of the key roles as breaking that cycle of deprivation. It is about investing in early years through providing opportunities for those children, and about the role that Children's Centres can play in engaging with the community, and particularly with children from the most disadvantaged backgrounds. The view is that they have been effective in doing that—in engaging with those disadvantaged communities—and staff in the centres are positive about their experience of reaching out into some of those most deprived areas. There is an issue with return to work and how effective the Jobcentre Plus element on offer at Children's Centres is. As for the Jobcentre Plus staff, there is a degree to which the current economic circumstances mean that they are less focused on supporting parents back into work, as they deal instead with benefit enquiries that they get from parents.

Q294 Ms Buck: Should there be a more concentrated effort to track outcomes in employment. Indeed, should there be a wider, economic well-being and anti-poverty approach in the work of Children's Centres. Or would that distract them from the other very important functions of community building, parental support and early education.

Margaret Lochrie: I don't believe it would be a distraction. As Emma said earlier, Children's Centres involve a lot of different professionals working together. If we had education and training providers in there as part of the core offer alongside all the rest, they specifically bring with them the skills of being able to track progression. A lot of criticism is made about Jobcentre Plus and its relationship with Children's Centres, the accuracy of which I do not feel able to comment on. Getting a job is not just about going to the Jobcentre and signing on. It is about moving from having a Level 1 qualification or

16 December 2009 Mohamed Hammoudan, Margaret Lochrie, Melian Mansfield and Ben Thomas

no qualification. It is also about building aspiration and confidence, and it would greatly aid the work of Children's Centres if they had a system to track progression—the distance travelled by individuals. It is done for children, and there is no reason why parents should not have that support as well.

Melian Mansfield: There need to be more data about outcomes, both for children and in the longer term. We need a long-term longitudinal piece of work to track children and their families. Some centres, such as Pen Green, have done that very effectively. They have followed children right through until they are 14 and 15 and seen what the benefits are from having been within that centre—both to the family and the children themselves. All Children's Centres need to do that.

Q295 Ms Buck: Isn't there a risk that you then play into the hands of organisations such as the TaxPayers' Alliance and the Institute of Directors, the research of which we were asked about in a session on Monday. That research effectively says that the whole programme has been a failure and a waste, because if you look at a couple of outcomes—key stage education results or parental employability—Children's Centres have not been able to demonstrate that they have made a difference. What is the balance to be struck between getting some valuable tracking of the added value that Children's Centres can bring on the one hand, and setting up an outcome measurement that we are not structuring Children's Centres to deliver on the other. If we do the latter, there is a danger that we will set them up to fail.

Melian Mansfield: There is a real danger in tracking. We have to evaluate the effectiveness of Children's Centres on communities as a whole. They are developing and helping community cohesion as well as outcomes for parents and children. We must not focus or target too narrowly, because that does not look at the overall effectiveness of having different agencies working together for families. We keep forgetting that we are in the very, very early stages of Children's Centres. Even the early ones have been running for only three or four years. This Committee constantly looks at schools, which have been running for over 150 years, and there are still plenty of problems and challenges that have not been fully solved. We are talking about very early stages and yet a huge amount has been achieved, even within those three or four years, in many places. It is not easy to get different partnerships with people who have not worked together before, whose relationships have not been developed over time and whose cultures are completely different. For example, health, social care and education are very different organisations. It is also about changing attitudes to effect constructive and effective development. But there is a massive amount of really good work going on, and we need to build on that, draw on where it is going well and develop it further, rather than saying, "There are all sorts of problems." Inevitably, there are problems, but there is also a huge amount of positive activity.

Q296 Mr Stuart: What percentage of the neediest children are Children's Centres currently reaching.

Melian Mansfield: That is our first priority. Many of them are being reached, but I can't give you a percentage, I am afraid.

Q297 Mr Stuart: I'm aware, having sat through the various witness sessions, that we talk about the experience of the children being reached. How many people are Children's Centres reaching.

Melian Mansfield: Every Children's Centre had a target number of families to reach in the first year or two, which has been recorded by the Children's Centres. I don't know whether it has been recorded nationally. They weren't able to reach 100% because, in some cases, they had a very large number of families to reach, particularly in urban areas—something like 1,000 families for one Children's Centre. That is a huge number of families to reach in one year.

Q298 Mr Stuart: Again, it was just to get a perspective on Karen's point. The reality is that up to this stage, they have only reached a relatively small percentage, so it is not surprising that they haven't fed through into larger figures in terms of ameliorating child poverty. As you say, the whole programme has to be expanded and hopefully expand its reach, and we will have to wait a number of years before it will have the impact.

Margaret Lochrie: Briefly, I think this comes back to Karen Buck's question about tracking. There is no universal system for tracking the information that would answer your question. We found in a study of Children's Centres that the proportion of very poor families using the centre ranged from around 90% in some centres to around 50% in others, which is significant and high.

Q299 Mr Stuart: Sorry, the lowest percentage you found was 50%.

Margaret Lochrie: Around 50%. Children's Centres are reaching families that are affected by poverty and a range of deprivation factors. We were able to determine that by asking parents a series of questions that provided those answers. If the answer that a Children's Centre gives when asked, "How many families in need are you reaching?" is "A lot", they are probably right and accurate, but you don't have systems established to track it at the moment.

Mohamed Hammoudan: Also, there is a danger in terms of the front-line service delivery. From my experience, collecting data is not their best strength. So there will need to be some sort of support to help those front-line staff to do that. There is a huge amount of work that goes on in front-line delivery. The last thing someone would want to do is to sit in front of a computer and input data. There is a balance there for ensuring that there is that level of support in front-line delivery.

Ben Thomas: I think I would agree with that. One of the complaints is that too many resources are put into trying to measure output and outcomes, rather than doing the work. As Martin said about the role of the work force in perverting the will of the

16 December 2009 Mohamed Hammoudan, Margaret Lochrie, Melian Mansfield and Ben Thomas

Government, once you introduce targets and measurements, the staff will start adapting their work to meet them. That can sometimes have a danger in distracting from front-line work.

Q300 Ms Buck: But how, then, can we hold the vandals of the TaxPayers' Alliance.

Mr Stuart: The vandals are those who have been running our public finances for the past few years, sadly.

Chairman: That wasn't a question, Ben.

Ms Buck: Behind the insult, there is a genuine point. Without distorting what Children's Centres do and without adding a whole layer of bureaucracy to what they do, how do we resist the demands articulated in that particular IOD and TaxPayers' Alliance assault, which says there is no added value and you cannot prove what you are doing.

Melian Mansfield: Because some—[*Interruption.*]

Chairman: Hang on a second. The bell lasts for 20 seconds and then we'll get a gap and then another bell. Okay.

Melian Mansfield: Some of the value is not measurable in quite that way. I agree with what Ben has just said. Yes, it is important to collect data and so on but it also can be distracting, and can focus on bureaucracy and data gathering rather than on providing those very important services to families who most need them. It is about finding a balance really.

Q301 Chairman: We already have Ofsted, don't we, in terms of accountability.

Melian Mansfield: Yes, but there are issues about Ofsted and its experience of Children's Centres and early years. Those who inspect do not always have early years experience or experience in working with families.

Q302 Ms Buck: We are making a different point. An inspection of fitness for purpose is quite different from evaluating effectiveness.

Ben Thomas: There has to be a degree of trust in that the Children's Centre model and investing in early years will work, and we need to give time to reap those rewards. For too long we have not done enough around early years, and we have some of the highest rates of educational failure in the OECD. Therefore, we have to give this process time and have a degree of trust. Looking at international comparators that do not have the levels of failure in the education system that we do, what is common about them is that they invest in early years.

Q303 Chairman: But Karen's point is a strong one, isn't it. If we don't know that this is actually a good investment of taxpayers' money, when it is now rising to nearly £1 billion, we are going to be finding that those of us who want to protect Children's Centres and see them develop, grow and thrive, are going to be on more difficult ground.

Margaret Lochrie: I think the question is absolutely appropriate. I think that people often conflate data gathering with bureaucracy and that is not necessarily the case. There are outcome systems out

there—we've been involved in one and I know of others—that can gather these data. I think that there is an attitude sometimes on the part of those who work in Children's Centres that data gathering or even targets are somehow a distraction from what they should be doing, when in fact they are a form of accountability to the users—[*Interruption.*]

Chairman: That bell tells me that we've got two more sets of questions. We've got 10 minutes on each section, so I'm now going to be a hard taskmaster. We're going to move to Children's Centres in the community context, with David leading us.

Q304 Mr Chaytor: Thank you, Chairman. I want to pick up on the written submissions by Community Matters and by Unison. In terms of the role of community groups, you made the point earlier about the way in which greater involvement by community groups can make the services more accessible to hard-to-reach families. Your written submissions are very strong on this. You say that this is what your members tell you, but inevitably they would because they have a vested interest in strengthening the role of community groups in the delivery of children's services. Is there any hard evidence that this is the case, or can you cite any particularly good examples of Children's Centres run by community groups or with strong involvement by community groups.

Mohamed Hammoudan: I think it is unfair to say that there is a loaded response from members. I think that our members are interested in the wider community, and that means families at large. We have got some good examples from community organisations that do add value in terms of supporting Sure Start in Children's Centres. Our members do not want to run Children's Centres wholesale. They're more interested in trying to use their expertise and ability to engage with hard-to-reach members of the community, particularly where local members of that community find it fairly difficult to access services elsewhere. I've got an example here from an organisation in Birmingham which does exactly that. They provide services for parents in addition to what might be on offer at Children's Centres. It's the method that they use, which is far more informal and far more on a voluntary basis, that's really important, particularly for adults who've got children and find it really difficult to engage with authority. It's that voluntary basis which allows community organisations to encourage those families to start talking about their issues, unlike some services which are co-located in schools.

Q305 Mr Chaytor: Is there a tension between the idea of bottom-up community empowerment and increasing co-ordination of the Children's Centres programme by local authorities. Is that the heart of the problem.

Mohamed Hammoudan: I think there's a tension in terms of the dialogue. I think our members find it difficult to have a dialogue, particularly with the local authorities, regarding resources and having a voice in terms of saying, "We are here, and we want to be a part of the big picture." I think they feel slightly alienated, particularly as, in the early stages of Sure Start, they

16 December 2009 Mohamed Hammoudan, Margaret Lochrie, Melian Mansfield and Ben Thomas

were used quite frequently to kick-start the programme, and now they're at the back end of things.

Q306 Mr Chaytor: You feel they've been squeezed out.

Mohamed Hammoudan: Yes, they have been squeezed out in many ways. I think their expertise has been squeezed out as well, particularly when it comes to some of those additional services that could be run from community organisations that are now being run in schools. Previously, they were run from community organisations, but now they've been squeezed out.

Q307 Mr Chaytor: But is there a wider issue also of the balance between what is prescribed nationally by the Government who ultimately allocate the budget and what is determined locally. If there's too much involvement by community groups and too great a diversity at local level, doesn't that lead to a general fuzziness about what Children's Centres are all about.

Mohamed Hammoudan: I think the question, really, is about ensuring that parents have a voice. Our members say that the wholesale of flagship community centres has diluted their voice in many ways. They're not involved as proactively in shaping some of those services, but on a smaller scale, through community settings, they're able to shape services better. They've lost that voice.

Q308 Mr Chaytor: From the Unison perspective, would you take a different view, because by and large, the majority of your members will be working in local authorities.

Ben Thomas: Obviously, our key concern is around staff pay and conditions. If a service is provided in the maintained sector, generally the pay conditions are better. It's not that we have an opposition to community-run projects or that there isn't a role for the community. Obviously, the key concern is that sometimes there can be funding issues. If a service is going to be delivered, the staff deserve proper pay and conditions.

Q309 Mr Chaytor: But at the end of the day, greater involvement by community groups, who would generally employ people on poorer terms and conditions than local authorities, must be a threat to your members, so there is a direct relationship here, surely.

Ben Thomas: There is. Cost is one of the key elements in any commissioning process, and the chief cost in delivering the services of a Children's Centre is the pay and conditions of the staff, which are already, as you heard in the earlier session, very poor in general, and those in the maintained sector are comparatively less poor. What I do not want is staff to lose through that process.

Q310 Mr Chaytor: Do you agree with the view that community groups are gradually being squeezed out of the delivery of Children's Centres, which is to their detriment.

Ben Thomas: I have not seen evidence to support that assertion, so I am not in a position to counter the suggestion.

Chairman: I am trying to give a message to Melian. You should know that special advisers sometimes pass us notes, and we have a note for a supplementary to Mohamed. David, do you want to do that while we have it.

Q311 Mr Chaytor: Okay. Do you have a specific example of a local authority that is particularly good at encouraging the involvement of provision by community groups.

Mohamed Hammoudan: No. I have not.

Q312 Mr Chaytor: What are the qualities and key features you look for. What do you look for from a local authority in terms of strengthening the involvement.

Mohamed Hammoudan: It's about having a good network in terms of having community organisations fund those forums. I know that up and down the country there are children's area networks, and some work better than others. The ones I have been to tend to be self-serviced by a local authority, and not necessarily involving community organisations. It seems to be more of a tick-box exercise than really trying to engage community organisations in that debate. I think it is about really trying to work on the dialogue, and to work out which organisations can support the long view, because I think there is not enough effort or commitment to actually engage with community organisations in terms of supporting Children's Centres. It tends to be almost sidelined and not to do with the core business.

Q313 Chairman: If you talk to members and they come back with a particular example of good practice, could you let the Committee know.

Mohamed Hammoudan: Yes.

Chairman: Excellent.

Melian Mansfield: I think that traditionally local authorities have not necessarily worked particularly well with voluntary organisations, and do not even know what they have to offer, which is a wide range of expertise. One of the things is about making sure that those community organisations that exist are known, that there is a dialogue, which has been mentioned, taking place, and that support is given to them.

Q314 Chairman: Mohamed makes a very good point, doesn't he. Ofsted has ceased in its inspections talking directly to parents in schools, and that is the backdrop. He is saying that there is less community involvement in the later development of community centres. Margaret and Melian particularly, what was the echo when people more or less dismissed children's trusts as being effective. You smiled at that, Margaret.

Margaret Lochrie: I thought that was a very sweeping comment to make of children's trusts. I think they work across a range of degrees of working well. On the point that Melian has just made about voluntary organisations, sometimes voluntary organisations compete with each other for local

authority funds, so in commissioning, one charity may be competing against another. It is not simply that the local authority doesn't know the voluntary sector, but that some of the bigger voluntaries, like Barnardo's or Action for Children, tend to do rather better than smaller community groups because they have an infrastructure that is reassuring to the local authority.

Q315 Chairman: That came up on Monday. Could I issue to you, Margaret, the challenge I made to Mohamed. If you can find as good an example of a children's trust working well, would you let us have it.

Margaret Lochrie: Yes.

Ben Thomas: May I come back briefly, as you referred earlier to the statement that Martin Narey made on Monday.

Chairman: We are coming to that now. Graham is going to push you on that and if he doesn't, I will.

Q316 Mr Stuart: Ben is bursting to respond. So respond to Martin Narey.

Ben Thomas: I only caught it on YouTube in a very brief clip, so it is difficult to get the entire context. Effectively, he was accusing us of protectionism. The question I think he was responding to you on was around the way that Children's Centres were working effectively with other partners.

Q317 Chairman: My question was about the survey that you conducted.

Ben Thomas: Yes. Where that comes in is that practitioners thought that Children's Centres were less successful in engaging with the community centre. It is not a view that Unison has inspected Children's Centres and has described this—the fact that it is not working—it is merely that they see the view that the voluntary unit sector is the area with which Children's Centres are struggling the most to engage, not that we necessarily think the voluntary sector is failing in this.

Q318 Mr Stuart: Were you surprised at that. A lot of people talked about health being a particular problem.

Ben Thomas: Yes. The evidence we submitted on that basis was very much just a snap survey done in the short period of time in which the Committee was gathering evidence. The survey is probably slightly unrepresentative in that it generally reflects those who sit at computers all day, rather than the generality of staff who work in Children's Centres. It was a snapshot of the view of staff in Children's Centres—how effectively they thought they were working with other services for children. Yes, I was surprised that health came out at 70-odd per cent, in terms of effectively or very effectively. As more responses came in, that flattened out a bit more and the community and voluntary result came to around 40% and health sank slightly to around 65 or 66%. I was surprised at that, because I read and heard all the other instances about health being the sector that is most difficult to engage in the provision.

Mr Stuart: We didn't think you'd rigged it.

Ben Thomas: I don't know whether the view of practitioners, in terms of their relationship with health services, is how well they get on with the community nurse or the health visitor, rather than does the PCT engage in the development of the children and young people's plan. It can very much be that they found their more personal working relationships with the health services as effective.

Q319 Mr Stuart: What can Children's Centres do to increase the ethnic diversity of their staff and management, and improve services to ethnic minority families.

Ben Thomas: If you look at the staff make-up of Children's Centres in the early years providers survey, they have the highest number of black and ethnic minority staff among children's providers. The sector that is very much failing in that sense is in school reception classes where they have a very low number of black and minority ethnic staff. To some degree you would expect Children's Centres to have a higher proportion of black and minority ethnic staff, just on the basis of their locality. The majority of them are in areas of deprivation, which tend to have higher numbers of black and minority ethnic staff.

Q320 Mr Stuart: The Black Voices Network suggested that there are discriminatory practices in staff recruitment. They are obviously not happy.

Ben Thomas: I have not seen specifically that criticism from the Black Voices Network. It's always an issue, particularly in leadership, that ethnic minorities tend to be under-represented. What's interesting about Children's Centres is the degree of outreach workers. Generally the staff—child care workers and outreach workers—come from the communities in which the services of the Children's Centres are delivered. The issue with under-representation is when, effectively, professionals are parachuted in to work in Children's Centres from outside the communities. That is where the under-representation occurs.

Melian Mansfield: It is also because parents using Children's Centres, as I said earlier, are becoming employees within the Children's Centres, and as Ben has already said the diversity within Children's Centres and early years is much greater than anywhere else. That is because of attitudes, actually, because the attitudes are positive and welcoming and enabling. Those are not so evident in other areas for other diverse groups. Also, the employment of male staff is low in the early years sector, as you know, and there's work to be done on that to encourage more fathers and other male people to be involved, as well as minority ethnic groups and disabled people.

Q321 Mr Stuart: Do you agree with Ofsted that disabled families get a good service from Children's Centres.

Margaret Lochrie: I would say on the whole no. There's a great learning curve and performance curve to climb. There is a kind of circular dynamic

16 December 2009 Mohamed Hammoudan, Margaret Lochrie, Melian Mansfield and Ben Thomas

that prevents things improving appreciably. One clear thing is the need for Children's Centres to be able to cater for children who have complex needs. Far too many Children's Centres, particularly among the phase three ones, don't have facilities to cater for children with severe disabilities. Family support for families living with disability is really crucial. There is a lot of good outreach work going on, but not all families receive the help they want.

Melian Mansfield: In our submission we've identified some of those inequalities, and they do exist.

Mr Stuart: Too many disabled children are invisible within Children's Centres—they are sidelined.

Melian Mansfield: And their families, because often they don't go out so much and don't access those services, which is why outreach is so important. The other thing about outreach workers and those who work within Children's Centres is having information about, and therefore training in, the services that are available to different families, and giving signposting and supporting them in reaching those services, so the answer is no, it's not at all brilliant yet. There's a lot of work to be done to support disabled children, and their families as well.

Mr Stuart: There is a particular problem, you say, in phase three, so yet again that will be rural areas. Today's GCSE results show that the rural poor are falling ever further behind and are particularly disadvantaged, so I hope that you will all look more closely at rural policy and rural fairness between the various areas in future.

Q322 Chairman: Before we finish—we're running out of time—Ben, you sent in some supplementary evidence. It is clear that you're disturbed about the pay differentials of different people working in Children's Centres. Do you want to expand on that.

Ben Thomas: Some of the evidence you heard this morning, particularly on the low pay within early childhood and education, shows that it has historically been a poverty industry, in that the principal cost of running a child care setting is the cost of staff. As Purnima mentioned earlier, there isn't sufficient funding to pay decent wages, in many instances. The issue in terms of what is almost discrimination within Children's Centres is that staff within the child provision of the Children's Centre

offer are very much at the bottom of the professional status, and the pay of the work force in the Children's Centre—much less so than either the health professionals or social care professionals or particularly teachers—is substantially different from that of other workers within the centre, and they don't have the same access to pay and pensions.

Q323 Chairman: But there have been improvements over the years. I mentioned how poor it used to be. I looked at some of the wage rates, and these days they compare quite favourably with a lot of other places where my constituents work—Asda or Tesco, or places like that.

Ben Thomas: I think you'll find, as Purnima said, the minimum wage is £5.80 and the average pay in child care is around £6.70 for a child care worker.

Q324 Chairman: You gave us higher figures than that.

Ben Thomas: The higher figures relate to Children's Centres. Because there is an element of maintained provision within Children's Centres, it tends to raise—

Q325 Chairman: It says that other staff get £8 now, and supervisory staff get around £10.

Ben Thomas: Yes, for the other child care staff within Children's Centres the average pay is £8. That's partly because there is an element of maintained child care provision within Children's Centres, which raises the standard, so to speak. But just because it's not so appalling doesn't mean it's acceptable.

Chairman: All of us in the Committee believe that the early years profession has been underpaid for a long time. This Committee recommended that those people should be better paid and better trained. There are signs that we are moving in the right direction. I have to call a halt; otherwise I'll be in terrible trouble, as colleagues will miss the last session of Parliament before Christmas. Thank you. Keep in contact with us. I've challenged two of you for a bit more information, but you all know where we are and you know that you can get in touch with us, so please do keep in touch and help make this inquiry a good one. I wish you a happy Christmas and a very peaceful and prosperous new year.

Melian Mansfield: Thank you very much indeed.

Supplementary memorandum submitted by UNISON

ROLE OF THE PRIVATE AND VOLUNTARY SECTOR

The terms of the Childcare Act 2006 requiring local authorities only to be childcare providers in the last resort means that the majority of childcare provision within children's centres is delivered by the private and voluntary sector.

The key issue for UNISON is the impact this can have on the pay and conditions of the childcare staff in the centre compared with other staff. They can be effectively second class citizens in a centre, with lower rates of pay and less access to pensions, leave and sick pay.

This differential treatment impacts on the professional status and worth placed on the role of childcare staff and can have knock on impact on the care and education of the children.

UNISON accepts that there is a mixed economy in the delivery of childcare and that there is some excellent practice in many voluntary sector providers. However, we do not believe that this should be achieved through the exploitation of the workforce and greater use of 'fair wages clauses' and the code of practice on the two tier workforce agreement should be applied in the commissioning of children's centres.

ROLE OF TEACHERS IN CHILDREN'S CENTRES

The requirement to have a teacher in a children's centre is generally welcomed and it is appropriate to have specialised teaching staff leading delivery of the EYFS.

However, because there is generally only one teacher the impact can depend very much on the individual. Unlike other European countries, around 70% of teachers in the UK have completed a one year post graduate teaching qualification rather than a full time teaching qualification. To work in an early years setting, it is not compulsory for teachers to have specialist training in this area. In addition, most teacher training, even in early childhood development is focused on children aged over two. Some centres are allocated their teacher by the local authority and many have little or no experience of very young children, especially those aged 0-2.

This can impact on the other staff in the childcare setting who have more experience and specialised training in delivering care and education for very young children.

The terms of the teacher's contract and the huge differentials in pay between the teacher and other staff raises workforce issues. The 2008 Labour Force Survey show that the average hourly pay rates in childcare element of children's centres are:

Teachers:	£20.80;
Supervisory staff:	£10.90
Other Staff:	£8.00.

This compares with an average UK average wage of £13.92 per hour, average pay of £6.20 per hour for childcare staff and £11.00 per hour for nursery nurses in school settings.

This can create the anomalous position whereby the supervisor of the childcare setting is half the pay of that of the teacher in the setting.

Teachers are also generally contracted only to work for 39 weeks a year and it will be questioned whether this can be sustainable if centres are going to be able to meet the needs of parents in offering early education and the requirements of the early years single funding formula to reward flexibility and moves towards stretching the current free offer to three and four year olds beyond 39 weeks.

LEADERSHIP

UNISON believes that it is appropriate that leadership of children's centres should be open to a range of children's workforce professionals and not simply those from an education background.

We believe that the NPQICL is the appropriate qualification and that it is essential that leaders have a range of experience across the services that the centre offers.

ROLE OF CHILDCARE IN CHILDREN'S CENTRES

UNISON believes that having a childcare offer in a centre is fundamental to the success of the centre. It is the principal service that attracts children and families to the centre.

It is also essential to have quality childcare provision in areas of deprivation where many centres are based, where there is often no market otherwise for the private and voluntary sector. Qualified childcare staff will have specific training in the care, education and development of children aged 0-8. In a children's centre 96% of the staff will have a specific relevant childcare qualification.

REPRESENTATIVENESS OF THE WORKFORCE

The Labour Force Survey states that 16% of staff in children's centres are from BME backgrounds. This is significantly higher than in other types of childcare settings.

It also shows that only 2% of childcare staff in centres are male. The issue of getting more men in childcare will never be addressed until the issue of low pay is. All other attempts at attracting more men into settings are a distraction until this fundamental problem is addressed.

December 2009

Wednesday 13 January 2010

Members present:

Mr Barry Sheerman (Chairman)

Annette Brooke
Ms Karen Buck
Paul Holmes

Helen Southworth
Mr Graham Stuart
Mr Edward Timpson

Memorandum submitted by Knowsley Metropolitan Borough Council

This report covers

- The context and model of Children’s Centres in Knowsley, including the range of services provided.
- Aspects of performance management, including finances. These have been subject to considerable attention, and are significantly improved in response to need.
- Detail of the management and governance of the service.
- Discussion of childcare provision, sustainability, and non-cost benefits of importance to service outcomes for children through their early years.

1. CONTEXT

1.1 *Model of Provision in Knowsley*

There are 15 Children’s Centres in Knowsley, all but one of which are based on school sites. These centres are managed on an area model, which fits with geo-political boundaries in Knowsley, and there is a progressive movement towards developing services through our area model. It is anticipated that Children’s Centres and the new Centres for learning will provide “hubs” for services that are commissioned and delivered according to need.

The size of centres are variable, some are provided within decommissioned space within primary schools, some are purpose built. There is still capital development planned within future phases, with two centres being developed on sites within the borough. Knowsley has been successful in bidding for Co-Location funding to support development of a site which will allow fully integrated and inclusive services to children and families, and offers enormous potential to improve outcomes, including community cohesion within the area in question.

Of six areas, each area has at least two, but often three Children’s Centres, These are mainly located in areas of high deprivation. Two centres are intended to reach areas of lesser deprivation. We are clear that provision in Knowsley satisfies the sufficiency requirement in terms of our child population. Equally, it is appropriate that centres are sited in areas of high need, in order to be effective in delivering to those populations that have the greatest need for support.

Each area is managed by one Children’s Centre Area Manager and staffed by an area team, but with dedicated childcare staff from the Child Care provider. This effectively reduces both management and staffing overheads as costs are shared between two or three centres. All centres are managed by the Local Authority.

1.2 *The range and effectiveness of services provided by Children’s Centres*

All sites provide childcare largely procured through private providers, in order to control costs and also support sustainable and diverse development of the community and “market”, through creation of employment opportunities.

Each site also offers a range of community outreach, health, education and learning, employment, family learning and family support activities. These will be particular to the needs of local communities, and the offer will vary accordingly by centre.

These are both planned and delivered through local partnership arrangements.

Later paragraphs of this report will address improvements that have been achieved in respect of measuring the effectiveness of services. This is through deployment of both an increasingly commissioned approach to service delivery, coupled with improved processes for performance management.

1.3 The authority has refined processes for identification of need, business planning and performance management, and this has been replicated at the operational level within Children’s Centres. From this, it is clear that there are some gaps in delivery, and we continue to need to reach into those communities where vulnerable children are less likely to achieve the required outcomes.

Amongst varied approaches to this issue, we would draw attention to pilot activity that is being developed in response to child poverty issues. We have succeeded in securing significant external funding. The purpose of which is to pilot the Child Development Grant, and the Two Year Old Child Care places.

Clearly it is not possible to measure the effectiveness of this yet, as they were only initiated recently. Evaluation processes are in place to measure the impact of this innovation. Both of these initiatives are based on tested interventions that have been successful elsewhere, therefore, we can feel optimistic that these are likely to be effective.

It is important to note that the local approach to these pilots is to ensure that they are closely managed and support outcomes that services and initiatives through Children's Centres and Schools are intended to deliver.

2.1 *What improvements in financial capability have been made in your authority's centres?*

The allocation of local authority budgets for service delivery is on an area basis which may have two or three Children's Centres. The area budget is based on a needs driven formula and takes into account the number of children 0–5 years, weighted by deprivation levels. The formula has become more sophisticated over the years as the data has been updated and subject to more robust analysis.

The allocation of centre budgets for day to day running costs is now based on previous years' actual spend, rather than estimated spend which was the position prior to such financial trend information being available. This allows for differences in the size of centres and the disparity in associated running costs to be taken into account.

2.2 Budget monitoring is undertaken monthly and quarterly budget challenge meetings are in place. A regular financial report to strategic management provides both an overview of individual centres and areas and provides a comparison in financial management and costs between centres and areas.

2.3 Needs led commissioning is supported by a central commissioning team which was developed to achieve economy of scale, and to ensure robust arrangements are in place for effective deployment of budget resources. There are strategic commissioning processes in place to ensure that any commissioning decisions are appropriate to priorities identified within the Children's Plan.

2.4 The service has recently supported the survey undertaken by the National Audit Office, to support this Inquiry. It proved challenging to describe the variety of approaches within the framework provided, although we did our best to complete the task. This work re-affirmed some of the ongoing tensions in evaluating the effectiveness of early intervention services, especially the outcomes of integrated services. This is especially the case in areas where there is long standing, and high level need, such as Knowsley. It is likely to take some time for services to be able to evidence sustained improvement and impact. Some Children's Centres have only recently opened, and activity reflects this.

On the whole, at this stage improvement in performance is incremental, although qualitative feedback indicates that those families who use services experience a high level of satisfaction. This is especially true of parenting support.

Having completed the survey, we would suggest that more work is required to support centres in defining meaningful unit costs in an integrated environment, in which no single partner can be seen to make a unique contribution.

(Details of activity to which we have referred, can be provided.)

3.1 *How financially secure is childcare provision now?*

Childcare provision in Children's Centres was intended to be the sustainability arm of the Children's Centre, however securing, maintaining and increasing occupancy rates in childcare settings in areas of high deprivation is a challenge. In addition, the current economic downturn has also had an impact on take up of childcare as jobs are lost or working hours reduced.

3.2 Assisted childcare can be provided as part of a family support plan and an agreed number of full time childcare places are purchased from settings, which also supports the sustainability of settings as income for these places is guaranteed on a yearly basis. Provision of support will be based on assessment using the common assessment (CAF)

3.3 Initiatives such as the two year old pilot, and Job Centre plus grants will support the uptake of childcare places and increase income streams for the settings.

3.4 The PVI sector is the provider of all childcare in Children's Centres in Knowsley and the Local Authority supports the sector in business planning processes.

3.5 It is important to note that the childcare provision contributes to a number of important outcomes, and whilst cost effectiveness is important, there are other relevant issues to consider.

In Knowsley, there have and continue to be challenges in relation to school attainment and achievement. The quality of childcare provision is also crucial. Good provision will enhance child development, and safeguard children. It will also support families. This bears some emphasis. Excellent support throughout the early years is of significant importance in securing future healthy development.

In an area of high need and poverty, such as Knowsley, the sustainability of provision is likely to be a challenge, especially now. However, we need to be mindful of the benefits of child care provision, to a broader population than working parents. Whilst the authority on one hand needs to encourage sustainability, with a mind to the sufficiency requirements, it also should sustain provision where it will have a positive impact on vulnerable children, or parents who would benefit in terms of accessing support, training or employment through Children's Centres. Clearly this could be a substantial cost pressure in the short term, but appropriately used as part of a support package to families, can provide a vital safety net.

One of our priorities is to develop high quality childcare on all children's centre sites that are part of the centre offer in a meaningful way. It is likely that the provision of childcare will also support families to access other provision on site. Through the Early Years Improvement Service, we have developed an effective process for assessing children and supporting provision, and assessment tools that measure the progress of vulnerable children through provision. From this, we can measure the impact of provision on individuals, and the information provided guides the work of providers with individual children. This is important, and we see children who make good developmental progress. We are also beginning to see good results in performance across the authority in terms of "narrowing the gap". This compares Knowsley favourably at a national level.

4.1 *What improvements have been made in performance measurement and management?*

The performance measurement and management for Knowsley Sure Start Children's Centres has developed significantly since the 2006 National Audit Office report on Children's Centres. Development continues in several areas, particularly in the monitoring of all services including commissioned services, against the Children's Centre performance management framework, the utilisation of appropriate data, the sharing of best practice for performance management arrangements and development of monitoring systems.

4.2 Strong links have been formed with the Commissioning Team within the Directorate of Children and Family Services. This team has supported Sure Start Children's Centres to undertake a robust commissioning process for Children's Centre service provision. The commissioned services are required to provide quarterly performance reports as part of the outcomes based monitoring requirements. The team has also introduced periodic evaluations to the performance management requirements of these services. These measures have ensured that robust quantitative and qualitative data is gathered in order to evidence the outcomes achieved for the children and families accessing these services.

4.3 Children's Centres in Knowsley adopted a new approach to the Self Evaluation of each Centre. The data element of the Self Evaluation Forms (SEFs) now provides information on both the demographics of the Centre area and a range of local priorities. Data is provided at a local level, based on the catchments of each Centre, wherever possible.

4.4 Linked to the SEF; Annual conversations between Centre Managers and Strategic Managers are used to deliver support and challenge to Children's Centres and to ensure best practice is shared.

4.5 More recently Children's Centres have undergone the full core offer validation process through Together for Children. This was a rigorous and thorough review of all the Centres' work, and their impact on families. The recommendations are in the process of completion, but the support and challenge from Together for Children has been valid

4.6 The concept of strand guardianship has been developed which offers centre managers the opportunity to lead/co-lead on a particular service area, drawing on their professional heritage to develop this specific area of work and share best practice across all centres

4.7 Six Area Advisory Boards have been established for Knowsley Sure Start Children's Centres, which give direction to the work of Centres in each of the 6 areas of the borough. Boards comprise stakeholders from relevant agencies, parents, and often local elected members, to represent our community.

The Boards receive regular performance management reports, which include both local performance data for each work strand that the respective Centre deliver against, and information regarding the demographic make up of the communities that they serve.

The performance management reports provided to the Boards have recently been reviewed and further developments have been made including the introduction of outcomes reporting and the setting of targets in appropriate areas, such as the reach of excluded groups. This enables Board members to advise on and challenge local Children's Centre delivery.

4.8 Finally, the overall management of the service rests with the local authority. Over the last year, there has been a reconfiguration of the organisational structure which created a new line of accountability for Children's Centres. The service is accountable to a jointly funded director level post responsible for Children's Health and Family Support. The post reports to the Director of Children's Services and Chief Executive of the Primary Care Trust (which is linked to the Local Authority in Knowsley) This is in recognition of the significant needs of the child population, and has increased the capacity to strategically plan for early intervention services, linking Children's Centres to extended schools, child poverty and play services. This has provided additional management oversight. This, coupled with the approach to area based delivery, which is in the process of become operational across the borough will reinforce links with key stakeholders that are modelled at strategic levels within the authority.

There has been ongoing scrutiny of Children's Centres through formal reporting arrangements to Elected Members and the Scrutiny Committee.

5. *In your opinion are children's centre services (including childcare) sustainable? Do you supplement their dedicated resources from other sources? And has the capital programme had an impact on sustainability?*

5.1 The co-location of services in Children's Centres offers the opportunity to recoup some of the overheads of running the centre, however this would not be sufficient to meet the full running costs without dedicated resources, and it would be difficult to continue to provide services at the level required without financial support to the authority.

5.2 Opportunities to generate funding to support delivery of required services, however short term and whatever scale, have been a valuable opportunity to develop services that are likely to benefit residents. Examples of this have been referred to earlier in this report.

5.3 Ongoing capital maintenance of Children's Centres is a concern given the limitations on the maintenance budget and Children's Centre buildings with increased use and age will require more costly maintenance programmes.

6. CONCLUSION

Children's Centres are developing relevant services to support the achievement of every child matters outcomes, and are responding to the requirements of The Children's Plan. It is especially important that this work continues. We would support the requirement to attract those families who would benefit from provision, but do not access it, however, sustained impact on this will take time.

Knowsley is developing such services through pilot activity and business planning, based on informed assessment of need and performance management. This has been detailed earlier in the report.

October 2009

Memorandum submitted by the Royal College of Midwives (RCM)

1. The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives and for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established of all clinical disciplines.

2. This submission focuses on the role of midwives in children's centres and their role in the delivery of maternity services. This submission has been prepared with the input from our members (including consultant midwives, community midwives and Heads of Midwifery), many of whom have either worked directly as a midwife in children's centres, or have worked in partnerships with these services.

EXECUTIVE SUMMARY

3. The RCM strongly supports the use of Sure Start Children's Centre to delivery maternity services. On the basis of advice from our members, it appears that such centres are able to deliver improved quality of care, particularly for those less likely to access mainstream services.

4. However, whilst we are supportive of these services and note the array of anecdotal evidence, we would recommend further formal evaluation of children's centre maternity services be included as part of the broader evaluation of Sure Start that is currently underway.¹ This should ensure that the centres are being implemented in the cost-effective way and are targeted appropriately.

¹ See National Evaluation of Sure Start project: <http://www.ness.bbk.ac.uk/>

 THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

5. The range of health services delivered from a children's centre vary depending on local needs and the existing configuration of services. Children's centres practice guidance—issued jointly by the Departments of Health and Education²—clearly states an expectation that maternity services and other parenting support services should be delivered from children's centres, especially in more deprived areas. In addition to general antenatal and postnatal services, the guidance suggests that children's centres could provide: well baby clinics or cafes; parentcraft classes; immunisation sessions; smoking cessation support; healthy eating in pregnancy and baby massage.

6. *Healthy lives, brighter futures*, produced by the Department of Children, Schools and Families (successor to the Department of Education) and the Department of Health in February 2009,³ advocates a strengthened role for children's centres as part of a joint strategy for improving children and young people's health and providing parents with easily accessible support from pregnancy onwards. Particular emphasis is given to the role children's centres can play in improving support to families who have found it difficult to access traditional services. In the context of maternity care, specific proposals for strengthening the role of children's centres include:

- Further improving antenatal and postnatal support for fathers, particularly those from the most vulnerable groups.
- Testing a new *Antenatal Education and Preparation for Parenthood Programme* in a variety of settings, including children's centres. The programme will seek to improve access to high quality antenatal education and support to help prepare parents from early pregnancy onwards.
- A strengthened focus on breastfeeding support delivered through children's centres, including: training for frontline staff to promote and support breastfeeding; the establishment of peer support groups and the provision of accessible and timely advice to mothers.
- More help for pregnant women and mothers to give up smoking, or wider substance misuse. This will include supporting children's centres to host NHS Stop Smoking Services for mothers and fathers and encouraging closer working between substance misuse treatment services and maternity services.

7. In practice, information from our members indicates the range of maternity-related services provided by children's centres varies significantly, with some able to provide services such as aquanatal classes, breastfeeding drop-in sessions, pamper evenings, TENS loan scheme, and book loan service, as well as more traditional antenatal and postnatal services. Attachment 1 includes two case studies that have been submitted by one of our members to illustrate their experience of service delivery in a children's centre.

8. Beyond maternity care, many children's centres offer a range of activities for children and their families, including speech and language development, broader parenting skills, educational attainment and routes back into employment supported by links to agencies such as Job Centre Plus. In the experience of our members, these have been found to be effective, although there is not always sufficient data or information available to evidence such outcomes.

9. However, whilst some children's centres are able to provide a wide range of services, limitations such as access to rooms and space for IT equipment can inhibit what is able to be offered. The physical size of centres has also been anecdotally given as practical limitation to the range of services available. The actual location of centres can also limit access to, and use of, services, which in turn may inhibit the development of different services.

10. The effectiveness of maternity services through Sure Start local programmes was evaluated in 2005,⁴ as part of the ongoing National Evaluation of Sure Start being conducted by the Institute for the Study of Children, Families and Social Issues at Birkbeck University of London. Whilst this study predates the full rollout of Sure Start children's centres, it is understood that children's centres were designed to build upon the implementation of the Sure Start Local programme.⁵ Given there is little formal evaluation of the delivery of maternity services through children's centres, this earlier evaluation is the main evidence that has been gathered on the effectiveness of maternity service delivery through the Sure Start initiative. We also notes that many early centres were purpose designed and had space for midwives. In contrast, our understanding is that whilst these earlier ones have had suitable space, other later ones have been adapted from existing premises, meaning that they are less likely to have room, thus constraining the scope of maternity services which can be offered.

² Department of Education, Department of Health (2006) *Sure Start Children's Centres Practice Guidance*, London: TSO.

³ Department for Children, Schools and Families, Department of Health (2009) *Healthy lives, brighter futures: the strategy for children and young people's health*, London: COI.

⁴ Kurtz Z, McLeish J, Arora A, Ball M and Members of the NESS Implementation Study Team (2005) *Maternity Service Provision in the First Four Rounds of Sure Start Local Programmes*, National Evaluation of Sure Start (NESS), Birkbeck University of London, November 2005, Research Report NESS/2005/FR/012.

⁵ Department of Children, Schools and Families (2009) *Sure Start Children's Centres*—online at: <http://www.dcsf.gov.uk/everychildmatters/earlyyears/surestart/whatsurestartdoes/>

11. The 2005 Evaluation report found that around one third of Sure Start local programmes had enhanced existing maternity services and created new services. This included some programmes introducing additional services that supplemented the care provided by mainstream staff, and others introducing caseload services, which provided full antenatal and postnatal care to all or some of the women within a Sure Start catchment area. The evaluation found that effective development of maternity services depended upon the availability of new resources (including midwifery time, venues and equipment), the involvement of mainstream stakeholders, community consultation and support with the broader sure start local program for maternity services to be a gateway for sure start.

12. This evaluation highlights the value of maternity services, and indeed reflects the on-the-ground experience of many of our members with children's centres. However, given children's centres have now been embedded in communities for a number of years, we would strongly support a formal evaluation of the effectiveness of children's centre maternity services, as delivered since 2005.

ACCESS BY THOSE MOST IN NEED

13. The 2005 evaluation of maternity services delivered through Sure Start local programmes found that access to services was improved on three levels:

- identifying and making contact with pregnant women;
- creating accessible and flexible local services; and
- providing support for women to access existing mainstream services.⁶

14. These findings appear to reflect the current experiences of many midwives, both working within and with children's centres.

15. In terms of what can improve access, the delivery of more accessible services appears to be linked to activities and services being based on the needs of the local population. RCM members have noted that such activities are well attended and are also often facilitate effective referral pathways for other services and agencies.

16. Children's centres also appear to provide an opportunity for greater innovation in service delivery—by facilitating the development of alternative models of care, as well as more diverse approaches and locations. This in turn appears to have meant that some women who otherwise would not be accessing care are able to receive maternity services, and to be referred to other services unrelated to their pregnancy. Timing has also been found to improve accessibility, with the availability of services in some centres being shifted outside standard clinical hours to evenings and/or weekends, as well as the introduction of more informal drop-in sessions, rather than strictly structured appointments.

17. Anecdotal evidence from our members indicates that the integrated models of care used by children's centres are working and are delivering better outcomes for families who use them. In particular, members have noted that vulnerable women do access services, especially the one-to-one Sure Start midwifery support service (where offered), which has been found to then often lead to access to other Sure Start services and support.

18. However, whilst there are such benefits, Heads of Midwifery and Consultant midwives from a number of different parts of the country have indicated that there is still the need for further work to ensure that services reach those most in need.

19. A key part of this appears to be making sure that children's centres reflect local need and are integrated into the local community. As suggested by one consultant midwife, the degree of access will often depend upon how integrated a children's centre is to the local community, and where it is located. Being integrated into the community can allow "word of mouth" to spread about a centre and its services, making it more successful and accessible.

MULTI-AGENCY PARTNERSHIPS AND LINKAGES WITH MAINSTREAM SERVICES

20. The general experience of our members is that the children's centres have facilitated improved linkages between agencies, as well as between targeted and mainstream maternity services. The models of care being promoted through children's centres have facilitated more integrated working, particularly between health and social care, which can result in more effective delivery of services, as well as a greater understanding of each others role. Relationships between health services and the children's centres have created a more integrated "working together" approach, resulting in improved communication that enables greater support for families.

21. In terms of linkages to mainstream services, a key way in which this is occurring, is through the secondment of midwives from mainstream services to Children's Centres, as it provides a natural join between services. In some cases, mainstream midwives also use children's centres as an alternative service delivery location, with one example being the delivery of parentcraft sessions from children's centres by mainstream midwives, rather than by just those attached to the centre. Other benefits which our members

⁶ Kurtz Z, McLeish J, Arora A, Ball M and Members of the NESS Implementation Study Team (2005) *Maternity Service Provision in the First Four Rounds of Sure Start Local Programmes*, National Evaluation of Sure Start (NESS), Birkbeck University of London, November 2005, Research Report NESS/2005/FR/012.

have noted include improving communication and understanding around the purpose of children's centres, sign posting opportunities, creative use of their space and services for pregnant women, and improved accessibility and visibility of health staff for families.

22. These findings are also supported in the 2005 evaluation,⁷ which found that a key factor in improving relationships between maternity services at children's centres and mainstream services included maternity staff working for both sure start programmes and mainstream services. Other factors found in the evaluation included:

- relationship being established over time;
- sure start programmes lightening the workload of mainstream staff; and
- good communication.

23. In the context of linked up working, one concern which the RCM is aware of is that many of children's centres are not set up to accommodate clinical work, which is a large part of what the midwifery and maternity care. In order to avoid fragmentation of care, and to facilitate even greater continuity of care, consideration needs to be given to the establishment of further clinical space within existing centres, and the inclusion of such space upfront in future centres.

SUSTAINABILITY AND VALUE FOR MONEY

24. There is only limited information available regarding the cost-effectiveness of maternity services within children's centres. Communications from our members indicate that whilst it appears that services are providing value for money (and have improved in this respect as the services have developed), there is little in the way of robust documentation to evidence this.

25. The 2005 evaluation of Sure Start local programmes equally stated that its assessment was primarily based on qualitative rather than quantitative evidence. This would suggest that there is a distinct need for further cost-effectiveness studies, so that these findings can be considered in conjunction with the positive qualitative outcomes which appear to result from this service model.

26. An area around which our members have expressed concern is ensuring the longevity of the children's centre approach. As stated by one member, a key difficulty is translating the long term potential benefits into outcomes that are meaningful to an acute trust. Given the current financial pressures also facing trusts, there is some concern that funding for posts which are outside of core services may not be provided, or not renewed. This could inhibit the innovative and alternative approaches to maternity care which appears to be central to the integrated children's centre model, as well as remove some of the key linkages that have been established between children's centres and mainstream services, such as those provided by seconded midwifery staff.

October 2009

ATTACHMENT 1

CASE STUDY A

Family A received a Sure Start visit from one of the Sure Start Midwives. Family A consisted of a mother (Amanda) and her three year old son. Amanda was pregnant (hence Sure Start visit from Midwife), and had a partner who didn't live with her. During the visit it was identified that the current house she was living in (had lived there for five weeks) was the first permanent home for herself and her son for the past two years. Previously Amanda had been living in hostels as she has been fleeing domestic violence (perpetrator—previous partner/son's father). This was discussed at length and it soon became apparent that Amanda had not received any support from any agencies and as a result was feeling very isolated and depressed and was reluctant to leave the house with her son. 1:1 midwifery support was offered and accepted. Referral to counselling and right from the start project was offered and accepted. A further visit was arranged for 1 week. During the next visit a Marac assessment was completed and Amanda scored high which indicated that she was at high risk of serious injury as a result of domestic violence. A Marac referral was made with Amanda's permission to enable the right support to be put in place for Amanda. A further visit was arranged for one week. Amanda was seen at home again and had a visit from a "right from the start" project worker and had received contact from an independent domestic violence advocate. The volunteer from "right from the start" has arranged to "buddy" Amanda to various play sessions with her son (Amanda has never attended a play group with her son before) and attend the antenatal projects with her. The Sure Start Midwife asked Amanda how she felt things were going and Amanda replied, "I feel like my life is being turned around, just because someone has really listened to me and is helping me. No-one has ever helped me before."

⁷ Kurtz Z, McLeish J, Arora A, Ball M and Members of the NESS Implementation Study Team (2005) *Maternity Service Provision in the First Four Rounds of Sure Start Local Programmes*, National Evaluation of Sure Start (NESS), Birkbeck University of London, November 2005, Research Report NESS/2005/FR/012.

Summary

Amanda was receiving mainstream care prior to a Sure Start Visit and had not disclosed how she was feeling or her history of domestic violence. She has only been known to the Midwifery project for two weeks. This case study is a typical example of a Sure Start visit to a vulnerable family. Families often disclose issues/difficulties when seen in their own environment and offered 1:1 midwifery care. The Sure Start Midwife often becomes the co-ordinator of the families care during and after pregnancy, providing a link between agencies which is often missing in main stream care.

CASE STUDY B

Family B received a routine visit from one of the Sure Start Midwives. This family consisted of the mother (Sam), the father and a five year old son. During this visit several pregnancy issues were discussed that had been raised several times during routine mainstream antenatal appointments. Although this family did not need 1:1 care, some eight weeks later Sam remains in touch with the Sure Start Midwife who has liaised with several agencies on Sam's behalf to facilitate contact with relevant professionals to help alleviate Sam's pregnancy issues.

Sam also highlighted in the Sure Start Visit that she had attended the antenatal projects during her last pregnancy (five years ago), following the last home visit from the Sure Start Midwife. She highlighted that as a result of attending these projects she became friends with seven other mothers of whom she attended most of the other Sure Start projects with postnatally. Sam still meets with the other mothers and their children weekly five years on. Sam stated that she felt she "wouldn't have coped" without the support from all the friends she had made through accessing the Sure Start Projects. Sam currently attends all the midwifery projects during her current pregnancy.

Summary

Case study B highlights that the contact made by the midwifery project during pregnancy does lead to the accessing of services and the facilitation of "friendships" by bringing the community together. Case study B also highlights that families that do not need 1:1 care often turn to the Sure Start Midwives for support with pregnancy issues, especially if they are attending the Projects.

Memorandum submitted by the Royal College of General Practitioners

1. The College welcomes the opportunity to provide a submission to the Childrens, Schools and Families Committee as part of its Inquiry into Sure Start Children's Centres. We also welcome your invitation to the RCGP Chairman Professor Steve Field to provide oral evidence to the Committee.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the "voice" of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 38,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

3. We believe that the evidence for early years support for developing parenting, social and educational competencies is an important component of redressing health and social inequalities. Sure Start Centres have made a real positive benefit to many disadvantaged families and children across the country. However, there appears to be local variation in their effectiveness and there are areas for improvement in particular in relation to coordination with GPs and primary care services. Comments we have received from GPs and other primary care staff indicate that the operation of Sure Start Children's Centres and their interaction with GPs and other healthcare professionals is patchy. It is unfortunate that recently in some areas the level of GP input to children's services appears to have decreased. We believe that it is vital to support GPs and primary care teams to actively re-engage with the clinical management of children and affirm their vital role in the care of children and young people.

4. One of our members who is clinical lead for children's services in their area did an informal survey of children's leads in their PCT, which indicated that was a disconnection between the local Sure Start Children's Centre and primary care services. A national evaluation of Sure Start centres published in 2008 in the British Journal of Social Work sets out a number of reasons why the performance of Children's Centres has been patchy.⁸

5. The RCGP, and General Practice as a medical speciality, are committed to the best possible outcomes for children regardless of what service model is employed. We believe it is very important that there is better coordination between Sure Start Children's Centres and General Practice and primary care teams. This requires close working locally between General Practice and other health professionals working with children and their families including schools, health visitors, midwives, social workers and nurses. There are a number of good reasons why this is sometimes difficult to achieve which we have covered later. Health

⁸ The National Evaluation of Sure Start: Does Area-Based Early Intervention Work? *Bridge Br J Soc Work*.2008; 38: 1253-1255.

visitors need to play key role in coordinating between primary care and children's centres but, as we have outlined later, they have sometimes not been able to do this because of workload pressures; displacement from GP surgeries into Sure Start centres may also be a contributing factor, which our members often cite as having made joint working less effective

6. Whilst there are certainly problems with communication and collaboration between primary care and Children's Centres, positive benefits for children have also been achieved. There is widespread recognition that many needy children and their families in deprived areas have benefited from Sure Start initiatives. They can be particularly beneficial in engaging with, and ensuring outreach to, hard to reach families.

7. We have set out a number of examples of good practice and areas that need action in order to ensure that the Children's Centre model can work well with GP practice to achieve the best care for children. These include improved communication, information sharing, use of shared care records, cross-site working and co-location where possible, raising awareness, resources to enable GP input, use of quality incentives, better resourcing of health visitors and GPs and practices taking appointing children's leads and developing child health strategies.

8. The RCGP takes the promotion of child health in the community very seriously and currently has appointed a Child Health Clinical Champion to help promote child health issues in general practice and part of this role will include improving our relationships with the Department of Health, Strategic Health Authorities and the Royal College of Paediatrics and Child Health in the area of child health. The College is also currently in the process of approving the development of a five year RCGP Child Health Strategy supported by the Child Health Clinical Champion and a steering group and which will be informed by *Healthy lives, brighter futures—The strategy for children and young people's health (2009)* and the *National Service Framework for Children, Young People and Maternity Services (2004)*.

9. This project will also be informed by the recently launched RCGP Safeguarding Children and Young People Toolkit. This toolkit was a key output of the 2005 RCGP *Keep Me Safe* Strategy for Child Protection, a document which considered, among other things, Lord Laming's 2003 Inquiry into the Death of Victoria Climbié.⁹ The RCGP has a Primary Care Child Safeguarding Forum which worked on the development of this toolkit.

THE ROLE OF GPs

10. The Health Child Programme and Sheila Shribman, National Clinical Director for Children's Services, rightly describe the GPs key roles in screening, surveillance, immunisation, health promotion and maternity care. GPs have a key role to play in the delivery of services to children. Equally important is the role of GPs in longitudinal care of families, which enables a therapeutic relationship that is able to address all aspects of health education, prevention, service uptake and acute interventions across the lifecycle. Many interventions with parents and children are opportunistic, and are more effective because of this pre-existing relationship.

11. We believe it is valuable for GP practices to have a strategic approach to child health which involves the whole practice team and engages with local children's services. Many practices choose to assist this function by naming a lead GP to review and develop relevant clinical and service activities for children and families.

12. The RCGP Curriculum has a domain specifically for the care of children and younger people,¹⁰ and the curriculum is regularly reviewed and updated to ensure that it is fit for purpose. Once qualified as GPs, there is mandatory child protection training for GPs in most NHS Trusts, which is checked at annual appraisal. Both these assist our members to be responsive to the issues raised by staff working directly for Sure Start when they need skilled advice.

13. It is important that GPs also take a leadership role locally including in the commissioning of children's services. The RCGP Primary Care Federations model provides a good vehicle to achieve this. The development of GPs working together in associations or Federations to provide enhanced services to patients as outlined in the RCGP Primary Care Federations model could also be an important way to better achieve engagement of GPs and practices in Children's services.¹¹ Whilst small practices may find it difficult to appoint a specific GP to lead on Child Health, practices working in federations will be able to benefit from this leadership role being provided within the structure of the Federation which should also develop a child health strategy for practices within the association.

⁹ Laming. The Victoria Climbié Inquiry. The Stationery Office: London; 2003 accessed 13 April 2007. <http://www.victoria-climbié-inquiry.org.uk/finreport/summary-report.pdf> An investigation into the death of a young girl who died aged eight years of hypothermia and multiple organ failure directly resulting from brutal physical abuse and torture.

¹⁰ nMRCGP Curriculum Care of Children and Young People Domain <http://www.rcgp-curriculum.org.uk/extras/curriculum/index.aspx>

¹¹ Primary Care Federation—putting patients first, Royal College of General Practitioners (2008).

BARRIERS TO SURE START CENTRES WORKING WITH GPs

14. Unfortunately a number of our members have indicated that they have made attempts to establish relationships with Sure Start Centres that have been made difficult because of a number of barriers. We list some of these below.

15. Experience in some areas indicates that where Sure Start Centres are located away from surgeries such as in schools co-ordination with General Practice could be adversely affected. There may be good reasons for taking this approach but it is important that mechanisms are put in place to ensure communications with primary care teams.

16. The motivation to engage with Sure Start Centres by GPs and practices is likely to vary across areas. GPs must be encouraged and supported in engaging and the RCGP is keen to support this.

17. The removal of health visitors and midwives from GP surgeries and their placement in Sure Start Centres has been a barrier to coordination with GPs in many areas. Communication with GPs including sharing information and continuity of care has been adversely affected by this trend.

18. Workload pressures placed on under-resourced health visitors create a big barrier to communications and this concern has been raised with us by a number of sources. Because of this they are unable to take a lead coordination role as had been envisaged. A large amount of health visitor resources understandably are allocated to child protection but unfortunately due to these and other pressures GP practices are not always aware of all child protection cases involving their practice list. The displacement of health visitors from GP practices has further contributed to communication problems and whilst we understand the reasons for health visitors moving to Children's Centres in many areas they should maintain strong links with surgeries and this could be achieved by spending some time working at both sites.

19. The design of practice contracts are also a barrier. PCTs are often reluctant to reimburse GPs for attendance of local children's boards and committees. This can make communication and engagement with local children's services more difficult. For example, the Common Assessment Framework is designed to facilitate coordination between providers but workload pressures mean that most GPs will find the completion of these difficult to achieve. We are aware of several well motivated GPs who do such work to improve coordination in their "spare time" but this is clearly not a desirable situation or one that all GPs could undertake.

GOOD PRACTICE AND SUGGESTIONS FOR IMPROVEMENT

20. Good inter-personal relationships between professions working in local areas are essential to integrated working and though there are problems in coordination with general practice there are also many good examples of collaboration

21. The best inter professional work takes place in areas where GPs, health visitors, social workers, midwives, nursery workers, etc all work together as part of a team. This needs strong leadership in a working environment where all professions are able to have a voice and where the relationship with the family and health and wellbeing of the child is central. It is also important that practice teams make surgeries as welcoming to children as possible

22. We believe there is a great need to refocus general practice to children's services. We hope that the recent appointment of an RCGP Child Health Clinical Champion and the proposal to develop an RCGP Child Health Strategy will be important milestones to achieving this and building on work already undertaken within the College and the profession. However, the Government, PCOs and SHAs must also support this by providing resources for GPs locally to engage with the design of Children's Services, for individual GPs to be able to better coordinate with providers by having time to complete assessment tools and by promoting appropriate co-location of key workers in GP practices. The Quality and Outcomes Framework (QOF) could also be a good incentive to allow GP practices to better focus Practice resources on the provision of children's services and this needs further consideration.

23. We understand that in many areas it will not be possible for health visitors and other staff to be physically co-located with General Practice. Good and safe mechanisms for the sharing of information are vital in this case to ensure that communications can be efficiently achieved through the use of shared care records. Anecdotal evidence indicated that such information sharing is not taking place in many areas and GPs and other healthcare professionals should be encouraged to share information in the interests of coordinating care for children and achieving effective intervention and the best possible outcomes.

Other suggestions for improved co-ordination of GP practices with Sure Start Centres and Children's Services:

- mapping of Children's Centres against GP Practices;
- identification of a nurse liaison to facilitate communication between Children's Centres and GP practices;
- better resourcing and training for health visitors to allow them to take an engagement and communication role;
- education support for GPs and quality incentives to encourage to help GPs in fulfilling the Healthy Child Programme;

- encouraging GP practices to appoint a Child Health and Safeguarding Lead to liaise with Children's Centres and develop a practice Child Health Strategy;
- better information including GP practices informing health visitors of all new child registrations. This would allow previous child protection concerns to be checked;
- cross site working (at Children's Centres and GP practices) for key workers such as health visitors and Family Nurses; and
- appointment of a GP in each PCT to advise on Children and Family services.

ISSUES FOR THE INQUIRY

24. It is difficult to gauge what the level of awareness amongst GPs and other health professionals is and there is a need for evidence in this area. There was a great deal of publicity surrounding the original launch of the Sure Start programme however, as the role of Children's Centres has expanded and the network grown the awareness of these developments seems to be lower and we believe that there is a need to raise the profile of Children's Centres at both a national and local level with primary care. This should include good practice on how GPs and primary care teams can better work with the Centres to provide coordinated children's services. Some GPs have indicated that no contact has been made by local Children's Centres.

25. It is also likely that awareness can be raised by key workers based in the centres such as health visitors and midwives taking a lead in raising awareness and engaging with local services, including General Practice. There may also be a role for the RCGP in raising awareness with GPs.

26. While partnership working and shared electronic records can overcome some of the difficulties addressed, we hope that the Inquiry may consider recommendations as to how regular communication can be established and retained in a more systematic way without substantial increase in workload for all parties.

January 2010

Witnesses: **Professor Steve Field**, Chairman, Royal College of General Practitioners, **Liz Gaulton**, Service Director for Family Support and Children's Health, Knowsley Metropolitan Borough Council, and **Louise Silverton**, Deputy General Secretary, Royal College of Midwives, gave evidence.

Chairman: May I welcome Professor Steve Field, Liz Gaulton and Louise Silverton to our deliberations. I thank them for struggling here through this inclement weather and arriving before some members of the Committee, who struggled even harder to get in. Thanks very much for coming. Professor Field, we tend to revert to first names, so I hope you don't mind not being called "Professor" all the time.

Professor Field: No, I can't do formalities.

Q326 Chairman: I shall call you Steve, Liz and Louise. Is that all right with everyone. Good. We are well into an inquiry into children's centres. It's an area we are very interested in and we are enjoying the inquiry. Some people say when we reach this stage that we become slightly dangerous because we know all the questions to ask. I wouldn't be too worried about that, but we are getting into the subject and we need your help. We are particularly interested in the relationship between the full partnership, which is why we are obviously interested in the role that health plays. That is the main game today. It will be quite rapid fire, because we want to squeeze as much out of you as we possibly can. I will get our team to ask brief questions that are to the point, and I ask you to be reasonably brief in your answers. We give you a chance to say something about your view on children's centres to get us started, or you can go straight into questions. Steve, as you are on my left, do you want to say something to get us started.

Professor Field: Thank you, Barry. I am Steve Field. I am Chairman of the Royal College of General Practitioners, which means that I lead the college on

policy. By way of introduction, I want to say that a key role of all GPs in this country, which has been one of its successes, has been to work with children and their families as family doctors. Looking after children is a key part of our training. It is a key part of our professional development, and we acknowledge that we do that in partnership with an extended primary health care team. We support the whole concept of the centres, but we believe that communication needs to be improved. Knowledge of them needs to be improved, and I would be interested in extending such a conversation as we proceed.

Liz Gaulton: My name is Liz Gaulton. I am Service Director for Family Support and Children's Health for Knowsley Borough Council and NHS Knowsley. Children's centres are essentially at the centre of what I do. My role includes managing family services, which includes children's centres, play services and family learning, but I also commission health services for children and lead on public health for children, so I see children's centres as a core arm of the delivery of improving children's health.

Chairman: Liz, I'm going to need you to speak up a bit, or shall we move the microphone.

Liz Gaulton: I can't get any nearer to it. I shall try to project my voice.

Q327 Chairman: Move your cup slightly to one side. That may be why we are getting a little bit of distortion there. Liz, you have a wide experience. Was it you or Louise who was at Swansea.

Liz Gaulton: No, I have been in Blackburn. I have had a north-west base.

13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

Q328 Chairman: Louise, were you at Swansea.

Louise Silverton: I was.

Chairman: When I worked for a living, I was at Swansea University. Louise, I shall give you a chance to introduce yourself.

Louise Silverton: I am Louise Silverton. I am Deputy General Secretary at the Royal College of Midwives. I have been a midwife for over 30 years. I have worked in England, Scotland and Wales. They are trying to arrange Northern Ireland, but that has not happened yet. The RCM welcomes children's centres as a one-stop shop in the community, particularly sited in areas where the more disadvantaged population is based. We think that they are non-threatening places, particularly for hard-to-reach groups, where people can just drop in and get access to services. A lot of convenience is provided by having health care and other services together, particularly for mothers having subsequent—not first—babies. If they are visiting the children's centre for the existing child, they can be brought early into maternity services. The centres tend to be accessible and make midwives visible. We think that the first tranche were a particular success, often since they were new build and well funded, and there was enough space for the health-related activities as well as the educational ones. The sort of midwifery services provided at children's centres include antenatal and postnatal care at clinics, drop-in centres, smoking cessation clinics, teenage pregnancy clinics and antenatal classes, breast-feeding support and the Family Nurse Partnership. However, to our mind, the more recently established children's centres are less successful. They are often the adaptation of existing premises, and education and social services are often already there, so it is hard for health to get in even if there is room. Space is limited, and there is often a lack of understanding that midwives need a private room with an examination couch for antenatal and postnatal work. The opening hours tend to be more limited than we would like—often, a maximum of 8 to 6—whereas some extended health centres and polyclinics operate much longer hours; some of them are looking at 24-hour opening. In addition, that creates problems for parents to attend together, particularly where one of them is working.

Q329 Chairman: That's a good start. I want to ask all three of you very quickly about a matter we were discussing this morning; we had a coffee before we came up here. We have been trawling for people or organisations that are critical of the whole notion and theory of practice in children's centres, and we haven't had much luck finding them. Do you know anyone who says that children's centres don't work, that we shouldn't have had them and that they're a waste of public money. Can you help us with that. Liz.

Liz Gaulton: I don't think you'll find anyone who will say that, because in principle, children's centres are an excellent idea. They wrap services around the child and the family, which is the whole ethos of improving life chances for children. However, the concept of children's centres leads to some

complexities for professional and clinical groups. I think one of my colleagues could explain some of those complexities about delivering services around a child and family other than in a clinical setting.

Professor Field: I come from an educational background as well as being a GP, and I was involved in the start of the Sure Start schemes in the West Midlands, as part of the then, I think, NHS Regional Office. It was one of the reincarnations of the West Midlands Health Authority. I remember looking through all the evidence from America and elsewhere about why they were being established. As Louise said, where we were putting children's centres and developing them, it added value in very deprived and disadvantaged areas, and I strongly supported that. As part of the preparation for here, we contacted our 40,000 or so members across the country. There are significant concerns about communication, particularly with the newer centres. Many GPs don't know they exist. Even one of the SHA children's leads, who is a fellow of the college, in a straw poll of GPs in their region, said that knowledge of the centres is poor.

Chairman: A strategic health authority. Sometimes *Hansard* looks very worried about the acronyms.

Professor Field: I'm sorry—yes, Strategic Health Authority. I hate acronyms as well. The issue for us is that GPs have a core role in managing a patient holistically, for example, through asking whether they have children or not. Before they have children, we have an important role in antenatal care, but we are trying to get that back because some GPs have opted out for all sorts of reasons, and because midwives are doing more. I think the basic position here, is that GPs haven't been as involved.¹ We have some joint work with the Royal College of Midwives and the obstetricians to try to reinforce that. But the problem comes when you start to get into child protection issues and case conferences. Case conferences tend to get put on at times when GPs already have booked surgeries, with no notice, in a different place. That sort of exacerbates the feeling that GPs aren't interested when we are. I think we have to do a lot of work to try to get the team working together, given the increasing physical disconnect between children's centres and a series of practices. I don't think the fault is entirely on the children's centres' side—it is also to do with GPs and communications. That is one of the issues that I'd like to explore.

Louise Silverton: I can't think that our midwives would think that they were anything other than a good thing when they work. The difficulty is that people sometimes don't understand the different needs of health and the ways in which health operates. Even sitting in a group monitoring the implementation of the children's and young person's NSF, a representative of the DCSF—

Q330 Chairman: What is the NSF.

Louise Silverton: National Service Framework, sorry. When I commented about the difficulty that midwives were having in getting access to children's

¹ *Note by witness:* GPs have not been involved as they have in the past, particularly in antenatal and postnatal care.

13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

centres, that DCSF representative said, “If the midwives bring us their money, they can come in.” We went, “They haven’t got any money. What money is this.” They don’t have money for premises, although they can use other premises—health centres, GP surgeries—that they can manage to get to. There was a total lack of understanding of how midwives operate. Children’s centres can’t be anything other than a good thing, because they’re focused on areas of deprivation. They’re in the community, they’re accessible for the local population and there aren’t the issues about travelling or about people feeling that these places are worrying or concerning, particularly when they get used to being in them.

Chairman: I’ve warned you up. Now, I’ll hand over to Paul to start the questioning on health services in children’s centres.

Q331 Paul Holmes: Really, in your opening comments, you have covered the things I was going to ask about, but perhaps we can tease them out and clarify them. Everybody appears to agree that children’s centres are a good idea and that providing health services through them is perfect because they are a great way to provide access, particularly to parents in deprived areas. In February last year, the Government issued *Healthy lives, brighter futures*, which said that we should provide health services through children’s centres, so everybody thinks that this is a great idea, but you all seem to be saying that there are all sorts of practical problems from the different perspectives—GPs, local authorities and midwives—such as the lack of knowledge, the lack of funding and the lack of premises. In the end, is this something that we are just going to pay lip service to, or are services really being provided. Are they being provided in more than half of children’s centres or in a quarter of them.

Liz Gaulton: I think the short answer is that we have to make them work. They are a very good idea. They are based in the heart of communities. In many cases, a lot of resources have gone into refurbishing buildings to make them fit for purpose, so we have to find a way of making centres work. There are a lot of practical issues on the ground that can make that difficult; there are lots of examples of that, such as communication, IT systems and charging for rooms. But you will also find lots of examples of good practice, where local authorities and NHS trusts have got round those issues, so we can get round them. So the answer is that centres have to work. They do make sense; they make sense for families.

Q332 Paul Holmes: So throughout your area, you think that they are all working as they’re supposed to.

Liz Gaulton: No, I don’t think they’re all working as they’re supposed to. I don’t think that any borough has cracked it yet and got all services running from the centres, because of some of the practical issues that I’ve discussed. But with the right leadership and the right ethos in terms of improving health and life chances for children, it can be done. What we want

at a local authority level from the Committee is a real push so that we can do that and so that centres are not half full.

Q333 Paul Holmes: And the midwives would love to work in children’s centres, but the centres are not all welcoming or don’t all have room.

Louise Silverton: Indeed. These things have worked well in places such as Poole, and we have evidence of that. The staff of the children’s centre there sat down with the midwives and asked what they wanted. There was a lot of sharing of information as to what would make the arrangement effective. The staff agreed that they would make a space available so the midwives could have an examination couch and have access to the centre when they wanted it. If the groups sit down together and work through things, they will realise, “Actually, we have got the same aims. We want to improve the health and well-being of the local population. We do it in different ways, but if we work together, we’re going to be much more effective.” It is that openness, that talking and that willingness to give and take that is important.

Q334 Paul Holmes: We’ve heard that a lot of GPs don’t even know that children’s centres exist. What about midwives. Are they all aware that the centres are there. Are they banging on the doors to get in.

Louise Silverton: Midwifery, as part of maternity services, is funded through the NHS acute sector—in other words, through the hospital trusts—but a significant proportion of midwifery care antenatally and postnatally is provided by midwives in the community who are employed by the hospital trusts. They operate out of a base; sometimes that base is the hospital, but more often than not, there are also other bases, so midwives are working out of health centres and children’s centres. That is really to save on travelling and to be accessible. If a children’s centre can offer some space—we’re not talking about a lot of space—that really is important, because women will know that the midwives are there and that they can drop in and see them if they have any concerns. It also means that if a woman turns up to see a social worker about another child and says she’s pregnant, she can be directed straight to the midwives. When you say midwives are banging on the door, sometimes they’re banging on the door if they don’t have a community base, because it would be very nice to be in the children’s centre. If they already have an effective base, they might not be banging on the door and they might need to be wooed into the children’s centre, but I don’t know of midwives who, if offered the chance, would say no.

Q335 Paul Holmes: Going back to the GPs, we heard when we visited a children’s centre that some GPs were very good and others just didn’t have a clue, and you’ve said the same thing applies nationally.

Professor Field: I think nationally there’s a midwifery issue as well, about where midwives are paid and where the tension is about where their ‘home’ is, in a way. If the ‘home’ for community staff is in an acute hospital, they will always be pulled towards the community hospital and the community

13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

hospital plant, if you like—the building and resources—when there are pressures. I think if midwives were paid, resourced and supported outside the acute environment, the emphasis would change to the community. I think there is an issue, which you might want to explore, because we do notice that in all sorts of parts of the health system. Where hospital consultants, for example, are based in hospitals, they will defend the hospital and work in the hospital, whereas when they are paid and resourced from the community, they are more likely to remain with us and communicate with us in the community, so I think there is a broad issue. I think there's been a lack of awareness in some areas about where children's centres fit. They don't exist in some areas yet. I think they were generally put in localities well. The first tranche of thousands—I can't remember what the number is now, but certainly the first tranche—were in the right place. There is a problem on the GP side about how our boundaries work and how GP practices work. As a college, we've tried to push the idea of federated practices, of practices working together. Gone are the days when a single-handed practice could work on its own in isolation. It should be working with other practices, with children's centres, with all the staff. Once you have a larger grouping like that, you can build up relationships with more practices and the centre. Child protection is obviously important. We've just appointed a children's champion and lead for the college, and are trying to work down the tree to promote this joint working. Then there are issues about the multi-professional team on the ground—the role of health visitors, midwives and GPs. How do we make communication better. So I think the building can be seen as a problem, but on balance, particularly to try to address the inequality agenda, we think the centres are a very good idea.

Chairman: So we move on. Annette, you're going to talk about partnership between health agencies and children's centres.

Q336 Annette Brooke: Yes, which follows on directly. I'm interested in how we find a solution to this insider-outsider problem. We've had lots of evidence where there are examples of close integration, but the issue is really how we achieve this over the whole country. Perhaps I could ask this very quickly of each witness. What specifically would you recommend so that health becomes an insider, rather than the outsider knocking on the door, wanting a little bit of space.

Chairman: Let's start with Liz, because you have this particular experience. You're paid by the PCT and by the local authority, children's services.

Liz Gaulton: I'm a joint post, a public health consultant sitting within the local authority, based in children and family services, paid jointly by—²

Q337 Chairman: That's quite unusual, isn't it.

Liz Gaulton: We think it's the only one in the country. There are lots of joint posts in the country around joint commissioning, but I think I'm the only

public health consultant based within children and family services. From that perspective, it is unusual, but in a sense, for those of you who have any knowledge of Knowsley—I know the Chairman does—

Chairman: We all do because we had you in for the Building Schools for the Future inquiry.

Liz Gaulton: Of course—same Committee. So you know that Knowsley has a history of doing things differently, of innovation, of partnership working. In a sense, my post is a natural progression from that. I haven't answered your question, though, have I. It was about what the answer is to doing it differently to put health in there. I think the joint commissioning that's going on—in most areas of the country, joint health commissioning is being established—will improve matters. Children's Trusts will improve matters. To me, it's about improving outcomes for children and families, and children's centres are essentially a vehicle for doing that. If we can engage the NHS to see that children's centres will deliver on their outcomes, whether they be breastfeeding, smoking cessation, etc, that is the way to engage when they see that it will impact on their targets and their vital signs. It's about performance management, essentially.

Professor Field: I think it's all about improving outcomes, and that means what we do before the children are born, and the health of the mums and the population, particularly in the deprived areas, is important. I think there are opportunities with joint commissioning, and clearly there's an election coming up, and what happens about where public health doctors sit post-election could be an opportunity. I actually think, whichever result of the election happens, we have to get public health linking across to the public's health in local authorities; looking across children's services, schools, education, exercise—everything we do is the public's health. Even now we have examples of good practice, as Liz was saying, outside the children's agenda, where you have joint units. For example, in Hereford, where they have a joint situation between the local authority and health, it breaks down the artificial divide. Specifically on children's centres, there are two issues, really. One is about buildings and who uses them. Then there is one about human beings and how they communicate. We won't get anywhere unless the health team itself communicates across the different boundaries. So we've got to get GPs and the internal team of nurses, physicians, assistants and others communicating more effectively with midwives. That's one of the things we're trying to do with the Royal College of Midwives nationally—trying to get some guidance to get GPs and midwives back communicating. You've then got the extended role of health visitors and school nurses, so I would put a lot of effort into getting the team to work: focusing on the needs of the children; and for that we need better training of school nurses, who have got enormous potential—but it is untapped at the moment. We need to look again, I believe, at the role of the health visitor, focusing on particularly those in need, and child protection issues, and we need to look at the role of

² Note by witness: I am paid jointly by the council and PCT.

 13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

the GP—longer consultations, not doing as much of the routine stuff we were doing, working more effectively in the team, rather than just in our historical role. And I think the human being issue is most important, backed up by IT that we need so we've got a shared record—so that everybody can input into the GP record, which works well whether you're in a children's centre, whether you're working remotely in a home or outside. So it's about continuity in care, through the electronic record, and better working.

Q338 Annette Brooke: Can I just press you on that slightly, Steve. That is an interesting thought. We are all worried about health services not talking to the other agencies, but now you're suggesting that we need individuals within the health service, and in the different health agencies, to form up as a team. Is that a priority, or has that got to happen at the same time as trying to integrate the children's services.

Professor Field: I think it's the absolute priority, because we're at our best in our practice.³ I practice in a rough part of inner-city Birmingham—well, a deprived part of inner-city Birmingham, but it's rough as well—and we are at our best when the health visitors and midwives are physically in the building; and when we see a child we're slightly worried about, or there's an ongoing concern, we communicate informally in the corridor, and over coffee. As soon as you pull midwives and health visitors into the children's centre, the informal communication isn't there. It's more of an effort to find someone. Then you start to add social workers into that. I had a case last week, which I can't go into, of somebody who had been raped, for whom I was trying to find the mental health key worker and the social worker. It's very difficult communicating through answerphones, with people not getting back to you when you need to speak to them urgently. The urgent ones are the ones that hit the headlines. The non-urgent ones actually probably matter more for the mass of people. We've got to get the communication better. That's interpersonal communication and also the electronic record, because in our practice we communicate internally through the records, through patient note e-mails, rapidly; but the midwives and others haven't got access to that, and if we can communicate about the patients effectively things will be better.

Annette Brooke: Interesting.

Louise Silverton: I would like to follow up what Liz said about shared commissioning. Where PCTs work with the Children's Trust in their local authority with shared goals, it works much better and sets strong messages. But we do have examples of where things have worked well. In response to Mr Holmes's question, in Great Yarmouth and Waveney, the midwifery team has gone around to every GP practice saying, "We're now in the children's centre", and encouraging referrals. It has had far more women coming straight to the children's centre because of that method of communication, and selling its service. Also, it is

important in midwifery care that you do not break up the continuity of care by having little bits of it here, there and everywhere. In terms of the worst possible outcome, midwives running a drop-in clinic in a children's centre is better than nothing, but it is much better if the whole team is there. Certainly, if you look at how things are run in Liverpool, it has enhanced midwifery teams running out of the children's centres, and it has done much better on smoking cessation; achieving baby-friendly status to encourage breastfeeding; setting up managed volunteer peer support schemes for breastfeeding mothers; non-smoking clinics; and, particularly, reducing the gestation age at which women first appear for antenatal care, which is one of the targets in "Maternity Matters", the policy framework for maternity services. It has also reduced the non-attendance levels for antenatal care, which correlate quite strongly with poor outcomes for both mother and baby. It has also increased user satisfaction. So, having the whole midwifery team there does seem to work much better.

Q339 Annette Brooke: May I come back to Louise, specifically. I thought that we had a representation from the Royal College of Midwives that said something about the uncertainty of the future of children's centres, and about the difficulty in picking up what the long-term benefits are and measuring the outcomes so that you can get all the support you need from the acute trust. What work do you think is essential to really get a grip on the outcomes. Obviously, instinctively and anecdotally everybody thinks that the scheme is great, but aren't we going to need to have some hard evidence pretty shortly.

Louise Silverton: I think there needs to be some quite comprehensive evaluation done, and I would say that it has to have three elements to it. One is the clinical outcome, another is the level of satisfaction for the mothers and families and how involved they feel, and the third one is probably some economic evaluation. This could be done by comparing areas that have children's centres with similar areas where there aren't children's centres to see if the advent of strong midwifery teams in children's centres, working in a multi-agency way, does improve outcomes. But that would be quite comprehensive and expensive.

Q340 Annette Brooke: May I ask a final quick question. Is there more that the Department of Health could be doing. I think Steve has touched on that, with the issue of where public health should sit, but perhaps a message that we as a Select Committee need to take on is what leadership there needs to be from the relevant government departments.

Professor Field: My experience in the West Midlands is that at the strategic health authority level, the director of public health works very well across the regional government office, and the communication is good. She is sited there, even though it might not be a joint appointment. As you go down the tree, in some areas the communication is brilliant and the public health doctors are not joint appointments; in other areas they are joint appointments and the

³ *Note by witness:* We're at our best when everyone works in or from the practice.

 13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

communication isn't quite as good. It is about human beings when it comes down to it, but if you have a joint appointment then it is more likely that you are going to communicate across health and non-health—for want of a better phrase—because your performance and your job description link across to both. We have been seeing that, with the Department of Health encouraging that for a number of years now. It is not a new idea; it is just something that might make things happen more quickly.

Q341 Chairman: Steve, I went to three children's centres in my constituency on Friday and got a different view. They seem to be working really well—midwives, health visitors—right across the piece. They said, "We work really well. The real problem is at the management level, between the managers of the PCT and the senior people in children's services; they are not knitting up at that more senior management level." That is the problem. At the local level, people get on extremely well and work as a team.

Professor Field: That's what I'm trying to say, but badly, obviously. I think we should be looking at the people's health—the public's health—rather than public health, which is a specialty. What I have been saying to politicians and the Department of Health managers is that we should not be looking at the speciality of public health. We are looking at health generally. Doctors scratch the surface on health, really. You're talking about the socio-economic issues, housing, food, and jobs. That creates the health. Doctors scratch the surface. You have public health doctors and GPs. I think that we GPs are public health doctors; we see patients as well. We should be working across the historic silos between health and education and everywhere else. In our local practice area, that works really well with the local community. We have worked on the prostitution issues, together with the local community. I think you are right, Barry, that where it works, it works well. But we have to try to make that happen everywhere. One of the things to make that happen is to get commissioning joined up across the public's health. I am probably not describing it very well.

Liz Gaulton: I will come back on that question in a separate point. To come back to the staff on the ground who are getting on with it, if you like, their perception is that senior managers are not supportive of the approach. What you have in a lot of areas is a real drive strategically to join up, with staff on the ground joined up, but perhaps somewhere in the middle there is some work that needs to be done. That is perhaps where the silos still are. I am aware of that locally, and I think other boroughs would say something similar. I want to come back to your point about how to influence the NHS. The NHS operating framework has just come out for this year, or for the next financial year. Within that, we as PCTs have to respond on how we will deliver. That is the perfect document in which to put something in future years to say, "You need to evidence that you are working within children's

centres." Within that, there are things like "You're Welcome", which is about making services accessible to teenagers, and the Healthy Child Programme. We have to show how we are going to deliver that programme, so we could quite easily put in a couple of lines about having to evidence that you work within children's centres and on how you do that. Those are the sort of performance management gentle sticks that perhaps PCTs need to push them forward.

Q342 Mr Stuart: The Healthy Child Programme health visitors are supposed to have the lead role. Can you comment on the numbers of health visitors in recent years, and on whether you feel that the financial support, and thus the numbers of health visitors, have kept pace with need.

Liz Gaulton: I am not an expert on health visiting, but I'll have a go.

Mr Stuart: Before you go on, my understanding was that we were to have a fourth witness, a late addition—

Chairman: They couldn't come. There is a sickness in the family. *[Interruption.]* Oh, it's the weather, not sickness. Sorry.

Liz Gaulton: Do you want me to respond anyway, from a non-health visitor perspective.

Mr Stuart: Yes, please. It's an important area.

Liz Gaulton: We could say what we like, couldn't we. Health visitors are clearly key partners in the delivery of this. They are the glue, if you like, on the ground that holds this together. I really empathise with Steve's comments about needing to communicate on a weekly, if not daily, basis with staff such as health visitors. If we move those staff so that they are based in children's centres, you lose the real crux of that communication. So it is almost a betwixt-and-between situation: do we wrap the services around the child and the family in children's centres, or do we wrap the services around the clinical group, where the expert professionals are, and do they stay based within general practice. We need to find a way of doing both. I think that is at the heart of the dilemma that we keep coming back to.

Q343 Mr Stuart: Liz, you missed the key point, which is that for the last five years, in every single year, the number of health visitors—the vital glue in the system—has reduced. We are talking about how the system is not holding together. Well, guess what. The glue is missing. The system is being stretched. If we have fewer and fewer health visitors, how the heck are we going to make sure that they take a lead and co-ordinate GPs and children's centres. If there are fewer and fewer of them, they are going to be more stretched, and in each area, it sounds as though they are being torn between the surgery and the children's centre. Is that a real issue.

Chairman: Louise wants to come in on this.

Louise Silverton: Certainly the health visitors have noticed that, since about 2002, their numbers, year on year, have been reducing significantly. The CPHVA/Unite, which I do not represent, suggests a case load of about 250 families per health visitor. Certainly, in many areas the number is well in excess of 400, and in

13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

some it was over 1,000, which makes one wonder whether the first home visit to the new mother and baby that health visitors should make after 14 days takes place. Well, it doesn't in many cases. On following up and running child welfare clinics, essentially once you've got such large case loads, you are just hoping that people turn up to see you, and you can focus on a few high-risk and very complicated families. Certainly, from our point of view, although the birth rate has gone up by 18 to 20% since 2001, we know the number of midwives is significantly short. Certainly, there has not been an increase in the number of midwives in the community to match not only the increase in the birth rate, but the reduction in post-natal stays in hospital. Presumably, the situation is very similar for health visitors, which means that vulnerable families receive less post-natal visiting in the community from midwives, or less access to post-natal clinics, and then the follow-on from health visitors is less comprehensive than it should be, ideally.

Chairman: Liz wanted to come in on this, and then I'll finish with Steve.

Liz Gaulton: On the concept of health visitors, how their numbers have reduced and whether their work load has increased, we want to emphasise the need to skill-mix within that health visiting team. Health visits are an expensive resource and we need to use those skills wisely.

Q344 Mr Stuart: But again, you haven't answered my question: numbers have reduced, but have they kept pace with need.

Liz Gaulton: I don't know the answer to that question.

Chairman: It is very refreshing when people say, "I don't know."

Professor Field: It is extremely difficult to answer the question. I have a conflict of interest, having married a health visitor, although, like many health visitors, she has ended up going into health service management. One of the problems is that they are very good at co-ordination and doing all the things you have suggested. They get pushed and pulled into health service management. Most of the cohort of my wife's training group are running the health service at various levels. Skill mix is the issue. Have we got enough. Well, in our area, which is highly multi-ethnic and which has lots of asylum seekers and lots of children born to parents who can't speak English, there is a different intensity of work from the place where I worked in Worcestershire for 10 years. It is a question of how you get the team to work as a team. When I was helping on the Department of Health's primary care community strategy, we were pushing very hard to increase the number of health visitors, the role of the school nurse, and people working with health visitors as part of the team. A bit more work needs to be done on that. It is not simply a matter of numbers and the ratio of how many health visitors are in a particular area. It is complex.

Q345 Chairman: I don't want to stir up trouble with your family, Steve, but I was told when I was visiting my children's centres on Friday that at the time when

GPs got a very generous pay settlement, health visitors were actually reduced, in terms of the grade that they were matched with in nursing, and that has meant lower pay, lower status and fewer people keen to be health visitors. Is that an urban myth. I picked that up in a visit to two health centres.

Professor Field: I honestly don't know.

Q346 Chairman: I can't stir up trouble in the family, then. Louise, is this true.

Louise Silverton: No. Under "Agenda for Change," which is the NHS pay scheme for all staff with the exception of doctors, health visitors are a band 6. It is a similar band to midwives. Prior to "Agenda for Change", under the old grading system, they were more highly graded. Of course, what you've done is job evaluation and you've compared jobs. My view has been that we are probably closer now to where we should be, and perhaps it was an aberration where we were before. I will probably get lynched by the health visitors for saying so.

Chairman: All right; that was just to clear that up. Graham.

Q347 Mr Stuart: We haven't got anyone here from Unite and the Community Practitioners and Health Visitors Association, but they have been clear. In October 2009, Karen Reay said that there was now a need for an increase of 8,000 health visitors to bring the service up to scratch. However, none of you seems sure. We have a big increase in the birth rate and a supposed transformation in the quality of support for families and children, particularly in the most deprived areas, but the reduction in health visitors is not a big deal and the issue is more complex than that—that seems to be the message that we are getting from you. Those who work with health visitors have been very clear that they have a critical role. If they are the glue in the system, I do not understand why the three of you cannot come out and say that a reduction in numbers is a mistake.

Liz Gaulton: I did!

Professor Field: Well, they will, because their job is to promote the role of the health visitor. I believe that what needs to happen is that when we start to look at commissioning and children's services, the role of the work force generally needs to be looked at. Another example is that the number of nurses working in primary care is too ridiculously low to enable GPs to do what we are good at, which is the longer consultation and diagnostic complexity stuff. The training of nurses is largely in secondary care. As for trying to get nurses out who do most immunisations and a lot of the child health work in GPs practices, their training is not good enough. On health visitors again, we need to look at how the team works and the skill mix. That is about work force planning. One of the recommendations from here should be about looking at the work force and how it works, focused on the needs of the child, the mum and the family. That is really important. For me, it is not about buildings; it is about human relationships and behaviours, focused on the needs of the children.

Chairman: I think we'd better move on to the last question.

 13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

Q348 Mr Stuart: The question is whether a greater investment in health visitors would be better. There are two questions: would you rather have investment in health visitors or more outreach workers in children's centres.

Liz Gaulton: Can I say that what we need to invest in is the Healthy Child Programme. Who delivers that depends on the needs of the child and the family. In many cases it will be a health visitor but it could be children's centre outreach staff or nurses and general practitioners. It is about delivering a programme of care that best fits the needs of the children and families, regardless of the clinical group.

Q349 Mr Stuart: If I may. I have one last point on the expansion of the Sure Start programme. As you said, the first phase was in the most deprived areas and that led to a postcode lottery. In a perfect world the ideal is a universal system. Would you rather have, especially looking ahead with constrained public finances, a smaller number of excellent centres in the most deprived areas, as one of the first witnesses to the inquiry told us, than a universal system, which tries to spread resources too thinly and ends up with institutions that are unable to deliver the integrated working and the lead. What is your view on that.

Chairman: *Hansard* can't see the nodding.

Louise Silverton: I agree that if resources are short, as they are likely to be, having very high-quality services in those areas of highest need is a much better way of working. In middle-class areas, families will find their own way to access care. That is not to say that there will not be deprived people essentially in what seem to be relatively affluent areas.

Q350 Chairman: Graham didn't say that the person who said that said 500. That's quite a small number, isn't it.

Louise Silverton: I think that that's a bit small. One of the other things, to back up what Liz said about planning care around the needs of the child, is don't lose sight of the Family-Nurse Partnership. About half of staff providing that service, which is under evaluation, are midwives, the other half tend to come from health visiting. There are others who work in the team to provide care, but it has to be planned around the needs of the local population. I don't necessarily think that it is entirely about numbers, we need to take account of the increasing birth rate and the increasing complexity and neediness of new families.

Chairman: Over to you Karen.

Q351 Ms Buck: I think that we've covered quite a lot of the issues that I was going to ask you about, which were about some of the barriers to communication. Let's drill down on a couple of them. The first question that I wanted to ask was a bit more focused on the IT issue. NHS Confederation has drawn to our attention the fact that the Connecting for Health programme does not recognise the local authority

systems within it, so there is a very practical barrier within IT there. I wonder if you could just comment on the extent to which this is a problem and how it might be overcome.

Professor Field: My priority would be to get the health professionals and the social workers to input about that care of the child into a unified record. On whether they can do that in our building, it is fine. People can access the record and use it—absolutely fine. It is how you get the communication into children's centres and elsewhere and that doesn't happen across the whole country. It is relatively easy to do and that would be my priority.

Q352 Ms Buck: So is it the case that there are standardised systems with national application that can be bent to fit those needs, or are you looking at some sort of parallel and local integration that would meet the need.

Liz Gaulton: I can give you an example from Knowsley. We have our Family Nurse Partnership nurses and our public health midwives based in children's centres. We have put IT connectivity into those children's centres for those staff groups to use. There is a cost implication for doing that, but on balance it is worth the cost. At the moment, because there are two separate IT systems—well, you have three, in a sense, because you have NHS IT, local authority IT and GP systems—they don't all talk to each other naturally and that means that there is a need for a national solution around IT.

Q353 Ms Buck: But of course we hear very bad things about national solutions. It is very hard, and I am not challenging you to come up with an answer to a question that many people have been bending all their attention to over the last few years, but it is not going to be good enough, is it, for us to just say that we need a national solution when it is proving to be almost impossible.

Professor Field: Nationally, the role is to provide the standards for inter-connectivity. I think IT is so essential it should be part of the local commissioning process to make it happen. One of the problems we have had with the IT Connecting for Health is that if you take it away from the people who are using it, they don't own it. So, local solutions but national standards for connectivity.

Q354 Ms Buck: Would that deal with the problem that we have seen and I see to a huge extent in my local community, which has high degrees of mobility. There is always a tension isn't there, between having local systems that fit local characteristics and have local ownership, which makes a huge amount of sense, but then in practice you have an extremely fluid population that we need to be able to manage, and not just within a local authority area. How do we get round that.

Professor Field: That is why we need national standards. We have failed, haven't we.

Ms Buck: Or we need to find a way of succeeding.

Louise Silverton: That was the aim of the summary care record, which has proved so difficult to implement. However, it is worth saying that some of

13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

the things that happened in Liverpool is that the maternity and IT system is accessible for the midwives working in the children's centres, but that doesn't solve the problem of that system communicating with the local authority children's one.

Professor Field: We support the summary care record idea, which is about the national standards and transferability. The local system, the kit and everything and how it works, is the important thing. There is emerging evidence for one area we haven't touched on, because it is probably outside the remit of the Committee—out-of-hours care of children and adults. There are more out-of-hours than there are in-hours and children present sickness not just between nine and five, or eight and six. That communication out-of-hours is very important. We are getting some evidence come through from the areas using the spine and the shared core part of the record, that it improves the communication. That is what I mean about making sure, nationally, everything can work like that, but it is a local solution.

Q355 Ms Buck: When the Committee visited my local Sure Start, we were advised that there were problems about confidentiality in some of the local data sharing. Is that something that is a common experience. Is that something that is thrown up by people to explain why they do not integrate as well as they should.

Professor Field: I am an appointed member of the National Information Governance Board, which looks at that from an IT point of view.⁴ It is a common excuse and you need to make sure that the systems are in place to make sure confidentiality is paramount. Unless social workers, GPs, health visitors and midwives can communicate about the child, you end up with problems, so you have to try to overcome those hurdles.

Q356 Ms Buck: You have helpfully given us a lot of thoughts about relationships and strategic relationships between PCTs and local authorities and so on, but one of the mechanisms that has been in place for a while—although not universally—is the local area agreement framework. Has that not been an effective way to date of getting some sort of common approach to performance management.

Liz Gaulton: In my borough, it certainly has. We make sure that our NHS Vital Signs targets align with our LAA targets and our children and young people's plan. So there is that commonality, but that is in a borough where there has been a long history of partnership working and integration. I can think of other examples as well as Knowsley.

Q357 Ms Buck: That is good to hear, but in theory it should be even better in areas where you have not had that, because the LAA framework should be a means of making it easy for those different bodies to co-ordinate.

Liz Gaulton: I think it has brought people together at a strategic level to agree performance management.

Q358 Chairman: That's a very interesting set of responses. May I briefly ask something about the system. We want to know where vulnerable children are in terms of the child protection issue. We also want to know where children and families who need support and help are. When we went to the Sure Start centre in Karen's constituency, I found that they seemed to be better at information sharing than some other children's centres have been. Information is obviously a problem in some areas and not in others. What makes the difference.

Professor Field: It goes back to what we have all been talking about—human communication and trust.

Q359 Chairman: So it can be done. You don't have to have some big national system saying, "You must do that." You can actually do it by being co-operative.

Professor Field: The shared record is important, because you use a record that you can follow and pick up anomalies and all sorts of things, but human communication goes back to what I've been trying to bang on about, namely getting the team right. The building is a facility, but if we get the roles in the team right, you will have a very good system. Get them communicating and respecting the roles. There have been, over the years, all sorts of issues between midwives and GPs about who is going to do the work, but if you actually focus on the child's needs, there is enough work to go around for everybody. A lot of the professionals don't understand the training of the other professionals and what they have to offer. A lot of the work is about creating the team, training them properly and doing as much as you can so that they can communicate in person as well as through IT. The human bit of it is the key.

Q360 Chairman: But what can you do. A lot of the places I have visited have said that GPs are the most difficult to communicate with. Is that because you guys are so busy. It's a common view that involving GPs is quite difficult.

Professor Field: We work in different buildings. It usually relates to case conferences. It has been going on since I trained in the 1980s. Case conferences get called by whoever calls them, usually on a Monday morning when we already have a full surgery. Trying to cancel a full surgery is one thing, but then you have all the access targets and so on, which also put pressure on us. It works well if the teams are communicating, are flexible and recognise what the others have to offer. You will find children's centres that are working brilliantly. We have examples of practices sending their practice nurses to work as open drop-in nursing clinics in children's centres. So where the communication is good, it works. It is easy not to do something, isn't it. And it is even easier in British society to moan and complain.

⁴ *Note by witness:* The National Information Governance Board looks at the issues of confidentiality and IT systems.

 13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

Q361 Chairman: But you could do case conferences with a telephone link to the person who is too busy to be physically present.

Professor Field: Of course you can.

Louise Silverton: The whole team needs to know each other. I don't mean being touchy-feely and having away days together. If you have sessions where they work together and establish joint aims for what they are trying to do, when you leave a message for somebody saying, "I'm worried about this family," that person is much more likely to respond, because they will think, "Oh, it's Susan ringing me; I'm going to respond." I know it sounds very basic, but getting down to people knowing and trusting each other—so that if someone rings you, you can say, "Well, she's rung me, she must be really concerned, I'll pay attention"—is extremely important.

Chairman: We're absolutely with you there. We looked at child protection issues. Absolutely, meeting people is very important. The last little section is a very important one. Helen is going to ask you about Children's Trusts.

Q362 Helen Southworth: First, I would like to know what you think about the effectiveness of Children's Trusts as a vehicle for communication, but more importantly for the strategic direction of activities. We talked a lot about people who are delivering the service and the relationship between people who are directly delivering the service. What I really want to know is how significant the leadership in an area is, and the relationship between leaders in different delivery points of an area. Also, in terms of prioritisation, how significant is that.

Liz Gaulton: The role of Children's Trusts is about joint commissioning essentially. It is all the partners, which are responsible for the health and Every Child Matters outcomes for children, commissioning services effectively. It is about getting those outcomes right. There is a long way to travel between a Children's Trust executive or board and a children's centre. A children's centre is a model of delivering those outcomes really. I think we talked earlier about staff on the ground actually getting some of this right regardless of the infrastructure needed, and the strategic people getting it right as well, but we need to make sure that that pathway or golden thread goes from what we want to commission, in terms of improving outcomes for children, right through to having made best use of children's centres. It is that thread within each of the local authorities that is key to doing that.

Q363 Helen Southworth: The work done by the National Audit Office said that five out of the 27 local authorities that it had examined had formally agreed with primary care trusts as to what services to provide through the children's centres. That means that 22 of the 27 had not. What do you think about that.

Liz Gaulton: I can see that there's a huge mix out there, of people who have just got on with it and people for whom this is quite a new world. In some areas I suspect that NHS boards have very little

understanding of what children's centres deliver. I think it comes back to the NHS being able to be clear on how children's centres will help them deliver their outcomes. If we are able to say, "These outcomes will be delivered through children's centres", they will find a way of doing that. Some of this is very strategic. Some is very structured and top down. You may find that the audit office said, "Oh no, I don't think we have made an agreement that they should be delivered through children's centres", but actually they are being anyway, on the ground. You may have the midwifery services in there, which have come through the acute trust route and not through the PCT route; you may have a GP going in there and doing a surgery who hasn't told the PCT. It is probably a very mixed picture.

Q364 Helen Southworth: The advantage of it depending on people—how people deliver means things can get done very quickly—is that you get local champions and people who are very good and share information, so other people can pick it up. The disadvantage is that, when that person goes to another job, the whole thing can fall apart. When we are looking at children who have multiple disadvantages, we cannot afford to let that happen, can we. So, what would you want to see, in terms of Children's Trusts taking ownership and taking responsibility for seeing that things get delivered over time.

Louise Silverton: They need to be fully aware of the importance of maternity services. When the Department for Education and Skills became the Department for Children, Schools and Families, it took DCSF quite a long time to realise that children do not just turn up—there is the antecedent of a couple, a pregnancy and everything else before you actually come to a baby. The difficulties of the DH and the DCSF working together in a coherent way have seemed to be resolved—we welcome the summit next week on family-centred services and fathers—but that has taken absolutely ages to get off the ground. I think it is going to take a similar amount of time for the Children's Trusts and the directors of children's services to think about working with health, and particularly with maternity, because as I say maternity is in the acute sector. If you want everything joined up, we know that child health surveillance now starts in pregnancy, but there is the issue of trying to get that kicked off when it is not joined up. We need much more joined-upness locally. I certainly take your point that individuals can get things done, but if the systems aren't in place or the individuals aren't there, the whole thing just falls apart.

Q365 Helen Southworth: You said that the trusts were about commissioning, but in reality we know that in order to commission you have to get a lot of the information in to prioritise. Once you have commissioned, you have to see whether there is delivery of the outcomes that you wanted, and you have to chase progress sometimes. What do you

13 January 2010 Professor Steve Field, Liz Gaulton and Louise Silverton

think should be on the agenda of a Children's Trust in terms of children's centres. What information should be collected and how should it be reported.

Liz Gaulton: The agenda for Children's Trusts is about improving outcomes for children. The children's centres are a way of doing that. We have all said that it is not about the building, but about the staff that make up the building and the services that are delivered in it. We would not have a Children's Trust that said a school must deliver a certain thing. We would have a Children's Trust that said educational attainment must be this or attendance must be this. It is the same with children's centres. We have to look at what the outcomes are. We know what outcomes children's centres deliver on because there is a core offer for children's centres. It has to be about what outcomes would be delivered. That is what the Children's Trust monitors, not what the children's centres do. The children's centres are essentially buildings and it is about the outcomes that can be delivered.

Louise Silverton: You don't want bean counting. You want to actually improve outcomes.

Q366 Helen Southworth: May I unravel that a little. You might have a GP perspective on this as well. You said that you don't want bean counting. May I therefore ask something specific in terms of outreach for disadvantaged or difficult-to-reach children and families. I am asking you for something theoretical in a way. If there is an expectation and funding for there to be one outreach worker at every children's centre and three outreach workers at children's centres in the most disadvantaged areas—that is a theoretical thing—and that is handed over to local authorities to deliver, do you think local authorities ought to be checking how many outreach workers there are and how many contacts they have.

Louise Silverton: No, if you look at trying to get women into antenatal care early, one of the aims they have is to reduce the time limit at which women appear for antenatal care and to reduce non-attendance for antenatal clinic appointments. They need to monitor how that is happening and whether

that is being delivered, rather than have two workers. They could have two workers and not achieve anything.

Helen Southworth: I referred to how many workers they have and how many contacts are being made.

Louise Silverton: I think contacts and effectiveness are important.

Q367 Helen Southworth: The reason I want to ask is that you said no. I want to turn the question the other way around. Do you think it is acceptable for Children's Trusts not to know how many outreach workers there are in their area, how many contacts they make and what the outcomes of those contacts are.

Professor Field: I think they need to know, but the outcomes—if you are looking at antenatal and early presentation—are broader than the children's centre. It is about working with pharmacists, where young girls might appear, and schools. It is broader than the team in the building or the building itself. Of course, they need to know what the workers are doing. The outcomes are broader than that. Children's centres should be adding value generally across children's health, but that is not the entire answer, is it.

Chairman: I'm afraid we're going to have to wrap it up now. It has been a really good session. We have another session now with the Minister for Children. She will have to try very hard to be as informative and knowledgeable as the three of you. This is not the end. As we have you in our clutches, can we keep you there. When you return to your sane place of work, if you wonder why we didn't ask you that or why you didn't say this, we are open to continuing communication. Thank you very much for your time.

Louise Silverton: May I leave you with the compendium of the award winners from our last midwifery awards. We have two midwifery services in children's centres that won awards and another two were shortlisted. We didn't realise that until we looked through. I will leave that with you to show how effective they have been.

Chairman: Thank you very much. That's brilliant.

Memorandum submitted by the Department for Children, Schools and Families (DCSF)

SUMMARY

- Over 3,000 Sure Start Children's Centres now offer children under five and their families access to integrated early childhood services when and where they need them. By 2010 there will be at least 3,500 centres—one for every community.
- Early evidence is that families are benefiting and are very satisfied with the support they receive. In a survey of parents, 92% of users were satisfied with the services they received and 68% were very satisfied.
- Through legislation currently before Parliament local authorities will soon have a statutory duty to maintain sufficient centres for all families with young children, embedding children's centres as part of mainstream provision, and Ofsted will have a duty to inspect and report on centres.
- Significant additional investment is in place, on top of resources already in health and employment support services, representing ongoing, long-term support for children's centres. Government is clear that investing in the early years and preventative work with families during the vital first

stages of a child's life is the route to improved outcomes and narrowing the gap in outcomes between the poorest children and the rest. The greater part of the £1 billion per year revenue funding for children's centres must go where needs are greatest.

- Engaging with the most vulnerable families is high on centres' agenda. Additional funding provided to local authorities since 2008 has helped to boost resources on the ground and practitioners are finding effective ways of engaging with some of the most vulnerable families. In addition, Government has launched a communications campaign so that all families know where their local centre is and what is available there.
- Looking forward work is underway to support local authorities and their Children's Trust partners to develop sustainable children's centres which can demonstrate the impact they are having on "Every Child Matters" outcomes.

Sure Start Children's Centres—a universal service for young children and their families

1. Sure Start Children's Centres offer parents of very young children local, neighbourhood access to a range of essential services to support them in meeting the challenges of bringing up children today. Evidence shows that investment in the early years is key for prevention, as well as early intervention and tackling immediate issues children and families may be facing. Although the roll out of children's centres is not yet complete, and not all are yet delivering their full core offer, there is case-study evidence of how multi-agency working within children's centres is making a real contribution to preventing negative outcomes in later life. But much of what children's centres are tackling is long-term, including the effects of intergenerational poverty and multiple disadvantage, the effects of which will show later on.

2. The Childcare Act 2006 introduced a duty for local authorities and their partners in Jobcentre Plus and the National Health Service to work together to deliver integrated early childhood services aimed at improving access for families and increasing take up by the most needy. Subject to Parliamentary approval, the Apprenticeships, Skills, Children and Learning Bill (the ASCL Bill) will secure the future of Sure Start Children's Centres as mainstream provision, giving local authorities a duty to maintain sufficient centres and consider regularly, with their partners on the Children's Trust Board, delivering services through centres as part of the process to produce the Children and Young People's Plan.

3. By March 2010 there will be at least 3,500 children's centres—one for every community. The Government's phased programme of national coverage is almost complete. Over 3,000 centres provide access to mainstream early childhood services for over 2.4 million children under five and their families. 24 local authorities have already achieved coverage across their areas meaning that all families with pre-school children have local, neighbourhood centres available.

4. Evidence from a 2008¹² survey of parents from some of the most disadvantaged communities showed that

- awareness of the local centre was high with around eight in ten (78%) respondents having seen or heard about it; and
- levels of satisfaction were very high with 92% of all users saying they were satisfied (68% were very satisfied).

5. Research, in particular the National Evaluation of Sure Start, has contributed to the evolution of children's centres. Improvements have been made based on evaluation findings and knowledge of what works for families, resulting in a service that continues to grow in effectiveness and responsiveness to families' needs. Good practice is emerging, in particular in relation to working with the most vulnerable families, influencing how children's services are delivered.

The Rollout of Sure Start Children's Centres

6. Children's centres build on earlier policies including Sure Start Local Programmes and Early Excellence Centres. These were area-based, concentrated on the most deprived communities, or set up to serve specific communities and their needs. While popular and bringing high levels of resource into very needy communities, they reached only a small proportion of the poorest families in the country. Sure Start Local Programmes provided services for fewer than half of the under 5s living in the 20% most deprived wards in England, not all of whom were the poorest children.

7. Not all children living in the most disadvantaged communities are deprived and around a third of the most deprived children under five live outside the most deprived areas (defined by reference to the Lower Super Output Areas in the Index of Multiple Deprivation 2007). The universal children's centres model—with a centre for every community—ensures that every child, no matter where they live, benefits from locally accessible integrated services.

¹² "Sure Start Children's Centres Survey of Parents" by TNS 2008.

8. Roll out of children's centres has been phased. The first phase (to March 2006) targeted 650,000 children under five living in the most deprived areas of England. The second phase (to March 2008) provided centres for the remaining most deprived communities and some centres in less disadvantaged areas, defined by reference to the Index of Multiple Deprivation. The final phase (to March 2010) will deliver universal coverage.

9. Rollout is almost complete and a five year national evaluation programme is underway to consider the effectiveness of different models and approaches. Ofsted reports on individual centres, starting next year, will add to the national evidence base and support continuous improvement in service delivery.

The strategic role for local authorities

10. Local authorities, together with their partners in Jobcentre Plus and Primary Care Trusts are responsible for planning and delivering children's centres' services. They need to understand the different priorities and levels of demand in each community and are expected to consult with parents and to undertake an audit of existing services, to ensure they have a good understanding of a community's needs and how these vary. This local partnership, working within children's trust arrangements, defines the offer for each centre. The local authority is responsible for receiving and allocating the Sure Start Early Years and Childcare Grant (SSEYCG), including revenue and capital funding for centres, while Jobcentre Plus and the PCTs contribute further resources.

11. Local authorities manage the performance of their children's centres, using information from Centre Leaders, as part of an "annual conversation", to decide how and where resources can best be deployed. In 2007 the Department for Children, Schools and Families (the Department) produced a framework that includes key performance indicators and starts with a self-evaluation process for the centre to help local authorities and centres structure their business planning, monitoring and forward planning processes. Many authorities have adopted this approach, tailoring the framework to reflect their local priorities and targets.

The range of children's centres services

12. All centres must provide access to a core of services and these appear in Annex 1. Children's centres set up in phases 1 and 2 serving the most disadvantaged communities provide the fullest range of services and the most intensive support, with the addition of integrated early learning and full-day childcare places to the list. Introduced in advance of the integration of early learning and care in the Early Years Foundation Stage (EYFS) from September 2008, the children's centre provision gave parents accessible childcare, removing a barrier to work and supporting parents in lifting their families out of poverty.

13. Evidence from the "Effective Provision of Pre-school Education (EPPE)",¹³ about the impact of highly qualified staff with appropriate training and expertise on outcomes for the most disadvantaged children attending early years settings, led to the requirement that these centres employ a qualified teacher to plan and substantially deliver this provision. The 2008 Foundation Stage Profile results showed an increase in the number of children with a good level of development and the gap between the lowest 20% and the rest narrowed. Children's centres are now contributing to continued improvement in EYFS results and to narrowing the gap in achievement.

14. The "core" services for centres serving less disadvantaged communities need not include full-day childcare unless there is unmet demand in the area but all centres are expected to have activities for children on site. Local authorities have flexibility to provide less intensive support services to reflect needs. The Department appointed Together for Children (TfC) in late 2006 as its delivery agent to support and challenge authorities during their strategic planning and rollout of centres.

15. In rural areas where populations are dispersed and numbers in any one area can be small, local authorities can take a more flexible approach to the delivery of services. Guidance suggests building on existing provision such as schools and community centres to use the resources available effectively, possibly delivering services for a wider age range, to use mobile services to go to where families are rather than expecting them to travel to services, and to consider whether childminders, rather than centre-based early learning and childcare places, will better meet parents' needs.

Funding and sustainability

16. Since 1997 the Government has invested over £25 billion in transforming early years and childcare services. By 2010 the Government will be investing over £1 billion a year directly to support services in children's centres, in addition to the mainstream resources provided via the NHS for child and maternity health services and through Jobcentre Plus for employment and training advice for parents. The Government has committed to fund children's centres as part of their long-term strategy.

¹³ Effective Provision of Pre-school Education (EPPE) Project: Final Report see www.dcsf.gov.uk/rsgateway

17. Annex 2 contains details of the total funding for Sure Start Local Programmes and children's centres since 1999–2000 when the first programmes were established.

18. In August 2007 the Department advised local authorities of their 3-year revenue funding for 2008–11. Allocations took into account the numbers of children under five in each authority's area and levels of deprivation. They were further weighted for "rurality" and "sparsity" and reflected the fact that not all centres would be fully operational or open throughout the year during the roll-out period. Capital allocations were similarly based on numbers of children but were weighted for price differentials. The allocations are in Annex 3.¹⁴

19. As part of their performance management arrangements, local authorities and children's centres should monitor usage and review services regularly, consulting with parents and their advisory board, to ensure services are having an impact. Centres are not expected to sustain services that do not work or become inappropriate.

20. The provision of integrated early learning and full day childcare is not funded through the SSEYCG and should be ultimately self-financing with costs largely covered through fees. Parents can take up their free entitlement for three and four year olds in children's centres, providing an additional funding source, and local authorities may choose to use funding for places for children in need, or pilots like the two year olds pilots, through children's centres provision to help with sustainability. In "Next Steps for Early Learning and Childcare—Building on the 10-Year Strategy" (January 2009), the Government announced that it would carry out a qualitative analysis of childcare in children's centres, in order to get a better understanding of sustainability of childcare provision. The Government is in the process of considering the next steps following that initial analysis.

Value for money

21. The Government is committed to ensuring that the significant resources being invested in children's centres are delivering value for money and are improving outcomes for young children and their families. In 2006 the National Audit Office (NAO) produced a report looking at value for money in Sure Start Children's Centres.¹⁵ The NAO concluded that centres were in transition and had not been established long enough for a real assessment to be made. They made a number of recommendations aimed at improving the financial management in centres and local authorities. To the Department they recommended that as well as its published performance management system it obtain information, and longitudinal data, to demonstrate the programme is working. The Department is setting up a five year programme to evaluate children's centres which includes a cost benefit analysis and panel surveys of children from 0–5 years.

22. In response to the subsequent Public Accounts Committee hearing in 2007, the Department gave a number of undertakings.¹⁶ Action has been taken on all of these with guidance on third phase (2008–10) delivery being issued in Autumn 2007¹⁷ with examples of levels of resource for "universal" centres as distinct from the "high focus, high need" centres serving the most disadvantaged communities, as well as illustrative standards of financial management for centres. Chief Executives were asked to ensure early talks were conducted with centres to encourage better forward planning. The National College for School Leadership reviewed the NPQICL course content and from September 2008 reshaped the programme to include a stronger focus on financial management.

23. The Department commissioned a feasibility study to look at a benchmarking system for centres.¹⁸ The study added to the Department's understanding of the breadth of different approaches to funding children's centres, brought about by the local flexibility within which children's centres operate to meet local need. The study concluded that financial and performance management systems would not at this stage support benchmarking. The Department focused efforts on increasing business planning and financial management capacity within children's centres and local authorities. TfC produced toolkits on Business Planning, Performance Management and Reaching Priority and Excluded Families.¹⁹ These toolkits have been supported by interactive workshops with local authority networks to look at setting outcomes and better performance management.

24. Understanding unit costs of services supports better financial management and resource planning. TfC are developing a process for local authorities and centres to use in identifying unit costs. The Department is identifying three authorities, with the help of the Local Authority Reference Group, to work with TfC before the material is disseminated widely. This product needs relatively sophisticated knowledge of centres' expenditure combined with information about performance and outcomes. Close working between finance officers, early years/children's centres leads and centre leaders is essential.

¹⁴ Not printed.

¹⁵ Sure Start Children's Centres Dec 2006—see www.nao.org.uk

¹⁶ The Treasury Minute response to the PAC report on Sure Start Children's Centres CM7216, October 2007. See also PAC report on Sure Start Children's Centres HC 261, Session 2006–07.

¹⁷ Sure Start Children's Centres Phase 3 Planning and Delivery www.dcsf.gov.uk/everychildmatters

¹⁸ Sure Start Children's Centres Financial Benchmarking to ensure value for money see www.dcsf.gov.uk/rsgateway

¹⁹ See www.childrens-centres.org

25. Not all authorities are in a position to use the above approach yet. TfC will run wider regional events for local authorities and children's centres staff later this year which will focus on the relationship between performance management and financial management/resource allocation.

26. The activity above provides a base for ongoing and future activity to improve resource management and value for money.

Effective Governance—driving improvement

27. As children's centres become established a variety of governance arrangements is emerging to suit different circumstances. Without fettering this local flexibility the Department has set certain expectations. Every centre should have an advisory board distinguishing between governance and management roles. The advisory board has a strategic oversight role, supporting the centre leader. Operational management remains the responsibility of the centre leader, reporting to the local authority.

28. Subject to Parliamentary approval of the ASCL Bill, advisory boards will be a statutory requirement for centres including those run for local authorities by private or voluntary sector organisations. The role of the advisory board is to "provide advice and assistance for the purpose of ensuring the effective operation of the children's centre within its remit". The Bill does not establish advisory boards as a body corporate with specified legal duties but does contain minimum requirements on membership—representatives of the centre, expected to be at least the centre manager, the local authority and parents/prospective parents—and it is clear others may be members of advisory boards. Statutory guidance will explain this in more detail.

29. Recognising that formal governance roles may not appeal to less confident parents, children's centres use a variety of approaches to ensure parents have a voice. Parents' forums—run for parents by parents—have been successfully used in many areas. While the ASCL Bill does not introduce a requirement for parents' forums, because it was not considered sensible to be prescriptive, the Government strongly supports parents forums as a means of involving parents directly in the life of their centre.

Management and staffing

30. Local authorities are responsible for setting management structures for children's centres taking account of the local context, in particular the levels of disadvantage, and co-location of staff. In rural areas or where centres are serving more affluent areas with lower demand, local authorities may decide to use area managers and clustering arrangements for management and governance.

31. The Centre Leader is a key figure whose job it is to bind together the team and to communicate a clear vision of what the team is seeking to achieve with the community of families in which they work. Leaders come from a range of professional backgrounds—health, social care, education, community development—with a variety of mainly degree equivalent qualifications. They are expected to undertake the National Professional Qualification for Integrated Centre Leaders—a course developed specially to equip them for their role. Nearly 1,400 Leaders have completed the course with around 500 in the process of starting or completing it.

32. Peer support and knowledge transfer is gained through the Children's Centre Leaders Network—now entering its second year—which is key in increasing sector-led improvement.

33. Integrated working in children's centres with staff from a range of professional backgrounds forming multi-agency teams is becoming well established. Staff value the opportunities offered by co-location both in providing everyday support for parents and widening their own understanding of shared aims and objectives.

34. Guidance issued by the Department recommends that all childcare workers should hold NVQ level 3 while other workers should be qualified to at least level 2. Numbers of staff and particular combinations of professionals and volunteers or para-professionals are a matter for local decision.

Working in partnership with schools, health services and others

Schools

35. Around half of all children's centres will be located on school sites. Centres can be run separately from the school, or be operated by the school, using their extended services powers, often under a service level agreement or other arrangement with the local authority. Co-location with schools enables, on a very practical level, the contribution of a qualified teacher to the multi-agency team planning and delivering services in the children's centre, known to be a key element in improving outcomes for the poorest children.

36. In many areas, even where not co-located, children's centres and schools are working very closely together, including in cluster working arrangements, to ensure that information is passed on at key transition points, like when children move from childcare and start their school life.

Integrated working with health services

37. Children's centres play a significant role in delivering the Healthy Child Programme (HCP)—the progressive, universal preventative and early intervention service for under 5s and their families. The Government's Child Health Strategy, published in February 2009²⁰ committed to children's centres having access to a named health visitor, and this is being taken forward with the Department of Health through the "Action on health Visiting Programme". Annex 4 contains more details.

38. All children's centres will provide basic information and advice, and make contact with local parents to ensure that they know what is on offer, whether in the centre or elsewhere, so they know how to access the services they need. In less disadvantaged areas there are likely to be fewer health services on site and more "signposting" to other provision.

39. On the ground there is much good, innovative practice where centres are working well with local health partners. The Children's Centre Leader Network events as well as national conferences have provided opportunities to share best practice.

40. The Department is working with the Department of Health to explore what more can be done to improve information sharing between health professionals and children's centres.

Integrated working with Jobcentre Plus

41. Jobcentre Plus involvement in children's centres is making an important contribution to reducing child poverty—helping parents to think ahead during their child's early years about opportunities for training or work that will help to provide a better economic future for their family. All children's centres are required to have links with Jobcentre Plus in place when they first open. The nature of the link is negotiated locally and agreed in the light of circumstances, demand and community requirements.

42. Research published by the Department for Work and Pensions (DWP) in 2008²¹ showed that Jobcentre Plus involvement was most effective when an adviser ran sessions in a centre and was proactive in meeting and informing children's centre users about services on offer.

43. In 2008 the Government announced in *Ending Child Poverty: Everybody's Business*²² a series of pilots to test innovative approaches to eradicating child poverty, including enhanced work-focused services delivered through children's centres. The pilot started in January 2009 and runs to March 2011 and involves placing a full-time adviser in 30 children's centres across 10 local authorities. A comprehensive evaluation strategy is in place for the pilot. Interim findings from the evaluation will be available in spring 2010, with the final report being produced in summer 2011.

Partnership working with the private, voluntary and independent sector

44. Partnership working with the private, voluntary and independent (PVI) sector has been an essential ingredient from the outset in children's centres, particularly for the delivery of childcare in children's centres. The provisions of the Childcare Act 2006 encouraged local authorities to become providers of last resort in relation to childcare and to work to support the local "market" instead. Local authorities have a childcare sufficiency duty. A key part of the early planning process for centres during the roll-out has been consultation with providers, as well as parents, about where and how centres' services should be delivered. The PVI sector deliver around half of all integrated early learning and childcare provision in centres. Providers value their links to children's centres, supporting them with families in need and offering a swift means of providing extra support when needed.

45. Some local authorities have also contracted out the management of their children's centres to voluntary sector organisations. Action for Children, 4Children and Barnardos amongst others, are all involved in managing a number of centres across the country. These arrangements are relatively new and have not yet been evaluated.

Ensuring vulnerable families benefit from Sure Start Children's Centres

46. It is often the most vulnerable families, whose children face the poorest outcomes, who find mainstream services hard to access. Research evidence since 2007 on Sure Start Local Programmes, in reports by the National Audit Office²³ and Ofsted²⁴ on children's centres, and a survey of parents by TNS²⁵ all show that children's centres are increasingly engaging with the most vulnerable families. A positive "Sure Start effect" was demonstrated across all population groups in the NESS evaluation. Details of further findings are in Annex 5.

²⁰ Healthy Lives, Brighter Futures—the strategy for children and young peoples health. February 2009. www.dh.gov.uk/en/Publicationsandstatistics

²¹ Dench S, Aston J, James L, Foster R (2008); *Jobcentre Plus and Children's Centres*. Research Report 485, Department for Work and Pensions

²² Ending Child Poverty—Everybody's Business see www.hm-treasury.gov.uk

²³ Sure Start Children's Centres December 2006—see www.nao.org.uk

²⁴ Ofsted report "How well are they doing—the impact of children's centres and extended schools. See www.ofsted.gov.uk

²⁵ TNS survey—"Sure Start Children's Centres Survey of Parents .www.dcsf.gov.uk/research

47. Ofsted in 2008 confirmed that individuals and families were well served by the children's centres and schools that they attended. Services which had been used by the most vulnerable parents were reported to have transformed the lives of some parents and had positive effects on their children. However, not all children's centres are yet fully effective in this important role and there is still more to do to ensure that all families are able and supported to access the services they need.

48. In February 2009 the TNS survey provided strong evidence that centres were reaching out to all sections of the community. It found "The profile of centre users very closely matches the profile of respondents overall, and there is no evidence that any sub-groups within the community are monopolising the centres. Equally, the results suggest that no sub-groups are being excluded from or failing to access the centres.". Those in social demographic AB composed 12% of the local population but 14% of centre users, whereas those in DE were 50% of the population but 48% of centre users.

49. The Government has taken steps to increase the effectiveness of the outreach services from children's centres by:

- allocating additional revenue from 2008–09 to enable local authorities to fund two additional outreach workers in children's centres serving the most disadvantaged communities; and
- committing in the Children's Plan to making outreach activity from children's centres more effective through better trained and supported staff. The Department has been:
 - Gathering insight and information on training needs through workshops with stakeholders such as Health and the Children's Workforce Development Council (CWDC) to look at good practice and what works.
 - Working with CWDC to arrange for some 5,000 practitioners to take up training.
 - Using the Children's Centre Leaders Network to share good practice.

50. A small scale scoping study on outreach to children and families, conducted by Capacity Ltd²⁶ on behalf of the Department during 2008, provides information on parents' experience of outreach, and the resulting benefits, as perceived by them. The majority of parents interviewed were on low incomes, economically inactive and were selected by the children's centres in the study as representative of families receiving, or formerly receiving, outreach support. The parents believed that they had benefited from family support not only in relation to their children's development and welfare, but to their own well-being, self confidence and engagement with children's centres and other services. For a significant minority family support had had a positive bearing on their involvement in training and steps towards employment.

51. The Government has this autumn launched a communications campaign to build awareness of children's centres so that all parents know where their local children's centre is and what it offers. The campaign includes national, regional and local activity and targets 30 of the most deprived areas in England. Around 400 people attended a conference on outreach and over 1,000 children's centres took part in Sure Start Children's Centres week this year (14–18 September) which celebrated and showcased the impact children's centres have locally.

October 2009

Annex 1

Universal core services for all children's centres

All centres must provide a universal range of services including:

- outreach services for isolated parents/carers and children at risk of social exclusion, including health visitors linked with the centre, underpinned with good information and data about families in the local area;
- information and advice to fathers and mothers/carers on a range of subjects including: local childcare, looking after babies and young children and local education services for three- and four-year olds;
- support to childminders via a quality assured, coordinated network, but also to other childminders in the area by providing shared training opportunities, loan of toys and equipment and by hosting drop-in sessions;
- activities for children and mothers and fathers/carers at the centre, eg: play groups, stay and play, parent groups, drop-in sessions, crèches in the centre itself, these could be existing services which the children's centre is being built around; and

²⁶ Outreach to children and families—a scoping study. See www.dcsf.gov.uk/research

- links with Jobcentre Plus, to encourage and support labour market participation by parents/carers who wish to consider training and employment. The nature of the links will be negotiated locally in light of community needs and local circumstances but could consist of, one or more of the following: up to date vacancy boards in the centre, internet access, warm phones, Jobcentre Plus advisers offering one to one or group support, drop-in or regular opportunities to consult personal advisers for advice on the financial impact of starting work, a named “link adviser” at the Jobcentre providing a direct contact point for parents, leaflets and posters advertising Jobcentre Plus services.

Access to community health services; including antenatal services and the Healthy Child Programme, led and delivered by health visiting teams tailored to meet different levels of risk and need, and access to specialist services—in particular for children with special needs and disabilities.

Annex 2

TABLE OF REVENUE AND CAPITAL FUNDING FOR SURE START LOCAL PROGRAMMES AND SURE START CHILDREN'S CENTRES

	<i>£ millions</i>											
	<i>Expenditure</i>					<i>Allocation</i>					<i>Total</i>	
	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Revenue												
SSLP	3	33	105	174	306	360	383	369	314	311	275	252
CC	0	0	0	0	2	11	90	231	306	574	748	883
Sub total	3	33	105	174	308	371	473	600	620	885	1,023	1,135
Capital												
SSLP	0	0	0	430	0	11	0	0	0	0	0	430
cc				0	2	184	184	197	285	81	169	101
Sub total				627	2	195	368	397	285	81	169	101
Total				2,094				797	905	966	1,192	1,236

Notes

The table show expenditure on Children's Centres and Sure Start Local Programmes since the inception of the programme. From 2008-09 Allocation figures are shown. The Department has not yet received audited returns of expenditure for 2008-09.

In 2006-07 Local authorities pooled their General Sure Start Grant into Local Area Agreements. In 2007-08 24 authorities did so. These Authorities were not required to report their Sure Start revenue spend to the Department. The figures above include 100% of the allocation for these authorities.

One Local Authority has an outstanding audit for 2007-08 and estimated spend figures have been used for this authority in compiling the table.

From 2008-09 Allocation figures are shown. The Department has not yet received audited returns of expenditure for 2008-09.

PARTNERSHIP WORKING WITH HEALTH

Current programme of work

Further to the Child Health Strategy *Healthy Lives, Brighter Futures* (February 2009), which set out a joint DCSF/DH vision for prevention, early intervention and effective specialist support from 0–19, work is underway on service delivery programmes to ensure better support in pregnancy and the early years of life. There are also strong links to wider system-led transformation like commissioning support.

The work falls broadly into:

- (a) Service delivery programmes being delivered via children's centres and other settings.
- (b) Action on specific health outcomes which children's centres are helping to support.

(a) *Specific delivery programmes delivered through settings including children's centres*

(i) The Healthy Child Programme (pregnancy to five years)

The Healthy Child Programme (HCP) is the evidenced-based child public health programme offered to all families from pregnancy to five years of age. The HCP, led by Health Visitors, offers a core programme of screening tests, immunisation, developmental reviews, support and guidance to assist with parenting and healthy choices. The updated programme was launched in March 2008. Children's centres offer significant opportunities for improving children's health and are a key vehicle, along with general practice, for delivering the Healthy Child Programme. The Child Health Strategy committed to a named health visitor for each children's centre (see below). Last summer, the DCSF wrote to all children's centres about the (then named) Child Health Promotion Programme, encouraging them to promote it.

(ii) Action on Health Visiting Programme

Health Visitors are key to delivery of the Healthy Child Programme, with clear responsibilities and support to lead the programme, and a key role to play in children's centres. The way services are organised now means that health visitors are more likely to be working in teams in which support for families is available in more innovative ways.

The Action on Health Visiting Programme, announced by Alan Johnson in response to Lord Laming's report on safeguarding children, is a joint venture between DH, CPHVA Unite and other key stakeholders. The Action on Health Visiting Programme has addressed a number of the issues set out in a joint DH CPHVA statement. It has defined the roles of health visitors in the context of the new range of children and family services (including Sure Start Children's Centres—distilling clear messages about how they work with health visitors and what they can expect), restated their potential impact in promoting health and wellbeing and addressing inequalities and set out the evidence base for practice. It has been developed with the CPHVA, the profession and NHS leads and includes their roles with vulnerable children and in child protection. The AHVP sets out steps to improve recruitment retention, career pathways and increase commissions to train new health visitors.

(b) *Specific health outcomes which children's centres can help achieve*

(i) Infant mortality

Children's centres working closely with colleagues in health have a key role to play in helping address the national health inequalities target (underpinning PSA 18), starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the routine and manual group and the population as a whole. The infant mortality national support team (NST) offers support and guidance for local authorities, NHS organisations and other partners in promoting local action on improving infant and maternal health and reducing infant mortality. By providing health services in a community setting with a wider set of facilities, children's centres are able to reach and support groups who may otherwise feel uncomfortable raising some health concerns. Centres can also provide a co-ordinated approach to a wide-range of relevant issues, offering support to teenage mums, and on topics including immunisation, nutritional support, smoking cessation and breast-feeding.

The Marmot Review on Health Inequalities, due to report in early 2010, will also examine this area.

(ii) Breastfeeding continuation at six weeks

Children's centres are playing a critical role in supporting the delivery of local breastfeeding programmes, offering supports to new mums through a range of methods including peer support groups, helplines, breastfeeding classes and dedicated breastfeeding suites and baby massage. Work to develop Breastfeeding Commissioning Guidance contains clear messages about the role of children's centres. The Department of Health is also providing easily accessible advice through a range of promotional materials, a national helpline and DVD, as well as investing £7 million to promote breastfeeding via PCTs, supported by regional

and local structures. The progress report on the obesity strategy (*Healthy Weight, Healthy Lives: One Year On*) also committed Government to invest a further £2 million in 2009–10 to extend the Baby Friendly Initiative on promoting breastfeeding to local areas with substantial numbers of non-breastfeeding mothers.

(iii) Change4Life and 0–5 childhood obesity

Action through children’s centres around breastfeeding, effective weaning, appropriate physical activity and parenting behaviour and skills are contributing to reducing obesity. DCSF is also funding the “Henry project” (Health, Exercise, Nutrition for the Really Young), run by the Royal College of Paediatrics and Child Health (RCPCH). HENRY provides training and support enabling health professionals and community practitioners to work more effectively with parents and carers of babies and pre-school children to support them tackling childhood obesity.

Start4Life is a sub brand of the the “umbrella” Change4Life government anti-obesity campaign. It works with young families through the Early Years Workforce, including children’s centres, to promote the importance of diet during breastfeeding and weaning. We are providing early years settings with a toolkit on healthy eating and active play as part of this. DCSF is also working with DH on *Let’s Get Cooking* to pilot 20 training events in centres across England in autumn 2009. *Let’s Get Cooking* is a nationally available programme that offers training and support, to enable children and adults to gain skills and confidence to cook healthy food and enjoy cooking.

Annex 5

FINDINGS FROM EVALUATION/RESEARCH STUDIES

The National Evaluation of Sure Start

1. In March 2007 the National Evaluation of Sure Start reported on the impact of Sure Start Local Programmes in “The Impact of Sure Start Local Programmes on 3 Year Olds and Their Families”. This research compared 14 child and family outcomes in Sure Start areas to a control group. Of the 14 outcomes, seven showed a significant positive difference for Sure Start areas, although care is warranted with two where timing effects in the methodology cannot be ruled out. The seven outcomes were: better child positive social behaviour; better child independence; improved parental risk index; better home learning environment and total service use. The two outcomes possibly a result of timing effects were: increased child immunisations and reduced child accidents. The remaining seven outcomes showed no significant differences in Sure Start areas.

2. Crucially, in describing a positive “Sure Start effect”, the researchers found this was demonstrated across all population sub groups (eg teenage parents, workless households, ethnic minority families), and unlike the previous impact study there were no negative effects. The report findings are very positive and the benefits in terms of parents and child development are desirable effects that are likely to lead to better long term outcomes for children. In particular, there is sound evidence to suggest that higher child independence and higher home learning environment are likely to lead to better long term outcomes both intellectually and socially for children.

3. Work is in progress on the next phase of the NESS longitudinal impact study, considering the impact on five year olds and their families, and this should be published in the spring of 2010.

TNS SURVEY OF PARENTS

4. In February 2009 the Department published research undertaken by TNS, “Sure Start Children’s Centres Survey of Parents”. 1,496 parents and carers of children aged under five years and expectant mums and fathers, and new parents in 120 areas which had had a centre for over two years, were interviewed to determine their awareness, use and satisfaction with children’s centres. The report found:

- strong evidence that centres were reaching out to all sections of the community. “The profile of centre users very closely matches the profile of respondents overall, and there is no evidence that any sub-groups within the community are monopolising the centres. Equally, the results suggest that no sub-groups are being excluded from or failing to access the centres.”, Those in social demographic AB composed 12% of the local population but 14% of centre users, whereas those in DE were 50% of the population but 48% of centre users;
- overall awareness of children’s centres was high—78% of all respondents knew about their local centre and 74% were familiar with the term “children’s centre”;
- use of the local centres was widespread—nearly half (45%) of all respondents had ever used or attended their local centre. In particular, “...a substantial proportion of users were making use of the integrated services that these centres offer”; and
- for most users the experience of using a centre was very positive. Levels of satisfaction were very high with 92% of all users saying they were satisfied (68% were very satisfied). “These findings suggest that most users of the centres were happy with the services that they have used and that centres were providing a good service to local families.”

5. In conclusion, “Overall the findings from the survey are positive and suggest that those children’s centres which were designated by March 2006 are servicing the communities they were established for.”

Supplementary memorandum submitted by the Department for Children, Schools and Families

Since the submission was made in mid October there has been progress on a number of fronts. This additional note is to provide the Committee with up to date information ahead of the Minister’s appearance on 13 January 2010.

Designated children’s centres

1. At the end of October 2009 there were 3,151 designated Sure Start Children’s Centres—meaning that the Government remains on track to meet its target of 3,500 children’s centres by March 2010. 29 LAs have now achieved universal coverage of their areas.

Expenditure data

2. The original Memorandum included at Annex 2 a table showing expenditure on Sure Start since 1999–2000. The Department has now received additional audited figures and included updated allocations for LAs with Local Area Agreements in 2006–07 and 2007–08. A revised Annex 2 table is attached to this document.

The Apprenticeships, Skills, Children and Learning Act 2009

3. The Bill received Royal Assent on 11 November 2009 and will come into force on 12 January 2010. Regulations relating to Ofsted inspection of children’s centres are being prepared currently and will be laid early next year. Statutory guidance explaining the provisions of the Act, in so far as they relate to Sure Start Children’s Centres together with the proposals for the secondary legislation on inspections is out for consultation currently. The consultation period ends on 1 February 2010. These documents can be found at

<http://www.dcsf.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1690&external=no&menu=1>

Health services in Sure Start Children’s Centres

4. The “Action on Health Visiting Programme” (announced in March 2009) covers a range of actions to increase the number of health visitors in the workforce and to define their key functions within the new child health policy context. In October 2009, at the UNITE/Community Practitioners’ and Health Visitors’ Association Conference (14–16 October), the Secretary of State for Health and the Secretary of State for Children, Schools and Families updated on the first phase of the programme. The document *Getting it Right for Children and Families: Maximising the contribution of the health visiting team* covered the role of the health visitor in five key areas of work, one of which is acting as the named health visitor in children’s centres. (The document is available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107005.)

5. A further 20 Family Nurse Partnership (FNP) sites are starting to deliver this year (nine in July 2009 and 11 in January 2010). The Committee will be aware that FNP is a structured, intensive, home visiting programme for vulnerable first time young mothers from early pregnancy until their children are two. There are currently 30 test sites, often using children’s centres as a base, each with a team of four to six Family Nurses and 100–150 families. Dawn Primarolo and Ann Keen wrote to PCT Chairs and Local Authority Directors of Children’s Services on 3 December, drawing their attention to the powerful contribution the FNP programme can offer as a preventative and early intervention service for potentially high need, high cost families (letter available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_109448).

6. Many children’s centres working with partners to provide breastfeeding support (which support the Government’s PSA 12 to improve the health and wellbeing of children and young people). Breastfeeding Commissioning Guidance has now been published with clear messages about the significant role of children’s centres. The Department of Health is also providing easily accessible advice, as well as investing £7m to promote breastfeeding via PCTs, supported by regional and local structures.

Early Years Foundation Stage Profile (EYFSP) 2009

7. The EYFSP measures young children’s development across areas of learning which are different but connected. We have seen very positive evidence of impact this year with 23,000 more young children achieving a good level of development and a narrowing of the gap between the 20% lowest achievers and the rest which narrowed from 36% to 34%. The gap between children living in disadvantaged areas and the rest also narrowed.

8. Particularly relevant to health are gains in “physical development” (a 1% pt increase from 2008 to 2009 in the proportion of young children working securely within the early learning goals for this scale) and “language for communication and thinking”—relevant to speech and language development and problems (a 3% pt increase from 2008 to 2009 in the proportion of young children working securely within the early learning goals for this scale).

Ofsted inspections of Sure Start Children’s Centres

9. By the end of November Ofsted had completed their planned 60 pilot inspection visits to children’s centres around England. During each visit inspectors met with Centre Leaders and their staff including service providers, parents, members of Advisory Boards, and staff within the responsible local authority. The pilot is now being evaluated.

10. During the period Ofsted has also consulted a range of interested stakeholders using a formal online public consultation as well as face to face meetings with their standing National Consultative Forum, made up of a range of national organisations representing childcare and children’s social care providers, and the Children’s Centres Advisory Board, a specially constituted group of senior professionals involved in children’s centres. Ofsted have also undertaken a short survey of the Ofsted parents panel which include parents from a range of areas and backgrounds.

11. The Department is working closely with Ofsted to review all of the information obtained through the pilot in order to reach final decisions on the arrangements, including the framework for inspection and the grade descriptors, so that Ofsted can begin inspecting established centres from 2010.

December 2009

Annex 2

Table of Revenue and Capital funding for Sure Start Local Programmes and Sure Start Children’s Centres

		£millions												
		Expenditure										Allocation		Total
		1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	
Revenue	SSLP	3	33	105	174	306	360	383	376	315	311	275	252	2,893
	CC	0	0	0	0	2	11	90	251	315	574	748	883	2,874
	Sub total	3	33	105	174	308	371	473	627	630	885	1,023	1,135	5,767
Capital	SSLP				430				0	0	0	0	0	430
	CC	0	0	0	0	2	11	184	203	288	81	169	101	1,039
	Sub total				627				203	288	81	169	101	1,469
Total					2,094				830	918	066	1,192	1,236	7,236

Notes

The table shows expenditure on Children’s Centres and Sure Start Local Programmes since the inception of the programme. From 2008–09 Allocation figures are shown. The department has not yet received all audited returns of expenditure for 2008–09.

In 2006–07 26 Local authorities pooled their General Sure Start Grant into Local Agree Agreements. In 2007–08 24 authorities did so. These Authorities were not required to report their Sure Start revenue spend to the Department. The figures above include 100% of the allocation for these authorities.

Witnesses: Rt Hon Dawn Primarolo MP, Minister for Children, Young People and Families, Ann Gross, Director of the Early Years, Extended Schools and Special Needs Group, Department for Children, Schools and Families, and Liz Railton, Chief Executive, Together for Children, gave evidence.

Q368 Chairman: I welcome Dawn Primarolo, the Minister for Children, to our proceedings. This is her second outing with the Committee, so she is getting to know us now. I also welcome Ann Gross and Liz Railton. As you can imagine, we are pretty much into this investigation into children’s centres. We are enjoying it; we are getting out there and looking at children’s centres, both as a Committee and individually. I saw three on Friday in Huddersfield, which was very informative. We have just had a very good session with some very good witnesses about the relationship between health and children’s services. We are getting into it, but I would like to give the Minister an opportunity to say something to get us started.

Dawn Primarolo: Thank you. This is a fascinating and important subject in its breadth and the challenges of bringing strands together. I would like to introduce Ann Gross, Director for Early Years, and Liz Railton, Chief Executive of Together for Children, who are supporting me today. If it is

agreeable to the Committee, I would like to make a couple of opening points. We have clearly come a huge way in our understanding and in the development of services to support parents, families and children, particularly in early years development. Three key initiatives come together in Sure Start children’s centres. We started rolling out Sure Start local programmes in 1999–2000, and established 524 in total, focusing on support for parents, families and communities and looking at that interaction. We also set up a total of 107 Early Excellence Centres starting in 2000 and focused on early education development of children. In 2001, we started the neighbourhood nursery programme, which looked to underpin the child poverty agenda and, by the end, provided a total of 45,000 places to support parents into work. That was followed in 2003 by ‘Every Child Matters’, which set ambitious targets and aspirations for the country to make it clear that this would be the best place to grow up—that is our aspiration. That is the year we moved to

 13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

start the model for the Sure Start children's centres. The Childcare Act 2006 was the first legislation to focus on the early years and then the Apprenticeships, Skills, Children and Learning Act 2009 enshrined and ensured the integration of children's services. Since 1997, we have had a sevenfold increase in spending on early years and child care. I would like to update you on the numbers for the centres. We have almost reached the March 2010 figure of at least 3,500 children's centres. I can tell the Committee that the December figures shows that 3,381 centres have now been designated and opened. The evidence is that we are getting it right as far as parents are concerned. A survey of parents shows that 92% of users were satisfied or thought that their centres were excellent.⁵ In conclusion, I should like to pay tribute to local authorities and their partners and children's centres for the fantastic commitment and energy that they have brought to this agenda to create real change. I am proud of where we are now, but I recognise—as I think all of us do—that there is still more to do as we evaluate and take forward our plans, looking specifically at the outcomes. I could quickly ask Liz to make a few points on the quality of delivery and a couple of other main issues, but what I have said sets the framework for the policy agenda.

Chairman: Liz, can you be brief because we are waiting to get into the questions?

Liz Railton: I'll be very brief because I can tell that you really want to ask some questions. Let me give a few perspectives based on the three years for which Together for Children has been working with local authorities to deliver the programme, and a few reflections on some of the evidence that you have already heard. The first point to make is that a lot has been done, but there is a lot more to do. I am the first to acknowledge that from a delivery point of view, particularly around better outcomes and value for money. Local authorities themselves tell us that there is more to be done on that, so that is an increasing focus for us. However, I think that there is a risk of pulling up the seedling on a regular basis to see whether it is putting down roots. A certain amount of patience may be required. My second point is that these are really still quite new services, and I know that others have made those points to you. Something like 1,000 plus of the centres have been out there for less than two years, and another 1,000 plus have been out there for not much more than two years. Those are quite big figures to illustrate the newness of the services. The other point is that the models we see are really diverse. I imagine that you have seen them in your constituencies if you have made a recent visit. Often what is in place is as much about networks of services—different professionals working together, single access points and lots of different service menus—and that makes it harder to grasp what such services are about in their essential characteristics. From TfC's perspective, on behalf of the Department for Children, Schools and Families, we have driven

consistency in the core requirements and based it on the evidence of what works and on learning so far. Local authorities have adapted to local circumstances within those parameters. Clearly, there is a danger that some of that diversity becomes muddled and that there is a lack of focus. Again, I would be the first to accept that, but, on the whole, diversity is around localism and being responsive to communities. Finally, I echo the Minister's point about local authorities. They have really run with this programme and agenda. They didn't at first; there was some difficulty with corporate and strategic understanding in councils about the potential of these services and a lack of grip on what needed to be done to deliver, because it is a challenging programme to deliver on the ground. That understanding was low in lots of places. That has changed markedly, and the level of commitment from councils is very high indeed. Every local authority is on track to deliver what will become its statutory obligation to have sufficient children's centres in place. As a Committee, you have heard some of that commitment—from a councillor, a senior officer and a range of voluntary organisations. One or two of them said that they would go to the stake for this programme. I think that that is quite an unusual comment from the local government community about a national government programme, but it reflects what we see all the time on the ground.

Q369 Chairman: May I quickly come back to a point before I hand over to Edward. I want to go back to that enthusiasm and passion for children's centres. We are finding that as well. We were even saying that we wanted to find evidence of people who don't like children's centres. Apart from the one or two usual suspects, we have found it quite difficult. Having said that on air, we might soon get some. In terms of joined-upness, is there sufficient passion from the Department of Health and PCTs to try to get all the partners that deliver the bag of evidence that we've just heard? This is about all sorts of things. It is not only children's centres delivering good things to children and families—it is a range, including GPs and several organisations. Where they work together, and where they are all passionate about this, it works very well indeed. We had a very interesting senior person from Knowsley talking about that, because hers is a joint appointment. But there doesn't seem to be enough of the full Monty of a team locally. When I have been going around children's centres, and when we were in Karen's constituency, the joined-upness, and all of them working passionately was not as apparent in the same way as you suggest applies to local authorities. Isn't that a problem?

Dawn Primarolo: Ensuring teamwork with all the partners remains a challenge, but health is crucial. It remains a challenge because what we are requiring all professionals to do in the first instance is, if you like, to think family and think through the focus of Every Child Matters. As well as the strategic direction and commitment of central and local government and PCTs, it requires very close working

⁵ *Note by witness:* The TNS Survey of Parents, published in February 2009, showed 92% of users were satisfied with their centres and 68% were very satisfied.

 13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

between the professionals on the ground in understanding how they can combine their roles. We have some very good examples of how that is working. Some 92 children's centres are led by PCTs, but as it's a small number, we don't track who exactly is there. The potential for children's centres still needs to be developed, but like you, I have seen repeatedly, on the ground, professionals working together, not because they've been directed to, but because they appreciate that a mental health worker, a health visitor and a public health worker working out of or in collaboration with children's centres gives that added value and reach that they wouldn't otherwise have. On the Together for Children website, if you haven't seen it, there are 25 case studies looking at good practice around health. One of the points that they've made, which I think is very interesting, is that the workers themselves are being honest about what they feel the challenges are. In these various pilots, they say that even where there is organisational and institutional support for them to work together, there are still challenges about how they decide those limits within their professional obligations. There is more that we need to do to help that instant sharing of information.

Chairman: I think we're all warmed up now. Edward, over to you.

Q370 Mr Timpson: At the start, you gave us an historical overview of the way that children's centres developed, going through the Sure Start local programmes, which gave support to parents and families, the Early Excellence Centres, which was about education and development and the neighbourhood nursery programme, which is more to do with trying to tackle child poverty. We've heard evidence in previous sessions from witnesses who question whether there is sufficient clarity and what the primary purpose is of children's centres. Perhaps that historical overview gives an indication of how ambitious the project has been from the start, and how many aspects of early years it is trying to tackle. Could I ask the Minister what your view is of the primary purpose of children's centres as we sit here today?

Dawn Primarolo: In developing through the history that I indicated in the beginning, it is not possible, in the complexity of thinking family and child development, to say that there is an "either/or". But there is a primacy, so perhaps I could describe it in that way. Central to it is the early learning and child development, and the outcomes for that child. However, that must be buttressed and supported by work with parents, families and community. For instance, we know the impact of poverty on a family. Whatever we do in the children's centres will still have an impact. You can't isolate that child from the family, nor should you, because it is their most important learning focus. That also means that it has to be underpinned by the child poverty agenda. So I do not think that there is a lack of clarity. I think that there is a depth of understanding about the policy levers that, at this point, makes it more complex for us to measure the specific outcomes. However, when I am in the children's centres, either the centres in my

own constituency or the centres that I am visiting, they are quite clear that the well-being of the parents is just as important to the child's development as the child's own well-being—they are not mutually exclusive. I do not think that there is that lack of clarity in the children's centres; I think that they are very clear.

Chairman: Edmund—sorry, Edward.

Q371 Mr Timpson: It's all right, Bernard. *[Laughter.]* Do you think that there is a case, though, for refocusing on what children's centres are there to achieve? Because we have gone through this process of gathering together different types of centres and programmes that have had their own individual ambitions, do you think that we should now look again at what we are essentially trying to achieve here? Is it education and care? Is it tackling child poverty? Where are we trying to move through to the next stage, now that we have 3,381 of these centres? Is there a case for saying that we need to focus again on the core elements, to ensure that we do not dilute the purpose or the substantial resources that we know, as you have told us, you have been putting together?

Dawn Primarolo: The children's centre programmes are based on a universal system—progressive universalism—that says that every child benefits but some children need more resources directed at them than others do. If you like, therefore, we look at the child's development and at the pressures on the child's parents and family. What is important is that children's centres are sensitive to the needs of their local population, so that they understand and evolve in terms of focusing on what is most important in helping that early years learning and developing that child. What we can see, for example, from the early years foundation stage, although it is early days for it, is that there is improvement in terms of childhood development and narrowing the gap, as well as an acceptance of and access to the children's centres. So I think that the focus now is, as Barry mentioned at the start in his opening remarks, on what each area of policy can bring to reinforce and support that development. So, no, I do not think that there needs to be a retrenchment, but I think that we need to remain vigilant about what the outcomes are, what we are looking for and how we will measure those things.

Q372 Mr Timpson: May I ask about one of the core offers that exist through children's centres, about the eradication of child poverty. At the moment, the contribution of children's centres to the eradication of child poverty is framed in the core offer in terms that simply have a reference to links to Jobcentre Plus. Is that sufficient, because we have heard evidence—admittedly, patchy—that Jobcentre Plus in the links to children's centres is not delivering what the ambitious core offer is trying to set up? Is there more that we could be doing to meet that ambition?

Dawn Primarolo: Clearly, it is early days. We have not yet finished delivering the full programme of children's centres, but you are quite right. In looking

 13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

at, for example, the partnership with Jobcentre Plus, in some areas it has worked very well. I think of the children's centres in my constituency, where the integration with Jobcentre Plus in giving access to training, interviews and even basic skills is very advanced. One of the issues that continues throughout the children's centres is making sure that good practice on what works is shared. We are running a series of 30 pilots specifically in partnership with Jobcentre Plus to draw down and get a greater understanding of how we can help the partnership develop. One of the things that you have clearly found from the inquiry is that people are committed to the principles and the aspirations, but that the practicalities of making it happen on the ground and fitting the needs of the local community is something that needs to be worked through, and we are at different stages of that in children's centres.

Q373 Mr Timpson: I can't remember who said that an ounce of practice is worth a tonne of theory. Perhaps that is what we can learn from children's centres. Thank you.

Dawn Primarolo: But theory does guide how we test and analyse. It is not an easy rule, but I agree that practice is important.

Q374 Ms Buck: May I ask you a few questions about the expansion of the programme. I pin my colours to the mast. I was strongly in favour of getting the programmes rolled out as quickly as possible, but comments have been made about some of the disadvantages. No doubt it has been a real challenge for local authorities and other partners to get it delivered. One issue that has come through quite strongly has been about premises and their identification, and the extent to which the expansion has been driven as least as much in the later stages by what buildings were available rather than whether centres were being developed in exactly the right place and with the right facilities. For example, Pre-school Learning Alliance was quite strong on that point. The situation has specifically tended to drive school co-location. Will you comment on that criticism and say whether there are advantages or disadvantages to a school location?

Dawn Primarolo: Perhaps I can make a couple of opening comments after which I shall ask Liz to deal with some specific matters. The general point, Karen, concerns those who look back and thus have the benefit of hindsight, and ask themselves whether they went too fast, as a result of which some of their locations were not desirable. I suppose the greater loss would be if we had not moved at that pace. The access to facilities for children and their families would have been less. That is the decision that has to be made. The second point referred to going to local authorities as the partner, with the responsibilities for looking at the local need and where the locations would be. The third point is the constraints and what sites were actually available. All those matters together clearly have brought pressures. Does that mean that we think we have every children's centre in exactly the right place? I don't think local authorities would say that they had them all in the right place,

let alone us. We need to go forward about how they reach out, and see whether there is a disadvantage in being on a school site. It depends, but as a general principle, I think not. It is about the location and whether it is accessible, but there are clearly benefits for the support of the parents and the child in co-ordination and co-operation across into primary. I don't necessarily think it is a bad place. In fact, I can see lots of reasons why it would be good.

Q375 Ms Buck: You may not be able to answer this now, but if not, perhaps it is something the Committee can be informed of. Do you monitor the extent to which schools are being used? Could you tell us about the proportion in each phase of the children's centre programme?

Dawn Primarolo: Yes. I'll ask Liz to do that because she's the one who does it for us.

Liz Railton: About 1,800 children's centres are based on school sites. That doesn't mean that they are run by school governing bodies. That number is about 450. Most of that happened during the second phase of the programme, but it is a common feature throughout the programme that school sites have been used. I think you're right that an element of pragmatism has come into play. This has been a rapid roll-out of a programme and local authorities have rightly used what is available. The vast majority of children's centres are existing buildings, as opposed to new builds or extensions, although there are new builds and extensions. I challenge whether there is evidence that the whole programme has been driven by the question of availability of buildings. When we come to designate children's centres, we look closely at the rationale for placing a children's centre in a particular location. We look at the nature of the community it is serving, the level of need, how the centre will attract those who need the services and so on. If we genuinely feel that the proposed or actual location looks to be based purely on convenience, because it is there, we would not advise the authority to go ahead.

Q376 Ms Buck: I understand that. There will always be a degree of trade-off. Is there not a genuine issue that the idea of a stand-alone children's centre—of which I have two marvellous examples in my constituency—which is so clearly badged as a discrete, important service geared at parents with very young children, is quite fundamentally diluted when most of those centres are physically subsumed in a school environment? Is there not a sense that people will simply look at the children's centre and think, "That is part of a school.?" That will lose something very precious about their separate identity.

Liz Railton: There's a risk, but there are a variety of arrangements. For example, a lot of children's centres that are on school sites nevertheless have their own front door and signage, and are clearly located separately on the site. They have their own identity, their own leadership team and so on. It is not the case that they are simply absorbed into the school premises in every situation. I think that communities vary. When there is a brand new

13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

children's centre in the middle of a quite deprived community, we experience families saying, "This is fantastic. Our community has never had anything like this." Equally, a range of other communities think it is very practical to go to the health centre and have additional facilities, or for the village hall to be made available for the stay and play, and so on. There are a range of responses from communities.

Q377 Ms Buck: Doesn't it drive the Minister completely mad to see almost all of these being badged by local authorities—or could she not possibly comment?

Dawn Primarolo: What's important for me as a Minister is what is going on in them and that we are seeing the outcomes for the children and their families. Everybody celebrating and the inquiry finding it difficult to find anybody who doesn't like children's centres is accolade enough.

Ms Buck: How very diplomatic of you.

Dawn Primarolo: I know and you know the importance of the finance and the strategic direction that the Government have provided. We all know—part of what we are discussing here, and you have raised this yourself—that there is an issue about whether we have tried to move too fast from barely any provision to what is now practically universal, as it will be in March. I think we will look back on this period and history will be kind to this Government in relation to children's centres. In fact, it will be very kind. It is the final point in the education system.

Q378 Ms Buck: Two more quick questions—one is very practical. In the session we just had with various health representatives, one of the issues that was raised was the extent to which the ongoing complexity of the relationship and some of the barriers to proper integrated involvement with health services are a result of the fact that a number of the later children's centres simply do not have the physical space for things like midwifery and on-site clinical services. Is that something you feel should be addressed in guidance or should that be left to local decision making?

Dawn Primarolo: That is a real challenge in some of them, because clearly the space is needed. There is the potential to use the facilities but the integration puts pressure on space, particularly weighing and health visitors' appointments with parents and their children. That is something that all of us need to consider. The most important thing that we need to do at the moment is—we have been working with the Department of Health and this is shortly to be issued—providing guidance about when to share information. There is the physical pressure on space, but quite often there is a pressure that relates to a lack of sharing of the relevant information that would help in understanding that family and that child's needs. Professionals are concerned, and rightly so, about what their own professional requirements are. That is the first step and that is what we are moving to deal with now. Then we need to look at locations.

Q379 Ms Buck: A very last question. This is something I genuinely feel is the one criticism I would make of the roll-out programme. Naomi Eisenstadt also recognised this in her evidence. It is the extent to which the roll-out has been achieved at the expense of that sense of community ownership that we had in that early stage. The Sure Start local programme was so distinctively driven in partnership with the local community, and the later stages have been less so. It is about whether that's to do with the speed and scale of the programme, or linked in to the extent to which it is a co-location and therefore somewhat more bureaucratised as a management process. Do you not think that needs to be addressed?

Dawn Primarolo: There is a tension there. I absolutely agree with you. I would add another tension, which is, as I said, if we look at the early Sure Starts—there are three in my constituency—they were about focusing on parents, family, community, cohesion, support, reaching out. The children's centres are about early years and child development, with the other things also supporting that. At the heart of that is quality, the services that are provided and the staff. Inevitably, there can be some pressure there. I have had lots of discussions in children's centres where parents want to be more involved but they want the quality. It is about what is appropriate, so there has to be vigilance, because what we know works best is the whole-family approach, which can only work if parents feel they are involved and have a stake in it. I don't think there's an intention to exclude, but some people do it well and others don't. We just have to keep trying. I would add that third tension to what you're identifying, and that applies to all public services, not just this one.

Chairman: We want to move on to something that everyone thinks about when discussing children's centres: future funding.

Q380 Annette Brooke: Should funding for children's centres continue to be ring-fenced after 2011?

Dawn Primarolo: My direct response to that is yes, because it is a protection for the development of the service. However, we are also talking about sustainability and how we bring pots of money, whether it is health or Jobcentre Plus, into that programme to develop it. The important first point—the Government have done this—is to secure the funding for the Sure Start children's centres in the continuation of this spending round and into the next. We then need to develop the work around outcomes to be sure that we are seeing the developments that we want. Thirdly, we have to see how we can have financial sustainability by not duplicating across health, Jobcentre Plus or children's centre funding, but by bringing it together. A lot of these questions—your question was very important—go to the heart of how we drive the collaboration and support in future. How do we move away from inputs towards outcomes?

Q381 Annette Brooke: Our discussion with the National Audit Office the other week revealed how difficult it is to get a grip on the total funds that are

13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

going into the provision of services within children's centres, given that there are lots of different streams. We know about some of the core streams that are going in, but there are lots of individual programmes, some of which are being cut right now, that have been one-offs and really important. Do you have some concerns about knowing in totality how much money is going into children's centres? Given that so many bodies are likely to be cutting these streams of funding, does that not put an additional responsibility on the Department, as opposed to what you said about drawing additional money in?

Dawn Primarolo: With respect, local authorities run children's centres. What I am saying is that central government have provided the money in the past, are providing it now and, as a result of the discussions about the pre-Budget report, will be providing it going forward. Of course, we all recognise—it is not a question of whether we are in central government or local government—that we have to make sure that the money is being used for supporting and giving us value for money rather than for duplication. The Department is working on sustainability and will discuss with the local authority reference group how we make sure that that happens. This goes back to what Karen asked me about whether it irritates me that local authorities are claiming all the credit for children's centres. I was trying to be diplomatic, but then you say it's the Government's fault because they might not have all the money they like. This is a partnership and if we are all committed to children's centres—everyone keeps telling me that they are—we are providing the money and have it in a structure in which we think it works. We want to take that forward in terms of sustainability in partnership with local authorities. I think that is a perfectly reasonable position to hold.

Chairman: A perfectly reasonable position to hold, Annette.

Q382 Annette Brooke: Well, let me try a slightly different tack. Do you think sustainability in the future might involve children's centres charging for certain services?

Dawn Primarolo: If we look at the child care provision of children's centres—

Annette Brooke: I would probably deal with that separately.

Dawn Primarolo: Yes. We have been very ambitious there, particularly in the children's centres located in areas with the highest deprivation. We have set a very high target in terms of access to child care, because we recognise the importance for the family—either one parent or both—to move into employment and have that child care support. That had to be self-financing and there are ways to deal with that. There are pressures involved and we are looking at that. In that sense, there is the ability for parents to make contributions, but that can be done, for example, through the tax credits. We are doing more work now with children's centres and with the sector as a whole looking at these issues. I do not think that is a reason to back off our ambition. We need to unpick exactly where the pressures are and how we go forward. We are all in a different world; we are all going to have less

money than we thought we were going to have in terms of public spending, for the reasons that we all know.

Q383 Chairman: Are children's centres going to survive and thrive?

Dawn Primarolo: Yes, they are because they are right, the Government are putting the money in and because everybody says they are committed to them. Everybody will need to step up to the plate and make sure that they are providing, where necessary, the support and development for children's centres locally, focused on the needs of their local community, around the core principles that we have already talked about.

Q384 Annette Brooke: I would add that my remarks are probably based on a fear—rather trying to catch you out, Minister, this morning—for the future of funding, which is the basis of my questioning.

Dawn Primarolo: Absolutely, Annette, I agree with you. I know that you are really committed. I did not mean to imply anything. I think that an understanding of the challenges is important, but not to the point where it makes us back away from our ambition or start to reduce a programme when there are other solutions that can be found. That is what needs to be addressed.

Q385 Annette Brooke: Given that there will be constraints on funding and it will be necessary to judge where services are the most effective, what prioritisation do you envisage in the future in terms of resources, or are you still waiting for statistics on the most effective operations within children's centres?

Dawn Primarolo: That is all part of questions around work force development, quality and sharing good practice. I think Liz can give a few quick responses on how we are trying to address them. The most important thing is, where it works well, making sure that is shared as an understanding. It may not be exactly what would be done locally, but it is that sharing of understanding and development. That is one of the points we have asked Liz and her organisation to concentrate on.

Chairman: Liz, before you come in, we are going to move on in a moment with Paul into demonstrating impacts. So if you could be careful about not lurching us into that territory too quickly.

Liz Railton: For virtually every issue that comes up in terms of what people on the ground find it difficult to do—such as working with health or with Jobcentre Plus, reaching families who find it hard to use services—someone, somewhere in a children's centre or a local authority has found a solution. Our job is to capture those solutions and make sure they travel around the whole system. Clearly, we need that best practice to be common practice. What is fantastic about the children's centre world at the moment is that so many centres have found solutions to the challenges. That does enable the programme to go forward and to make it self-sustainable. Part of our job is to make that good practice travel round the system.

 13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

Q386 Paul Holmes: We've all agreed that everybody is in favour of children's centres; it is hard to get anyone to criticise them. There are two organisations that say they should be shut down to save money, that they are a total waste of money: the Institute of Directors and the so-called TaxPayers' Alliance, which issued a report in September saying that they are failing to deliver on their promises. I have two questions. What time scale should you judge children's centres over? Is it too soon to be trying to judge them, when many of them have been operating less than two years? What is the time scale on which you can say that this is or is not a success?

Dawn Primarolo: I absolutely disagree with the proposition. We can see now early indications of improvement, whether it is looking at children who live in Sure Start areas in terms of more positive social behaviour, greater independence and self-regulation, or we could look at what is happening with parents' greater use of support services developing parenting. When we look across to the evaluations in terms of narrowing the gap in the development of children, we can see—it is early days—that happening. The national evaluation on Sure Start in 2008, which was a huge programme, did show, as I said, that children behaved better and were more independent. The TNS research report also showed that the knowledge and use of children's centres by parents were also very high. The long-term evaluation of the centres has started, which is looking at a comprehensive assessment of the impact of children's centres on the outcomes for children. Of course, there are other reports that have also been done, so we can see the trends there. I am trying to remember examples in the evidence—I think a head teacher talked about the impact that he was seeing in his primary school as a result of that. In narrowing the gap and in childhood development, we are seeing that. I find it a bit difficult, when we are trying to make those cultural and aspirational shifts and supporting families, to put a time constraint on it, but perhaps Ann will say more about the long-term evaluation, and your comment about whether there is a short-term point. I think we are at the short-term point. We are seeing clear benefits already, but it is going to get better and better.

Q387 Paul Holmes: Ofsted, for example, said that in all the centres they had inspected, they got lots of anecdotal evidence—the head teacher saying this and parents and midwives saying that, and someone saying, “This is really good”—but not one of the centres they inspected could provide any systematic analysis with hard evidence. Can Ann address that?

Dawn Primarolo: I think Ann could pick up the data point about the information that we have, as well as the evaluation.

Chairman: Ann, it would be very good to get you on the record.

Ann Gross: Thank you very much. Obviously, data in a programme that has been developing as fast as the children's centre programme is quite a challenge, and we have been doing quite a lot of work to address that. The first responsibility, as the Minister has been saying, very much lies with local authorities

in terms of how they performance-manage their children's centres. I think the NAO report recognises that we have done quite a lot to improve that process over the past couple of years, so local authorities now have a performance management framework with a self-evaluation framework that children's centres use, and they collect data across a number of outcomes—children's learning, health outcomes, the reach of centres, the contribution to tackling child poverty. So that sort of data is collected at local level. Nationally, we are going to have Ofsted inspecting all children's centres, which is a new process starting later this year, which will also give us some very valuable information. We will have a longer-term evaluation, which we have commissioned recently, led by Oxford university and the National Centre for Social Research. I think you had Teresa Smith, who is part of that process, give evidence in the very first session for this investigation. That is going to be a five-year programme, but with some interim findings along the way. So we have a process developing now that will give us some quite short-term indications of outcomes, and then we are going to be tracking the impact of the programme as a whole on a longer-term basis. The evidence from the United States, when they have looked at their Head Start programme, would show that, in order to really evaluate impact on outcomes, you probably need to look over a generation. You are talking about 20 or 25 years to see the full impact.

Q388 Paul Holmes: I will come back to that particular point in a minute. The Association of Directors of Children's Services has said that local authorities are all developing their own systems now, so they will be able to say, “Look, here's the analysis, here's the evidence”. But if every local authority develops its own system, there will be no comparability compatibility. Does that matter? Are the projects that you are talking about going to overcome that, anyway, by doing a national survey?

Ann Gross: I understand that point. That is clearly something we have been thinking about. We have been doing some work to try to understand the best way of moving forward to improve the national data. We need to do it in a way that is not too intensive, in terms of the demands that it makes, particularly on children's centres, which are quite small organisations. We want to get a reasonable balance here. We are currently consulting local authorities on what financial data we ought to be collecting, so that we have better national data on how money is being spent on children's centre services. We also need to think about what we collect in terms of information on outputs and outcomes. That work is under way.

Q389 Chairman: Liz, you've had a distinguished career as a director of children's services, in Cambridgeshire and Essex. Do you have a view?

Liz Railton: I was just looking up the evidence in terms of what local authorities were doing—it was your comment about lots of different systems. Yes, there are different systems in terms of data systems,

 13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

but that doesn't mean to say that they are collecting data about totally different things. The evidence that we have got is that the vast majority of local authorities—84%—are using the recommended self-evaluation framework as part of their performance management. So, we are seeing some consistency and commonality out there. Most of them are using the recommended process of a conversation—every year there is a conversation between the local authority and its children's centres, which looks at how they are doing, their evidence about quality, and the outcomes they are achieving. We are seeing some common themes. There are some issues about the data and data collection, but I don't think it is quite as fragmented or as diverse as you suggest.

Q390 Paul Holmes: My final point, just to pick up on what Ann said about Head Start, is that in America, because Head Starts have run from the '60s and '70s onwards, they can now say, "Here are children in deprived inner-city areas and they are now adults. What jobs have they got? Are they in prison?" and all the rest of it. They can compare them with similar communities that did not have Head Start and say, "Look, it works. A generation on, it clearly works." But our experiment is too young to do that.

Ann Gross: That's right.

Liz Railton: I suppose the other thing that I would say is just to challenge back on the bit about anecdotal. Actually, I recognise the importance of hard data, and the difficulties with it at the moment, but when you are getting those sorts of stories everywhere, isn't that part of systematic feedback about how people experience these services and the impact that it makes on them? It is an important part of the picture. I would challenge the fact that we tend to keep saying, "Well, that doesn't really count, it's just anecdotal." Actually, the feedback is quite consistent.

Paul Holmes: Can I suggest that the Minister writes to Ofsted and tells it not to take such an approach?

Chairman: I think we could do that. Some people think, "Gosh, he is more frightened of us than you."

Q391 Helen Southworth: Can I ask for some information on reaching the most disadvantaged families and the most disadvantaged children within those families. What proportion of disadvantaged families are currently being reached by children's centres? What are your aims in the short term and medium term?

Ann Gross: I don't think we are able to offer a national percentage. The survey we conducted—the TNS survey—showed that the usage of children's centres was in line with the make-up of the local community, so no one group was using children's centres disproportionately or being excluded. All were making use of the services available locally.

Q392 Helen Southworth: I don't know what the answer is. Is the answer that you don't know what the proportion is, or is the answer that you only know in a sample set of areas? If so, what would it be in that sample set of areas?

Ann Gross: I think the survey would indicate that children from disadvantaged backgrounds were using children's centres along with everyone else in their local communities, but we can't give a national figure.

Q393 Helen Southworth: So, they are not falling back more because there are children's centres there, but they are not being advantaged by the fact that there are children's centres there.

Dawn Primarolo: Sorry, can you say that again, Helen?

Helen Southworth: I think you're saying that they are statistically represented in exactly the same way as they are statistically represented in their communities. In that case, what you are saying to me is that they are not disadvantaged because there are children's centres there, but they are not advantaged either.

Ann Gross: I don't think that is the conclusion I would draw from what I have said. The survey, and it was a survey of about 1,500 families as I understand it, showed that all parts of the local community were able to make good use of children's centres—no one was being excluded. The key question then is how children's centres make sure that they are really focusing on meeting the needs of children from disadvantaged backgrounds in the services that they offer. How do they really focus and tailor their services to meet those children's needs?

Helen Southworth: Yes, that's the question I'm asking actually.

Dawn Primarolo: Over half the centres are in disadvantaged areas. They are specifically there and therefore that is their population. The challenge would become an issue for children's centres located where families experiencing disadvantage were more widely spread among more affluent families, and that was the point that Ann was making. Is it half?

Liz Railton: Over half.

Dawn Primarolo: Over half of the children's centres are specifically located in areas of disadvantage and therefore the people using them are de facto the population. Where they are not located in the areas of highest deprivation, the survey indicates that they are represented.⁶ They are not being squeezed out; it is not the case that they are not getting the services. That is the point that we are making. I think we were a bit thrown by you asking us about the percentage. We had not really thought about it in that way and so were not able to respond directly this morning. Perhaps, Helen, what we could do is for Liz to answer it and then we will reflect on what we have said and see if we can find a clearer way of presenting to you a response to that question.⁷

Q394 Chairman: It's a fair point isn't it?

Dawn Primarolo: It is a very fair point, but if they are in areas of disadvantage, they must be serving disadvantaged communities.

⁶ The TNS Survey of Parents was limited to children's centres designated by March 2006 and set up to serve the most disadvantaged communities in England.

⁷ See Ev 201–03.

13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

Chairman: If the most deprived children are being missed by children's centres, it is very important indeed.

Liz Railton: It's a very fair point and I think you will find that at the individual centre level and at the local authority level, it is something that local authorities and children's centres look at on a regular basis, because it is really important and something that we particularly targeted as an issue. How do you know whether you are meeting the needs of the most disadvantaged people in your community? What is the breakdown of your users? That information tends to be collected at local level. We don't pull it up nationally. Part of the reason for that is the whole debate about how you collect information nationally and the burden on local authorities when you go out and collect that sort of data. There is an expectation that local authorities and individual children's centres would know about their user population. It is a really important issue.

Q395 Helen Southworth: Are you confident then, that local authorities would be able to answer that question if I were to ask it of them?

Liz Railton: I am not confident that every single local authority could answer that question, but I am confident that the majority of local authorities take that issue very seriously. It is something that has been pressed very hard. To be fair on local authorities, they are very committed to reaching the most disadvantaged families. We see that in some of the models of outreach—you are probably going to go on and talk about outreach—that children's centres and local authorities have been developing. We see many good examples of making an effort to go out and attract those who need the services most.

Dawn Primarolo: We are seeing improvement, Helen, in the outcomes for those children in the early years foundation stage and in the evaluations that have been done for Sure Start on the impact on those children. They are being reached by virtue of the fact that we can measure an improvement, rather than express it in the terms that you specifically would like us to.

Q396 Helen Southworth: That's part of the reason why I am asking that question. We recognise that, when looking at outcomes, you are actually looking at generational time schedules. When you are looking at managing intervention you are looking at what you are going to do within the next 12 months. Really, what I want to tease out is how you are minding the gap between those two things in so far as that is a suitable thing to do nationally and how you ensure that those things are actually happening in local authority areas so that the local authorities are giving a proper assessment. We know that there have been some serious problems in some of the self-assessments that have been put together by local authorities, where they have not collected the information; they have just decided they are doing well without an effective information base. I'm really saying, how rigorous are you being in getting the

local authorities to have a proper information base, a proper reporting system and proper management information?

Chairman: I need you to be brief on that because we have still one section and we are running out of time.

Liz Railton: I will be very brief. We don't inspect local authorities and we don't inspect their children's centres. The rigour issue is slightly different. We press home that issue very robustly; we think that it is important and we think that local authorities also think that it is important, but there is a way to go.

Q397 Helen Southworth: Finally, perhaps when you are putting the information back for us in relation to this concept of reaching hard-to-reach families, and what percentage of them that is happening for and what percentage we need to do more for, could you give specific thought to the children who are on the margins of the process and also the children who are largely excluded and invisible to the process?

Dawn Primarolo: Yes, I think that we can provide stuff on that, to speed up the proceedings rather than go into it now, and on whether, as you say, there is a generational thing about not accessing services or having no knowledge of services.⁸ Therefore, those children, to all intents and purposes, could be invisible to the services, and this is about how outreach should deal with that.

Q398 Helen Southworth: Are they picked up when they're 16 or 17 in the legal system, rather than when they should have been?

Dawn Primarolo: We will try and do a note that encompasses all that for you as quickly as possible.⁹

Chairman: We come to the last section.

Q399 Mr Timpson: I will ask a few brief questions about the management of children's centres, but, before I do, can I ask Liz a question about Together for Children, the consortium of which she is the National Programme Director. We had an evidence session in which we tried to find out exactly what you did and the catch-all colloquial view was that you fall into the category of consultants, which are contracted by government to perform various tasks. Is that fair?

Liz Railton: Yes and no, if I may say so. We are contracted to the Department, that is certainly true. We do not pursue a consultancy model however in the work that we do with local authorities, in the sense that we work with all local authorities, so it is not "take it or leave it". Although, when we work with local authorities, through our conversations with those authorities, if we're clear that they know exactly what they are doing and are doing a great job, we apply a very light touch to the support that we give them. We give them access to our various toolkits, practical advice, access to events that we run and network learning events and so on, but we apply a pretty light touch. To those authorities that are clearly struggling to deliver the programme, the

⁸ See Ev 201–03.

⁹ See Ev 201–03.

 13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

touch is not quite so light, in the sense that we offer them rigorous challenge in a supportive way. We are not inspectors, so we are not about to name, shame and criticise, but we do want them to be successful in delivering their programme. We will do with them whatever it takes to enable them to be successful. For example, at the moment some of our advisers are spending up to two days a week in some authorities that have particular challenges at the moment in delivering their programme. It is a wide range of touches that we apply to authorities.

Q400 Mr Timpson: Could you briefly explain why the estimate of the monetary value of your contract for 2010–11 is half that for 2009–10? It drops from £7.5 million to £3.7 million.

Liz Railton: Our current contract comes to an end—let me look at Ann for this—in September this year and there is some discussion and negotiation, and therefore some level of uncertainty, about the amount of money that will be spent if our contract is extended for a maximum, I imagine, of about six months.

Ann Gross: Yes, six months. We are obviously considering the position after March and what further support might be needed for the programme on a longer-term basis.

Q401 Mr Timpson: I thought that I was giving you the opportunity to explain that an analysis of your effectiveness showed that you only needed half as much money in your contract because you had been so good at the work in previous years, but I am very happy with that answer.

Liz Railton: I'm very happy to respond to that. We came here to do a job, it has a beginning, a middle and an end and we are getting towards the end of the particular contract, the particular requirements and the particular tasks that we were asked to deliver on. There may well be some other different follow-on and so on, which we are happy to negotiate, but I think we have had a beginning and a middle, and we are getting towards the end of the work. I think that that is right in terms of delivering support.

Q402 Mr Timpson: I am conscious of the time. In terms of the management of children's centres, we've established that about one in 10—about 300—are run by voluntary organisations scattered across the whole country, and that the development of children's centres has varied quite significantly from area to area. You have some where, particularly in the first phase, the local authority took control of the management and they've tended to remain within the management of local authorities, whereas some came at a later stage and the voluntary sector has managed to get more of a look-in—although there has been some discomfort from within the voluntary organisations that their ability to make their case as high as they can

through the commissioning process hasn't been on a particularly level playing field. Do you think there should be more children's centres run by voluntary organisations? When we look at that, is the competition process through commissioning enabling children's centres to get the best services for the best value for money? There are two points.

Liz Railton: What I think is that the local authorities, as commissioners, should select the best option for the particular communities that they are serving for the services they want. It will vary in terms of whether they have some active local organisations, for example. Some authorities have commissioned some local voluntary organisations. Others have a long track record of using some of the big national providers and have continued to do so. I don't think it needs to be a set of very rigid rules. It has to be guided by what the best solution is. I think we are seeing some maturing of local authorities' confidence in their commissioning skills, knowing better what it is that they want and being more confident in going out there and making it a more mixed market, as opposed to retreating to a default position that says, "We'll do it ourselves."

Dawn Primarolo: It is a condition of the grant to consult the PVI sector in terms of the development. Clearly, there will also be issues of capacity in the independent and voluntary sector. The way forward in terms of commissioning is through the Children's Trust and through the local area agreements, as we see those being strengthened and being a central point of commissioning for children's services, of which children's centres are a part. Going back to the summary of case studies that I referred to at the beginning, which we will make available to the Committee,¹⁰ you can see local authorities approaching in some interesting pilot ways how they ensure that they are getting the best people to run their centres and how it fits with all the children's services that are important in that locality—health, as well as local authority. I think that commissioning is developing, and we've done a great deal to support that, and we continue to do that jointly with health.

Q403 Chairman: A very quick question to finish from me. We had one voice that we've heard a couple of times in the evidence sessions, and that is that you should have stuck up those 500 superb Sure Start children's centres, and you really have been diluting the currency. You'll know the people who said that, because you will have seen the evidence. They are to be reckoned with, in terms of their commitment to children's centres.

Dawn Primarolo: Indeed. I was a little surprised when I saw that, given the clear experience and eminence of the individuals concerned. But we have a progressive universal system. Those who have the greatest need get the most. What we are seeing through our children's centres is that all children are improving, but we are lifting the disadvantaged the greatest. We can also see—this is the point that

¹⁰ Not printed.

13 January 2010 Rt Hon Dawn Primarolo MP, Ann Gross and Liz Railton

Helen was making—that how we’re reaching out is not necessarily only in the areas of greatest disadvantage. How do you reach those children without stigmatising them in providing that aspiration? The Government believe that that is

through the progressive universal approach. We believe that it is working, and the focus is there. Retrenchment to 500 would not be a good idea.

Chairman: Minister, Ann and Liz, thank you very much for that. It was a very good session.

Letter to the Chairman from the Rt Hon Dawn Primarolo MP, Minister of State for Children, Young People and Families, Department for Children, Schools and Families

On 13 January, when I gave evidence to the Committee, I promised to send you additional information in relation to Helen Southworth’s questions around disadvantaged families and Sure Start Children’s Centres. Helen was interested in:

- the proportion of disadvantaged families that children’s centres reach;
- how children’s centres focus and tailor their services to meet the needs of disadvantaged families;
- how Government ensures local authorities have a proper information base about disadvantaged families being reached; and
- what happens to children on the margins, who may be largely excluded or invisible.

We do not, currently, collect data nationally about usage of children’s centres. But we do expect local authorities (who now have a legal duty to secure sufficient provision of children’s centres to meet local need, and are responsible for performance managing children’s centres) to satisfy themselves on a regular basis that children’s centres in their localities are reaching the most disadvantaged families.

You may be aware that since 2006, my Department has provided a children’s centre “Self Evaluation Form” (SEF), which we encourage local authorities to use with their children’s centres on a regular basis. The SEF is intended to support the children’s centre and the local authority to improve performance. It provides a focus for the annual performance management conversation between the authority and the centre. The children’s centre SEF contains key performance indicators to monitor impact and inform planning, including on vulnerable groups in the community served by the children’s centre. A copy is enclosed, and available at:

<http://www.dcsf.gov.uk/everychildmatters/research/publications/surestartpublications/1852/>

Together for Children data indicates that approximately 84% of local authorities are already using the SEF. As Liz Railton said to the Committee, local authorities take the issue seriously and Together for Children press home the issue very robustly. We know of lots of examples of where the performance management process is now firmly established. For example, in Bradford and Kirklees councils the system has been in place for over two years and they have an effective approach to measuring and evidencing outcomes. In Middlesbrough there is an outcomes-based evaluation process in place around all children’s centres’ activities and services.

Ofsted will soon be starting to inspect children’s centres, as they do schools and childcare providers. The inspection framework, which has been piloted and consulted on, will look carefully at the centre’s arrangements for reaching out to families and will seek evidence of impact. Ofsted judgements will begin to build up a picture area by area of how well centres are doing in engaging with vulnerable families who are at greatest risk of poor outcomes.

The Committee will be aware of last year’s Early Years Foundation Stage results, which saw 23,000 more young children achieving a good level of development and a narrowing of gap in achievement. The percentage of 5-year-olds achieving a good level of development increased from 49% to 52%. And the gap between 20% lowest achievers and the rest narrowed from 36% to 34%, and the gap between children living in disadvantaged areas and the rest also narrowed. My Department is now starting preliminary work to link Early Years Foundation Stage profile data to the Early Years and Schools Census, through which we will start to get a better sense of the impact of different factors (including type of setting, eg children’s centre).

The TNS survey of users of children’s centres in the most disadvantaged communities showed that no groups were missing out and the profile of users broadly matched the profile of the local population. In some areas children’s centre outreach achievements are really quite stunning. As you know, Councillor Quintin Peppiatt (Lead Member for Children’s Services, London Borough of Newham) told the Committee about children’s centres who are working with 87% of the under-5s population, all of whom live in some of the most disadvantaged communities in England. And other children’s centres, for example Redvales Children’s Centre in Bury, are working really hard to make sure they reach all of the most disadvantaged families. In the area served by Redvales 25% of the families are Asian and almost all the rest are white working class. To begin with 67% of the families using the centre were from the Asian community. The centre’s staff had to use a range of outreach techniques to engage with the poorer white families so that by their third year 58% of families registered were white and 34% were Asian—reflecting far more closely the overall make-up of families in the area.

These are centres who are performing extremely well and, in the main, they have been in existence and working with their communities for a number years. Effective, multi-agency working (including with Health Visitors, GPs and midwives) is critical to ensuring that children's centres are reaching the most disadvantaged families. Local authorities have a challenge to ensure that all children's centres, particularly those who are still establishing their activities to reach full core offer, are reaching out to families. And through Together for Children, we are supporting them with this. In 2008, we asked Capacity UK Ltd to undertake a scoping study on outreach—which found that the focus on outreach in both local authorities and children's centres had changed as a result of stronger guidance from the Department.

Successful children's centre outreach activity means that it is sometimes through the children's centre that marginalised families are identified for the first time. Where this is the case, effective multi-agency working becomes critical and completing a CAF to identify a family's individual needs is particularly important. The CAF promotes more effective, earlier identification of needs. It can be used for unborn babies, infants, children and young people who have additional needs that are not being met by their current service provision and who are at risk of poor outcomes. On the basis of the CAF an integrated service to meet that individual family's needs can be planned and delivered through the multi-agency team based in the children's centre.

While we do not collect national data on the extent to which this is happening, there is some very powerful case study evidence. For example, the Buddies Children's Centre in Barnsley wanted to build links with Travellers families to encourage better links to the education system and avoid traveller children missing out on school. They began by providing playgroup facilities on the Travellers' site to start to build relationships of trust with parents. Gradually parents were encouraged to bring their children to the nursery in the children's centre to take up their free early education entitlement. Improvements in the children's language development, speech and social skills were observed. Outreach was a crucial factor in this change of attitude and parents reported their increased confidence in using mainstream education settings. Applications for school places followed.

We recognise there is more to do and are by no means complacent about the challenge in reaching disadvantaged families. The Families and Relationships Green Paper, which was published on 20 January, sets out a wide range of measures to support all families as they bring up their children, and to help families cope with times of stress and difficulty. These measures recognise that while all families need some help, there are some families with complex needs and others who require additional support. For example, we have committed to improving training for professionals so that it builds in development of the skills necessary for working with families, including the skills needed to support parents who are reluctant or feel unable to seek help—in particular through the current review of the common core of skills and knowledge for the children's workforce. We will also ensure that every local authority will be able to offer an intensive family intervention service for families with the most complex needs.

The range of services on offer through children's centres includes support for families at different stages and in different circumstances. Health services are part of every children's centre's core offer—providing early intervention through maternity services, supporting delivery of the *Healthy Child Programme*, and engaging the wider family, including fathers in creative ways. Health visitors are key to delivery of the *Healthy Child Programme*, with clear responsibilities and support to lead the programme in children's centres. The "*Action on Health Visiting Programme*" (announced in March 2009) covers a range of actions to increase the number of health visitors in the workforce and to define their key functions within the new child health policy context. Against this backdrop, my department has worked with the Department of Health to look particularly at defining the "named" health visitor role in children's centres, committed to in the *Healthy Child Programme*, and to offer clear messages on information sharing with health.

The way services are organised now means that health visitors are more likely to be working in teams in which support for families is available in more innovative ways. In many local areas maternity services are being reconfigured to provide improved access to midwives, health visitors and enhanced interventions. Maternity services are expected to link with children's centres and work in close partnership with them to co-ordinate support, and ensure that all delivery partners are involved in the development of services for families, including fathers. You will recall that the Royal College of Midwives (RCM) endorsed the value of children's centres in supporting maternity services. Children's Centres are also likely to be working in partnership with the PCT and other children's services to deliver a range of other health support, including advice on breastfeeding, smoking cessation, exercise and nutrition and mental health.

The Committee may also have heard mention of the Family Nurse Partnership (FNP) which is a joint DH/DCSF project that tests a model of intensive, nurse-led home visiting for vulnerable, first time, young parents. Linked to children's centres, FNP nurses visit parents from early pregnancy until the child is two, building a close, supportive relationship with the whole family and guiding mothers to adopt healthier lifestyles, improve parenting skills, and become self-sufficient. It is voluntary and has been taken up by 90% of the families that have been offered it. After the successful first 10 FNP pilots, a further £30 million was invested to extend the scheme to another 20 sites; 9 pilots in 2009 and 11 pilots in early 2010. The second year evaluation was published in September. This tells us that the programme is being delivered well, it is popular with high risk young mums and dads, dads are more involved, the nurses are enthusiastic and we are seeing some early impacts such as reducing smoking in pregnancy and higher rates of breast feeding; and the Government is investing £30 million in 2008–09, 2009–10 and 2011–12 to expand the FNP.

For parents with disabled children there is support available through children's centres. I'd like to share a couple of examples with you of the work going on. The McMillan Children's Centre in Hull is supporting children with learning difficulties and disabilities to make the most of the Early Years Foundation Stage Curriculum and helping parents in meeting the needs of their children. Children's individual needs are assessed and they may initially be offered a place in the Nurture Group which has high adult to child ratios. Children are introduced to the materials, expectations and routines employed throughout the setting but are supported by staff and offered personalised strategies to understand and adapt to the environment. As they settle in they are offered additional sessions in the larger nursery classrooms supported by the same key worker who also helps other nursery staff to understand and meet the child's needs. A significant number of children have been supported through this Group into the larger nursery classes and on into Primary School.

In Shelthorpe Children's Centre in Leicestershire a similar aim of providing integrated support to parents of disabled children and enabling their children to take advantage of mainstream nursery provision has resulted in six children with complex needs attending the centre. All children play and learn together and staff use sign language, timetables and routines displayed in words and pictures and also make use of the Makaton system of symbols and pictures to help children communicate with each other. Significant investment has been needed to support this integrated approach—the centre has additional space, toilet facilities and equipment such as an electronic changing bed. The centre works in partnership with other agencies to deliver their range of services for disabled children and build an “expert team” around the child. One local physiotherapist has now started holding all her sessions for children at the centre rather than the hospital. Before these services were available through the children's centre many families with children with high level complex needs were having to travel some distance to access services.

I also offered the Committee a set of case studies, compiled by Together for Children (TfC), which illustrate the good work that is going on around the country to integrate health services within children's centres. A copy of the case studies booklet is enclosed and the information is also accessible on TfC's website at: www.childrens-centres.org.

January 2010

Encs:²⁷

- Together for Children ChaMP booklet.
 - Children's Centre Performance Management Guidance.
 - Children's Centre Self Evaluation Form.
-

²⁷ Not printed.

Written evidence

Memorandum submitted by Helen Penn and Eva Lloyd, Co-directors, International Centre for the Study of the Mixed Economy of Childcare (ICMEC), Cass School of Education, University of East London

We welcome this opportunity to submit written evidence to the Children, Schools and Families Committee's Inquiry into Sure Start Children's Centres. ICMEC was founded in 2007 in order to study the impact of market expansion on early years services, both in the UK, and internationally. We have published a series of papers on the topic,¹ we work closely with a range of providers in both the public and the private sectors, and our open international seminar series attracts wide interest from across the spectrum of organizations concerned with provision of services and advocacy, as well as within the academic community. In this submission we focus on the role of the for-profit private sector in the provision of integrated early learning and daycare in Sure Start Children's Centres.

SUMMARY OF EVIDENCE

- The Government has strongly supported the growth of the for-profit private sector, through its Childcare Market management strategy. It has encouraged the use of for-profit providers to deliver the core childcare offer in children's centres.
- The for-profit childcare sector has grown by 70%, more than any other early years sector in the last 10 years.
- The impact of this exponential growth has barely been investigated. Regulatory bodies, such as Ofsted, and survey organizations providing monitoring services for the Government such as BMRB do not generally distinguish between for-profit and non-profit childcare, which makes tracking providers problematic.
- Research into early education and care suggests that for-profit care is generally of a lower quality than non-profit care in whatever country it has been investigated. In the UK the outcome evidence from EPPE, the NNI and Millennium studies consistently points to lower quality in the for-profit sector as compared to the maintained sector. Poor quality childcare adversely affects child outcomes, and is most likely to be found in poor areas.
- For-profit care raises questions about continuity and sustainability, especially in a recession.
- For-profit care raises problems about co-operation and sharing of ideas and resources, because of business confidentiality issues.
- For-profit care is linked to social stratification and does not promote social inclusion.
- No other country in the EU, with the exception of the Netherlands, has supported for-profit provision for policy mainstream early education and care provision.
- There is a fundamental contradiction in the provision of Sure Start Children's Centres in recommending that the private sector be heavily involved, whilst the private sector itself is reluctant to invest, and offers poorer quality care. We recommend that the Government rethink the role of the private sector in the provision of Children's Centres.
- We also recommend changes in regulatory practices in order to monitor and compare the quality and outcomes for different kinds of providers.

EVIDENCE

1.1 We wish to comment on the relationship between Sure Start Children's Centres and the for-profit private sector. Section 8 of the Childcare Act 2006 states that local authority provision should be a last resort, and that the job of local authorities is childcare market management. As a result of this legislation, for-profit businesses have featured in Sure Start Children's Centres, in particular in providing the core offer of daycare. In particular Section 3.6. of the Phase 3 Planning and Delivery of Sure Start Children's Centres issued by the DCSF stresses the importance of working with the private, voluntary and independent (PVI) sector about "where centres should be located, what services should be provided and who should run them". The Phase 3 document also points out that the 2006 act "restricts local authorities from providing childcare where there are alternative and appropriate means of delivery available". Over and above the childcare offer, local authorities should also consider with the PVI sector "options for renting space in their facilities for the delivery of some services". The Government is therefore clear that the private sector should play a role in the delivery of Sure Start Children's Centres, or at the very least adopt a business model for delivery of

¹ Penn, H (2009) "International Perspectives on Quality in Mixed Economies of Childcare." *National Institute Economic Review*. 207. 83–89.

Penn, H "Gambling on the Market the role of for-profit provision in early childhood education and care." (2010 forthcoming) *Journal of Early Childhood Research*.

daycare. “Early years provision (integrated early learning and daycare) which is a key part of the offer in centres serving the most disadvantaged communities and is optional elsewhere, is intended to be self-sustaining and run on business lines”.

1.2 Despite its promotion of the private sector, the Government has chosen to blur the distinction between for-profit and non-profit services in measuring the impact of services, and uses the word “settings” to describe provision, independently of auspices. It also uses the word “providers” for those who deliver services, and does not distinguish between ownership and non-ownership of settings. Ofsted and other monitoring agencies, following Government guidelines, no longer distinguish between different kinds of providers. For example, the most recent Ofsted report on Sure Start Children’s Centres (2009) only uses the general category of “daycare providers”, while the BMRB survey on childcare providers (2009)² can only make a minimal distinction between voluntary and private. Therefore some of the evidence we present here is indirect, rather than direct, and inferred from existing data.

1.3 We consider that there *is* a strong case for considering the impact of for-profit care. The most comprehensive information about the reach and scope of the for-profit early education and care sector is produced by a market research company, Laing and Buisson. Their recent publication *Children’s Nurseries: UK Market Report 2009*³ shows a 70% increase in for-profit provision since 2002. Corporate firms constitute just under a 10th of the for-profit market; the rest is made up of small and medium size traders. The total number of places available in the UK children’s day care nursery market for children between 0–8 years is estimated at 721,215 at January 2009. The places are supplied by an estimated 15,595 nurseries. This market share is worth approximately £3 billion. The size of this sector—approximately 65% of all full daycare provision—enables it to exert considerable influence on local and national policy making, over and above any direct participation in Sure Start Children’s Centres.

1.4 Where information is available, the evidence suggests that the for-profit sector offers lower quality care than does the maintained sector. Three large scale research studies in the UK, EPPE,⁴ the Neighbourhood Nurseries Initiative,⁵ and the Millennium Cohort study⁶ all show clearly that private for-profit provision in general offers a significantly lower standard of care and education, although there is some variation, and at the top end, private for-profit provision may be good quality. Studies from Canada (Cleveland *et al*)⁷ and from the USA (Sosinski *et al*)⁸ also suggest that for-profit care is of a significantly lower standard than non-profit care. There are a variety of explanations for these findings but for the UK studies, the conclusion has been it is the quality of staffing, and in particular the use of trained teachers, that makes a critical difference. However, teachers can command a higher salary than non-teachers, and this impacts on profitability. Staff costs are the biggest single item on outgoings, and in the interests of profitability and sustainability, it is important for businesses to keep staff costs low. There is no obligation to provide qualified teachers in the daycare element of Sure Start Children’s Centres for this reason.

1.5 The Government rationale in general for supporting the private sector is that it is more flexible and more responsive to consumer demand, more efficient and therefore offers better value for money. However from an owner or shareholder’s point of view, the prime consideration for businesses in providing a childcare service is profitability. Private entrepreneurs are unwilling to invest unless there is a return for their money. Secure returns are more likely in a wealthy than in a poor area; there is evidence both from the UK and from the Netherlands that investors prefer to set up businesses in well-to-do areas, and are more wary of investing in poor areas.⁹ As the Sure Start Children’s Centres were initially located in poor areas, this constituted a risk for entrepreneurs providing the daycare element. Although the centres are now being rolled out to better-off areas, they are still likely to be a risky investment, given the overall focus of the centres is towards vulnerable families. The National Audit Office 2006 report on Sure Start Children’s Centres¹⁰ suggested that almost all centres, whoever managed them, were having problems offering sustainable daycare.

1.6 In the current recession, sustainability is particularly problematic. The Laing and Buisson 2009 report suggests that “the UK recession is certain to leave a higher proportion of nurseries financially vulnerable, and rein in growth and development plans for the vast majority of nursery businesses.” 38% of for-profit

² Ofsted (2009) *The Impact of Integrated Services on Children and their Families in Sure Start Children’s Centres*. London: Ofsted

BMRB (2009) *Childcare Providers Survey 2008*. DCSF-RR-164. London: DCSF.

³ Laing and Buisson (2009) *Children’s Nurseries: UK Market Report 2009. Eighth Edition*. London. Laing and Buisson.

⁴ Sylva, K, Melhuish, E C, Sammons, P, Siraj-Blatchford, I and Taggart, B (2004), *The Effective Provision of Pre-School Education (EPPE) Project: Final Report*. London: DfES/Institute of Education, University of London.

⁵ Mathers, S, and Sylva, K (2007) *National Evaluation of the Neighbourhood Nurseries Initiative: The Relationship between Quality and Children’s Behavioural Development*. London DCSF. SSU/2007/FR/022.

⁶ Mathers, S, Sylva, K and Joshi, H (2007) *Quality of Childcare Settings in the Millennium Cohort Study*. London. DCSF. SSU/2007/FR/022.

⁷ Cleveland, G, Forer, B, Hyatt D, Japel, C and Krashinsky, M (2008) “New Evidence about Childcare in Canada: Use Patterns, Affordability and Quality.” *Institute for Research in Public Policy: Choices* V14 (12) <http://www.irpp.org/choices/archive/vol14no12.pdf>.

⁸ Sosinsky, L, Lord, H and Zigler, E (2007) *For-profit/non-profit differences in center-based child care quality: Results from the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development*. *Journal of Applied Developmental Psychology* V28(5) 390–410.

⁹ Noailly, J, Visser, S and Grout, P (2007) *The Impact of Market Forces on the Provision of Childcare: Insights from the 2005 Childcare Act in the Netherlands*. CPB Memorandum 176. The Hague: CPB Netherlands Bureau for Economic Policy Analysis. www.cpb.nl/nl/

¹⁰ National Audit Office (2006) *Sure Start Children’s Centres*. London: The Stationery Office.

nurseries saw their economic performance weaken in 2008, and a third of these nurseries reported “a significant worsening”. If profitability fails, the main options are closure or raising fees. Fees rose by an average of 4.9% in 2008. Other strategies include more vigilant pursuit of non-payers or late payers—the very families who are most likely to be using Sure Start Children’s Centres. Ofsted (2009) notes that the number of centres offering daycare as part of their core element has not risen, only 41% now do so.

1.7 Another concern for the for-profit sector is maintaining business confidentiality. DSCF encouragement to successful childcare businesses to share their know-how widely has met with stiff resistance. One medium size trader is quoted as saying “In a competitive environment this intellectual property or pool of trade secrets represents one of the most important assets a company owns...this is exactly what the Government is expecting the best nurseries to do in an effort to raise standards...Both the private and the maintained sector will be expecting to spend time sharing best practice with other nurseries even if they are competitors...this is neither fair nor reasonable.”¹¹ The most recent Ofsted report (2009) on Sure Start Children’s Centres suggested that sharing and co-operation across daycare and other services were lacking in about half the centres (n = 10) they investigated.

1.8 As indicated above, the use of the for-profit sector increases social stratification. For the for-profit sector, investment in wealthy areas brings more reliable returns than investment in poorer areas. From a parent’s perspective, research suggests that rich parents have the flexibility to choose and travel to the best daycare; poor parents have little or no flexibility and are deterred from looking.¹² The recent Ofsted review¹³ of developments in early learning and childcare in the last few years also noted that the poorest quality care is to be found in the poorest areas.

1.9 The reliance on for-profit care to deliver daycare, especially for children three and over, is not mirrored in any other European country except the Netherlands. France and Belgium for example offer 28 hours free education in the maintained sector for all children aged over 30 months. The take-up once children reach the age of three years is over 98%; there is no recorded reluctance or avoidance by vulnerable families, for whom it is a fully universal and non-stigmatising service. The perceived need for segregated and specialized care in Children’s Centres apart from mainstream education is a uniquely British phenomenon.¹⁴

1.10 For these reasons we consider that there is a fundamental contradiction at the heart of the Government’s policy concerning Sure Start Children’s Centres. The policy suggests that the for-profit sector has an important role to play in the delivery of centres. The evidence suggests that the for-profit sector is both unwilling and unable to make the kind of contribution the Government anticipates. We recommend the Government critically review the contribution of for-profit care in the delivery of Sure Start Children’s Centres.

1.11 Changes in monitoring practice would enable the situation to be more closely monitored. We recommend that Ofsted and other monitoring organizations adopt the distinction between for-profit and other forms of service in their reporting.

October 2009

Memorandum submitted by Families Need Fathers (FNF)

SUMMARY

FNF welcome this inquiry into Sure Start Children’s Centres. They are best placed to make a real difference to the development of children and to support families and parenting. It is vital that Children’s Centres engage with fathers and the wider family. FNF strongly supports the expansion of services to provide relationship support.

1. FNF support the Children’s Centres model of integrated services; however they must ensure that fathers, separated and extended families are included as they play an important role in their children’s development.

2. FNF welcomes the expansion of Sure Start Children’s Centres to cover all communities.

3. FNF is concerned that the effectiveness of services provided by Children’s Centres is weakened by the barriers to involvement. Children Centre’s must ensure better registration to include fathers and the wider family. They must offer the best blend of inclusive and targeted services for fathers and separated families. Greater involvement is crucial at sensitive points in the child’s early years and more anti natal and post natal involvement of fathers (when relationships are most vulnerable) is crucial. Activities also need to be made location and time-friendly for working parents.

¹¹ Bentley, A (2008) “To the Point”. *Nursery World*. June 2008. p 12.

¹² Vincent, C, Braun, A, and Ball, S (2008) “Childcare, Choice and Social Class: Caring for Young Children in the UK.” *Critical Social Policy*. V.28 (1) 5–9.

¹³ Ofsted (2008) *Early Year: Leading to Excellence 2005–2008*. London: Ofsted.

¹⁴ Penn, H (2009) *Early Childhood Education and Care: Key Lessons from research for Policy Makers* Brussels/Lyon EU/NESSE 2009 DG Education and Culture http://www.nesse.fr/nesse/nesse_top/tasks/analytical-reports/eccc-report-pdf
EU/EGGE 2009 *The Provision of Childcare Services: A Comparative Review of 30 European Countries*. DG Employment, Social Affairs and Equal opportunities.

4. FNF strongly supports the expansion of services to provide relationship support (in association with third sector colleagues) to help support families at risk of break up and after separation.

5. FNF recognises the crucial need for sustained government funding. As in the American Head Start programme some of the best outcomes won't be immediate, but longer term.

6. FNF would welcome reinforced local governance including representation of more fathers and the wider family.

7. It is important that Children's Centres work with the third sector, that have experience and expertise at working with children, parents and families.

8. FNF believes it is essential to recruit more men to work in Children's Centres, because it is not natural for the carers of children to be so dominated by one gender. This is not fair to children and fails to offer caring male role models.

9. Separated families are amongst the most vulnerable. A quarter of children are living in separated families. It is important that resources are targeted at these children and families.

October 2009

Memorandum submitted by Beverley Smith

Some often overlooked factors when evaluating Sure Start or other centres:

Criteria for a government run children's centre—three vital categories

The UK is embarking on a review of its Sure Start children's centres and any such review is wise, to ensure public money is well spent and more important even, that children are benefiting from the service.

There are three categories that should be noted in such a review and applicable also to any review of any children's programmes internationally.

- A. Factors that are often cited, but which may not be very important to children.
- B. Factors which are important to children but which are minimal and nearly a "given" in terms of health and safety and well-being. In other words these are so critical that they are not themselves to be deemed to make a program "excellent", outstanding or "high quality" but only to claim it as minimal.
- C. Factors which actually do matter to kids, to wellbeing beyond the minimal and that would represent a wise use of the public purse.

Let us look at those categories now in detail:

A. Factors that are often cited, but which may not be very important to children

- cost to parent in terms of fees, with and without tax deductions claimed;
- cost to government in terms of subsidy, operating grants, set-up grants etc;
- other funding sources;
- quality of care defined as the amount of funding. This type of definition of "quality" sadly is circular, since it calls something high quality if it has been funded in the past;
- age of staff, number of staff, adult-child ratio when administrators are counted as staff;
- wage level of employees, promotions available, medical, dental benefits, pensions, courses for upgrading;
- training level of staff in a formal course, certificates, diplomas, degrees in an academic institution;
- the number of mothers who now are in paid work because their children use the service. This figure would be represented as the number of women who now can "work" but in fact such a representation assumes that those mothers who are outside paid labour are not contributing to the economy or doing any useful work. Such a statistic therefore has an unspoken intent of insult of the child-rearing role and this is particularly ironic when a service which helps with child-rearing is claiming child-rearing is vital;
- age of the children at the service or centre;
- socio economic class of the children at the centre. The figure may be represented as a way to lift women out of poverty but in fact if the funding from government is conditional on using the service, this means that women are not necessarily choosing or preferring this service but only that they are pressured into it. This pressure may be very effective and many women may find themselves unable to afford any option but use of the service, but the statistic should not be misinterpreted as reflecting preference or free choice;

- use of the service. In the market place, a restaurant is deemed a success if it is popular and people, given a wide range of similar options, prefer this one. A childcare service that is the only funded one in the area is not giving such options unless there are also equally well funded options of sitters, nannies, and unless funding goes to parents at home or to those using grandparent or other family-based care. In other words a service only proves it is successful and popular if it is chosen when all other factors would make it easy to choose something else;
- number of parents wanting a “space” for the child—this figure is often represented as demand for the service. It may however be demand for a given location, or demand for a subsidised spot while there may be vacancies at other spots that lack subsidy so this in effect is demand for a subsidy and financial help not just or only for the service;
- amount of money the mother was able to earn because of the service or value to the state of her taxes;
- number of vans or other transport vehicles;
- number of fridges, stoves, type of kitchen equipment and supplies; and
- size of the “space” per child, room area.

B. Factors which are important to children but because they are basics, minimal level and not evidence of any outstanding or high quality level of service

- basic safety standards being met—minimal room size, windows, carpeting cleaned, toys cleaned and inspected, cleanliness of diaper and toileting area;
- basic health standards met—protocol followed for hand-washing, feeding and cleaning up, toileting, diaper changing;
- basic health rules enforced—rules about admission of children ill with viruses or bacterial infections, rules about administering medicine, providing quiet areas for needed naps;
- supervised safe play equipment indoors and outdoors;
- daily outings, minimally one but ideally two per day;
- opportunity to nap when child is tired;
- being read to and opportunity to leaf through and look at books;
- being instructed in basic skills of counting, singing, listening, colouring, cutting and pasting, organising and sorting;
- being instructed in basic social skills like listening, taking turns, sharing, and group organisational skills like lining up, sitting up, obeying;
- drop in of parent to visit and observe is permitted at any time;
- phone calls and enquiries from parent are permitted at any time; and
- registration is flexible and meets the needs of the child and the parent. A child can enrol for an hour, a half day, a full day, several half days, several full days etc. This of course is a scheduling nightmare for the operator of the service but the needs of the operator for convenience are not paramount. A childcare service is like a restaurant and should be open a set of hours but clients can arrive when they wish. Sadly many centres and services fail on this criterion because they are funded based on number of children enrolled full-time, and this creates a scenario of dictating to parents how to raise their children. The parent gets priority for the placement of the child if that parent can commit to full-time use of the service and this may not be what the parent actually wants or what is in the best interest of the child. Those who want less than full-time care are often relegated to a lower place in the line-up if they are placed at all, and this in fact discourages care of the child outside of the centre and is government clearly favouring some lifestyles over others, and unfairly. To correct this governments should fund children not centres and then the funding would be redirected by parents in the amount and in the direction of their personal preference. If that is not the situation then this would count against the service for being ideal.

C. Factors which matter to kids, to wellbeing beyond the minimal and that are therefore a wise use of the public purse

- presence of the same staff member for at least three years for that child without a change in identity of the staff member—therefore consistency, dependability and continuity of knowing the child and greater chance of bonding, trusting, and explaining past events to link to present ones to make child’s world logical;
- facility in speech of the care provider and expert knowledge of correct grammar and use of appropriate polite terminology when dealing with children. Fluency in the language is vital to the child learning the language well. Sadly jobs for care of children are often very poorly paid and the

- only ones likely to apply are those who are marginalized in some ways in society. A fair hiring policy would not have any racial or ethnic or colour discrimination but competency in language is actually a relevant factor for the care of the child;
- knowledge of this child’s culture, dietary needs, allergies, food preferences, play favourites, fears and phobias and sensitivity to all of these, permitting the practice of the child’s culture and religion as the parents require;
 - attentive listening to the child’s questions and responding to them as they come, one at a time to ensure responsive individualized education;
 - flexible time to play at a variety of activities each day to ensure no boredom and a necessary change in the entire range of activity options at least every week—to stimulate the mind;
 - opportunity to go on many outings to parks, museums, science centres, airports, bus stations, shopping centres, swimming pools, libraries to get to know the world in a supervised and safe exposure—and this opportunity comes at least once a week;
 - ability to contact the parent at any time of the day when feeling insecure and to go home to the parent if the child wants to go home—flex scheduling;
 - stimulation in the child’s native language, birth tongue, to enhance skills in that area;
 - exposure to the dominant language of the community if it is not the child’s birth tongue is delayed until the child is fluent in the maternal tongue;
 - graduated, gentle, academically sound instruction in the skill of learning to read by a course designed by a certified teacher and geared to the very young. eg Anchors and Sails by Bev Jaremko;
 - and not chanting, memorized word lists or early reader book memorizing and word guessing. It is vital that children do not get misled into what reading is, and that they become empowered to sound out words and figure out printed text they have not seen before but the method of instruction must be one of tiny steps of progress to ensure success and self-confidence; and
 - feeling loved, valued, cuddled, hugged, understood—these are not measurable factors in any evaluation of a program but they are probably the most important to the small child. When small children are reluctant to take part, crying on arrival, sad for much of the day, or when they are aggressive, bullying and attention seeking, biting, hitting, scratching, pulling hair, these are signs the child is not happy there and these should be seen as key indicators the centre is not meeting their needs.

The goals of children’s services are often to intervene, to come in and save the day both financially, so women can get out and earn, and socially, to help children deemed “at risk” for some reason, often because they are in a situation of poverty or single parenting.

Sadly these very well meaning agendas of care of children often ignore the need of the child to feel loved, and to have a secure caregiver who is the same person for years and years. Those two basic needs of children must be met above all else for any formalized institutional setting will seem cold and lacking to a child who does not feel loved there.

Love however cannot be measured, dictated, taught or enforced.

Programs often assume that women are “better off” financially and in terms of self-esteem if they can earn money, provide for the child, and make a good life. However well those theories may be in sync with current economic theory, they also do ignore the drive many women have to actually be with their young, to love them and bond with them and to have that time valued by the state. Moves to push women out to earn are also moves to push women away from their young and the state bears some responsibility for the anxiety, depression and mental health issues that crop up occasionally when this forced separation is far from what either the child or the mother want.

What would be very useful now that children’s services have been in place for a while would be to do a few studies of results and looking back at patterns and causes. In other words instead of looking at how much the mother earned last year or how well the children did in kindergarten, look down the road farther:

- for those who graduate high school with top marks, what type of early childhood setting did they have? Were any in such children’s services and if so, where and for how long and what was the care like?
- for those who win community service awards in church, school or the community what was their early childhood care style?
- what is the reading level of those who were in the program, once they get to grade 7 or 12 and how does it compare to children raised in other care styles?
- number of children who during or after the sessions are diagnosed with behavioural disorders; and
- per cent of children who use the service who end up as accused or convicted in the criminal justice system.

It is impossible to take a child and rerun it through its childhood another way and see which way worked better. However any intervention program is assuming the intervention is going to be positive for all parties as if the child would have turned out quite differently unless the state or the service got involved.

Sadly there are sometimes negative experiences based on the intervention itself, the forced separation of parent and child, the demeaning feeling those who are counselled get that they are not handling their lives well and others can do it better for them, and the anger that results when children and adults feel a system is basically judging them as personally incompetent.

Helping parents is a good thing. Intervening however, must be done very carefully and services that do this in the end should be voluntary not forced on the public by financial or social pressure.

Beverley Smith

Editor

Recent Research on Caregiving newsletter

October 2009

Memorandum submitted by the National Childminding Association (NCMA)

EXECUTIVE SUMMARY

The purpose of children's centres when the concept was developed was as a hub for different types of provision and services including registered childminders. NCMA still feels that there is work to be done to ensure that childminders are given equal opportunity to deliver services in centres in the same way, and where appropriate, to the same extent that nurseries do. NCMA is supportive of the principle of children's centres and has worked with local authorities to support their roll out, and this work will continue. Childminders have a valuable role to play in delivering services within centres working alongside other providers as well as users including parents. NCMA would welcome further opportunity for childminders to be included within the centre, to ensure families have access to a choice of flexible, quality childcare options.

The key points made by the National Childminding Association in this submission are as follows:

- The approach of children's centres management to involving childminders is very mixed with the level of engagement varying greatly from centre to centre.
- Childminders are keen to be involved and respond well to having a dedicated childminding contact at the centre.
- There is a need for children's centres staff to understand and appreciate that childminders cannot attend training or meetings during the day when they are caring for children.
- There is a need for registered childminders to consider the best way of working collaboratively with their local centre and approach the team there to offer the best support for families and children.

INTRODUCTION

The National Childminding Association (NCMA) is the only national charity and membership organisation that represents home-based childcare in England and Wales, delivered by registered childminders and nannies, with approximately 43,000 members. We promote quality home-based childcare so that children, families and communities can benefit from the best in childcare and education. Working in partnership with government, Ofsted, local authorities, children's centres, extended schools and other childcare organisations, we aim to ensure that every registered childminder has access to services, training, information and support to enable them to provide a professional service. NCMA offers to work with all local authorities across England (and Wales). We also aim to ensure that everyone who supports registered childminding has access to the information, training and support they need.

NCMA welcomes the opportunity to submit evidence to this inquiry and would be willing to respond to any requests for further information which may assist the Committee's work or give oral evidence as appropriate. The Association is about to undertake further research which will look at 10% of all children's centres covering many of the same points as this inquiry and further information will be available as a result towards the end of 2009.

One of the roles that children's centres perform is to help provide access to quality, affordable childcare. Some children's centres include integrated early education and childcare places on site, and may provide this themselves or in partnership with private, voluntary and independent providers. All centres are expected to provide information and advice for parents and carers on a range of services including local childcare options.

The Government's Ten Year Strategy for Childcare has a vision for children's centres acting as the focus for childcare activity in their neighbourhood, including providing support for childminders via quality assurance networks.

From discussions with children's centre staff and research, NCMA is aware that there is a very mixed approach to children's centres working with registered childminders and how far they are involved in the centres. Some children's centres managers believe that childminders are service users and should be able to use all the facilities the centre has whilst others believe they should not be able to use the facilities or should only have limited access.

It is clear that there is a need for children's centres to understand the contractual obligations that a childminder has with the families they work with—these could prevent them from being able to attend meetings or training during the day when they are caring for the children. In addition, feedback shows that when there is a named development worker specifically for childminders, they are prepared to travel further to a children's centre with this post than attend a more local one without any dedicated service.

In 2007 the Department for Children, Schools and Families (DCSF) asked NCMA to conduct an annual survey to review the extent to which children's centres are currently working with childminders, the quality of this relationship, and the degree to which childminding is viewed as an integral part of centres' childcare offer, so that progress can be tracked in the future. The third report was completed in February 2009.

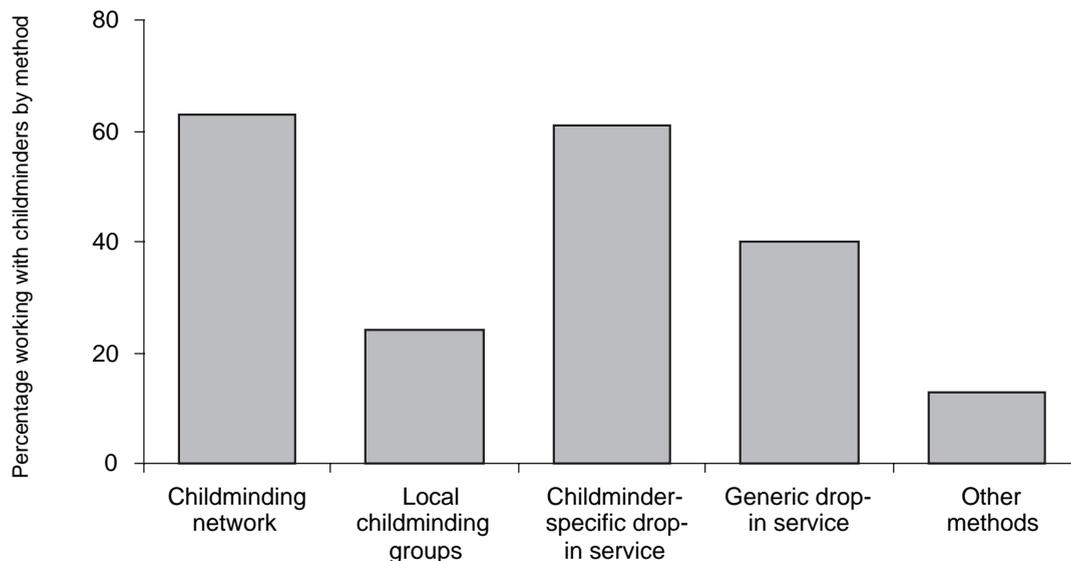
The DCSF provided NCMA with a list of 2,918 children's centres across England. NCMA randomly selected 149 children's centres, with the sample stratified to reflect the distribution of children's centres across England. The survey was conducted in October 2008 by telephone.

CHILDREN'S CENTRES' CONTACT WITH CHILDMINDERS

The survey found that 93% of children's centres were working with registered childminders, compared to 91% in 2007. Children's centres most commonly worked with childminders through a drop-in service or a childminding network, with these methods used by 79% and 63% of children's centres respectively. With regard to drop-in services, 61% of children's centres questioned offered drop-in services for childminders alone, while 40% offered a generic drop-in service, and 24% offered both childminder-specific and generic drop-in services.

Table 1

CHILDREN'S CENTRES' METHODS OF WORKING WITH CHILDMINDERS



INFORMATION PROVISION TO PARENTS

Children's centres were asked about the information they provided to parents about childminders. Responses showed that children's centres were most likely to use notice boards to provide information about childminding to parents (with 54% of children's centres doing so), followed by newsletters (32%), telephone information lines (20%) and a website (11%). It was rarer for children's centres to use these methods to provide information on vacancies with local childminders, although 36% of children's centres reported that details of vacancies with childminders were posted on their websites.

WORK WITH CHILDMINDING NETWORKS

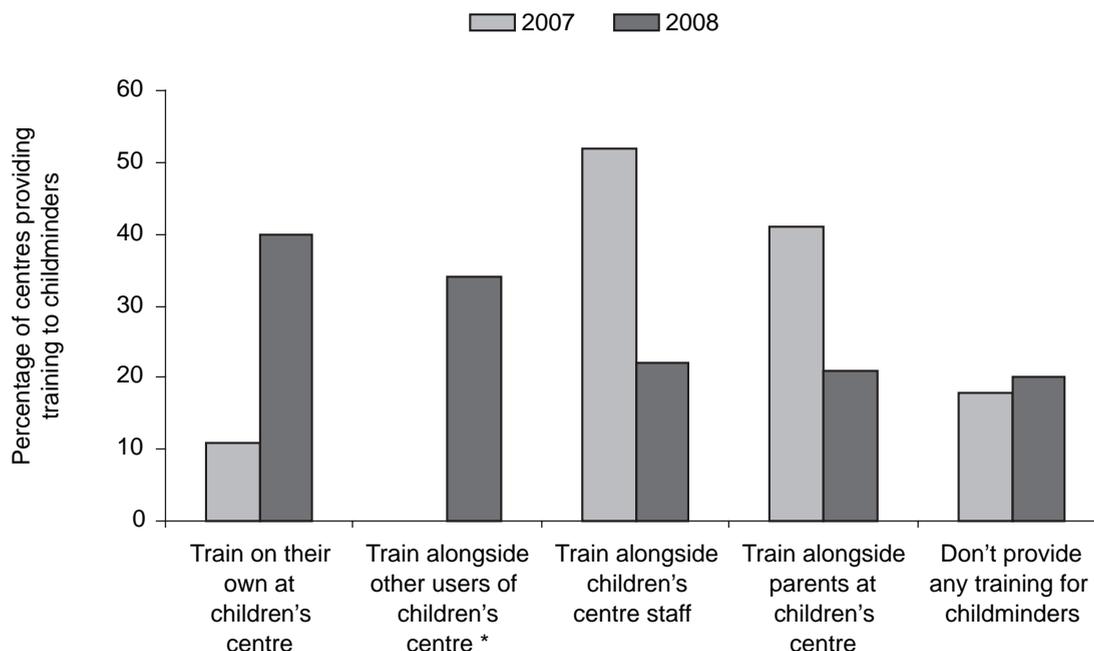
Among children's centres which provided details about the network with which they worked, the mean number of childminders within the network was 16. 41% of children's centres claimed that their network was quality assured, while a slightly higher number reported that the network was managed by a dedicated network coordinator (42%). Among centres using networks managed by a dedicated coordinator, 27% (equivalent to 11% of the total sample) stated that the coordinator was based within the children's centre.

Just under a third of children’s centres who were working with networks stated that their network offered childcare on behalf of social services (equivalent to 20% of the total sample), while 16% stated that childminders in their network provided care for disabled children (equivalent to 10% of the total sample). In a substantial proportion of cases, however, children’s centres were unsure whether or not their networks provided such services.

CHILDMINDERS’ INVOLVEMENT IN TRAINING AT CHILDREN’S CENTRES

Children’s centres were asked about the training they offered to childminders, with responses suggesting that childminders are increasingly being trained separately from other stakeholders. 40% of children’s centres were training childminders by themselves, an increase from 11% in 2007. In contrast, the numbers stating that they trained childminders alongside children’s centre staff had fallen from 52% in 2007 to 22% in 2008. There was also a decline in the numbers training childminders alongside parents, which fell from 41% in 2007 to 21% in 2008. A further 20% stated that they did not provide training for childminders.

Table 2
CHILDREN’S CENTRES’ PROVISION OF TRAINING TO CHILDMINDERS



* Question not asked in 2007.

The survey also explored whether childminders were involved in the formal organisation of children’s centres alongside other staff. Responses revealed that 15% of children’s centres involved childminders in meetings with centre staff, while 20% of children’s centres invited childminders to meetings of other stakeholders. 17% of children’s centres gave childminders a role on their management board.

RECOMMENDATIONS FOR ACTION

Childminders consistently offer high quality provision. Ofsted figures show that last year more than 60% of registered childminders received a “good” or “outstanding” grading. NCMA recommends the following actions to ensure parents have access to all forms of childcare potentially available.

1. NCMA recommends strengthening the links between children’s centres and childminders to ensure children’s centres provide information about childminding and about local vacancies and ensure childminders are involved as part of the centres’ core offer.

Currently the extent to which information is provided about childminding is low and this may represent a missed opportunity to match the needs of parents and children with the opportunities available in home-based childcare settings. Seven in 10 Family Information Services (FIS) in England and Wales report that parents were concerned by a lack of childcare in their area,¹⁵ yet 36% of childminders have vacancies that they wish to fill.¹⁶ Parents are more likely to visit children’s centres than they are to contact the FIS directly. Consequently, while children’s centres have no obligation to provide any of this information, doing so would be valuable in helping parents to find suitable childcare.

¹⁵ *Childcare costs survey 2009*, Daycare Trust, January 2009.
¹⁶ *NCMA Membership Survey 2009*, National Childminding Association.

2. NCMA recommends that all children's centres link with formal quality improvement networks locally, as a means of providing parents with greater childcare choice and improving the quality of childminding practice

While the numbers working with networks has increased, there has been a decline in the proportion working with other local childminding groups and associations or bringing childminders into general drop-in services alongside other users.

3. NCMA recommends children's centres involve childminders in meetings alongside staff and provide training for childminders.

Research shows that fewer childminders than previously are being involved in meetings with centre staff and parents. This raises concerns that there has been a more general shift in attitudes towards childminders away from treating them as core to the service delivery of children's centres to seeing them as extraneous.

October 2009

Memorandum submitted by Barnardo's and Leicester City Council

1. SUMMARY

- Leicester has developed a Neighbourhood integrated service model for children aged 0–19 years. Health, Education and Social Care have embraced the SureStart model, redesigning and developing integrated teams to deliver a wide range of services.
- Experience has demonstrated that the Children's Centre model is a key intervention in breaking the cycle of poverty and transforming patterns of poor parenting.
- Co-located, non stigmatised services are tailored and targeted in order that resources follow need.
- Evidence is emerging that Children's Centres in Leicester are having a measurable impact on the five Every Child Matters (ECM) Outcomes.
- Leicester Children's Centres model is effective for reaching families especially those most vulnerable through universal non-stigmatised services that are valued and trusted. It has taken time for Children's Centres to get to this position of trust to be able to positively influence parenting and tackle the impact of poverty.

2. INTRODUCTION

2.1 Leicester City Council and Barnardo's have completed a joint response due to their combined commitment to the future of Children's Centres. The professionals compiling the evidence combine the expertise and perspective of Senior Managers who have responsibility for Sure Start Children's Centres in the city.

3. How models of Children's Centres have developed as the programme spreads from the most deprived neighbourhoods.

3.1 Leicester is ranked the 20th most deprived local authority in the country. By 2010 there will be 23 Children's Centres of which 22 will be meeting the needs of the 30% most deprived communities.

3.2 Building on the success of six Sure Start programmes, Leicester has developed a Neighbourhood integrated service model for children aged 0–19 years. Health, Education and Social Care have embraced the Sure Start model, redesigning and developing integrated teams to deliver a wide range of services. Looked after children and Children in need services are also integrated into the Children's Centres.

3.3 Leicester's model is one of progressive universalism where non stigmatised services are tailored and targeted in order that resources follow need. Lessons have been learnt from the Sure Start pilots and the focus for Leicester is on early identification, evidence based practice, data analysis and evidencing measurable impact on the five Every Child Matters Outcomes.

3.4 Leicester has demonstrated the Children's Centre infrastructure has been key to delivering new government initiatives in an efficient and cost effective way for example, the Two Year-old National Education Grant pilot and the Common Assessment Framework (CAF). Leicester is committed to delivering future initiatives, which promote child development and reduce inequalities, through the mechanism of Children's Centres.

3.5 Leicester's model is strengthened by a mixed model of management. They are managed by the Local Authority and National Charities who bring their experience and expertise to raise standards.

3.6 Experience has demonstrated that the Children's Centre model is a key intervention in breaking the cycle of poverty and transforming patterns of poor parenting. Children's Centres have become a major way in which Barnardo's delivers their key purpose of helping the most vulnerable children transform their lives.

4. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

4.1 The co-location and integration of multi-professional teams in Children Centres has proved vital in delivering a range of effective services.

4.2 Integrated teams includes for example, Midwives, Health Visitors, Speech and Language Therapists (SALT), Dietetic workers, Early Years Specialist Teaching Service (EYST), Housing, Family support and outreach workers, Early learning/Play workers, Community development workers, Book and toy library workers and Children in Need Team. In addition there is wide partnership working. This has resulted in:

- Contacts being made with all families in the city resulting in increased scope for early identification of need.
- Early intervention delivered through progressive universalism with seamless access to specialist services.
- Holistic responses to children's needs.
- Increased access to high quality early years and parenting provision in disadvantaged communities.
- Families involved in their child's development and learning.
- Children's Centres being central community hubs for families.

4.3 The Children's Centres provide a wide range of diverse services; case studies and examples are outlined below:

4.3.1 *Early learning and Childcare*

4.3.1.1 *Playgroup*—(Case study) a Barnardo's Children's Centre Playgroup was concerned about a child's development and behaviour. The Early Support Team and SALT worked with the child. With the support of the Children's Centre Teacher an Individual Educational Plan was created and targeted activities provided. The Family received support from Family Support including a home teaching package to support the parents understanding of the child's learning. The Children's Centre liaised with the school to ensure a smooth transfer for the child and jointly requested Inclusion support and a referral to an Educational psychologist.

4.3.1.2 *Book library*—at the Children's Centres in 2008–09 children and families borrowed 42,537 Library Books.

4.3.1.3 *Parents as Partners in Early Learning*—all Children's Centres deliver programmes, in groups or within the families' home, to enable parents to become active co-educators in their children's learning. The programme encourages parents to be:

- Involved in their child's learning and development.
- Aspirational in terms of what their children can achieve.
- Able to build foundations for good communication skills, personal, social and emotional development.

4.3.2 *Family support and parental outreach*

4.3.2.1 *Domestic violence*—(Case study) at a Local Authority Children's Centre, in response to the levels of need identified in the community, the centre delivers a Freedom Programme, in partnership with the Police. The programme supports women in building self esteem and confidence to enable them to safeguard and improve the quality of life for themselves and their children and introduce them to community support resources. Referrals to the group primarily come from the Health Visiting and Midwifery teams who are able to develop trusting relationships with women through the outreach services they offer.

4.3.2.2 *Tailored support for targeted individual families*—(Case study) at a Barnardo's Children's Centre a mother under the care of a Community Psychiatric Nurse and Cognitive Therapist was struggling with her child's behaviour and low moods. This difficulty had escalated since the father had left the home. The mother sometimes used alcohol as a coping mechanism and had made suicide attempts. The Family support worker supported the mother to complete a CAF to ensure the support package was integrated, and respite was provided by the Children's Centre to support health appointment attendance. The mother completed an evidence based parenting programme and the family support worker undertook play based child development sessions in the home to improve the Mother's relationship with her child.

4.3.3 *Child and family health services*

4.3.3.1 *Tackling Health inequalities*—a number of awareness campaigns are held annually eg a Barnardo's Children's Centre held an obesity awareness week attended by 32 children and 31 adults. Information and displays showed how much fat and sugar is in every day food and healthy alternatives. Healthy snacks were provided and parents were given healthy cookery book developed by the community food worker. In line with NICE guidance physical activity through play and Yoga for children was provided.

4.3.3.2 *Antenatal and postnatal care*—Leicester City is currently rolling out an holistic, preventative programme for pre birth to six month old babies (Discovering babies) delivered by a multi professional team. Examples of topics covered include, preparing for birth, infant feeding, early language development, first aid and infant ailments.

4.3.4 *Support for children with special needs and or disabilities*

4.3.4.1 *Early support implementation*—Children’s Centre Outreach workers have been trained and supported by Menphys in order to deliver the co-ordination of services for children with disability and complex needs. (Case study)—The Children’s Centre key worker identified that the family were feeling very frustrated and over whelmed with the professionals supporting their child. The parent was supported to set goals and to plan how they could overcome their challenges. The mother was encouraged to seek support from her doctor for her depression. The parent reported that she felt supported and less over whelmed with an improvement in family life.

4.3.5 *Services for looked after children/safeguarded children and children in need*

4.3.5.1 An integrated approach, through the Children Centre model, ensures vulnerable children benefit from universal and targeted services. Children’s Centre teachers lead the development of Personal Education Plans (PEP) for 0–3 year-olds and contribute to the 3–5 year olds PEP’s.

4.3.6 *Activities to achieve economic wellbeing*

4.3.6.1 *Benefit advice*—through a Service Level Agreement Children’s Centres are able to ensure families maximise their budget, £1,110,407 was raised in benefits in 2008–09.

4.3.6.2 *Housing*—(Case study) at a Barnardo’s Children’s Centre the Health Visitor worked with the Housing (STAR) worker where a family had difficulties with overcrowding, previous history of domestic violence, debts on utility bills; mum was very depressed and felt isolated. The mother was a lone parent with three children, a boy eight and girls four and one year-old living in a two bed housing association property. After an assessment the STAR worker was able to assist to maximise the points to gain re-housing, improve general home environment, maximise income, reduce rent arrears and access charitable organisations for financial support. This promoted confidence in the individual to manage future life choices.

4.3.6.3 *Job Centre Plus*— a Barnardo’s Children’s Centre undertook a pilot “Take Three Days” delivered in partnership with Jobcentre Plus. The aim of the course was to help lone parents return to work, education and training. Five lone parents attended the sessions. Parents commented: “It was a big boost to my confidence”... “I’ve got a more positive outlook on finding work.”

5. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

5.1 Children’s Centre funding is used to provide a core team, a base for co-location with partner agencies and service delivery. Partner agencies fund their own staff and effectiveness is increased through integrated working, cascading skills and shared resources.

5.2 Universal services are predominately delivered by partner agencies supported by the Children’s Centre core team. There is a focus on targeted work with the most vulnerable children and families to tackle the impact of deprivation eg 81% of a Barnardo’s Children’s Centre direct service delivery budget (2008–09) was spent on targeted work.

5.3 Sustainability is dependent of the Local Authority receiving Sure Start Children’s Centre funding.

6. STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

6.1 The Children’s Centre core staff team are qualified and undertake a comprehensive training programme eg the Outreach Family support workers are trained in Solution Focused therapy, Solihull approach, evidence based parenting programmes such as Strengthening Families, Strengthening Communities, specialist training in mental health, breast feeding, substance misuse, ASPIRE and safeguarding.

6.2 The Local Authority, as the accountable body for the SureStart Children’s Centre grant, performance manages the Children Centres through a robust performance management policy that includes an Annual Self Evaluation Form (SEF) and a Business plan. This ensures that Children’s Centres are focused and delivering improved outcomes for children.

6.3 There is a city wide approach to strategic planning and Children’s Centres contribute to the priority targets within the Children’s and Young Peoples Plan and the Local Area Agreement as well as the Sure Start targets.

6.4 Locality planning is undertaken by Children’s Centres who have built an in-depth knowledge and understanding of their local communities so that services are provided according to the community’s culture, faiths and languages. Locality outcome improvement plans are developed and overseen by the Children’s Centre Neighbourhood Advisory Boards.

6.5 Good information on the break down of communities is gathered so that isolated communities/families are identified. This has been an important element in meeting the needs of the most vulnerable families.

7. HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

7.1 Partnership working is fundamental to the way Children's Centres deliver improved outcomes for children and is achieved by harnessing the strengths and resources of all agencies and disciplines working within them.

7.2 The scope and variety of the organisations with whom the Children's Centres work has expanded and this has enabled the Centres to contribute to the agendas and plans of the Children's Trust, Social Care and Safeguarding, NHS Trusts, Education, Voluntary Organisations and the Independent Sector.

7.3 Schools

7.3.1 *Early Years Foundation Stage*—Children's Centre partnership working with schools has resulted in raised standards in the Foundation stage. For example, in improving on the target NI.72 there was an increase from 32% in 2007 to 44% in 2009 of children achieving a total of at least 78 points across the foundation stage profile with at least six points in Communication, Literacy and Language (CLL) and Personal, Social and Emotional Development (PSED). This was achieved by the Children's Centre teachers and schools identifying children who were not expected to achieve six points in CLL and PSED. In partnership with Class Teachers Family Learning programmes were undertaken and/or individual work programmes by the Children's Centre Teacher, Children's Centre Early Years Play Team and Family Learning Tutors.

7.3.2 *Family Support*—at a Local Authority Children's Centre the Family Support in School worker in 2008–09 achieved improved outcomes by supporting 41 children and their families on issues such as arriving on time for school/nursery, attendance and behaviour.

7.3.3 *Shared Governance*—links between Children's Centres and schools is enhanced through shared governance responsibilities. Seven of the 18 Children's Centre Leaders are on the Governing Bodies of their local schools and the schools have representatives on the Children's Centre Neighbourhood Boards.

7.3.4 *CAF*—Schools are active participants in the CAF for 0–12 year olds which are managed by the Children's Centre Leaders. Partnership working with schools and other partners, through the CAF process, has significantly improved ECM outcomes for children.

7.4 Health

7.4.1 *Co-location*—Health Services are co-located and integrated in the Children's Centres and are part of the multi-professional team. Midwives, Health Visitors and SALT deliver Health drop-ins through universal Play and Stays.

7.4.2 *Joint Working*—the Health staff and Outreach Family Support workers provide integrated packages of support, particularly for the most vulnerable children and families eg Children's Centre referrals are made by the Health Team and case management meetings are held to agree joint work to be undertaken to support the family and improve ECM outcomes.

7.4.3 *Child Health Promotion programme*—an integrated multi-professional approach to Child Health Promotion is undertaken in the Children's Centres. For example, two year multi-professional development checks are undertaken resulting in early identification of need, eg in one centre 40% of family support referrals, 30% of EYST and 50% of SALT referrals arise from two year-old health checks.

(Case study)—At a two year-old health check a child was identified with language development delay by the Family Support worker and Health Visitor. His mother did not share their concerns and so refused a referral to the SALT. The workers were still concerned and so asked the mother to come back for another check explaining why. One of the workers at that next check was from SALT where the mother agreed to a referral.

7.4.4 *Breast feeding*—the Children's Centres in Leicester have developed a Peer Support System for Breast Feeding. These trained volunteers are supported by Health workers. This has been extremely successful in deprived areas, eg a Local Authority Children's Centre, which was originally a trailblazer Sure Start programme, has increased the breast feeding rates at six to eight weeks from 13% in 2001–02 to 49% in 2008–09.

8. WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE.

8.1 Leicester Children's Centres model is effective for reaching families especially those most vulnerable through universal non-stigmatised services that are valued and trusted. It has taken time for Children's Centres to get to this position of trust to be able to positively influence parenting and tackle the impact of poverty.

8.2 Young children are at considerable risk of coming in to care and are very vulnerable to abuse. Children's Centres identify a significant number of safeguarding and child protection concerns and deliver preventive programmes through multi agency teams.

8.2.1 *Children with Safe guarding plans*—historically children who received tier three services were not benefiting from tier two services. Children with Safeguarding plans are now supported by the Children’s Centre to access their services; they are encouraged to attend Play and Stays, parenting programmes and are able to access support from the multi professional team.

8.3 *Use of outreach*—has greatly increased Children’s Centres ability to provide services to the most disadvantaged. (Case Study) In order to address the local travellers’ barriers to participation, the Children’s Centre delivered services at the traveller’s site. This encouraged families to access universal and specialist services from the Children’s Centre and increasingly they accessed the Children’s Centres for form filling and benefit advice.

8.3.1 *Door knocking*—a widely used approach by Children’s Centres in Leicester. (Case study) At a Children’s Centre there was a low uptake of three year-old NEG entitlement (21%) by the BME community. There seemed to be a low level of understanding of the benefits of NEG, possibly because many members of the community were new arrivals. The Children’s Centre door knocked on the estate to give families information on their entitlement and the benefits of NEG. From this 90% of children took up their NEG entitlement.

8.4 Parents quotes:

8.4.1 “My child has got disabilities, it is great that someone can come and see me at home or I can pop into the centre rather than across the city I feel as if I am not alone.”

8.4.2 “With the support of Sure Start staff I have moved myself and my children out of domestic violence. I would never have had the strength to do this without their support.”

8.4.3 “The Family Support Team offers a human, professional service. They treated me like a human being and I felt respected and relaxed. They reminded me how to be me. Now we don’t just have to survive—we can live.”

October 2009

Memorandum submitted by Westminster City Council

SUMMARY OF SUBMISSION

- Outreach has been central to the success of Westminster’s Children’s Centres (Paragraph II).
- The targeting of Children’s Centre services to the most vulnerable groups needs to be systematic and involve both health colleagues and a dedicated outreach service. This work needs to be scrutinised to ensure that robust systems are in place. This work will form a key component in the early identification of children with additional needs. (See paragraphs II and III).
- There could be better guidance from the DoH on the role of health in Children’s Centres, which would reduce lengthy, time consuming negotiations at local level about commitment. Community health service partners, particularly health visitors, seem split between the needs of General Practitioners (GPs) and Children’s Centres. (See paragraph VI).
- Develop a “joined up” response to attainment at foundation stage and this could be achieved by linking more closely the connection between the child health surveillance programme undertaken by health visitors and the Foundation stage outcomes (paragraph V).
- Effective leadership is key to successful integrated working both at a local and strategic level. Too much emphasis is still placed on line management rather than leading multiagency teams. The NPQICL has gone some way to address this but there needs to be a similar qualification for local authority strategic managers (paragraph VII).

This submission focuses on the question about “whether services are being accessed by those most in need and how effective they are for the most vulnerable”

I. Case Study evidence from our local area and conversations with parents suggest that Children’s Centres can transform the lives of families with very young children and in so doing give children a richer pre school experience. Much of this evidence suggests that it is the benefits of outreach together with integration and colocation that result in a better experience for families. For this to be robust and available to all families the work of Children’s Centres needs to be underpinned with effective leadership as well as systems that can identify the most vulnerable children as early as possible.

II. *Reaching the most disadvantaged families.* Experience in Westminster has demonstrated that a dedicated outreach service is central to effectively engaging families and reaching those whose children may not have benefited from early pre school experiences. Outreach work acts as *the gateway* into and between services. It provides families with the opportunity to make those initial contacts on their terms and in settings where they feel most comfortable. However, it is only effective, when inter connecting systems are developed with local health visiting teams. In Westminster, a core offer for outreach has been developed that defines what will be offered to all families and details the communication systems between health visitors and outreach teams. In essence, the health visiting team undertake a new birth visit and at this visit offer families

the service of the outreach team. This generates a 1st outreach visit at 6–8 weeks and subsequent visits dependent on need. Outreach is well evaluated by parents and there is some case study evidence to suggest that it contributes to earlier identification of need, particularly in the area of domestic violence, where families have access to outreach workers who speak their community language. Westminster has just commissioned a more robust evaluation of outreach to determine the impact on early intervention. The mid way report on this evaluation will be available in early December.

III. *Intervening early.* A monthly Early Access and Support team meeting (EAST meeting) has been established around each Children’s Centre in Westminster. It is attended by the Children’s Centre manager, health visitor, outreach worker, midwife and children’s centre social worker. The aim is to identify as early as possible parents who begin to disengage with services and consequently reduce their child’s pre school experiences. The meeting has a fixed agenda, which considers new birth visits relevant to the last month, feedback from outreach visits, families not attending for initial checks or immunisations, any children with a disability (all children 0–5 years within the catchment area should be identified by the centre), any changes to children subject to a Child Protection plan, families new to the area, Children aged 3–4 years not accessing any pre school care/education, “no further action” families from Duty and Assessment Team and Review actions from previous meetings.

IV. There needs to be more emphasis on work force development both at a local authority and national level in relation to reaching the “harder to engage” families. Practitioners need to be equipped with skills to break generational cycles of deprivation and associated habits, which is not currently provided in professional training. A whole systems approach across a local area to training staff in motivational interviewing and the use of effective intervention tools is needed.

V. *Developing a “joined up” response to attainment at foundation stage.* Children’s Centres have a unique opportunity to contribute to raising attainment at foundation stage. Currently, there is not a whole systems approach to this work, it is seen as the responsibility of education and yet the work of health visitors is vital in nurturing the parent child relationship and in promoting early language development and play. The child health surveillance programme undertaken by health visitors could be more closely linked to outcomes at foundation stage. Health visitors who identify children at risk of minimal pre school experiences need to work in partnership with the local Children’s Centre, who can offer an intensive home visiting programme.

VI. *Health involvement in Children’s Centres.* Health visitors need to be an integral part of Children’s Centres if we are to reach the most vulnerable families and yet there are real tensions for them between work in Children’s Centres and GPs. Local GPs still want health visitors to undertake child health clinics in their surgeries that are poorly attended and time consuming. GPs see the health visitor as belonging to their surgery. The shift surely has to be to GPs being linked to their local children’s centre (that can offer a range of support including a health visitor) rather than to one local health visitor.

VII. Effective leadership is key to successful integrated working both at a local and strategic level. Too much emphasis is still placed on line management rather than leading multiagency teams. The NPQICL has gone some way to address this but there needs to be a similar qualification for local authority strategic managers.

Jayne Vertkin

Head of Children’s Centres Development

October 2009

Memorandum submitted by Exeter Children’s Centre

I write this on behalf of Exeter Children’s Centre, Brayford Avenue, Corby using both current and previous experiences and observations. I have worked within and as part of strategic development of Children’s Centres for the past seven years.

HOW MODELS OF CHILDREN’S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

As a Early years practitioner who has been involved with the development of Sure start and Neighbourhood nurseries from the start I have witnessed the changes in the programme and the more recent roll out of centre services to less deprived neighbourhoods. It is my experience that this has been successful in enabling hard to reach families to access more services as the stigma and preconceived ideas that Sure Start centres are for “mums with problems” has reduced and the fact that universal services are available to all has helped considerably. The roll out of children’s centres as a universal point of access has also enabled families who live in pockets of deprivation or isolated areas to access more targeted services.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

In our children's centre the model of providing a range of services that move from easy to access services such as messy play and story sessions through to targeted groups for families such as peer support groups for women involved in abusive relationships or families where the UK is not their country of origin has helped considerably to allow families to progress and develop their skills.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

Currently the funding for this children's centre is managed through the school and agreed via a steering group which focuses on the priorities for the centre as identified through a parent led needs assessment and area priorities issued through our performance management framework. This allows for the centre to operate effectively however the restrictions on working with families with children under five years of age can often make it difficult to work collaboratively together and streamline activities for the whole family which would create a more cost effective service. It is vital that a focus remains on the early years age group however it should not restrict linking with other programmes and initiatives eg extended schools.

STAFFING AND GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

An issue faced by all children's centres has been staffing centres with staff that are experienced and qualified in a multitude of areas. Centres have invested huge resources, not just financial into developing these skills and the lack of secure long term funding has made staff retention very difficult. Moving forward being able to develop five year financed plan would enable all families to be supported in our reach areas.

HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

Being based on a school site and part of the school organisation has enabled close working relationships to be forged however it has at times been assumed that staff within schools will be completely familiar with a centres running and it is expected the two parts of the organisation would work cohesively together however variation of hours, focus on different areas and lack of understanding of roles and responsibilities has often caused confusion. Through time these issues have been minimised but it should be learnt that organisations need the same ethos and culture to work together not just a shared relationship through working with children. Relationships with health have been sporadic and the recent changes in health visitors' roles have not supported their work within centres.

WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

Within children's centres the role of the outreach worker/home visitor has been integral in building relationships with communities and enabling confidence in the centre, its services and removal of any ideas of a "hidden" agenda to be built. Engaging with hard to reach communities takes time and if children's centres are to reach their true goal then this must be allowed to develop as progress has been made but these relationships still require strengthening.

Claire Spooner
Children's Centre Manager

October 2009

Memorandum submitted by the Federation of Small Businesses (FSB)

The FSB is the UK's leading business organisation. It exists to protect and promote the interests of the self-employed and all those who run their own business. The FSB is non-party political, and with 215,000 members, it is also the largest organisation representing small and medium sized businesses in the UK.

Small businesses make up 99.3% of all businesses in the UK, and make a huge contribution to the UK economy. They contribute 51% of the GDP and employ 58% of the private sector workforce.

The FSB represents approximately 1,150 day nurseries across the UK and many are concerned by the lack of funding available to meet the cost of compulsory free provision.

From an FSB survey of 280 Private, Voluntary and Independent (PVI) nurseries in February 2009:

- 87% said that the level of funding for the 12.5 hours does not cover the cost of provision.
- 62% said extending the free entitlement from 12.5 hours to 15 hours will negatively affect their business.
- Most concerning, only 18% said they were certain that they would still be running their business by 2015. This is extremely worrying considering the fact that PVI settings provide 70% of nursery places in the UK.

The FSB response focuses on funding, sustainability and value for money issues that are most affecting our Private, Voluntary and Independent (PVI) providers.

BDO Stoy Hayward predicts that 36,500 businesses will fail this year. Based on these predictions, around 200 private, voluntary and independent nurseries could close down in 2010. The average nursery has 46 places according to Laing & Buisson's Children's Nurseries UK Market Report 2008. This means the parents of over 9,000 children (aged of 2–5 years old) could struggle to find suitable provision for their children.

Nurseries, signed up to the Code of Practice, have to provide 12.5 hours of free nursery care per child per week to any parent who wants it. FSB research shows that the average nursery receives £3.64 per child per hour from their local authority to provide the free places. Nursery owners say that if they could charge for those 12.5 hours it would be at an average of £4.70 per hour, a shortfall of £1.06.¹⁷

The FSB urges the Committee to advise the Government to suspend the 2006 Code of Practice on the provision of free nursery education places for three and four year olds to enable nurseries to charge at a level which enables them to cover costs until a workable funding formula can be applied across all local authorities.

The FSB position, based on legal advice, is that the Government should conduct a post implementation impact assessment into the 2006 Code of Practice on the provision of free nursery education for three and four year old children before deciding whether the move from 12.5 hours to 15 hours is discussed.

A recent Barrister's opinion advised the FSB to push for a post-implementation impact assessment to fully address the negative impacts on Nursery providers. We are delighted that the DCSF has decided to undertake an RIA on the extension from 12.5 hours to 15 hours, however, many providers have told us that they will be out of business by 2010 which is why the FSB urges the Government too:

- (1) Hold a post implementation impact assessment on the current state of the nursery sector.
- (2) Suspend the current Code of Practice until a full assessment has been undertaken.

October 2009

Memorandum submitted by Sure Start West Riverside Children's Centres

1. EXECUTIVE SUMMARY

- Response compiled by 72 individual responses to questionnaires from parents and partners.
- Information received evidences that parents feel that they receive a varied range of services that are easy to access and meet the needs of their children and families.
- Information shows us that we need to review our services to BME communities and those families who have a number of complex needs such as single parents/carers who have a child with a disability. In a response we have put an action plan in place to address these areas for improvement.
- A review of finances shows that we commission a significant proportion of our service delivery; investing in local infrastructure and obtaining value for money by supporting our capital investment with revenue support and commissioning some of our services on a city wide basis.
- For Armstrong Children's Centre's recent response to the National Audit Office Sure Start Survey, records evidenced that there were almost 15,000 total beneficiaries in 2008–09 through this Children's Centre; leading us to conclude a potential of 30,000 total beneficiaries across the West Riverside Children's Centres area.

2. HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

Following a review of Sure Start and its Children's Centre provision, completed in the autumn of 2008, Newcastle adopted a citywide approach to delivery based upon five Sure Start Areas delivering integrated childhood services through the Government's preferred model of Children's Centres. By 2010 all Newcastle children will have access to their Sure Start entitlement through a Children's Centre in their local area. In this area of the City we have two Children's Centres—Westgate and Armstrong—built upon former Sure Start local programmes. The "Centres" are in fact networks of provision including the PVI, maintained, mainstream (for example health) and Sure Start grant funded services working together under the umbrella of Sure Start West Riverside. There is a single Partnership Board on which partners and parents are represented, integrated management and leadership arrangements and a Sure Start delivery team developing and delivering services in both of our Children's Centre networks. It is in this way we believe we can maximise our reach in this and the four other Sure Start Areas in Newcastle.

¹⁷ FSB Nursery survey, November 2007.

3. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES.

From the responses, both partners and parents told us that they feel there is a good range of services provided by Sure Start West Riverside.

These ranged from services for expectant mothers; sessions for babies and their parents/carers; advice sessions on a range of topics; targeted services for vulnerable groups; universal services and play sessions to support for expectant mothers.

Services included activities delivered under the "core offer" and also those services developed and delivered with health, education, childcare and employment partners.

4. Parents told us that they knew about 31 unique and different services in their immediate area with responses showing that most parents knew about two or more services.

Of the group of parents that were asked specifically questions about the effectiveness of Sure Start Children's Centres services, 60% of parents said they were very effective, 37% said that services were effective and none felt that services were not effective.

5. Partners said "a wide and varied range of services exist which reflect the individuality of the areas and communities they serve".

6. FUNDING, SUSTAINABILITY, AND VALUE FOR MONEY

Last financial year Sure Start West Riverside received an annual grant of £800,000 for each of its Children's Centres.

7. In order to ensure sustainability we invest in local social infrastructure; commissioning local voluntary and community sector partners to deliver over £355,000 of services.

In addition to the financial support we provide training and operational support for partners, increasing their own capacity to provide a sustainable provision.

8. Value for money is achieved by the maximisation of partnership working and the sharing of resources with others.

Where possible, and appropriate, capital investments are supported by revenue grant. For example, where we have put capital investment into a local nursery school, this investment is maximised by the addition of revenue to support the delivery of integrated birth to five provision and extended services.

Resources are purchased through approved local authority procedures to ensure providers have been tested for value for money.

Some services are commissioned on a city-wide basis.

9. These steps to obtain value for money while achieving outcomes has resulted in the Children's Centres being able to commission and deliver a broad range of local and city wide services that meet the needs of local children and families.

10. STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

Staff are well trained and hold qualifications appropriate to their role. Qualifications include BA Hons in Communication Studies, Early Years Professional, BSC Hons in Speech Pathology, NVQs in Community Development and Information, Advice and Guidance, and other relevant early years and management qualifications.

11. A strong percentage of parents feel that Sure Start Children's Centre staff are knowledgeable and able to help them and their families.

12. A strong and experienced Senior Management Team (SMT) provide leadership and direction with a clear focus on outcomes, evaluation and review in order to continually strive towards improved quality and reach. All members of SMT have completed or are working toward achieving National Professional Qualification in Integrated Centre Leadership (NPQICL).

13. The West Riverside Partnership is responsible for agreeing the local vision, supporting the management team to decide on the actions and resources necessary to achieve the vision; reviewing progress, providing challenge and contributing to our commissioning decisions.

14. Specifically the Partnership has adopted the Narrowing the Gap evaluation to frame its work providing opportunities for people to come together to focus on the goal of narrowing the gap. The Partnership is wide and representative offering channels and opportunities for all stakeholders to influence and challenge decisions. It extends to the voluntary, community and faith sector, services users and staff at all levels.

15. HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES.

Sure Start West Riverside Children's Centres consists of a network of services delivered from a number of sites throughout the Sure Start West Riverside area and include a variety of commissioned services from voluntary, community and public sector partners.

16. Sites include purpose built play centres, nursery schools that run from large listed buildings, community houses, schools, community centres and an Early Excellence Centre.

17. West Riverside Children's Centres have taken the approach of maximising the capacity of local social infrastructure to deliver services to meet local need. We work closely with a wide variety of partners from the voluntary, community and faith sectors; commissioning and working in partnership with them. We utilise trusted, local venues to deliver services. These include local schools, church halls and play centres for example.

18. We are utilising the trust and expertise of local social infrastructure by commissioning specialist services from existing Voluntary and Community Sector (VCS) organisations, for example specialist debt, homeless and health advice projects.

19. There is representation from these VCS partners within the governance structure of the Sure Start Area. In this way knowledge and understanding of the capacity and strengths of VCS partners are taken into consideration when developing and delivering services. This approach has allowed the Children's Centres to build up a comprehensive network of services and service providers; maximising access opportunities for children and families across the Sure Start area. Children and families engage more readily and often with established and trusted organisations and their staff teams.

20. Sure Start West Riverside Children's Centres work in areas that range from 1% to 30% of the most disadvantaged super output areas.

21. 73% of parents strongly agreed that Sure Start staff are knowledgeable and able to help them and their family. All parents told us that as a result of accessing Sure Start services they were able to access other services including health, education, employment and childcare.

22. Through the use of the Common Assessment Framework (CAF) an effective and integrated approach to early intervention and prevention is being used. Targeted services are designed to focus on the individual child and improved outcomes are demonstrated.

23. Through our Supporting Families process mainstream health visiting, social care and other targeted services work alongside Sure Start staff to determine packages of support for vulnerable children. In addition West End Health Resource Centre (voluntary sector provider) is commissioned to provide family nutrition support. Elements of the Child Health Promotion Programme are delivered in a number of settings. Mainstream staff provide drop-in session at our Children's Centres settings and our "shop-front", The Sure Start Information Point service.

24. Sure Start West Riverside currently funds a number of extended services in local primary schools.

25. The Centre's main management and administrative offices are located in a local birth to 11 setting. This office is also the "base" for the Sure Start core staff team who deliver services across the area.

26. WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

Our target group is all families with children under five years.

27. YOUNG PARENTS

We commission Barnardo's to deliver the Young Parents Project across Sure Start West Riverside.

This Project delivers practical and emotional support, parenting support, group work and support at the multi-disciplinary scan clinic.

In 2008-09 62 young parents were seen across Sure Start West Riverside. 30 pregnant teenagers were supported, representing 11.1% of all pregnant women seen by Sure Start West Riverside.

28. LONE PARENTS

Due to the demographics of the area there is a high proportion of lone parents. Lone parents access all areas of service provided by the Sure Children's Centre.

236 lone parents/carers were supported representing 22.2% of all parents/carers supported; 91 were new, lone parents/carers.

29. HOMELESSNESS

We commission Children North East to delivery targeted family support and outreach for children under five experiencing homelessness.

This Project allows for the early identification of children with additional needs, provides family support and outreach, crèche support, support and advice and groups and 1:1 interventions based on need.

30. INCLUSION

In West Riverside there are 15 children registered with a disability and 14 with identified special needs. In the reporting period, 80% of children with a registered disability were seen (three living in Armstrong, five living in Westgate and four in other areas)

31. ETHNIC MINORITIES

Due to the demographic of the area there is a high proportion of ethnic minority groups. Children and their parents/carers from BME communities access all areas of service provided by the Sure Children's Centres. 38% of children accessing universal and targeted services across Sure Start West Riverside were from BME communities.

Targeted support has been developed in the area to support BME needs.

32. FATHERS

Riverside Community Health Project (RCHP), one of our VCS partners is commissioned to lead on participation; this work includes targeted work with dads and other excluded groups.

Regular Dads group meetings are held at RCHP.

We employ one full time member of staff with a specific remit for work with fathers.

33. Our Participation Team delivers specific work to engage with fathers.

Over the period covered Westgate Children's Centre supported 80 male carers representing 13.8% of carers seen.

34. Targeted work with fathers enables better active participation by fathers into the development of services across the Sure Start area. Fathers become more knowledgeable about the needs of their young children and greater confidence in supporting these needs themselves or engaging with others to ensure these needs are met.

35. ENGAGEMENT

Recent information gathered from parents evidences that by accessing Sure Start Services in Children's Centres, vulnerable children and families have been helped to: access welfare rights and financial advice, join the library, access local play provision, find a childcare place for their child, joined a toy library and accessed family activity services.

36. This response was reviewed and endorsed by the Sure Start West Riverside Children's Centre Partnership Board on 9 October 2009

October 2009

Memorandum submitted by Gingerbread

Gingerbread welcomes the opportunity to contribute to the Children, Schools and Families' inquiry into Sure Start and Children's Centres. Gingerbread is the national charity working with single parent families. Formed following a merger of the National Council for One Parent Families and Gingerbread, we now provide increased support and a stronger campaigning voice for single parents and their families.

SINGLE PARENTS IN THE UK

There are 1.9 million single parents in the UK, caring for over three million children. There is no such thing as a typical single parent, and popular stereotypes are highly misleading:

- Only 2% of single parents are teenagers and the average age of single parents is 36.
- Single parents have moved into employment faster than any other "disadvantaged" group over the past 12 years, and 57% of single parents are now in paid work. Nine out of ten single parents say they want to work when it is right for them and their children.
- Only one third of single parents receive child maintenance from their child's other parent, and over half of children in single parent families remain poor.
- Paid employment can help single parents to move out of poverty, but it is not a guarantee: a third of children with a single parent working part time live below the poverty line.¹

INTRODUCTION

The principle goal of Sure Start Local Programmes has been to enhance the life chances of young children and their families by improving services in areas of high deprivation.ⁱⁱ There are currently 1.9 million single parents in the UK, caring for over three million children and bearing in mind that one in four children grow up in single parent families and half of all single parent families are poor, Sure Start Children’s Centres play a vital role in the lives of single parent families. Each centre provides access to a number of services, including advice on healthcare, childcare, skills training, and social networking. Many centres also provide a range of additional services, such as healthy eating classes, exercise sessions, and young mum’s groups.

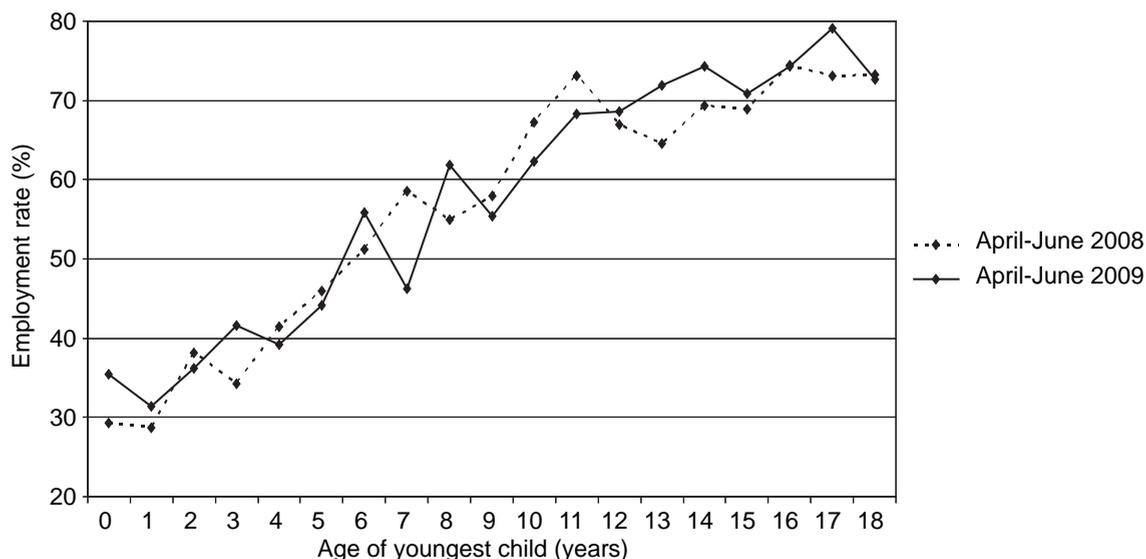
Some children’s centres and Sure Starts have taken part in pilots linking them with Jobcentre Plus. To date, two research projects have taken place to look at examining the involvement that Jobcentre Plus’ had in Children’s Centres, and to test whether children’s centres can offer an effective means of engaging parents in labour market activity.ⁱⁱⁱ

The DWP report “work-focused services in children’s centres pilots” found that many of the parents surveyed in Sure Starts were not at a stage where they were “ready to find work” but that Jobcentre Plus’ presence in children’s centres or other training might be useful for future employment.

“[Many] did not consider employment an option in the short to medium term alongside their childcare responsibilities, it will be important to see how successful the pilot is in getting parents to think about, or prepare for their longer term employment options, along with promoting the benefits and availability of good childcare, so that they can consider work as an option once their children start school, or earlier”^{iv}

These findings draw a parallel with Gingerbread’s own findings about lone parent employment rate and the age of the youngest child, which show that parents with younger children are significantly less likely to be in paid employment. The graph below shows employment rates for single parents by age of youngest child for 2008 and 2009.

Lone parent employment rate (%) by age of youngest child



Overall, Sure Starts Children’s Centres provide a crucial lifeline to many single parents, who can sometimes feel isolated and cut off from main-stream life. This inquiry is looking at issues that are central to the lives of single parents and their children. Sure Starts are a place where single parents can meet other people in similar situations and can participate in training while their children are in childcare in the same building. Research shows that more than half of all single parents have concerns about using formal childcare to support their move into employment and children’s centres are a key facility for addressing these concerns. Studies have shown that single parents are more positive about finding work if they have adequate childcare in place.^v Children’s centres are also ideal locations for single parents as they can engage with other parents in a safe non-threatening environment.

GINGERBREAD’S PARTNERSHIP WORK WITH SURE START AND CHILDREN’S CENTRES

Gingerbread delivers national employability programmes for single parents in partnership with Marks and Spencer and Barclaycard. Gingerbread delivers the lone parent strand of Marks & Start, which is Marks & Spencers’ flagship corporate social responsibility programme. Gingerbread also delivers the Barclaycard Horizons “Your Work” programme. Both programmes aim to help single parents to move into paid employment and to increase confidence, aspirations and transferable skills. Since the inception of Marks and Start in 2004, we have successfully provided pre-employment training and work placements for over 1,500 single parents and 45% of those who complete placements gained employment. Over a three year

period we will have engaged with a further 1,000 single parents via the Barclaycard Horizons programme. We work closely with many Sure Starts and children's centres to make contact with single parents who want to participate and we use the centres' facilities for training and development programmes.

Gingerbread's regional programmes also work very closely with Sure Start Children's Centres. Many of these programmes are designed to engage and progress single parents who are furthest from the workplace and children's centres are ideal venues for hosting programmes, engaging the target client group and providing on-site childcare. Gingerbread has recently received funding from the Department for Business, Innovation and Skills Learning Revolution Transformation Fund for a community learning project for single parents in partnership with Lancaster District Children's Centres. The project aims to engage "hard to reach" single parents with community learning programmes that will build their confidence and enable them to set up Gingerbread friendship groups as well as to put together toolkits for other single parents who want to start a group. Lancaster District Children's Centres will be hosting the programmes using their on-site crèches and will assist with the engagement of single parents.

Other regional programmes that involve close working with Sure Start Children's Centres include contracts funded by Manchester City Council for Gingerbread to set up "hubs" in community venues as a first port of call for single parents to engage and progress them on to further learning and employability programmes. Gingerbread also works with Wigan Council and the Lancashire Learning & Skills Council to deliver programmes for NEET (not in employment, education or training) single parents to progress them on to positive destinations. These programmes are all hosted by children's centres, which provide on-site childcare and allow young single parents to become familiar with placing their children in childcare as well as giving opportunities to their children to social interact with other children. Hosting programmes in children's centres also gives single parents the opportunity to take part in with other services provided by the children's centres as they progress towards economic activity.

There are two specific questions raised by the inquiry that are of interest to Gingerbread and for this reason we will be focusing our submission on the following two areas:

1. *How well children's centres work with other partners and services, especially schools and health services; and*
2. *Whether services are being accessed by those most in need and how effective they are for the most vulnerable.*
 1. *How well children's centres work with other partners and services, especially schools and health services.*

Children's centres play a large role in our training and employability work with single parents and they are a focal point for engaging with parents and communities in a way that was almost totally lacking before they were developed. This has particularly been the case for community learning programmes.

We work with Sure Start children's centres in a wide variety of ways; to promote our programmes, to engage with community workers, as venues for training, and to provide childcare for the children of participants. Children's centres are ideal community venues for training as single parents often feel comfortable in settings they are familiar with and feel relaxed knowing that their children are in the same building while they participate in training programmes.

Gingerbread has developed a method of engagement with children's centres in Manchester that uses a "hub" model, whereby we facilitate training and drop in sessions at children's centres across the city. We have found that this works particularly well with single parents.

We have also engaged with children's centres through the Learning Revolution Transformation Fund project that started in September in partnership with Lancaster District Children's Centres and children's centres in Manchester as part of the Manchester City Council engagement contract. To date we have engaged with approximately 60 parents since April 2009 and the numbers are growing considerably as this programme only started in April this year.

Children's centres are one of the key sources of referrals to our learning and employability programmes, alongside Jobcentre Plus. The south east regional personal development programmes such as Building Futures relied quite heavily on children's centre referrals as they were outside the natural scope of referrals from Jobcentre Plus, due to their educational, rather than work, focus.

We have also worked closely with local authorities on employability programmes, and developed good working relationships with Sure Start children's centres as a result. This has been particularly successful in Camden, where employability workers from the centres were actively involved in the recruitment process for the training, and post placement support was provided within the children's centres after the training was finished. In addition to this, we also used the children centre's facilities in Camden to deliver a one day follow-up session.

Similar programmes have been run with Haringey, Croydon and Hammersmith and Fulham. The facilities are excellent, they are local to the participants and trusted, and the fact that they are free all provide real benefits to voluntary organisations such as ourselves delivering employment services. However, we find that many Centres are oversubscribed, and it can be difficult for voluntary providers such as ourselves to book space.

Gingerbread has a good relationship with Sure Starts and Children's Centres. Our employability work also works with parents with older children, and it can be frustrating that similar services are not available to these parents. Given that older children are outside their remit, children's centres have been understandably reluctant to work with us when we are working with parents who have older children.

2. *Whether services are being accessed by those most in need and how effective they are for the most vulnerable.*

Although we cannot supply statistics on the numbers of disadvantaged people recruited from Sure Start or children's centres to our programmes, referrals from Sure Starts tend to be lower skilled and not always able to start our Marks and Start programmes immediately. Referrals from Sure Start are more likely to be further away from "job readiness" and would benefit from types of training centred on building confidence, realising potential and aspirations. Therefore, it would seem to suggest that Sure Starts and children centre's services are being primarily accessed by those most disadvantaged and in need of support.

This would seem to concur with the findings from DWP's research "work-focused services in children's centres pilots" that found that many of the parents interviewed were not ready to find paid employment "as they do not necessarily see work as an option in the short to medium term, alongside their primary childcare responsibilities".^{vi}

CONCLUSION

Gingerbread enjoys a close working relationship with many Sure Start children's centres in our training and employability work and they are a focal point for engaging with parents within their communities.

Sure Start and children centres provide excellent facilities for networking and are ideal for single parents with childcare commitments who want to use the facilities and begin a process of development. Greater support is needed to allow organisations like Gingerbread to deliver confidence building and personal development programmes in children's centres and help those single parents who are further away from work to begin to think about entering the paid workforce and investigate training or skills shortfalls.

RECOMMENDATIONS

We would like to see:

- Continued funding for Sure Start Children's Centres which play a vital role in the lives of many single parents.
- Improved links with school age children and more partnership work with Extended Schools.
- Increased capacity for children's centres to work in partnership with charities.
- More focus on training and skills to help those with young children begin to engage with work-related activity.

October 2009

ENDNOTES

- ⁱ DWP (2008) *Households Below Average Income 1994–05, 2006–07* available at <http://www.dwp.gov.uk/asd/hbai/hbai2007/contents.asp>
- ⁱⁱ The National Evaluation of Sure Start team based at the Institute for the Study of Children, Families & Social Issues, (March 2008), *The Impact of Local Programmes on Three Year Olds and Their Families*.
- ⁱⁱⁱ DWP, (2009), *Jobcentre Plus and Children's Centres. Work-focused services in children's centres pilot*. Research carried out by the Institute for Employment Studies on behalf of the Department for Work and Pensions.
- ^{iv} DWP, (2009), *Jobcentre Plus and Children's Centres. Work-focused services in children's centres pilot*. Research carried out by the Institute for Employment Studies on behalf of the Department for Work and Pensions.
- ^v Edinburgh Research Institute, 2008, *The Role of Childcare in Getting Disadvantaged Parents into Employment*.
- ^{vi} DWP, (2009), *Jobcentre Plus and Children's Centres. Work-focused services in children's centres pilot*. Research carried out by the Institute for Employment Studies on behalf of the Department for Work and Pensions.

Memorandum submitted by Sarah Benjamins

SUMMARY

Does the model promote early childhood development and is it an effective response to deprivation?

- The principle of providing additional resources and support, within the very local community (“pram pushing” distance), to families with pre school children is supported by a range of evidence which you will have access to, and I am confident that it is sound and appropriate.
- The importance of those early years to children’s social, emotional, physical and intellectual development into adulthood is understood, both in hard economic terms and from a quality of life perspective, enabling children to reach their potential and have happy, fulfilling, productive lives.
- The question should be around the method of delivery, and this inquiry should be the opportunity to review the evidence from this trial period and look at what works best where.

Suggestions for improvement/getting maximum benefit

- A creative and genuine approach to engaging with and involving parents in design and delivery of services.
- Centres should not give the impression of having a mainly childcare focus.
- Sure Start should form a key strand of LA’s child poverty agenda.
- Management by teams with wider perspective.
- Avoid a centrally dictated “one size fits all” approach.
- The activities’ services, activities, badging and branding should be more important than the “buildings” and should be trustworthy and a “quality mark”.
- Monitoring requirements may need to be reviewed.

FULL RESPONSE

1. *Does the model promote early childhood development and is it an effective response to deprivation?*

1.1 I have absolute confidence in the principle of providing additional resources and support, within the very local community (pram pushing distance), to families with pre school children. In particular I believe in the effectiveness of centres providing an informal, welcoming atmosphere as a gateway to extended services from health visitors and midwives, who are supported by “family workers” with less specialist skills and more of a supporting befriending, advocacy and signposting role. As teams they can focus on promotion and support rather than damage limitation, and they can work with local community and voluntary groups to be creative and responsive to the local community in designing how to offer their services to families.

1.2 All the research I have read on early child development (even more since having my own daughter) convinces me of the importance of those early years to children’s social, emotional, physical and intellectual development into adulthood, and of the impact of those early years throughout the rest of their lives, beyond school, beyond further education, and into their own parenting years.

1.3 In hard economic terms, I am convinced of the “spend to save” principle of the long term cost savings to health services, the benefits system, and probably the criminal justice systems generated by the short term investment in early years.

1.4 From a quality of life perspective, I am also sure that supported, connected parents who feel in control and able to request services that suit them, and can get non judgemental “no strings” help with what concerns them, and feel part of a local community, and have hope and aspirations for their own and their children’s future, make better parents and that their children in turn can maximise their potential contribution to their own family and to their wider community.

2. ASSESSING THE IMPACT OF SURE START CHILDREN’S CENTRES

2.1 Given that the principle itself is sound and supported by evidence, the most interesting aspect of this inquiry I feel is the analysis of the many different ways these services have been designed and delivered. This will presumably be informed by a raft of different evaluations that have taken place over time.

2.2 There is a need to ensure different areas and approaches are assessed separately to see what works and what doesn’t rather than take an “average”—approaches were so different everywhere as there was a great deal of flexibility particularly in the earlier programmes, so there is a need to follow that through because by implication some approaches will have worked better than others.

2.3 Evaluation should also consider that in areas with transient communities such as the one I worked in, overall statistics may not show marked improvements, but the life chances of those children involved in the programme for a year or two will still have been affected—linear studies would need to be carried out to assess these impacts. For example, in my area many parents getting into employment will have moved out and been replaced by new families with different needs.

2.4 The question should be around the method of delivery, and now should be the opportunity to review the evidence from this trial period and look at what works best where.

3. SUGGESTIONS FOR IMPROVEMENT/GETTING MAXIMUM BENEFIT

3.1 Success relies on a creative approach and genuine commitment to engaging with and involving parents in design and delivery of services. Parents should almost be seen as the “key worker” in the team of people bringing up children—the constant factor and the one with the most time and energy and motivation to support their child, and the one with the most knowledge of their child.

3.2 I believe this will be one of the factors influencing success in deprived and multicultural areas like the one I operated in, and at reaching those the most in need and the hardest to reach.

3.3 The programme I worked on worked very hard on parent engagement, and on providing appropriate services to a multicultural and fairly transient population. I would be happy to talk in a bit more detail about the methods we employed to extend our reach to these parents.

3.4 *Not overtly childcare focused*—Though this should be an element, the focus should be for support with parenting and investing in children’s early development—not on getting parents back to work (particularly those with very young children before age 2.5). The childcare centred approach alienates parents with no concept of themselves entering the labour market and therefore no concept of needing or being able to afford childcare. This childcare centred approach may be a significant barrier to engaging with hard to reach and workless families. That said, Sure Start services are a great platform to start building parents confidence and skills and helping them getting into work or training once they and their children are ready for this. If this is with very young children, there should be more support around recruiting, promoting, and developing childminders to provide quality care.

3.5 *Should form a key strand of LA’s child poverty agenda*—Children’s centres and the sure start approach could be the fundamental cornerstone to LA’s child poverty strategies, both in terms of reducing child poverty, and also importantly in reducing the impacts of the effects of poverty.

3.6 *Management by teams with wider perspective than just healthcare delivery*—who in my experience had a less broad and less flexible perspective. Health care and early years education services seemed to me to be by their nature very procedural and hierarchical, with the “patient” or “pupil’s parent” often at the bottom of the decision making food chain. This is understandable because of how they’ve evolved, but not necessarily right for what should be a parent centred service—need community engagement/regeneration understanding and relationships. I came across some very judgemental and old fashioned ideas when working with health professionals and there may be some cultural changes that are still to be made through working with PCTs in particular. Some of these attitudes I think had an impact on whether people felt comfortable accessing our services. It was also difficult to be creative with designing job descriptions for specific posts to meet the needs of our families.

3.7 Sure Start should be able to offer advice or at least signposting on almost anything including housing, benefits, community and leisure facilities, to help parents ensure their children are benefiting from the material deprivation recently put forward by child poverty strategy <http://www.savethechildren.org.uk/en/docs/poverty-wales110308.pdf>

Children should as a minimum be warm, well fed, and feel loved when they go to sleep at night. Parents who are not aware of their rights and local facilities, possibly living in sub standard housing and not receiving all the benefits they’re entitled to, and maybe isolated from their communities, will struggle to provide this and that’s where Sure Start can help, as a trusted provider of support.

3.8 A fundamental principle of Sure Start workers from managers to front line staff should be not to do anything to damage that confidence and trust or “brand identity”.

3.9 *Should not be a centrally dictated “one size fits all” approach*. Middle class areas, rural areas, multi cultural areas, and areas with high levels of deprivation, all require different approaches. The centrally dictated tenet should be around responsiveness to local need, genuine engagement of parents (ie decision making powers, and support to parents not used to participating in decision making to feel confident in taking part in this).

3.10 *Monitoring*—was always confused in the past—not clear what real priorities were and very difficult to supply all the information required—lots of software designers out there selling solutions, not sure how useful they all were. The focus should be on checking qualitative factors—are programmes meeting the needs

of the children and parents, and on prioritising the hard to reach and most in need (without excluding others and stigmatising the service), rather than just being about “numbers seen”. Apologies if my experience with this is too outdated to be relevant now.

October 2009

Memorandum submitted by Fordingbridge and District Community Association in Hampshire

As information has been requested about the impact of the Sure Start Children’s Centres on the local community I am sending these comments on behalf of the Fordingbridge and District Community Association in Hampshire.

Our feeling is that the Children’s Centre does not provide value for money in our area, although we accept that it may do so in places where there is less available in the community. The role seems to be purely one of signposting for parents plus some social events, rather than money being put where it is really needed, with the providers of services to children. We were disappointed first that it only provides for 0–5 year olds. Then it has affected provision of other facilities in the community, For example, the toddler group which met twice weekly in the community centre in association with the preschool there, now meets only once and then attendance is half what it was, due to a mother and toddler session at the Children’s Centre. This group is the feeder for the preschool which will suffer, although one or two mothers have been referred from the Centre. The Community Centre where it meets will also lose revenue if this closes. It is already losing customers (mothers and toddlers) who used to attend a weekly drop-in coffee morning—funded initially by the local authority, and so losing money. Given the enormous cost of the newly-built facility at the school and the staff costs which dwarf the staff cost at the community centre, we do not feel that this is a service which is necessary to the community or which could not have been provided much more economically, with the money going, for example, into funding the very overstretched Health Visitor. If she could see more children and assess development more regularly, we think it would be of far more benefit to the children, as well as being more likely to pick up cases of abuse. As I said, this may be a necessary service in some areas but is not a good use of public money here where the community already provides for young mothers and their children.

Wendy Cracknell
Hon Treasurer

October 2009

Memorandum submitted by Hammersmith and Fulham Council

SUMMARY OF HAMMERSMITH AND FULHAM OF CHILDREN’S CENTRES

- Five Phase 1 Children’s centres drawn from three former Sure Start Local Programmes (SSLP) and two former Early Excellence Centres (EEC). Seven Phase 2 centres, four co-located in schools, three based within the third sector.
- One designated Phase 3 children’s centre with a further two in process of gaining designation, two to be managed by a third sector organisation and the other a school.
- By 2010 there will 15 children’s centres in the borough ensuring that there is a children’s centre in every community.
- All early years and childcare provision is managed within the PVIM sector with no children’s centre directly delivering this. All children’s centres are linked to a childminder’s network with services for those childminders in their catchment.

1. How have Hammersmith and Fulham models of Children’s Centres been developed as the programme spreads from the most deprived neighbourhoods?

1.1 Phase 1 children’s centres were developed through the transition of the former three SSLP’s and two EEC’s. Hammersmith & Fulham’s strategic vision meant that the SSLP’s developed in areas of most disadvantage and in areas where there were no EEC’s ensuring improved outcomes for more families with children under four years.

1.2 With the Phase 1 target to develop five children’s centres, Hammersmith & Fulham selected the three former SSLP’s and two EEC’s to undertake the transition to children’s centres. With this transition, the governance and direct management of two SSLP’s changed so all three of the SSLP’s were to be managed by the early years and childcare service.

1.3 The authority was initially set a target to identify seven additional Children’s Centres in Phase 2. However certain factors, the reduction in funding soon to be experienced in the three former SSLP’s children’s centres, plus consultation with other neighbouring boroughs—Wandsworth, Kensington &

Chelsea, Brent and Hounslow encouraged us to review our proposals and to consider potential ways forward which would both meet local need and enable us to deliver a cost effective service initially in all of the 30% most disadvantaged areas.

1.4 A mapping exercise was undertaken to identify reach areas using the Income Deprivation Affecting Children Index (IDACI 2004). This enabled us to ensure all Phase 1 and 2 children's centres included reach areas, with over 50% of their population in the 30% most disadvantaged areas. In addition, we reviewed the natural neighbourhood boundaries as key factors in determining reach areas. This meant a reprofiling of all children's centres reach areas including existing Phase 1 children's centres and the proposed Phase 3 children's centres. This was based on the families living in 30% most disadvantaged areas and other determinants including schools statistics.

1.5 We proposed to develop a "hub and spoke" model whereby the Phase 1 children's centres would act as hubs to Phase 2 and 3 children's centres.

1.6 This was undertaken in line with the transition of our three SSLP's to children's centres and a best value review. We evaluated and reviewed the work of the SSLP's specifically around certain roles, ie meeting with health colleagues regarding the delivery of health related activities. It was felt that the several posts within SSLP's were not delivering additional services, became disjointed and the post holders feeling removed from their colleagues. These posts were not adding additional value as expected so a commissioned model was implemented.

1.7 In addition, key partners directives, ie National Service Framework for Children, Young People and Maternity Services continues to expect that health services will increasingly be delivered in children's centres therefore supporting our methodology of not recruiting such posts directly and moving to a commissioning model of delivery.

1.8 Hammersmith and Fulham undertook an evaluation report, *Working with High Need, High Harm and High Cost Families*. This proposed the benefits of early intervention and the long term best value in preventing families continuing to require such services. Therefore as part of the children's centre review we looked at including the need for a borough wide Children's Centre Family Support Team. This team would be multi-disciplinary and provide intensive short-term support to vulnerable families at tier two/three. As part of this team we worked with key partners for example SLT and commissioned two therapists along the successful whole schools model whereby they remained as part of the SLT team, providing services in children's centres. Other commissioned services included a voluntary sector befriending service, CAMHS, health visitor and dieticians.

1.9 Our hub and spoke model with a borough wide Children's Centre Family Support Team (CCFST) has been recognised by Together for Children as an effective model for service delivery.

1.10 We implemented a funding level equitable to DSCF Sure Start children's centres guidelines. The remaining funding was pulled together under a "bidding pot" whereby children's centres and organisations could apply to deliver services in children's centres improving outcomes for children and families.

1.11 Following this we invited potential partners to information sessions. These included social landlords, schools and several PVI sector organisations. The organisations then submitted expressions of interest. Following this the CCSMB and CYPP selected seven successful applicants.

1.12 Close partnership working was proposed with the extended services team in order to maximise the funding available for family learning, health and family support services.

1.13 All our children's centres partners have grounding in H&F with a variety of expertise in providing a range of services. Four of the Phase 2 centres are co-located and governed by schools and the other three are attached to a community centre, a training centre and a charity working with homeless families. One Phase 3 is linked to a school, with the other two being governed by the Pre-School Learning Alliance, with one linked to a wider housing regeneration project.

1.14 The children's centres deliver a programme of activities on a cluster basis model to ensure maximum capacity and value for money and an evolving menu of activities to offer families meeting their and their children's needs.

1.15 By commissioning children centres we are confident that we are delivering services from a wide range of organisations with unique specialisms, and continue to share good practice and staff. We are also able to ensure that the delivery of activities reflects and meets the children's centre and extended schools core offer. Also through encouraged partnership working, some activities such as Positive Parenting Programme can be rolled out on a cluster basis model, making best use of resources and promoting long term sustainability.

1.16 All building works identified within the designated centres went through a commissioning process, the work was tendered out and contracts awarded to the contractors who demonstrated experience of developing children centres or similar projects and offered best value for money with high quality of service.

2. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY HAMMERSMITH AND FULHAM CHILDREN'S CENTRES

2.1. Hammersmith and Fulham offer a wide range of services effectively delivered through the centres from staff with multi-disciplinary expertise either linked directly to the centre or through partnership working. We expect experts in their field to deliver quality services in the children's centres ensuring children's centre staff are able to offer effective outreach family support, targeting traditionally excluded groups and vulnerable families leading to enhanced engagement at services being provided.

2.2. The children's centres working group is a forum for managers to attend and discuss good practice. In addition we liaise with organisations that are looking to partner children's centres and invite them to present to managers leading to additional services delivered in centres.

2.3. The three former SSLP's used several IT systems to record and evaluate services. These were evaluated and one system was selected to use across all three. E-Start was successful and by using one system enabled improved monitoring and evaluation of outcomes for children and families. With all other children's centres development we promote the use of E-Start with all now using this apart from one centre. This will enable an improved consistent monitoring and evaluation of all services and activities.

2.4. All children's centres undertake regular consultation with children and families to ensure services and activities are effective and of good quality in meeting their needs.

2.5. Children's Centres implemented a range of parents' programmes. These were evaluated and the key concerns raised. These included the issue whereby Hammersmith & Fulham has a 40% transient population were some of the programmes involved long term ongoing work with a family. In addition, some proved not to be effective to parents. Therefore a strategic overview was taken looking at families with children of all ages. The decision to advocate one programme meeting the needs of all families be it through the children's centre, extended schools or targeted youth support ensured consistency to families. The selected program was the Positive Parenting Programme. The coordinated boroughwide delivery and training is implemented by the Parents Coordinator, commissioned and provided by the third sector.

2.6. Some gaps have been identified in working with some of our most vulnerable families and we will be piloting Strengthening Families, Strengthening Communities in one children's centre who work with homeless families.

2.7. Examples of current service delivery activities taken from a cross section of children centres and grouped in line with DCSF's children's centres guidance include

- *Early Years & Childcare*—Delivery of all childcare is with the PVI and child minding sector only with all schools offering nursery and reception education. One SSLP delivered childcare but this was unsustainable and funding was being redirected from supporting vulnerable families. In addition all schools have at least one nursery class and reception providing early education.
- *Early learning*—transition to school, baby bounce and rhyme time, wiggle and jiggle, art start, little kickers, and active planet.
- *Drop in sessions*—stay and play, fathers group, young parents groups, and parent forums.
- *Employment initiatives*—Jobcentre Plus, Work Directions and Family Solutions, a child poverty pilot targeting the most disadvantaged neighbourhoods.
- *Child and family health*—baby massage, early parenting, first aid for parents, bosom buddies, ante-natal and post natal clinic, and cooking on a budget.
- *Parental outreach*—through home visiting by the children's centre family support team and children's centre trained staff.
- *Family Support*—Positive Parenting Programme and Strengthening Families, Strengthening Communities.
- *Family Learning*—a boroughwide programme offering a range of family learning activities by adult education in addition to bespoke learning opportunities based on parents needs including ESOL. These are offered on cluster basis to ensure a varied programme. In addition links to local FE College for parents to undertake vocational training.
- *Support for children with special needs and/or parents/carers*—early intervention model, portage, drop-groups and transition to the PVIM sector.
- *Childminder support*—childminder network coordinator managing the children's centre childminder network providing training and drop-in groups with a purpose.

3. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

3.1. Three of our phase 1 centres who were former SSLP have experienced a year on year decrease since 2006–07 until it reaches approximately £500,000 per centre per annum. In 2006–07 they were funded at a rate of £735,000 compared to £595,000 in 2008–09.

3.2. This reduction of funding prompted us to review the long term sustainability of all current and future children's centres. We delayed the Phase 2 programme to effectively review all delivery around current and future funding levels ensuring sustainable provision and value for money. Where services exist we would not run these concurrently but work with partners to operate in children's centres or where not feasible signpost families to these in the local area. We would work with partner organisation to ensure take up and identification of where and how such services and activities are delivered.

3.3. Following approval, the Family Support Team was developed. The multi-disciplinary team includes two social workers, primary mental health worker, health visitor, two family counsellors, family mentors, early years professional, child development adviser, Connexions PA's and CAF coordinator. This team targets vulnerable families at tiers 2–3 offering intensive short term work with the aim of encouraging vulnerable families to eventually become active customers to services on offer in centres.

3.4. Recently the team has increased its remit to work with children under 12 years as we recognise families need support to meet all their families needs, along the ethos of the Think Family agenda. This has meant the transition of additional staff to undertake the extension of this brief. It offers value for money in providing continued support to those who require such support and, in streamlining of services using proven successful models of delivery and draws upon funding from other sources.

3.5. Also a voluntary sector befriending service was commissioned to complement the support offered to the families accessing the services of the Family Support Team.

3.6. We continue to work in partnership with colleagues and pilot new ideas. Currently a Phase 1 centre is undertaking a research pilot involving GP's while another is implementing a vaccination service. Another undertook a pilot by charging for universal services. The results of which we will present to other children's centres and colleagues to increase services.

3.7. The early years and childcare service offer business and financial support to all children's centres.

3.8. Phase 2 children's centres funding was implemented over a three year period increasing year on year reflecting that it takes time to build up services and activities and ensuring the funding is based on families needs ensuring best value.

4. STAFFING AND GOVERNANCE ARRANGEMENTS

4.1 The DCSF and Together for Children have specifically identified the levels of staffing required for centres in all three phases. All centres have sufficient funding allocations for family support workers/family mentoring posts. We increased funding for the 0.5 family mentor posts in each of the five phase one centres to full time posts.

4.2 The body strategically accountable to for the implementation of children's centres across Hammersmith and Fulham Council is the borough wide Children's Centre Strategic Management Board (CCSMB), made up of key strategic partners from Health, CAMHS, Local Authority, private, voluntary, independent sector leads, JobCentre Plus and Adult Education, is the established advisory board to provide strategic support in the planning and delivery of children's centres. The CCSMB reports to the Children and Young People's Board and is chaired by an assistant director in Children's Services.

4.3 In addition to this, each phase one children's centre has an established Local Delivery Board. This is a forum made up local health, linked PVI sectors, CAMHS, JobCentre Plus, Housing, other professional agencies delivering services, schools and parents. It provides a platform for the sharing of information from the local partners, review and monitor the targets, explore opportunities for joint working, looking at the on-going issues surrounding the five outcomes and responsible for the development, implementation, monitoring and review of the programme of activities.

4.4 Phase two and three centres are linked to their relevant hub's Local Delivery Board. Feedback/issues from the Local Delivery Board is channeled through to the Strategic Board by the phase one Children's Centre manager. Again this will be extended to the phase three Children's Centres. All Children's Centres have their own governance structure in accordance with their current management structure.

5. HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES ESPECIALLY SCHOOLS AND HEALTH SERVICES

5.1 Close partnership working is essential to the H&F model. We have SLA's or Memorandums of Understanding with the JobCentre Plus, Midwifery Services, Speech and Language Team, CAMHS, PCT, range of successful partners under the bidding pot. We also have protocols with the PVI early years and childcare sector, schools and Family Solutions.

5.2 We work in partnership with those responsible for extended services in order to maximise the funding available for family learning, health and family support services. By developing centres for such support in local neighbourhoods, schools too would benefit from the services as families with children, with that principle in consideration; four of our Phase Two centres are co-located in schools.

5.3 Increased training and work readiness preparation is a feature of the centres. Parents are given the opportunity to volunteer to gain work experience, train to prepare for work and at the same time have access to a range of quality childcare which will assist them to return to employment.

5.4 Family Friends was successful in their tender application for the home visiting scheme and has been active in recruiting volunteers to befriend families. Referrals for this service come via CAF to the Family Support Team who refers appropriate families to the service. To date more than 38 families are benefiting from the scheme with increased interest from private and voluntary sector organisations as well as health and council services. They have recently implemented their child befriending service supporting children over five years in line with our Think Family approach.

5.5 Close links have been developed with the Social Work teams; school based Learning Mentors and extended schools services eg the NDC Family Support Project based at Normand Croft. Links within the Early Years & Childcare Service and their existing teams ensure that children who were moving in or out of private, voluntary, independent (PVI) sector early years provision also receive continuity of support.

5.6 A service level agreement has been developed with JobCentre Plus which closely link their service's back to work programmes with the work undertaken in the centres.

5.7 Stronger links have been developed with Midwifery and the PCT. Midwifery services are going to move from in-house services to services in the community. All of our phase one and two centres will house or have access to both ante and post natal services delivered by Queen Charlotte's and Chelsea and Westminster Midwifery services. The PCT is also considering delivering their Child Health Promotion programmes from centre sites and we will work in partnership with the PCT to deliver programmes which will contribute to reducing childhood obesity levels and promote healthy eating and, cooking on a budget initiatives.

October 2009

**Memorandum submitted by Eastfield Nursery School and Children's Centre
and Eastfield Community Centre**

The Children's Centre provides integrated provision—work with health visitors, midwives, social services and voluntary organisations. The Centre provides services like drug addiction, smoking cessation and is a one-stop shop with a lot of services being offered at the Children's Centre itself. Children's Centre Staff also go out to work with health visitors at baby clinic and midwives at ante-natal clinic. Workers visit all new births in the area and so aim to reach all parents and children at an early stage. The family support workers can offer a range of support for parents, eg advice on breastfeeding, nutrition, sleep, behaviour, speech and language.

We have outreach services offered by a speech and language development officer, family support worker and father's worker. The Centre works with dads and hard-to-reach parents—the very vulnerable and those who want support. We offer childcare including supported places in the Nursery for very vulnerable children. We look at offering training courses, some of which are more informal representing the 1st Step on the ladder of training which can build up confidence and self-esteem and lead parents to go onto further training or work.

Job Centre Plus and Job Club give help to those considering training and work. This includes advice on CV's, preparation for interviews and how to search for a job. Over half of those people living in this area have no qualifications and many who have had a bad experience of education. Encouragement in training is a good way to get people to raise their aspirations.

The Centre's reach area is the top 5% deprived areas in England. There are a higher than average number of one parent families and people out of work. Services like Cook & Eat, Nurturing Programme, Money and Tax Credit Advice give parents information on things that are vital to health and well-being.

There is a good working relationship between the Children's Centre and the Community Centre. The Community Centre provides the space for working groups for parents and training courses. The aims of the Community Centre are in line with those of the Children's Centre. They both want help and support for parents-to-be and parent/carers of young children. They both want advice to be given to parents wishing to return to training and work and together want to see that opportunities are made available to parents and children to give children the best start in life.

Both Centres ensure safe crèches are available to support groups and training and to enable parents to ensure they consider their own development and well-being as well as to advance the progress they are able to make for their child.

The two Centres work in partnership with the PCT, Social Services, Youth Services, YMCA Bridge Project, Drug Addiction Services, the local learning brokers and local schools in offering services for families in the area.

October 2009

Memorandum submitted by Pre-school Learning Alliance

HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED AREAS

In phase 1, Children's Centres were based in large, mostly purpose-designed buildings which incorporated childcare facilities. Phase two and three centres have been developed in a variety of buildings; for example, we use a number of small, purpose-built modular buildings which have an office, a meeting room and a kitchen.

We also run centres in premises that have been refurbished, in one case a space in the local library or school. We have a phase three centre in a shared community office next to the school where the parish clerk also has a desk. We have designated centres without a building with the manager working from a base in the school or health centre while premises were being built or negotiated.

This approach has the advantage of placing the children's centre in the community. In more rural areas, the children's centre is a "virtual portal"—an office providing information—whilst the services are taken out to locations within villages.

The siting of children's centres is the responsibility of local authorities and they are not always in the right place—the decisions are often made on the basis of available space rather than on accessibility, particularly to hard-to-reach groups.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

Most centres provide stay and play type sessions to encourage parents to become involved in the centre; they are often messy play sessions run by a staff member, also singing and music groups of various types. The purpose of the groups is to encourage play between parent and child and to give ideas and suggestions for play at home. Parents usually have a good time and even if the activities aren't always repeated in the home, the time spent together in the session is beneficial to the child.

Other activities encourage mothers to exercise while pushing a buggy and link into the healthy lifestyle agenda. Cooking healthy meals is high on staff agendas but not always successful in attracting parents. The exercise classes are popular and encourage parents to enjoy being outdoors and see exercise as a fun activity that can be incorporated into everyday activity.

Parenting activities such as courses or workshops on behaviour are in place to support parents to develop their knowledge of child development and learning and give strategies for managing behaviour. Parents who take part in these sessions feel they have gained confidence in parenting and would deal with their child's behaviour differently.

Job centre plus boards advertising vacancies are often in centres with contact details of their local job centre. In some centres initial assessment interviews take place within the centre as some parents have to travel with small children to reach their nearest office. Benefit advice leaflets and information are available from centres and in one a warm phone with direct dial to benefit advice is available as is touch screen outlets giving information on local services. It's clear that many parents aren't aware of things like working families tax credit or what is available locally in terms of training opportunities. Links with colleges to provide literacy and numeracy support are piecemeal.

One to one sessions with a psychiatric nurse for mothers with depression are available in one centre. Help with smoking cessation is available through leaflets and groups where possible. Smoking cessation doesn't seem to have major success; some parents are successful but many aren't interested in stopping.

Activities for dads have varying success; some Saturday morning breakfast events are well attended as are activity sessions like football. There seems little evidence of dads becoming involved in the child development and behaviour type sessions although staff try to weave messages about these elements through the activities they provide.

The key issue remains the effectiveness of these services in drawing in hard-to-reach groups. Whatever the type of area there are real issues of isolation, mental illness, addiction and domestic violence which make it difficult for families to be organised enough to attend these fixed time activities.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

Funding for centres is different in each local authority area, usually decided by post code area, reach area and factors like rurality. The funding is usually to cover a core staff team of manager, admin, and outreach/play and learning workers depending on the reach or phase of the centre, and this accounts for the largest spend. Staff salaries are usually fairly high in comparison to other early years workers, so recruitment is not usually an issue.

The pressure on funding, particularly in phase one areas, is usually around the delivery of childcare in the day care nursery which is provided as part of the “core offer”. Families unable to pay daycare costs look for fee support and childcare settings look for sustainability. Money is not usually available to support the sustainability of the daycare but should be used to support a place for a child/parent in need. Criteria for the use of this support funding often means that this is a short term solution and can result in parent debt once this support is finished.

The “full day care model” for childcare seldom works as a business model in the areas of disadvantage that the phase one children’s centres deliver their services. This is one of the key factors behind the relatively low numbers of private and voluntary sector organisations delivering childcare when compared with other areas of the country outside the 30% most deprived as defined by the Index of Multiple Deprivation. According to the *DCSF Childcare and Early Years Provider Survey 2008*, 83% of all day care nursery income in England is generated by fees, and just 17% (£42,000 on average per nursery) from local authority/government sources, whereas, day care nursery income in children’s centres is made up 46% from fees and 53% (at an average of £181,000 per children’s centre) from local authority funding.

The average figure of £181,000 of childcare support in children’s centres is far from being a universal figure. The Pre-school Learning Alliance, amongst other private and voluntary sector providers, operate and manage a number of children’s centre nurseries and usually is in receipt of something less than a third of this figure—in the form of nursery education funding. The potential—and sometimes real—impact of this is that the most needy children and families are unable to take up extended periods of childcare beyond the “free entitlement” to nursery education funding in these settings compared to local authority-run settings.

STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

Staffing centres with qualified managers is difficult. The salary attracts a wide range of people but skills are variable. The NPQICL is often a course that managers go on when they already employed and although access to a course is now easier it isn’t a course people do before employment. Qualifications are often early years based, or health and social care professionals. The skills set needed by staff are easy to define but access to training for those skills is not always easy to find.

Governance groups are variable in success; within some county and borough areas the pressure on some professionals is high and they are unable to be part of advisory boards in all centres. Timing of meetings can be difficult as parents are often unable to attend during the day and professionals often don’t want evening meetings. The group, if it is made up of local people, can give a good insight into the area and the impact of the centre on that area.

HOW WELL CHILDREN’S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

Building links with health teams has been piecemeal with some counties having more success in securing involvement. Attendance at meetings and representation on advisory boards has been a struggle. Health Visitors have seen the centres as a support referring families to the childcare in phase one centres but there is little evidence of the links to ensure early intervention. Baby massage groups and pre and post natal sessions are run in some centres by health visitors, but other centres struggle to get that level of involvement; in one centre we send a member of staff to the health clinic to talk to parents and provide an activity for children while they are waiting for appointments at the baby clinic. Health visitors are key persons in identifying families needing support and have a good grasp of the issues for families with small children in their area. Some centres have an agreement that Health Visitors will give their details to new parents as the centre is unable to obtain direct information on families from the Health Visitor. Identifying families in need of outreach support can therefore be difficult.

Schools are also variable in their support for centres; some head teachers are part of boards and they are often willing to have centre information and posters within the school. The difficulty is often sharing information on families—as with Health Visitors—as schools can be reluctant to share information. Where a common assessment is in place this is obviously less of an issue, but information before the common assessment framework has been used can be hard to access.

WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVELY THEY ARE FOR THE MOST VULNERABLE

This group of people are the most difficult to target with services. Initially finding information on families in need of targeted support from other agencies is not easy. Staff in centres try a variety of other methods to encourage families into the centre, giving out leaflets in the street or standing outside supermarkets, placing posters of events in prominent places. However, for many vulnerable families walking into a centre

is difficult and requires a level of trust. Families with drug and alcohol problems or domestic violence, etc, may see the centre as social workers in another guise and have concerns that people may find out things the family doesn't want to share which may result in children being taken away, always the biggest fear of families in difficulty. These families may have poor experience of the education system which will make accessing services based in schools offputting—it is unlikely that people will use services in buildings that they associated with failure and criticism.

Vulnerable families can pose a difficulty for staff whose aim is to bring them into services; a stay and play session, however open and welcoming, requires certain social skills and parents who have difficulty with their relationship with their child and problems with parenting skills can easily feel under pressure in this type of situation. Parents under the influence of drugs and/or alcohol are not in a position to play in the sand or with the paint. Depression and neglect from domestic violence can leave mothers unable to take advantage of activities available for training and learning. The safeguarding and child protection policies for staff mean they have a duty to report concerns but this may be the very thing that prevents families from attending.

For centres to be successful in addressing issues for those most in need and vulnerable families, more work needs to be done on initial contact with families. More liaison is needed between agencies—despite guidance, the initial support for identifying children and families and providing support is piecemeal. Staff in centres are struggling to find vulnerable families and when they do are faced with the difficulty of working with the family, gaining their trust and starting Common Assessment Framework processes where needed.

October 2009

Memorandum submitted by CABE

Before we respond to the consultation we set out CABE's position and experience in relation to the Sure Start children's centres building programme and our relationship with DCSF.

1. CABE was set up by the first Secretary of State for Culture, Media and Sport in 1999 with the mission to promote high quality architecture and design within the built environment in England. CABE's vision is of a country that by 2010 will lead Europe in understanding and harnessing the ability of great buildings and spaces to transform neighbourhoods, to generate social value and to sustain economic growth.

2. CABE is now jointly funded by the Department for Culture, Media and Sport (DCMS) and the Department for Communities and Local Government (DCLG). The sponsorship arrangements are with the DCMS. For five years from 2003 to 2008 the DCSF funded a specific SLA supporting a programme of CABE enabling work for the Sure Start building programme.

3. CABE's enabling programme provides hands-on expert advice to public sector bodies that are procuring new buildings or masterplans, giving strategic advice on how to help get better value from their projects through better design. The advice covers issues such as project vision, client resources, briefing and competitive selection of design and developer teams.

4. Through service level agreements with DCSF, CABE enabling support has been given to 17 local authorities in England. An illustrated design guidance publication, *Sure Start: Every Building Matters*, has been produced in consultation with DCSF, local authorities and designers. CABE also ran a design competition in connection with the Neighbourhood Nurseries initiative in 2002 and produced a publication in connection with this work.

5. The post-occupancy evaluation of over 100 children's centres, on which this response is largely based, took place in 2008, and this research was published under the title *Sure Start Children's Centres: A post-occupancy evaluation*.

SUMMARY RESPONSE TO QUESTIONS RAISED BY THE CHILDREN'S, SCHOOLS AND FAMILIES COMMITTEE'S INQUIRY INTO SURE START CHILDREN'S CENTRES

This response is based on findings from CABE's Post-Occupancy Evaluation of 101 Sure Start Children's Centres. This research was conducted by CABE and commissioned by the Department for Children, Schools and Families (DCSF). The study was completed two thirds of the way through the Sure Start programme. Post-occupancy evaluations are qualitative studies that concentrate on the buildings themselves rather than the quality or variety of service provision or the outcomes for users.

1. *Funding and value for money*

1.1 The basic funding of the children's centres through the Sure Start capital grant has not been sufficient to provide for good quality community and ancillary spaces; a cost per square metre analysis was carried out, and those centres costing less than £1,000 per square metre were given poorer ratings overall.

1.2 Because of funding being related to delivery timescales, meeting the timetable has taken such priority that sites have been selected on the basis of their already being in local authority ownership, rather than being the most suitable (ie accessible) or most co-effective for the proposed services.

1.3 It was discovered that funding timetables could not be harmonised to gain extra funding from central government departments (such as low carbon building programme 2), EU grants, or financing from different local authority departments, and thus extra funding is not being secured within the period.

1.4. CABE's recommendations

1.4.1 For improvements in the quality of all public buildings, CABE recommends that there needs to be a fundamental shift away from speed and cost being the main driving factors in decision-making. Future large-scale capital building programmes should put design quality and long-term viability at the heart of the agenda.

1.4.2 CABE recommends that local authorities use the OGC's common minimum standards as a basis for best practice in the procurement of all public buildings and also strive to go beyond them to put quality and long-term viability at the heart of the agenda.

2. *Environmental sustainability*

2.1 CABE found that sustainability in terms of environmental performance was not given a high score in most buildings. Design elements aimed at environmental sustainability were found to often focus on meeting what the regulations demand with no attempt to create better solutions. It seems that separate government funds available specifically for sustainability in public buildings have not been accessed.¹⁸

2.2 The complexity of the delivery process has not allowed a harmonisation of timescales by the local authorities to acquire these funds. In some cases, sustainability measures both in terms of design and implementation by users were actually leading to wasted energy and/or uncomfortable environments. The EU requirement for energy performance certificates (EPCs) is only aimed at larger public buildings—those over 1,000 square metres, so children's centres have, for the most part, not been monitored for performance since the legislation has been introduced in October 2008.

2.3 As community hubs, it could be conceivable that children's centres could be net exporters and form part of a community-wide energy strategy, but this is not happening.

2.4 CABE's recommendations

2.4.1 Through the evaluation, it has become evident that best practice for procurement as described in the Office of Government Commerce's (OGC) common minimum standards, which covers environmental sustainability considerations in procurement, is not being adopted by local authorities. CABE is urging the government to make these standards mandatory, but they should become common practice within local authorities for the successful delivery of public building programmes now.

2.4.2 Rather than wait for mandatory environmental sustainability standards in public buildings, CABE recommends that local authorities should act now to be Green Leaders, be ahead of the game and:

- (a) Ensure that an environmental sustainability policy is put in place for the local authority area that includes a high standard for all new public buildings;
- (b) Use whole-life costing analysis to ensure that facilities are both economic and sustainable;
- (c) Monitor energy usage of public buildings throughout their lives to ensure that energy-saving measures can be implemented and be seen as cost-effective; and
- (d) Work with energy providers to discuss options for authority-wide strategies for all public buildings, including children's centres, potentially using public buildings as the basis for a community energy system.

3. *Staffing, governance, management and strategic planning*

3.1 It was discovered in CABE's evaluation that in those centres that work well, design quality appears to be contributing to staff recruitment and retention and to increasing their job satisfaction.

3.2 Generally however it was found that proper consultation with staff and other stakeholders, to determine how buildings could be configured to best suit users' needs and improve working practices, was lacking, again due to the timetable being too short, not allowing enough time for this vital consultation.

¹⁸ The low carbon buildings programme 2 offers up to 15% of the project value for micro-generation for public buildings. It is offered by the Department for Business, Enterprise and Regulatory Reform—see www.lowcarbonbuildingsPhase2.org.uk

3.3 This lack of user involvement made difficult by the unrealistic two-year period from inception to completion on site, which is barely enough time for the larger centres to be built. It is also exacerbated by frequent changes in personnel within local authorities themselves due to changes in government departments and governmental policies.

3.4 CABE's recommendations

The Government should:

- 3.4.1 Allow sufficient time for local authorities to purchase new sites and do feasibility studies of existing sites;
- 3.4.2 Include time in the programme for the establishment of new teams requiring interdepartmental co-operation within local authorities: these will take time to start to work together efficiently on new programmes; and
- 3.4.3 Allocate specific time for stakeholder involvement as an integral part of the programme.

4. *How well Children's Centres work with other partners and services, especially schools and health services*

4.1 CABE found that it was difficult in many cases to create a robust brief for new centres that responded to all partners' needs, especially in cases where service provision from different local authority departments, or private providers, had not been finalised. The brief for a children's centre is very reliant on the formulation by the local authority of a comprehensive service plan. If a totally different service is provided than what was originally intended, the relation of the spaces to each other and their size and location may not be entirely appropriate.

4.2 Tight timetables do not allow sufficient time for interdepartmental co-operation within local authorities to form a comprehensive service plan in time to develop a comprehensive brief. This ultimately affects how well Children's Centres can work with other partners and services; if they cannot when necessary physically accommodate those services with which they are supposed to work, they cannot work as effectively with them.

4.3 CABE's recommendations

4.3.1 CABE recommends cross-departmental, multi-disciplinary agency teams to steer capital projects, especially where there is no existing partnership working establish a clear chain of communication between departments.

4.3.2 Time needs to be included in the programme for the establishment of these new teams, as time is always needed to start working efficiently together. Clear channels of communication between departments are also essential.

5. *Whether services are being accessed by those most in need and how effective they are for the most vulnerable*

5.1 The CABE evaluators made careful consideration of whether the centres were in locations that made them easily accessible for the people who needed them most. Poor ratings in transport or access brought the overall score down for some otherwise well-thought out centres, because it was clear that they were difficult for users to get to.

5.2 This again flags up the importance of the local authority choosing the right site. Robust feasibility studies that assess both service provision and the physical constraints of a site are a key consideration affecting the overall quality and usability of the building.

5.3 For those centres that were located next to existing primary schools, this was found to be a positive contribution to the Government's agenda for extended schools and wraparound care through co-location of facilities.

5.4 CABE's recommendations

5.4.1 This study suggests that a children's centre will be more successful and receive higher ratings where there has been active user participation in the location and design and where the community has made decisions about it. Time for user involvement is not included as part of the programme and the two-year period is barely sufficient time in which to get the larger centres built.

See also recommendation 3.5.1

Memorandum submitted by Kent Children's Trust

SUMMARY

The key issues presented in this submission are broadly embedded in the wider Children's Services agenda, and include:

- the obstacles to the effective roll out of children's centres being short timescales and variable levels of funding, juxtaposed with the highly positive factors of a common ethos, shared resources and partnership working;
- the range and effectiveness of services sometimes being adversely affected by conflicting drives and priorities for the agencies involved needing to be overcome by the co-location of staff, skills sharing and the most innovative practice;
- prohibitive issues concerning funding, including ringfencing, the inability to "roll over" funding often leading to high levels of underspend and the burning question of long term sustainability;
- the challenge of closing the void (either perceived or real) between strategy and operational delivery;
- the well rehearsed challenges of multi agency working, ensuring consistency and the sharing of effective practice; and
- how do we truly reach the children and families in greatest need (and what do we mean/understand by that?), what do we offer when we have "reached" them and to what effect?

Issue One: How models of Children's Centres have developed as the programme spreads from the most deprived neighbourhoods.

1.1 There have been both positive and negative influences in force as Children's Centres in Kent have been rolled out, starting with "30% models" serving areas of higher deprivation and progressing to "70% models" serving areas of less deprivation. The key barriers and challenges have been:

- the often significantly lower level of funding available (both capital and revenue) for all centres other than those that were in Round One (and within that, most notably, those Children's Centres that were formerly SureStart Local Programmes);
- the timescale pressures involved in delivering Rounds Two and Three presented itself as an issue not only in delivering a relentless capital programme, but also in constraining the time available for sharing former, established effective practice; and
- also affected by short timescales was the level of risk taking considered to be acceptable. Risk taking was a key feature in some of the earlier centres, from which significant learning emerged. Timescales prohibited this with later centres, particularly where there was no established presence from a Round One Centre.

1.2 Notwithstanding these challenges, positive features include:

- a shared ethos across centres and agendas that focused on delivering services in an integrated way, ensuring parental influence and involvement in shaping the services, placing and keeping the child and family at the centre and aiming to ensure potential satisfaction; and
- a sharing of resources, both human and monetary.

This nature and level of partnership working has generally remained strong, in spite of the challenges associated with resource availability and timescales.

1.3 An example of this in practice from a Children's Centre in Dartford is as follows (N.B. names are fictitious although the circumstances and scenarios are real):

Family Composition and ages

Mother, Jane	20 years
Stepfather, Paul	18 years
Daughter	3 years
Son	11 months

Jane was 17 when her daughter was born. She was living with her parents and found it hard to bond with her. Her health visitor diagnosed post natal depression and introduced her to the Children's Centre. She started attending a multi agency facilitated Young Mum's Group and a Children's Centre Community Involvement Worker (CIW) visited her at home to teach her baby massage. This helped Jane to bond with her daughter. Tragically, Jane's dad took his own life around this time. The Children's Centre arranged bereavement counselling for the whole family.

Jane became very depressed and started a relationship which became abusive. The CIW supported her to take up a place in a woman's refuge. Two years later, Jane is now a strong, confident young mother of two children with a young but reliable partner. She is attending college and her children attend the nursery part time. Jane says if it wasn't for the Children's Centre team her children would probably be "in care" now.

Issue Two: The range and effectiveness of services provided by Children's Centres

2.1 As with the development of the Children's Centre programme, there has been a mixture of both positive influences alongside issues and challenges in relation to the range of services provided and (as a closely linked but in some way separate issue) the effectiveness of these services.

2.2 The most significant factor that has adversely affected the range of services able to be provided (although this has been variable across the county), is that the key driver(s) for the Children's Centres themselves has not always been compatible with those for Health and Children's Social Services. An example, however, of where this potential barrier has been overcome is Lydd Children's Centre, where the Children's Centre Manager is leading a multi agency Health Delivery Plan which has pulled together the recommendations of a number of strategic documents incorporating;

- The Shepway Children and Young Peoples Plan;
- Sure Start Practice Guidance; and
- National Health Service Guidance.

Part of this plan demonstrates how multi agency partners have worked together through/with the Children's Centre to fill gaps in the range of services available. Where this has proved challenging, issues that are outstanding have been referred back to Shepway Local Children's Services Partnerships (the local "arm" of Kent Children's Trust) so that persistent gaps in services have been closed.

Issues adversely affecting the effectiveness of services include:

- the need for the Common Assessment Framework to be fully established and embedded; and
- the skills set available in the Children's Centre not always being aligned with the nature and level of need, particularly in relation to children with physical and/or learning difficulties/disabilities. To a certain extent, everyone working within a Children's Centre should be able to make a preliminary, basic assessment of a child's/family's needs and issue(s), and ensure that they respond accordingly.

2.3 Positive influences however, which are (over time) serving to improve the skills set issue, include:

- the co-location of services and staff, whereby staff from different agencies/disciplines are learning alongside each other on an ongoing basis; and
- Services being delivered in innovative ways, examples of which include that at BlueBells Children's Centre in Hothfield, where parents have been trained as volunteers, and are now delivering some of the Centre's services. As an extension of this, some of the volunteers have progressed to undertake NVQ training.

Issue Three: Funding, sustainability and value for money

3.1 Ensuring that all relevant/possible sources of funding work together in an integrated and timely way has been, and continues to be challenging. The issues in relation to the SureStart, Early Years and Childcare Grant have been/are:

- the continued mandatory ringfencing of former Start Start Local Programming Children's Centres and the need to work hard to prevent the perception and/or reality of a "two tier" Children's Centre service; and
- unless Kent has (ultimately) 102 Children's Centres established, ensuring that all of the Grant is appropriately targeted and fully spent each year has continued to be challenging. This is aggravated by the tight timescale for delivery.

3.2 Funding, linked in with sustainability, is a key challenge for health and Children's Social Services particularly, often requiring significant service redesign and mainstreaming in order to aim to ensure the delivery of the health and family support elements of the Children's Centre core offer. (In Kent, a costing exercise carried out in 2006 highlighted that the potential cost of delivering these was £18 million and £1.8 million respectively, across the county). A more significant question in relation to sustainability, however, is the absence of any information about the Grant post March 2011. Whilst it is recognised that this is in the context of a deep economic recession and major pressure on public funding, this does not alleviate in any way the Children's Centre sustainability issue from April 2011 and onwards.

3.3 Value for money is difficult to measure in the short to medium term, as if there are to be positive, life changing and lifelong benefits for children as a result of accessing children's centres, these will not be evidenced in a quantitative way for sometime to come. There is, however, clear value for money implicit in the integrated working and skills sharing described earlier in this submission.

Issue Four: Staffing, governance, management and strategic planning

4.1 The key issue for these four related areas is that in Kent, they are all embedded in wider Children's Trust/Children's Services framework agendas.

Strategic Planning for Children’s Centres was an integral part of Kent Early Years and Childcare Strategy, introduced for the purpose of locally driving the Government’s Ten Year Childcare Strategy, and which states:

“The development of Children’s Centres is a key priority for the local authority and is crucial for improving services for children and families. They will bring together a range of services being childcare, early education, health and family support in convenient community settings. Public, private and voluntary organisation will work together to provide services for all families but with particular emphasis on improving the life chances of the most disadvantaged children. Children’s centres should be seen as belonging to and serving the needs of their communities. They are not intended to compete with any existing early education and childcare provision in the private voluntary and independent sectors. Indeed, for many centres, the early education and childcare provision is provided by these sectors. This is an opportunity for collaborative and integrated working as part of an overall package of services for children and families.”

4.2 However, whilst this was agreed both at Kent Children’s Trust and by Kent County Council’s Cabinet (ie having the highest level, multi agency agreement), a gap (either perceived or real) has prevailed between this strategic commitment and operational delivery on the ground. This can be evidenced through some of the aforementioned conflicting priorities of different agencies, It does not mean, however, that in some areas, this vision is not a reality, though there is a need for further work to close the void between strategic and operational.

4.3 Governance of Children’s Centres in Kent is part of the Children’s Trust infrastructure. Twenty three Local Children’s Services Partnerships (LCSPs), which are the local “arms” of the Kent Children’s Trust, either have, or in those areas with later Children’s Centres currently are establishing Advisory Boards which report to the relevant LCSP. Consultation to refresh and agree the framework of and detail for these Advisory Boards is currently drawing to a close. An existing example of good practice in this context is in the Gravesham LCSP, as follows:

The Gravesham Children’s Centre governance model evolved from that of the original Gravesham SureStart Local Programme. It has a central Advisory Board covering all eight children’s centres in the LCSP area, with one third membership from the statutory sector, one third voluntary sector and one third parent representatives. The Advisory Board has three sub groups to assist its work, being;

- Service delivery with overview of the Self Evaluation Form (SEF);
- Finance, Health and Safety and Governance; and
- Inclusion and Diversity.

These groups meet bi monthly with each group having its own Terms of Reference and parent representation and reporting back to the Advisory Board as required.

Additionally, each individual Children’s Centre in Gravesham now has a steering group meeting termly which facilitates input into the SEF and planning for that Centre. Linked child care providers, schools, parents and community partners are included in membership.

4.4 Regarding Workforce Development, this is integrated and co ordinated centrally, whilst being locally managed in relation to individual Children’s Centre staff from Managers through to (and including), for example, receptionists, administrators, etc.

Issue Five: How well Children’s Centres work with other partners and services, especially schools and health services.

5.1 Connectivity between Children’s Centres and Extended Services starts with the Children’s Centres and Extended Services Working Group, which reports to the Early Years Childcare and Extended Services Board, which is a core sub group of Kent Children’s Trust. Collaboration at this level is strong, as is joint working at LCSP level in many areas. In order to ensure that this becomes consistent across the County, three “Children’s Centres and Extended Schools Connectivity Pathfinders” have been recently introduced in order to identify and disseminate effective practice in the way that Children’s Centres and Extended Schools work together. The characteristics that are reflected in these pathfinders include:

- East, Mid and West Kent locations;
- urban and rural locations; and
- different models of children’s centre delivery, ie, on a school’s site, not on a school site and “virtual”.

5.2 Each Pathfinder is considering:

- How the Children’s Centre(s) and related Extended School’s Services currently work together in a joined up way across the five Every Child Matters outcomes.
- How they work together to ensure access for the most excluded groups of children, young people and families.

- What is their combined approach to parental and community engagement and involvement.
- Their combined overall effectiveness.

5.3 Based on an initial self evaluation across these areas, they are action planning to address any issues that have been identified, implementing as appropriate and necessary and will ultimately report on:

- Key issues identified.
- Summary of action planned and implemented.
- What worked and what didn't work and why?
- What was the identified impact?
- Lessons learnt.
- Recommendations.

The Pathfinders will be relatively short and focused pieces of work with estimated completion dates of April 2010. A report and the dissemination of identified effective practice is anticipated in May/June 2010.

Issue Six: Whether services are being accessed by the most in need and how effective they are for the most vulnerable

6.1 This is arguably the most poignant issue for children's centres:

- how do we as a very minimum actually know about the families who present as having a want/need of children's centres services?
- how do we effectively reach out to and connect with them in a meaningful way that will actually make a difference?
- if/when we do reach them, it is crucial to be able to respond directly and appropriately, rather than needing to refer the child/family on elsewhere, which current structures/"ways of doing things" may not always facilitate. This is vital not only for Children's Centres but also for the wider Children's Services agenda.

6.2 Looking at this in practice, Lydd Children's Centre is conscious of its purpose being to reach the most vulnerable families, and equally aware that you cannot make any assumptions about who has the greatest levels of need, because whilst some vulnerabilities can be very obvious, many issues, such as domestic abuse and depression, can affect families from all walks of life and may be very well hidden. The best way to reach out to all those families is to market services as universal, but then be very pro active about ensuring that where a need is identified, we work closely with other agencies to ensure that families are given the support that they need. Marketing services in this way, is particularly important, because many other children's centres' evaluations into barriers to participation have identified that some families do not access services because of a perception that children's centres are for families experiencing problems. By representing them as a universal service, but pro actively providing additional support behind the scenes, means that there is no stigma in accessing services and this helps us to reach a broader range of families.

6.3 In working with these children and families, Lydd Children's Centre uses an outcome based home visiting model. As part of the informal conversations that the CIWs have with families, if particular issues are identified eg housing, financial difficulties, emotional well being, the CIW will agree with each family which of these areas they would like specific support on. Then the CIW works with the family to find out what their desired outcomes are and actions are identified that the integrated Children's Centre team can provide support with. In subsequent visits, the CIW will review with the family whether they are happy with outcomes and/or whether they need continued and/or different support. Finally, the family is asked to rate how closely the outcomes they achieved meet with the desired outcomes they identified at the beginning.

6.4 Delivery is monitored and evaluated by:

- Using an "evaluation toolkit" designed and tested by the Children's Centre Network Manager, which aims to identify barriers to participation experienced by families. The findings of this are used to encourage families to participate not just in services but also in the decision making processes within the centre.
- Looking at the outcome based home visiting model and adjusting this as appropriate and necessary.
- Reviewing the evaluations that families complete at groups, events and courses run by the children's centre.
- Acting on the comments made by families either verbally, or in the comments and suggestions books and boxes.
- Through an Annual Satisfaction Survey.

Memorandum by the National Deaf Children's Society (NDCS)

1. KEY POINTS

- Early years support for all deaf children and their families is essential for their development, particularly for the acquisition of language and the development of communication, thinking and social skills.
- Children's centres play a crucial role in providing early years support for children with a hearing impairment and their families. However, there is little information and evidence to assess the extent to which Children's Centres are currently meeting the needs of deaf children and their families. NDCS does not believe that the potential of Children's Centres to fully support deaf children has been realised.

2. BACKGROUND

2.1 NDCS is the national charity dedicated to creating a world without barriers for deaf children and young people. We represent the interests and campaign for the rights of all deaf children and young people from birth until they reach independence. There are over 45,000 deaf children in the UK.

2.2 Deafness fundamentally interferes with the usual processes of language acquisition and personal and social development. Effects are varied depending on the individual child, their family circumstances, age of diagnosis and the nature of their deafness.

3. EARLY YEARS AND DEAF CHILDREN

3.1 The introduction of the NHS Newborn Hearing Screening Programme in 2006 has resulted in the identification of deafness at birth presenting an important opportunity for public services to provide early support to the child and family. Given the right support, deaf children should now be able to start school with much better language, communication and social skills than previously.

3.2 Children's Centres can make an important contribution to providing the early support needed. In our work with parents over many years, we have identified a number of needs that Children's Centres could meet:

- (a) The provision of clear and unbiased information to parents to ensure they can make informed decisions on the best support for their child.
- (b) The opportunity to meet together to discuss issues, offer mutual support and invite professionals to information sessions.
- (c) The opportunity to meet professionals operating in a multi-disciplinary team offering advice on: play; health; developing communication and social skills; learning; audiology, including hearing aids and cochlear implants; and other forms of hearing access technology. These professionals should include speech and language therapists, teachers of the deaf, audiologists and health visitors.
- (d) The provision of services such as ear moulds, speech and language therapy, signing classes and play sessions.

3.3 Recent research¹⁹ by the University of Manchester (2009) into the effectiveness of early intervention with deaf children and their families found that:

- High levels of social attunement and sensitivity shown by professionals in working with early identified deaf children and their families was associated with high levels of satisfaction by parents, especially where support is perceived by parents to be specific to the needs of a deaf child.
- Parents showed a preference for professional support that is aimed at enabling them effectively to work with their child, rather than direct work by the professional with their deaf child.
- The ability to adapt to parent requests for information and the provision of time additional to that allotted by the service for single case management was linked with high levels of parental satisfaction.

4. COMMENTS ON THE INQUIRY'S QUESTIONS

4.1 NDCS's comments are confined to the accessibility of services for deaf children and their families.

4.2 There is little information available to access how well Children's Centres are meeting the needs of deaf children. Ofsted reports on individual centres give little insight into the accessibility of Children's Centres to disabled children.

4.3 NDCS is aware that some Children's Centres are running groups for parents of deaf children, communication and play groups and drop in sessions where parents can meet a speech and language therapist. However, it does not appear that this provision is widespread. Little information is available on the proportion of disabled children in a catchment area of a Children's Centre that can access its services.

¹⁹ See www.positivesupport.info

4.4 NDCS believes that:

(a) Children's Centres and Local Authorities should:

- audit the number of deaf children in their catchment area to assess participation rates and plan provision;
- consult parents on the provision required;
- liaise with audiology services, speech and language services, social care and specialist education services on developing the provision;
- ensure staff have the training to meet the needs; and
- monitor the impact of provision on the child's development.

(b) DCSF should publicise examples of good practice where Children's Centres have successfully engaged deaf children and their parents and carers.

5. POSSIBLE QUESTIONS TO RAISE WITH DCSF

What assessment has the Department made on how well Children's Centres are meeting the needs of deaf children?

What guidance is available to Children's Centres on how to ensure they offer a full range of services, which complements existing provision, to deaf children and their families?

What steps are being taken to ensure that Ofsted inspectors are deaf aware and can make an accurate and sound judgement on a Children's Centres services for deaf children and their families?

October 2009

Memorandum submitted by Worcestershire County Council

1. EXECUTIVE SUMMARY

- Sure Start Children's Centres (SSCC) offer a range of co-ordinated services for children and families. Services are designed to meet the needs of local families and developed in partnership with other agencies, parents/carers and the local community.
- SSCC are a key part of community-based networks to support children and families with a wide range of needs, including those who need intervention and support at particular times in their lives. Targeting the most vulnerable must be a priority for all Children's Centre providers.

Worcestershire County Council would like to see continued support for funding Sure Start Children's Centres with a focus on:

- Investment in preventative and outreach services.
- Investment in early identification and early intervention support services for children and their families; to optimise achievement in the five Every Child Matters outcomes and prevent the escalation of emergent problems to a higher, more costly level of intervention.
- Improved multi-agency arrangements.
- Effective working with schools to support transition.
- The full involvement of health professionals in centres.
- A national marketing campaign to raise awareness of the services on offer.
- Investment for services to meet needs in both rural and urban areas.

2. WORCESTERSHIRE COUNTY COUNCIL

2.1 Worcestershire County Council is a diverse county with both urban and rural areas. There are currently 29 Sure Start Children's Centres designated across the county and by March 2010 there will be 34. The Local Authority (LA) currently manages 12 of the Centres across very different areas which include: Worcester City, several towns and large rural areas. The remaining centres are managed by a range of both local and national providers through a commissioning arrangement. Each SSCC is unique, as it responds to local need. Although all CCSSs provide a range of services to meet the needs of 800—1,000 children aged under five years; the size of the reach area varies considerably and this factor has a significant impact on the infrastructure and method of service delivery in that area.

2.2 A recent pilot Ofsted Inspection at Chestnut Children's Centre in Franche (Kidderminster) found that: Outcomes for children are "good" and many aspects of the Early Years provision are "outstanding."

3. HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

3.1 Initially the Sure Start Local Programmes were developed in the more disadvantaged areas, but in some instances they became stigmatised. The Children's Centre initiative provides a universal programme of services/activities to every child under five and their family. There are clear advantages for both child outcomes and value for money in being able to offer families a variety of services from their local SSCC. These take the form of targeted services embedded within universal services.

3.2 The targeted services ensure that we are helping the children and families most in need. Every SSCC in Worcestershire provides early intervention family support, which offers personalised family support based on sustained relationships with highly trusted, skilled workers. This is generally delivered in the family home with the aim of empowering the family and building enough confidence for them to access services at the SSCC.

3.3 The family support is proving to be successful as data shows that families gain confidence and gain knowledge and support which helps to deal with their issues and achieve better outcomes. Another important aspect is the range of services that outreach workers can offer a family. Particular families who are reluctant to access services can be successfully engaged through such a personalised approach. Once engaged, the possibility arises of supporting the families into the full range of services that can support their needs, thus developing parenting capacity and enhancing childhood resilience and emotional wellbeing.

Worcestershire is currently piloting two Child Poverty initiatives, which have been commissioned by the DCSF from 2009–11: The Child Development Grant offers a cash incentive to disadvantaged families in some areas that access services for a sustained period. The Teenage Parent Supported Housing project is delivered through SSCCs to offer a package of support to teenage parents and ensure that they are living in suitable accommodation. These pilots are being independently evaluated across a number of LAs.

3.4 Assumptions are sometimes made that families with "less complex needs" will be deterred from using services in the same physical service context as those who are coping with complex problems. Yet our experience has found that there is great positive value in integrating families with different levels of need bringing a reduction of stigmatisation of vulnerable families and an increase in shared learning from parents with different skills.

3.5 Disadvantaged areas are identified by using the multiple index of deprivation, which focuses on a range of statistical factors and breaks areas into Super Output Areas (SOAs). This identifies those SOAs in the most disadvantaged areas. Although this data helps to target the areas where families have a high level of need it is important that consideration is given to rural areas and less disadvantaged areas where some families need support. SSCCs must continue to access a range of data sources and work in collaboration with colleagues to gain local knowledge to ensure that all families receive the support they need. In Worcestershire the monitoring officer provides all SSCC with comprehensive data and information about a range of data.

3.6 *Early Intervention Family Support in Worcestershire*

All lead organisations in Worcestershire are required, as outlined in their contract, to work within an agreed framework to provide early intervention family support. The framework has been established and agreed by all partners and covers referral processes, the qualifications and competences required by staff and outlines the threshold for "tier 2" early intervention support services. This ensures that consistent paperwork is used across the county, which makes it easier for professionals to make referrals. It also provides consistency to families who may move and access new providers. The paperwork feeds into the Common Assessment Framework (CAF) process, should it be necessary to develop the CAF approach. There is an agreed process for referring families requiring specialist intervention.

4. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

4.1 SSCCs have the potential to give children the best start in life and in many localities are embedded into the fabric of the community. While the national evaluation of the Sure Start programme in 2005 queried whether the most vulnerable and excluded were missing out, the 2008 national evaluation report revealed beneficial effects for almost all children and families living in areas with a SSCC reflecting greater experience in reaching out to the most vulnerable families.

SSCCs work in partnership with a range of professionals to plan a programme of activities to meet local need: they include midwives, health visitors, speech and language therapists, educational physiologists, Portage, Library Service, Job Centre Plus, connexions, women's aid, childcare providers, schools, social care and local community organisations.

4.2 All Worcestershire County Council Sure Start Children's Centres offer the following services, many of which are commissioned through the LA and provided across all SSCCs:

- Relationship Counselling.
- Early Intervention Family Support (home visiting).
- Citizen's Advice Bureau.

- Stay and Play Sessions.
- Home Start befriending services.
- Breastfeeding support groups.
- Baby Play and Stay and Play sessions.
- Family Learning courses.
- Parenting courses.
- Speech and Language Therapist input.
- Specific activities to engage priority groups, such as younger parents and fathers/male carers.
- Childminding support group.
- Family Information Service offering advice and information; including tax credits.
- Healthy lifestyle courses; healthy eating, quit smoking, exercise sessions.

Many of the Sure Start Children's Centres also offer services that include:

- Parents to be sessions, supported by the community midwife and health visitor.
- Postnatal courses, covering child development.
- Antenatal clinics, delivered by Community Midwives.
- Bumps and baby buddies.
- Baby Café: weigh baby, meet other parents/gain advice from professionals.
- Job Centre Plus information and signposting to encourage returning to work.
- Sensory Stay and Play and other activities to support children with special needs.
- Integrated care and education supported by a qualified early year's teacher.
- Sessions to support attachment; such as baby massage and holistic therapy.
- Specific activities to meet local need; such as Eastern European Stay and Play activities for Gypsy, Roma, Travellers.

4.3 A research project was commissioned by Action for Children in August 2009 to evaluate two SSCCs managed by Action for Children in Worcestershire. The findings showed that out of 100 service users that took part in the evaluation:

- 93% recognised direct benefits to their families from attending the SSCC and accessing the services.
- 71% stated that they noticed positive differences in their families; most commonly in social and emotional outcomes.
- 66% said that they were more confident to contribute to groups or discussions and felt that their opinions would be listened to.

4.4 National Indicator 92: Percentage gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest (PSA11). In Worcestershire the EYFSP shows that the percentage gap narrowed in 2009

4.5 Service users accessing family support are reporting that they welcome the personalised approach to their issues in order to produce personalised outcomes.

- Robust outreach, whereby staff make individual contact with families in their own homes in the first instance, is essential to engage some families.

4.6 Counselling services are offered at all SSCCs. A survey undertaken in June 2008 across nine of the SSCCs demonstrated that: 88% of clients, seen in the past six months, commented that they felt more in control of their lives and less anxious as a result of counselling.

5. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

5.1 The Sure Start Local Programmes had a significant level of funding. Since the LA became the Accountable Body in March 2006 a funding formula has been developed for all SSCCs (including those that were formerly SSLPs). This ensures that all SSCCs run on a minimal budget and still meet the core offer and develop meaningful, effective services. This resulted in the SSLPs taking a considerable budget reduction. However, as the Children's Centre initiative developed the lead, organisations cascaded services across a wider area and managed multiple Centres. This has resulted in organisations being able to operate on an "economy of scale" model.' The LA provides financial support and advice to all SSCCs to ensure that budget planning is robust and budgets are adhered to.

The formula takes into account the geographical size of the reach area (this supports the rural model), the level of disadvantage and the number of children aged under five years.

5.2 The LA undertakes commissioning on a central basis for several of the services, which are then delivered at all the SSCCs to ensure consistency. In some cases the SSCCs in the 30% SOA get more input from the service provider to meet need. Services include counselling, advice services, speech and language and Homestart (befriending service).

5.3 The LA has a robust tendering process to select lead body organisations and this ensures that organisations offer value for money. It also identifies organisations that have the potential to provide appropriate services for each of the reach areas in the County and enables them to demonstrate how they will meet local need through flexible service delivery.

5.4 SSCC work in partnership with other organisations and commissioners (such as Local Strategic Partnerships) and this enables them to access additional funding for activities/services that enhance the core offer and achieve local targets.

5.5 In Worcestershire high quality sustainable buildings provide high standards and low running costs. Maintenance has been kept to a minimum by replacing new windows and new roofs and installing increased insulation in refurbished buildings. Future investment to maintain the buildings will be necessary.

5.6 Every effort has been made to re-shape services where efficiencies can be made.

Health professionals attend both ante-natal and post-natal courses, whereby they see several participants rather than having to see people individually; unless necessary. Early identification of developmental delay (such as speech) and appropriate intervention supports better outcomes and avoids more costly involvement at a later stage.

6. STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

6.1 The introduction of the NPQICL (National Professional Qualification in Integrated Centre Leadership) supports SSCC managers in their continued professional development.

6.2 Local Authorities have a vital role in supporting and challenging lead organisations to ensure that services are quality assured and measured for impact and outcomes effectively.

6.3 The advisory boards support each SSCCs to develop the Self Evaluation Form (SEF) to demonstrate a comprehensive needs analysis and ensure attainment gaps are narrowed. Provision is effectively reviewed and evaluated. Parent's forums are established to give parents a say in the development of each Centre.

6.4 From April 2010 Ofsted will inspect all SSCCs and this will support a cross campus approach where SSCC are located on school sites.

6.5 All SSCCs have robust policies and procedures, which have been scrutinised and ratified by the LA. This includes safeguarding.

7. HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

7.1 Linking Children's Centres with schools can yield significant benefits by ensuring a smoother transition to school life for children. Regular joint activities and planning meetings with school staff all generate better inter agency collaboration and co-operation.

7.2 In Worcestershire a team of Early Intervention Family Support Workers support all school age children. The workers link to the schools and the SSCCs (for those families who also have children aged under five). This project has resulted from the success of the SSCCs early intervention family support programme and schools identifying that a preventative approach supports better outcomes.

7.3 Links with health are improving and the majority of SSCCs have input from health professionals, as outlined above.

7.4 The LA has worked with the PCT, Acute Trust and NCT (National Childbirth Trust) to produce a DVD, which is given to every pregnant woman in Worcestershire via their midwife. The DVD promotes healthy choices during pregnancy, outlines the story of birth and labour, outlines the benefits of breast feeding, and promotes Children's Centres and the Family Information Service. Much of the filming took place at various SSCCs and shows parents accessing a range of activities. The DVD will be translated into a range of languages.

7.5 All SSCCs are signed up to undertake the UNICEF Baby Friendly Initiative and a joint post between the PCT and SSCC has been developed to support this initiative.

7.6 Health, the fire service and the local SSCCs have worked together to develop a programme called "Heart Smart Homes" that supports families to have healthy lifestyles, safe and smoke free homes.

7.7 The PCT have funded a post that supports all SSCC to achieve Health Early Years Status (HEYS).

7.8 The centres also deliver a range of services to support the promotion of attachment and infant mental health. There is commitment to delivering the Children's Centre as a universal service where all families can access a range of services, but where targeted interventions are available to those who need them. The Early Intervention Family Support Workers (EIFSW) can support families in individual areas including breastfeeding, support with children's behaviour, post natal depression etc.

8. WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

8.1 SSCCs pro-actively offer an inclusive, engaging, integrated and effective service to meet the differing needs of children and families. This approach often involves working with other local organisations and community groups. Partnership working enables the SSCCs to identify families in the most need.

8.2 SSCCs work pro-actively to identify those families in need. For example close links with Portage identifies families who have young children with a disability and by working together they support the needs of the whole family.

8.3 Close links are maintained with Health Visitors who make the highest number of referrals to the SSCCs. They identify families who need support and are often less likely to access a SSCC without encouragement. The EIFSW provide a package of support and if the family wants further support in the home a referral can be made to Homestart who provide a befriending service. A trained volunteer is matched to the family and visits on a regular basis to offer ongoing support.

8.4 All SSCC develop specific activities to target and attract specific groups, such as dads groups on a Saturday morning and sensory play for children with disabilities..

8.5 All Centres populate a database called E-start, which informs them how many people attended each activity and their ethnicity, gender, date of birth and where they live. This enables each centre to monitor take-up and plan strategically to engage all priority groups from across the reach area.

8.6 Consultation with service users is ongoing to ensure that services are meeting need and leading to better outcomes.

8.7 A consultation with very young children has recently been undertaken, using the “Mosaic Approach”, developed by Clark and Moss (2001). Each child was given a camera as a tool to investigate their views of SSCC. It is recognised that if children like going to the Centre then parents/carers are more likely to attend.

8.8 Marketing of the SSCCs has been developed with diversity in mind and a range of methods has been deployed to target all families. Not all families are aware of the services offered by the Centres and now they are available at a universal level a National Campaign should be developed using a range of mediums.

October 2009

Memorandum submitted by Save Camborne Children’s Centre Action Group

EXECUTIVE SUMMARY

This submission by the Save Camborne Children’s Centre Action Group seeks to show why Sure Start works well from a user perspective. Our Sure Start worked for us because it allowed easy access to a range of groups and services all under one roof and was a friendly, welcoming place where parents always felt we could just drop in and there would always be something going on or someone to talk to. It was a neutral venue where people from all walks of life, religions and backgrounds came together who otherwise would never have met. It made the quality of life better for us and our children. However, over the past couple of years, and particularly in the last four months, it has been run down with fewer groups and services available and many recently being moved out when the building was threatened with closure after Cornwall Council put it on the market. The situation has been badly managed and our campaign to save our Sure Start has been hard fought; twice we have been told by Cornwall Council that it would not close yet still groups are being moved out of the building.

This submission gives personal accounts from some of the parents who use the Sure Start as to what it has meant to them and their feelings about the closure. It outlines some of the poor management decisions and describes our frustration at the unaccountability of local government for their actions and the lack of interest from central government in our plight.

Recommendations are made.

1. INTRODUCTION

1.1 We are the Save Camborne Children’s Centre Action Group, a group of parents who came together when our Sure Start Children’s centre in Camborne, Cornwall (the Trevu Centre) was put on the market by Cornwall Council in June this year and threatened with closure. We were given three months’ notice of the closure. The groups and services that were based there were to be hurriedly shoehorned into often unsuitable and already overstretched venues across the town. It seemed that Cornwall Council thought they could close our Centre and no-one would care. Groups using the Centre were told that its closure was inevitable and it was pointless to try and fight the decision.

1.2 Our campaign is well known and supported in Camborne; we realised 1,200 signatures on our petition to keep the Centre open, we recruited over 300 friends on Facebook and we have the backing of the Town Council, our MP, several of our local Prospective Parliamentary Candidates and some of our County Councillors. We reached not only the local press with an ongoing series of articles but also the national press with a front-page article in the Guardian's Society section (*Unsure future*, Guardian, 16 September 2009, Society pp 1 & 4) and another article more recently (*Sue Crowe: Save Sure Start*, Guardian, Wednesday, 7 October 2009). We do care passionately and we fought hard to keep our children's centre. Set out below are the reasons why.

2. WHY SURE STARTS WORK

2.1 At their best, Sure Starts are lively, friendly places where both children and carers can go to learn, socialise and get advice and help on a wide range of issues and challenges. All services are under one roof. This means that access to information, education, play, advice, training, child care, emotional support, practical support, midwife and health visitor checks and support, speech and language therapy, nursery nurse, diet advice, counselling etc are easily accessed in a warm and friendly environment. Parents and children know where to go and do not have to find new places or travel distances to get to different sessions, appointments or groups.

2.2 This is important because it can be very stressful, time consuming and expensive to get to several different venues if services are dispersed around a town; particularly so when a parent has more than one small child to deal with. If services and facilities are under one roof it does not matter if you are early as there is a café/library/quiet area to go to. This is also important if you want to go to more than one group/service provider on the same day; if one group runs from 10–11am and another from 1–2pm you can stay between groups and have something to eat (our Sure Start used to have a superb café), read books and play with toys. If this was not available—and this has been the case recently at our Sure Start, especially since the café was given notice to move out—you would have to either walk around town or go home or not attend one of the groups. If services are dispersed this will automatically happen as other organisations/voluntary groups etc usually only open for a specific group then close their doors afterwards.

2.3 If there is a “one stop shop” approach services that might not have been considered suddenly become available. If a speech and language therapist has an office at a children's centre then it is much easier to drop in to see her than to find out where she works from, find a phone number, make an appointment and travel to the appointment. This principle applies to other services and health professionals.

2.4 Health professionals at our children's centre are very keen for services to be under one roof as this increases uptake of service provision. If service providers are all in the same building then they can also work more closely together providing a more integrated approach to provision. Health professionals can point parents in the direction of particular groups at the Centre for them and their children. If a group is in the same building it is much more likely that the parent will bring their child to it. Once a parent is “through the doors” and becomes accustomed to an environment then they are more likely to come back. Health professionals feel confident giving recommendations for groups that they are personally aware of. Sure Starts acknowledge the vulnerability of some families and the need for them to feel secure in their surroundings. Parents can just walk in to the building and ask “Is there someone I can talk to about...?” and get an answer.

2.5 A Children's Centre is seen by parents as a “neutral” venue, not associated with a particular area or section of society, group, religion or other organisation. This is crucial when ensuring that a Centre can attract families from all parts of the community. If we are aspiring to equal access to all, then this is the approach that should be encouraged. Dispersing services puts back provision 20 years to the days of church groups and other organisation being responsible for all provision. This is not acceptable in a secular society with a wide variety of faiths, religions and other backgrounds.

2.6 Improving the numbers of people from poorer backgrounds that come to a Sure Start partly depends on good outreach work. This does not mean putting a building as close to someone's home as possible. It means working with that person so that they feel confident and comfortable coming to a group or using a service. This is dependent on good quality outreach and the quality of the children's centre management. It is important to have an understanding and “feel” for the community and to work with parents and empower them. Doing this will improve the service of Sure Starts.

2.7 Now that our Sure Start has been dismantled there is nowhere of a similar nature in our town to take our children and to seek information and advice. Dismantling the children's centre has meant that our children have less socialisation, education, play and health access. It is less easy to seek advice and information and we cannot easily access health professional support. There is no drop-in facility available in the whole of the Camborne area.

3. OUR STORIES

3.1 Sure Starts are not about target groups and statistics. They are about improving the lives of parents and children and here are some personal stories of what our Sure Start means to the people who go there.

3.2 *J's story*

Sure Start has been extremely important to me over the last three years and I strongly feel that it kept me sane following the birth of my second child. When my eldest daughter was born 12 years ago, there was nothing like Sure Start and what felt like very little support network. I suffered quite badly with postnatal depression: I was a young mum with not many friends or family close by. It was a different story when my youngest came along three years ago. I had just moved to Cornwall and didn't know anyone but having Sure Start made my life a lot easier. I found plenty of groups to go to, mums to chat to and I also managed to successfully breastfeed for over a year, which I didn't manage with my first. Being a mum is the toughest job you can do, but knowing that there is a facility where you can go and drop in any day and see familiar faces does wonders! I happily filled mine and my daughter's week with lots of groups and activities that benefited us both. My older daughter was also welcome there, and enjoyed doing a variety of cheap, fun things during the school holidays.

3.3 *J's story*

I have four children 23, 20, three and two and am also pregnant with number five due in January. My first experience of my local Sure Start was in 2006, I was invited to attend an antenatal day. I found it to be a warm, friendly and inviting place. After the birth of my three year-old I was contacted by a maternity support nurse to see if I needed any breastfeeding support, I was invited to attend a peer support group at the centre which I did and received much needed support. The centre also offered many other groups, activities, professional advice and opportunities to meet other families in a friendly, safe environment. I attended and used many facilities, the toy library, baby massage, various baby and toddler groups, used the cafe regularly, and trained as a breastfeeding peer supporter. I can only say that this centre has enabled me to make many friends, access vital services and information easily and really has been a lifeline. Being a parent can be really fun but also really challenging at times however old you are or whatever background you come from, Sure Start centres allow people from all walks of life to come together with a common bond, children and families. My local centre has suffered greatly over the last year especially from poor management and has all but closed down. I really feel that this is detrimental to all families in the area and to the community as a whole. Dispersing services and farming groups out to local church and village halls will only make it harder for people to find and access; and serve to isolate people into small groups. For me it feels like a step backwards to the late eighties when I had my first child. We are now in 2009 and I thought that every child mattered not just when it was good for votes. Our children are the future!

3.4 *D's story*

Being a mum for the first time is truly wonderful but it is also very tiring and at times challenging. Every experience is new and it would be very easy to quickly become isolated and feel lonely, even when you have a good support network of friends and family. Unless those friends and family are also new mums they do not understand the day to day ups and downs you go through. For me personally Trevu has been a breath of fresh air and has provided me with much needed contact with other mums who are going through similar experiences. I have attended a number of classes there including baby massage and breastfriends. At these sessions I have met with other new mums who are going through all the same emotions as myself and who have many of the same questions as I do. This contact has been invaluable for me.

3.5 *B's story*

Since I have had my son who is now nearly four years-old I have regularly used Trevu. It is the only children's centre in the area that has a drop-in service. There are other great provisions but nowhere you can just arrive and know that there will be a friendly face, something interesting to do and a life-saving cup of tea. I have made some very important friendships with other like minded parents from a wide variety of backgrounds. This would not have been possible without the drop-in nature of the centre. Some of these parents are reliant on public transport or walking. Sadly we have all slowly experienced the most successful groups, the cafe and the heart of this centre being systematically and consciously dispersed and leeched away. Many other local towns have purpose-built buildings that can provide a similar service and yet our only building-based centre that is in a perfect location is under threat of closure. It is a terrible waste of resources. There is a wealth of equipment and peoples' knowledge that will be lost for new parents in need. We need our own building on this site with all the facilities that have been taken away. I know that several people have stopped using the facilities on offer as everything is so unsure.

3.6 *The Action Group's story*

Some of us have been told by Cornwall Council that we are outside the “target group” for our children’s centre, the implication being that our voice doesn’t really count because we’re not disadvantaged or on benefits. Four of the Action Group met together recently and during discussions it transpired that between us we had experienced physical abuse, mental abuse, life-threatening illness of a child, death of a child, death of a partner, depression, post-natal depression and isolation. We may be outside the “target group” but this does not necessarily make us less in need. It is not enough to say that we are well-educated and articulate enough to seek help. We can go to our GP and get medication for depression but they do not make tablets for isolation or abuse. The real help comes from a place which facilitates relationships with friends and peers who really understand our problems because they have been through, or are going through, the same things and a place which allows us easy access to other professionals who may be able to help. Sure Start is *our* support network. It is not their prerogative to say we do not need it.

4. GOOD LOCAL MANAGEMENT IS CRUCIAL

4.1 A few years ago our Centre was a vibrant, buzzing place where there were always lots of people and something was always happening. Over the last couple of years our Children’s Centre has been run down. We suspect that this has been at least partially a case of programmed obsolescence—there were doubts about the building’s sustainability from the start and its closure has been mooted for a few years—and partly because it has suffered from having a string of managers over the last few years, some of whom only stayed a few months. Many parents feel that the centre would be much better attended if it had been publicised adequately.

4.2 We are told that funding for children’s centres is based on criteria such as deprivation and rurality and no allowance is made for maintenance costs. Our centre is housed in an old grammar school, a large building dating from 1908. It therefore needs a lot of maintenance and this has to come out of the centre’s budget. This has been given as a reason for our centre not maintaining its previous standards. Cornwall Council apparently decided to put the building on the market because they could no longer afford to maintain it; but they did this knowing that realistically the likelihood of it selling was very small and that if it failed to sell they would have to keep it open (since otherwise they would have to return the initial investment given to them by the then DfES and the costs of maintaining an empty building would be prohibitive). Despite this, and despite having no suitable alternative site, they started moving out groups and services into venues dispersed across Camborne.

4.3 This dismantling of services over the last four months has been carried out despite (following our protests) a personal guarantee from Cornwall Council’s Chief Executive that it would “stay open until a suitable alternative was available”, statements that it will stay open for at least two years (see <http://www.cornwall.gov.uk/default.aspx?page=20937>) and promises that no changes would be made until the outcome of their current consultation with the families of Camborne is known. Those managing Trevu seem almost obsessively intent on emptying the building; they have tried to justify their decision to move groups and services out with unsubstantiated arguments as to why dispersed services are “better” than centralised services. One third of the groups at Trevu have been moved into a local guide hut in the last couple of weeks. This seems bizarre; the reason given is that they want “to see if more people will go there”. The hut is 100 yards down the road from Trevu in a direction away from the catchment area that up until now they have been desperate to move towards and it is simply unreasonable to cause such disruption to so many groups simply to satisfy their curiosity when they are in the process of a consultation designed to tell them exactly where people want services to be located.

5. CENTRAL GOVERNMENT DISINTEREST

5.1 We have been frustrated in our campaign to save our children’s centre by the lack of accountability of Cornwall Council and the disinterest of central government. Poor management at a local level has disrupted services and damaged access for parents and children. And as Dawn Primarolo prepared to launch National Sure Start Week to celebrate the achievements of the Sure Start scheme, she replied to our letter regarding the closure of our Centre by merely stating what had happened so far from Cornwall Council’s point of view and took no account of our version of events.

6. LOCAL GOVERNMENT ACCOUNTABILITY

6.1 Despite sympathetic words from local councillors, it has been difficult to obtain clear answers to direct questions and information has been withheld in an unconstructive manner. For example: parents were given sight of an email between council officers which referred to the meeting they held with the Chief Executive, but were refused a copy.

6.2 It is unclear what the decision making process is at Cornwall Council. It has been difficult to negotiate the structures of local government and at times, it has seemed that our unfamiliarity with these has been used to hamper our efforts to influence the council’s decisions.

7. SUMMARY

7.1 In summary, our Sure Start worked superbly well for us when it was well managed. Recently it has been slowly dismantled in the face of opposition from almost all corners including the parents, children and professionals who use it, the local community and, more recently, against directives from elsewhere in Cornwall Council. There has been no interest in our plight from central government despite the fact that the closure of our Sure Start would defy government policy to have a children's centre in every community by 2010.

8. RECOMMENDATIONS

8.1 Higher levels of scrutiny for local decision making to ensure accountability of local authority management to the community and to government. Appointment of an external overseer, potentially from the DCSF, to ensure that local government adheres to national policies.

8.2 Overhaul of funding system to take account of building running/maintenance costs, and/or children's centres should be allowed to bid for additional external funding for building maintenance.

8.3 Rethink how the strategy around "target groups" is used so that services are truly inclusive. Parents with small children are a community in themselves and their concerns and challenges override social divides. Focusing on poorly defined "target groups" to the detriment of the rest of the community is counter-productive to social mobility and people in disadvantaged communities are often unwilling to be singled out as particularly "in need" of parental support. An inclusive approach would be more effective and create more cohesion.

October 2009

Memorandum submitted by Whipton and Beacon Heath Children's Centre parent forum in Exeter

HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

- Good range of groups for age range 0–5, friendly staff, further support if needed, helpful parenting tips.
- Used to be big budget when only a few centres, now cut backs in services as more and more centres open, Good that available everywhere but we've seen reduction in services.
- Rolling out to all areas, new areas getting childrens centres benefit from the partnership working. Level of funding for local programmes worked really well, but now is a very diluted service to spread the funding. Good pilots developing.
- As a parent I feel the centres have developed really well, they have a wide range of activities for children and parents which is really good.
- All services were accessible to start due to funding, in time cuts have been made—service provision still good but more targeted—less universal groups though still a good programme.
- Too often targets from central government change each year, so focus has to change—can't have continuity.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

- increasingly becoming targeted services and the criteria doesn't necessarily mean those in need are served;
- need to work hard to keep universal services—with changes in social care there is more pressure on CC to run targeted services, families not on benefits but on low income seem to miss out—don't qualify for some services though still have a need;
- the range of services they provide are really good as there is something for everyone and I feel they are really effective; and
- effectiveness—quality of group has diluted ie feedback from staff, different staffing, not so in-depth or useful and time changes can be difficult.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

- good value for money, funding seems to be spent well;
- decreasing funding all the time and an expectation that the same services will be provided. High management costs with running CC—could be better spent directly on services;
- levels of funding change each year, but seem to take away from where needed the most; and
- very good value for money.

STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

- good management and staffing etc;
- staff well qualified;
- feel targets are always changing so difficult to plan long term;
- keep parents/children voice at the heart of the decision making. Local parents—local services for local community;
- there is a lot of planning that goes into the way the childrens centres are run and managed to allow the users to be confident in what the centres do; and
- staffing limited but still able to provide good programme on limited funding and staff.

HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

- good links with school;
- health visitors could work better with CC, struggle to get health to come to meetings etc;
- need link with midwives;
- Health link ok—good clinics in centre;
- Link with schools—feel only some schools linked—not all the ones parents go to;
- health is very stretched and short staffed, this adds more pressure to CC staff for service delivery—health are first contact with families especially hard to reach;
- they all work together very well, it is just like one big team;
- outreach worker in centre doing brilliant linking with local pre schools; and
- working with health in Service development groups/partnership board.

WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

- All services under one umbrella, makes it great easy to access support for families in need.
- Don't know.
- Easily accessible for able parents and those who have come along with friends or from clinic—for vulnerable families—hard to know about them unless through Health referrals.
- Service accessed by a lot of families in need and the centres are well equipped to provide care for the most vulnerable and in need families.

October 2009

Memorandum submitted by Heavitree and Polsloe Children's Centre parent forum in Exeter

HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

- Challenges around parents' expectations of a children's centre because of knowledge of existing local programmes, but reality of what they get is something different—watered down service.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

- Lots of existing toddler groups and Health clinic—Children's centre tagging alongside—trying to link by providing info—funding from CC to support existing groups. Sure start in this area has a background support role and some targeted (referrals).
- Parents don't see Sure Start as frontline delivery in this area.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

- Funding has been helpful to maintain local groups ie refresh toy cupboard, bringing added value.

STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

- Volunteers in local groups and workers within local groups. CC staff running new baby group at health clinic—this a response of parents' requests.

HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

- Health—really stretched, limited time to see parents, worry that parents won't get support they may need.
- Schools—good relationships with schools, CC work in partnership with schools to deliver community groups for under 5's in the area.

WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

- Some referrals through Health and link with schools, lower level of deprivation in this area, but still danger of families being missed if they don't access service.

October 2009

Memorandum submitted by Jane Lane

The following comments are made from a perspective of racial equality. I make them as a result of my long experience of working on racial equality in the early years field. (*see below for details).

I strongly endorse the response made by the Black Voices Network.

I have written a longish introduction because I wanted to set the context, as I see it, first.

A. SUMMARY

These comments draw attention to the implications of the specific Inquiry points and the importance of children's centres in

- recognising and taking account of their statutory duties under the Race Relations Act (RRA);
- implementing racial equality for all staff, children, their families;
- taking specific action with children to promote the learning of positive attitudes and behaviour to differences between people and the unlearning of any negative ones;
- recognising the need to really understand what racism is (including institutional racism), in order to be able to fulfil their duties;
- accessing or initiating effective training for all workers to unpack the myths about racism and its implication for their work; and
- considering ways of providing serious opportunities for workers to talk openly and honestly about racism in the context of wanting the best for every child—and the implications of that for every worker.

It suggests that government should consider how an understanding of the reality of racism might best be facilitated across the early years field.

B. INTRODUCTION

1. The majority of the issues that the Committee is investigating about Sure Start children's centres have implications for racial equality. Equality, including racial equality, is a fundamental and integral part of the work of all children's centres. There cannot be good quality provision without it.

Statutory duties on racial equality

2. Children's centres have a particularly important and significant role in the field of early years provision, with regard to ensuring racial equality, in that, compared with voluntary, independent and private (VIP) sector provision, they have a statutory duty to comply with the requirements of the Race Relations (Amendment) Act 2000. This duty requires them to eliminate unlawful racial discrimination and promote equality of opportunity and good relations between persons of different racial groups. While all early years settings (in all sectors) must not discriminate unlawfully on racial grounds, this specific duty has particular implications for the policies, procedures and practices of children's centres.

Role of children's centres to ensure racial equality

3. Complying with the Race Relations Act is but one aspect, although a critically important one, of ensuring race equality in children's centres. Wherever children's centres are sited and however they are organised, the quality and effectiveness of what they offer and what they do in all aspects of their work determines whether they are putting racial equality into practice. It determines whether:

- black and other minority ethnic children and their families are accessing and benefitting equally from what the centre offers;
- members of black and other minority ethnic communities are treated equally in recruitment and employment (including promotion, access to training, career advice and other benefits); and
- all children learn positive attitudes and behaviour to those whose cultures, ethnicities, skin colours, appearances, languages or religions/beliefs are different from theirs.

4. There is substantial research evidence over 50 years showing that children notice skin colour differences by the age of three and, unless specific countervailing action is taken, white children are likely to place negative values on skin colours different from their own (references to the research listed in Lane 2008). They are learning to be racially prejudiced. In similar ways, some black and other minority ethnic children may learn to see their own skin colours as less valued, less worthy than those of white people (see evidence cited in the response to this Inquiry from the Black Voices Network).

5. Hierarchies of skin colour differences, white generally being regarded as superior and more desirable, are a worldwide phenomenon. A critical task for children's centres, in order to put racial equality into practice, is therefore to counter this negative learning process with young children and their attitudes to skin colour and other ethnic/cultural differences—unlearning as referred to in the EYFS.

The cause of racial inequality: racism

6. Racism is the underlying cause of the racial inequality in our society. In order to address the points identified in paragraph 3 above, it is therefore essential to understand the direct relationship between racism and racial inequality. Some aspects of what is necessary to be done are covered in the Early Years Foundation Stage (EYFS).

But, like many other people, many workers in children's centres neither understand nor accept that racism, the cause of racial inequality in the first place, is deeply entrenched in our society. Although it is not surprising, given Britain's history, this lack of understanding has implications for their work. They are more likely to see racism as external to their lives—overt violence, harassment, abuse and racist organisations/marches—none of which they support or take part in. They know that racism, in principle, is unacceptable in their work situations. But they are largely unaware of the more subtle and damaging aspects that might exist in their centres—assumptions, stereotypes, judgements and (as the Stephen Lawrence Report states in its definition of institutional racism), “unwitting prejudice” and “thoughtlessness”. Importantly, they are seldom aware of what institutional racism itself means. They do not make the link between it and its implications in their work situations.

7. This is not in any way about blame. It is one of the inevitable legacies of Britain's history—many facets of racism remain unknown and often misunderstood or denied. A detailed discussion of what racism is, and is not, in the early years field is given in Lane (chapter 2, 2008)

Consequently, it is understandable, if regrettable, that some workers (leaders, managers and practitioners) may see the statutory duties of the Race Relations Act, among a range of many other requirements with which they must comply, as being an unnecessary burden. But complying with these duties, while initially perhaps being perceived as burdensome, is an essential part of the basis of good childcare/education practice. There cannot be good quality without equality being put into practice. Once the principles of what is required are established they can be seen as a fundamental part of what is done to ensure every child, every family, every member or potential member of staff or volunteer is treated equally. As such they can then be seen as no more burdensome than any other aspect of the centre's practices.

8. There is, however, a real difficulty for many workers in understanding what racial equality means in practice. They can see why it is important to incorporate certain practice into their work—including, for example, dealing with racist incidents, having resources that accurately reflect our society, appointing staff from black and other minority ethnic communities—but they may not deal with these issues constructively or appropriately because of their lack of understanding of how they are manifestations of the wider aspects of racism in the first place. They do not see the connection between the racism in our society and what is happening in their centre.

In similar ways to their viewing of compliance with the statutory duty under the Race Relations Act as burdensome, and for the same reason—the lack of understanding of what racism is—they may see specifically creating an antiracist approach to their work as meaning that somehow they are not already caring deeply for every child. Understandably, their defence mechanisms about their present practice may come into play.

It is, therefore, a vital task for workers in children's centres to understand racism in order to be in a position to get rid of it and its damaging consequence for all children and their families.

Getting rid of racism in children's centres

9. Getting rid of racism is much more than addressing examples such as those cited above, paragraph 8, important as that is.

In order to get rid of racism it is essential to first understand what it is, what its origins are and how it manifests itself in present day society, particularly institutionally. (In this sense, children's centres are institutions). Only then can workers really know how to deal with its consequences realistically and know why it is an issue of concern for them. With this knowledge and understanding comes a confidence of how to deal with all the facets of racism that the Race Relations Act, the EYFS and OFSTED require to be addressed. It removes the burden of not knowing what to do and being apprehensive about putting racial equality into practice. I wrote my book to try to make these links and facilitate this knowledge and understanding. (It has had excellent reviews from all parts of the early years field [see attached]).²⁰

10. The gap between understanding and not understanding what racism is, is manifested across the whole early years field including national and local government, higher and further education institutions and children's centres. This is epitomised by a report from the DfES, about racial equality and black exclusions from school, distinguishing between those that "get it" and those that "don't get it" (Wanless and others, 2006). Significantly those who "don't get it" view policies (on racial equality) as an "unfair/pointless/bureaucratic burden". In this sense the early years field is similar.

11. The reality of racism is seldom seriously discussed in society. Discussing it has a history of making many people, especially white people, feel guilty, apprehensive and fearful of having fingers wagged at them amid accusations of "being called a racist"—racism awareness courses in the eighties and the present day controversies about the use of "racist" words are examples of this. Early years workers are no different from most other people—they are likely to avoid any potential confrontations and, so far as possible, leave the topic alone. For a variety of reasons—the influence of the media, their own knowledge that racism is wrong and the myths surrounding it—the subject, for whatever reason, is almost taboo. This means that racism and all its consequences are not addressed in any strategic and serious manner (see Lane 2006 for an analysis of the present situation and the barriers to racial equality at all levels).

Understanding racism—existing training courses and policies are seldom effective?

12. Resulting from legislation and a recognition that British society is multicultural, various training courses have been run to support workers in implementing racial equality. Although they have not been critically evaluated, their effectiveness in enabling participants to understand racism and hence be more effective in their work situations has not, as yet, been substantiated.

13. It is well known that in-service training courses about racial equality have low attendance rates. Where courses are mandatory, participants (unless very well prepared beforehand) often attend reluctantly, possibly feeling "got at" and thereby creating barriers to receptivity and making serious consideration of the issues less likely.

Even high level training courses that the government has so rightly initiated—early years professional status, leaders and managers and integrated centre leadership and early childhood studies courses—themselves rarely address racism or institutional racism.

Most courses, if anything, are one-off sessions that may help those who are receptive. But there is little evidence that they facilitate the possibility of understanding racism.

Although there has been a vast improvement in government policy guidelines, seldom do they address racism. Similarly very few books used on training courses define the Race Relations Act accurately or discuss racism. A few early years journals bravely tackle the subject but most avoid it.

14. This gap across all training and government policies reinforces the lack of understanding about racism overall. In children's centres I think the reason for this gap is that they have never had a serious opportunity to talk about issues of racial equality—either in their initial training or in the context of their work. They have never had an opportunity to reflect on it, and its implications for them personally and to talk openly and honestly with one another, within an ethos of trust, no blame and sensitive awareness of individual potential vulnerability.

15. Everyone comes to work in the early years field with their own attitudes, personal identity and experiences, life history, educational and family background, economic and living circumstances, language, ethnicity and culture. People with such a range of differences cannot be expected to come together to discuss and resolve complex and historically implicated issues of racial equality with equanimity in a short period of time. What is needed is an opportunity, over time, to break down misunderstandings and discuss the varieties of experiences that influence lives in Britain today.

16. It is becoming more and more apparent to me and to many others working for racial equality in the early years field that the vast majority of training courses and seminars, given their very limited duration, cannot be expected to provide participants with a key to an understanding of racism. Time to reflect, to consider and to unlearn long held attitudes is the essence to this understanding. This is a salutary conclusion because time is a limited commodity for early years workers and trainers.

²⁰ Not printed.

17. It is essential to identify the problem before being able to suggest a solution. If, as I (and others) believe, understanding racism is the key to implementing racial equality, then one solution must be in more effective opportunities to talk about it. There are a few courses that give participants opportunities to re-evaluate their perceptions. One is *More is Caught Than Taught*—an innovative programme, over a period of time, that provides such opportunities in a safe and sensitive context to explore what wanting the best for every child means for each person working with young children. Inevitably the constraints are time and cost. But over the ten years of running such courses, the course evaluations have exceeded all expectations in enabling participants to better understand institutional discrimination generally, including the critical importance of an antiracist approach to their work.

18. The barrier to recognition and acceptance of the reality of racism across the childcare/education field (in training and provision) has significant implications for children's centre work. A vital task in order to put racial equality into practice, a statutory duty, in all children's centres is therefore to address this barrier. The reality of racism has first to be understood in order to remove the feelings of discomfort, anxiety, guilt and apprehension—feelings that are so readily apparent in children's centres.

C. ISSUES BRIEFLY IDENTIFIED IN ORDER FOR CHILDREN'S CENTRES TO COMPLY WITH THEIR 3 STATUTORY DUTIES UNDER THE RACE RELATIONS ACT

19. Eliminating unlawful racial discrimination:

- identify and remove any racial discrimination;
- monitor by ethnicity all recruitment, employment and promotion practices and access to any other benefits;
- evaluate the data and take action with regard to any apparent discrepancies; and
- observe and record children with regard to their access to the available learning resources and activities.

20. Promoting equality of opportunity:

- deal with all forms of prejudice constructively and sensitively;
- address racial hierarchies of skin colour, language, culture, ethnicity;
- use the National Strategies/DCSF publication focusing on Black children to implement racial equality;
- provide resources and reading material for workers to instigate discussion on racial equality; and
- involve family members and members of the local community in discussions about racial equality practice.

21. Promoting good relations between persons of different racial groups:

- plan strategies to talk and discuss differences with children in positive ways, including in mainly white and rural areas;
- develop ways to work with children on learning positive attitudes and behaviour to differences between people and unlearn any negative ones that they may have already learnt—for example, by using Persona Dolls;
- work with all children to break down concepts of racial prejudice; and
- wherever possible, engage with families and local community members/groups, monitoring groups to break down barriers caused by prejudice and to support those subjected to prejudice and discrimination.

D. QUESTIONS POSED BY THE SELECT COMMITTEE

Do children's centres promote early childhood development?

22. Such development is limited when racial prejudice and discrimination are present. To ensure opportunities to the best developmental circumstances, prejudice and discrimination must be removed so all children and their families can benefit. Racist attitudes are damaging both to those subjected to them and those holding them.

Are children's centres an effective response to deprivation?

23. Those families who are “deprived” can only benefit from what the centre has to offer if they are identified and are able to participate. Ethnic monitoring of communities and links with local authority data are essential for this to be possible.

Is the “policy” being delivered?

24. One measure of whether racial equality is being delivered/practiced results from ethnic monitoring. This must be stringently executed. With regard to the workforce, the hugely improved Children’s Workforce Development Council (CWDC) audit tool is not yet mandatory to complete. It is essential that the CWDC devise mechanisms to ensure effective data collection in order to identify any racial discrepancies and discrimination. Only by having such data can local authorities comply with their statutory duties under RRA.

The range and effectiveness of services

25. As with para 24, only by comprehensive ethnic monitoring and analysis can services be assessed for their effectiveness in removing and countering racial prejudice and discrimination and identifying any racial disadvantages.

Funding, sustainability and value for money

26. Only by ensuring racial equality can a centre be sustainable. If black and other minority ethnic families and their children are not benefiting equally from the services then it is not possible to describe it as of equal value for everyone in the communities.

Staffing, governance, management and strategic planning

27. As above, comprehensive ethnic monitoring, analysis and evaluation must be implemented. Strategies to put racial equality into practice should be devised—strategies that include programmes to involve workers in talking about racism and its implications for their work.

Whether services are being accessed by those most in need and how effective they are for the most vulnerable

28. As discussed above, the issue of access can only be assessed by comprehensive ethnic monitoring, in association with the local authority’s data bank. Taking sensitive account of people’s cultures as to their understanding and acceptance or apprehension about attending a centre is important. Experiences of racism may deter attendance.

E. CONCLUSION

The task facing centres in implementing racial equality must be taken seriously. Government must support them by addressing issues of racism more effectively than at present by, for example, initiating effective training courses on an understanding of racism. While children’s centres alone cannot get rid of the racism in our society they can give children and their families a chance to grow up not racially prejudiced.

F. REFERENCES

Black Voices Networks (2009) *Response to the Select Committee Inquiry into Children’s Centres*. Early Childhood Unit, National Children’s Bureau

DCSF (2009) *Building Futures : Believing in children—a focus on provision for Black children in the EYFS*. The National Strategies.

Lane, J (2006) *Right From the Start: A commissioned study of antiracism, learning and the early years*. Focus Institute on Rights and Social Transformation (FIRST). www.focus-first.co.uk

Lane, J (2006) *Some suggested information/resources that may be helpful in working for racial equality in the early years*. See www.childrenwebmag.com/articles/child-care-articles/racial-equality-information-for-early-years-workers

Lane, J. (2008) *Young children and racial justice: taking action for racial equality in the early years—understanding the past, thinking about the present, planning for the future*. National Children’s Bureau

Wanless, P, Dehal, I and Eyre, R (2006) *Getting it. Getting it right: Exclusion of Black Pupils—Priority Review*. DfES. Formally published by DfES in March 2007

* details of my work:

- as a volunteer in my local community;
- as an education officer at the Commission for Racial Equality;
- as the coordinator of a national organisation (Early Years Equality);

- as the author of *Young children and racial justice* published by the National Children's Bureau in 2008 and contributor to government policy, guidelines, advisory groups and curriculum material, especially with regard to the Race Relations Act and anti racist practice; and
- as an adviser/trainer in early years (local authorities, settings, children's centres), a writer and as a speaker at conferences, seminars etc.

October 2009

Memorandum submitted by the Commission for Rural Communities

1. The Commission for Rural Communities (CRC) was established in April 2005 and became an independent body on 1 October 2006, following the enactment of the Natural Environment and Rural Communities (NERC) Act.

2. Our role is to provide well-informed, independent advice to government and others, and ensure that policies reflect the real needs of people living and working in rural England, with a particular focus on tackling disadvantage.

3. We have three key functions:

- Rural Advocate: the voice for rural people, businesses and communities.
- Expert Adviser: giving evidence-based, objective advice to government and others.
- Independent watchdog: monitoring and reporting on the delivery of policies nationally, regionally and locally.

4. We are pleased to have the opportunity to contribute to the Children, Schools and Families Select Committee inquiry into Sure Start Children Centres and to highlight the issues surrounding the delivery of Children's Centre services in rural areas.

THE CONSULTATION RESPONSE

Background

5. At least 400,000 children in rural communities in England live in households affected by poverty and 1,000,000 children in rural communities live in low income households. A quarter of all those in England living in low income households live in rural districts,²¹ there are also many other children and families experiencing various types of rural disadvantage and have a far from "idyllic rural lifestyle".²²

6. Poverty in rural England is often hidden in pockets of deprivation, obscured by small settlement structures—low population densities in rural areas mean that poorer and more affluent families live in the same area.

7. The cause of poverty and disadvantage in rural areas are generally consistent with the urban experience eg unemployment, low work, low income, disability and lone parents. However, there are often deeper challenges to overcome due to particular rural constraints including; low rates of pay; predominance of seasonal work based on tourism and agriculture; access to education and public services can be difficult for those without private transport; isolation and remoteness from main centres of activity.

8. In 2007 UNICEF published *An overview of child well being in rich countries* which ranked the United Kingdom bottom of a league table for child well-being across 21 industrialised countries.²³

9. A 2003 CRC research report on Children's Centres in rural areas carried out by NCVCCO, identified the following challenges for the expansion of the Sure Start programme in rural areas:

- effectively meeting needs in ways suitable to more diverse communities which children's centres in rural areas will increasingly serve, including those which have never experienced an initiative of this kind;
- the likelihood of uncovering a wider range of needs amongst migrant families and others, putting extra strain on these services without additional funding;
- serving smaller villages with fewer children, ie what can be done in areas of sparsity?
- meeting the needs of a small number of disabled children scattered across wide areas, including requirements for access, transport, and special facilities in children's centres;
- finding and where necessary adapting multiple settings to bring activities and services close to communities where parents are unable or unwilling to travel to other villages;
- how to provide childcare through extended schools in rural areas;
- providing transport to ensure that rural children's centres are accessible to all;

²¹ DWP—*Household below average income 07/08*.

²² Commission for Rural Communities—*State of the Countryside 2008*.

²³ www.unicef-icdc.org/publications/pdf/rc7_eng.pdf

- ensuring equitable access across large shire counties, how to fund this given the higher unit costs of rural service delivery; meeting the cost of delivering services to rural areas; and²⁴
- of the 3,000 Children Centres in England, 624 are based in rural areas—this response to the inquiry draws on existing evidence and a recent snapshot study of the challenges and opportunities of delivering Children Centre services in rural areas, and how effective the centres are in reaching out to the most vulnerable. This study will be published shortly.²⁵

Are services in rural areas being accessed by those most in need; and how effective are the services for the most vulnerable?

- Rural poverty is often hidden, and is rising. For the most vulnerable families day to day life in rural areas can be harsh and the impact of the current recession is to make life harder.²⁶ In our forthcoming study we will document the difficulties which families on low incomes have in accessing basic services like primary healthcare. Among those families where no-one is in paid work only 26%, for example, have access to a car.
- The CRC has found that Children's Centres are doing a considerable amount to ensure that they support those families in most need, tackling many of the issues associated with the cause and effects of poverty. The case study centres described below are reaching out to the most vulnerable families and children by way of outreach work, support for self employment, fresh food co-operatives, education, debt management and help with accessing benefits, housing and childcare issues, however in sparsely populated areas the centres may not always know where those families are and therefore may be unable to reach those most in need.^{27 28}
- Ofsted's recent evaluation of Children Centres supports the CRC finding, concluding that a number of rural Children Centres "*were finding it problematic to reach out to the most potentially vulnerable families that may not ask for support, but where the need is greatest. Local Authorities serving the rural communities visited in the survey faced particular challenges. The levels of need are similar to those in the inner city centres, but geographic isolation adds an additional layer of difficulty and cost in bringing services to their communities*".²⁹
- The potential of rural Children's Centres in reaching their most vulnerable families and children is highlighted by the practise found in a rural centre by Ofsted, the "*Children's Centre is far from easy to reach for some of the most vulnerable families. They live on a small, isolated estate on the opposite side of the district from the centre. The centre team make home visits, support the newly formed residents' committee and has established a small satellite centre on the estate. These actions are having a positive impact as families are now willing to travel to some of the main centre's activities*".³⁰
- The Mini Sure Start national evaluation programme found that the neediest families in rural areas may be harder to find and engage with services than those in urban areas—there is also an additional greater resource pressure in terms of time and cost of travel for families, programme staff and managers operating and accessing services in rural areas.³¹
- There are distinctive disadvantages for the neediest and most vulnerable families in rural areas in accessing Children's Centre services—the higher cost of accessing goods and services, poor public transport or lack of private transport and physical isolation. However, the CRC has found that Children Centres are committed to families and a key feature of Children Centres in rural areas is their capacity to engage and gain the trust of many of the families who find it hardest to access services. Centres are reaching and engaging disadvantaged families, but do not have fully developed data systems to evidence this or to capture outcomes for parents of participation in children's centre services. The main reliance is on the evaluation of activities and case studies.
- The case study centres are well aware of rural poverty and the issues surrounding it, and share an interest in doing more to support families in need to achieve economic well being. It is well proven that access to education and training are key to achieving economic well being.

How well do Children Centres work with other partners and services (especially schools and health services)

- The Department for Children, Schools and Families (DCSF) has recognised that Children's Centres operating in rural areas are likely to need greater flexibility than those that operate in urban areas. Given the nature of rural areas—dispersed communities often with small numbers of children under five years old—the same services may need to be replicated for small groups of

²⁴ The Countryside Agency "Delivering services to children and families in rural areas: The early lessons from Sure Start" 2003.

²⁵ Capacity "Peace and quiet disadvantage; children's centre provision in rural communities" To be published November 2009.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Capacity "Peace and quiet disadvantage; children's centre provision in rural communities" To be published November 2009.

²⁹ Ofsted "The impact of integrated services on children and their families in Sure Start children's centres" July 2009.

³⁰ Ofsted "The impact of integrated services on children and their families in Sure Start children's centres" July 2009.

³¹ Capacity "Peace and quiet disadvantage; children's centre provision in rural communities" To be published November 2009.

- families in convenient local venues. Full use should be made of community facilities such as school premises, parish churches and community centres.³² This also supports the case for maintaining such community facilities in their own right.
- A range of delivery methods suit dispersed rural communities—this might include mobile provision, as well as outreach and home visiting.³³ Multi agency working and partnership is essential to outreach—all agencies and partners that work with Children’s Centre in rural areas benefit from the opportunity to deliver some services on an outreach basis and Children’s Centres provide an organisational hub to ensure this is possible.
 - A recent CRC qualitative study found that, of the rural Children’s Centres selected as case studies, four centres had “very good” levels of multi agency working, however in terms of health it would seem disappointing that no full data sharing took place. The information held by health services is likely to be of particular importance in sparsely populated areas—where the Children’s Centre staff may not know where the most vulnerable children and families are located.³⁴
 - Importantly local authorities are increasingly moving towards locality areas, aligning health, children centres, extended and preventative services—this alignment provides potential for an enhanced local intelligence capacity.³⁵
 - The CRC case studies reported that due to the established links between isolation and infant mental health, two centres have developed strong working relationships with the Child and Adolescent Mental Health Service (CAMHS).³⁶ Effective integration of services and partnership working is having a positive impact on the lives of many children and families living in rural areas, this is important because it helps the most vulnerable to achieve economic well being. However, the least effective partnership working has been reported as being between Children Centres and Jobcentre plus.³⁷ A closer, more effective relationship between Jobcentre plus and Children’s Centres would enable Children Centres to further tackle rural deprivation, for example by delivering information, advice and services through the Children’s Centres.

Good practise examples of partnership working in rural areas

- Children’s centre and the fire service in partnership—Northumberland; The Sure Start and Fire service partnership in Northumberland sees the fire and rescue service hosting Children’s Centre services in some of the most sparse inaccessible areas of Northumberland.
- The partnership consists of three Children’s Centres covering 780 square miles, from Berwick near the Scottish border down to Alnwick and Wooler, where midwives, a health visitor and a playworker are based at the fire station. The fire station has a community space which is used by childminders and other organisations such as Relate. The station also houses the mobile toy library and a “buffer” store for local GPs and District Nurses, who are able to access walking frames and commodes for older people or patients with disabilities, seven days a week.
- The fire service now fits all the smoke alarms and carbon monoxide monitors for priority families, the service deliver stair gates to families in rural areas. When visiting families the Fire Service identify any potential fire hazard and undertake a home safety check. The collaboration between Sure Start and the fire service, which has won a Partners in Excellence award, has also looked at ways of reducing child pedestrian accidents. As a result of the fire service’s input into the Safe Steps project run by a wide ranging partnership, the number of house fires fell by 20%, casualties from fires were reduced by 70% the number of young children attending hospital accident and emergency departments fell from 230 a year to 40.³⁸
- Lancashire—Children’s Centre providing parenting support to rural schools; The Children’s Centre in Garstang, Lancashire, is running parenting support workshops on its own site and in six other locations in this rural area. The workshops started at the Children’s Centre with funding for a crèche from the Youth Offending Team (YOT) organised and facilitated by a school nurse and the YOT parenting worker. In September 2007, the workshops were rolled out to five satellites in local schools and one in a church hall. Story time, creative play and baby sensory sessions, and parent support workshops are offered at the satellite centres, usually on a weekly basis. The arrangement is based on close collaboration between the Children’s Centre and the schools, which have all agreed to allow the centre to approach and talk to parents and to provide essential facilities in return. Feedback from initial parenting workshops was very positive, with all parents

³² DFES “A Sure Start Children’s Centre For Every Community Phase 2—Planning Guidance” 2006.

³³ The Countryside Agency “Delivering services to children and families in rural areas: The early lessons from Sure Start” 2003.

³⁴ Capacity “Peace and quiet disadvantage; children’s centre provision in rural communities” To be published November 2009.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ofsted “The impact of integrated services on children and their families in Sure Start children’s centres” July 2009.

³⁸ Together for Children “Rural Support Products” www.childrens-centres.org/Topics/RuralSupportProducts.aspx downloaded September 2009.

- completing the course. Satellites/outreach centres are making parenting support more accessible to parents in rural locations in Lancashire. Strong relationships are developing between the Children's Centre and local schools³⁹
- Lincolnshire Children's Centre—multi agency work: Lincolnshire has a funding formula which includes a rural weighting. The authority plans to use the existing mobile services provided by Libraries and the Youth Service to extend outreach to children and families. *Wainfleet* has what it describes as a *stretch and reach* strategy, using village and community halls; a community house on the Queen's Estate, libraries, health clinics, leisure centres and Old Age Pensioner halls. Approximately 30% of activities are estimated to take place at outreach venues. The centre also tries to address transport as ingeniously as it can, making use of community cars, funded from the Children's Centre budget; some families give lifts to others and sometimes staff will drive families to appointments. Events are timed carefully to suit families, public transport, and school dropping off and picking up times. There is no funding to teach people to drive, although parents with a disability can get help from the Family Fund.
 - Multi-agency work is described as working "*brilliantly*". A Health Visitor drop-in is popular with parents and access to social services has improved, with families now willing to come in and discuss issues. The centre also works with the drug service, *Addiction*. Other partners include Social Care, Health, Education, Connexions, the Child and Adolescent Mental Health Service (CAMHS), Jigsaw Counselling and St Matthews Housing Association.⁴⁰

The range and effectiveness of services provided by Children's Centres operating in a rural setting.

- The case studies in paragraphs 22 to 27 not only reflect the excellent partnership working that can be achieved through Children Centres in rural areas, but also "show case" the range of services which can be delivered via Children Centres.
- Aside from these and other examples of good practice, the reality of rural isolation still presents difficulties. "... *Geographic isolation adds an additional layer of difficulty and cost in bringing services to rural communities.*"⁴¹ In 2004 Defra commissioned Secta to review the cost of delivering services to rural areas. Secta found that collectively the studies reviewed concluded that "rural areas face greater difficulties in providing services to the same standard of effectiveness at the same levels of costs as in urban areas and that as a result either cost is higher (in rural areas) or performance (response times, access and so) is lower".⁴² Secta's comprehensive review of the evidence base on the additional costs of service provision in rural areas clearly concludes that there is a cost premium in delivering a similar standard of service in rural areas compared to that in urban areas. In many rural Children's Centres resources are thinly spread, due to the distance involved in reaching out to and supporting families, with additional funding, an increased rural weighting to funding formulae, more families could be helped.⁴³
- There are often convincing reasons why some Children's Centres do not provide one stop shops. The guidance for setting up Children's Centres acknowledges that the widespread nature of communities in rural areas necessitates a more dispersed model so that families without convenient transport do not have large distances to travel.⁴⁴
- Ofsted's recent evaluation⁴⁵ concluded that "Parents strongly preferred a single site, one stop shop model for children's centres. This is impractical in rural areas, where families, especially disadvantaged families, may not be able to afford to travel to a centre remote from their homes".
- In rural areas often the best approach to ensuring that the most vulnerable access the services is in "sitting" the services and activities close to the communities, through outreach, even when this means placing the services away from the main centre.
- Children's centres should focus more systematically on supporting parents to achieve economic well-being. In the immediate term, this would require a comprehensive approach to supporting families to claim all the in-work and out-of-work benefits available to them and to assist with any problems arising from debt.
- Children's centres should accelerate plans to offer more flexible provision including evenings and weekends care and access to services, this would support wider engagement—and enable centres to extend their offer to older children and other family members and to families living with disability.

October 2009

³⁹ TeacherDevelopmentAgency//www.tda.gov.uk/remodelling/extendedschools/howtodeliveres/ruralaccess/rural/casestudies/remodelling/lancashire_garstang_parenting.aspx downloaded September 2009.

⁴⁰ Capacity "*Peace and quiet disadvantage; children's centre provision in rural communities*" To be published November 2009.

⁴¹ Ibid.

⁴² Hindle *et al.* *Review of evidence on additional costs of delivering services to rural communities.* SECTA, April 2004. p 11.

⁴³ Capacity "*Peace and quiet disadvantage; children's centre provision in rural communities*" To be published November 2009.

⁴⁴ DfES *Sure Start children's centre planning and performance management guidance* 2006 p14.

⁴⁵ Ofsted "*The impact of integrated services on children and their families in Sure Start children's centres*" July 2009.

Memorandum submitted by the National Institute of Adult Continuing Education (NIACE)

1. The National Institute of Adult Continuing Education (NIACE) is an independent non-governmental organisation and charity. Its corporate and individual members come from a range of places where adults learn: in local community-based settings such as Sure Start Centres, in libraries and schools as well as universities, further education colleges, workplaces, prisons and in their own homes via ICT. The ends to which NIACE activities are directed can be summarised as being to secure more, different and better quality opportunities for adult learners. It is particularly concerned to advance the interests of those who have benefited least from their initial education and training.

2. For many years, NIACE has worked to support family learning. We believe that intergenerational activities which involve children, their parents and siblings, grandparents or carers and which result in explicit learning outcomes for all offer exceptional potential, especially in a child's early years, to break the transmission of educational disadvantage from generation to generation. The confidence, agency and resilience gained from family learning flows both ways—from child to parent and from parent to child.

THE DEVELOPMENT OF SURE START CENTRES

3. NIACE regrets the fact that broad family learning is afforded relatively little priority within many Sure Start programmes. An initiative intended to develop models of integrated services for under-fives and their families may have come to over-emphasise childcare solutions at the expense of the educational and healthcare roles of Sure Start Centres. While recognising that paid employment is the best route out of poverty and deprivation, getting mothers into work may have the effect of marginalising wider outreach and community development work with children's families.

4. There is anecdotal evidence to suggest that there is still a stigma attached to the fact that children's centres' initial locations were in areas of deprivation. One centre gave the example of parents not wanting to be called "Sure Start" parents despite the fact that they are service users. The challenge here is to change people's perception of an established brand and get buy-in from local communities. This may be more easily achieved if centres are controlled by local boards (including service users) rather than being seen as a local government service.

5. The integrated approach has been applauded for its effectiveness in safeguarding the very vulnerable and failures in applying such an approach are highlighted in cases such as the Baby P case. Not all centres have been successful in developing fully integrated services however, and there may be a case for clearer leadership in this respect.

RANGE AND EFFECTIVENESS

6. Currently children's centres are promoted as "one stop shops" for family services, concentrating on those families with children under five. NIACE would argue that the definition of "family" should be re-visited allowing, explicitly, for a broader interpretation (to reflect the growing diversity of family and kinship forms in modern Britain) and include provision for children and young people and other members of the extended family. Newer intergenerational centres are clearly taking an approach to include the whole family and wider community, whereas some older Sure Start children's centres have developed primarily as domains for "parents" (mainly mothers) and their younger children, which excludes other members of the family in particular and the community in general.

7. The advent of the Common Assessment Framework (CAF) does not yet appear to have encouraged a more integrated approach across Sure Start services. In some cases, centres have told NIACE staff of a lack of willingness among partners to change old ways of working (in terms of sharing information) and would readily welcome a more collaborative use of resources.

8. Provision within children's centres tends still to be dominated by services for mothers and children under five. Often this means an emphasis on services such as mums and tots groups, stay and play, baby massage, pre- and post-natal support and support on returning to the labour market. Less attention is given to activities which nurture and support wider family networks.

9. While this focus is understandable, NIACE would argue that some centres are failing to achieve their full potential and effectiveness by not broadening their offer to include a more comprehensive range of services as support for self organised learning, services for older adults (such as grandparents) or older siblings and for BME groups (other than ESOL classes). This would allow for more creative partnerships to develop. An example is where links with community groups and organisations could support attempts to reach marginalised communities and individuals. The focus on services for families with young children may limit effectiveness and may impact on the types of services being developed and the types of families reached.

10. Overall, there appears to be an unresolved tension between a desire to allow flexibility and responsiveness to local conditions on one hand and the need to encourage the roll-out of proven evidence-based good practice on the other.

 FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

11. NIACE believes that there is scope for strengthening partnerships between Sure Start Centres and other stakeholders in family policy. These might include health and social care, formal education and training providers, Jobcentre Plus, community and cultural services and the voluntary sector. There may be a case for several Departments of State to co-resource an innovation fund to pilot and disseminate examples of effective cross-silo working—demonstrating what can be possible and for greater pooling of budgets into a “single pot”.

STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

12. As early as 2004 NIACE led an evaluation of the *Step into Learning* programme. The programme was originally delivered by the then Basic Skills Agency which aimed to equip staff in Sure Start programmes, nurseries and children’s centres with the knowledge and skills required to help them identify parents and carers’ literacy, language and numeracy (LLN) needs and support them into local provision. Our findings showed that whilst this was a good programme, some of the targets were overly ambitious. For instance it was expected that staff, having attended the training would be able to identify parents/carers with language, literacy or numeracy needs and refer them onto appropriate support; however although staff could identify those parents who needed support, many of them were not confident enough to engage parents in discussions about their LLN needs or to refer them onto other agencies. It was also identified that many of the staff themselves struggled with LLN and would require support of their own. The evaluation recommended that:

“The nursery managers and staff needed further training in practical strategies and skills for discussing LLN with other staff and parents/carers.”⁴⁶

Whether this recommendation was implemented subsequently remains unclear. This is not a criticism of the front-line staff but perhaps of more senior managers who had recruited “child care” practitioners to services rather than those with the broader range of skills or experience required to deliver wider support to families.

WORK WITH OTHER PARTNERS AND SERVICES

13. NIACE is aware of persistent grumbles about data transfer issues in some centres. Examples reported include health agencies failing to share information on new births which prevents centres from engaging with families not known to the service. Midwives and health visitors were originally seconded to Sure Start children centres and this led to more robust partnerships with clear protocols for sharing information and pooling of resources but it would appear that partnership between health and children’s centres has decayed in some areas. In other areas the partnership between health and children’s centres is better established and services benefit from a more integrated approach. What is of concern however is that NIACE has heard examples of inconsistencies within areas covered by the same LA and PCT. There is clearly work to be done to ensure an integrated approach across services and the replication of good practice in less successful areas.

14. Partnerships with schools are, from most accounts, working well and have been a welcomed arrangement. However, still lingering are⁴⁷ “... differences in organisational culture and working practise (which) can lead to tensions and rivalry between professionals and the defending of work boundaries.” Government departments need to work more closely to ensure that this type of practice is eliminated.

ACCESS FOR THOSE MOST IN NEED AND EFFECTIVENESS FOR THE MOST VULNERABLE

15. Children’s centres have developed a range of ways to evaluate their offer. These include:

- individual evaluations of provision;
- parent-led needs assessment (some using parent to parent interviews);
- group evaluations;
- various forums’ of users; and
- socio spatial mapping which shows where groups are coming from geographically

16. While these methods may be effective at evaluating what people want, accessibility and contentment, they are less good at evaluating impact on participants’ lives. There is also some anxiety about the tendency of government departments to measure achievement using quantitative methods, ignoring the value of more qualitative approaches which would better assess the long term effectiveness of services on individuals and families.

⁴⁶ *Step into learning.*

⁴⁷ Best Practice guidelines, NIACE, 2009.

17. There appears to be a lack of clarity in some centres about exactly who constitutes the “most vulnerable” groups within their locality, not only in terms of categories such as single parents, BME, disabled parents or children, those with mental health issues for example, but also in terms of numbers within each category. The flexibility and responsiveness mentioned above may mean that Centres tend to respond most effectively to users similar to those already engaging with their services. Vulnerable groups or individuals not in contact with children’s centres may remain at a significant disadvantage

October 2009

Memorandum submitted by Walsall Children’s Centres

1. SUMMARY

1.1 This submission will address funding and partnership working within Walsall Children’s Centres.

1.2 It will describe how funding is allocated to meet the needs of the most disadvantaged families in Walsall.

1.3 It will provide three case studies of work with other partners and services especially schools and health services

2. CHILDREN’S CENTRES IN WALSALL

2.1 The vision for children’s centres in Walsall is to establish a universal entitlement so that every child in Walsall has the best start in life, provided through the ready access to provision that meets their learning, health and family support needs. Our aim is to provide better outcomes for all children through a truly inclusive service.

2.2 All communities in Walsall will have access to children’s centre services to meet their needs, requiring differing levels of support according to families’ social and economic backgrounds and the existing services that are currently available. The development of children’s centres within Walsall is based on a three phased approach. The first phase was based on providing support services for the most disadvantaged areas and then widening this to cover the 30% most disadvantaged areas in Phase 2. The third and final phase is to ensure that all communities in Walsall have access to Children’s Centre services.

2.3 The development of Children Centres will require an emerging strategy, founded on the evaluation and commissioning of evidence based services.

3. FUNDING

3.1 The principle to devolve funding to centres is based on formula approach that gives flexibility to Centre managers whilst ensuring that sufficient funding is allocated to deliver the core offer of services. The aim is to give transparency on the factors that have been used and to provide sufficient funding to enable the core offer of services to be met.

3.2 It has proved valuable to continue some central funding for complementary family support, health co-ordination and father support workers where these services can be shown to have high impact and provide better outcomes for children and their families.

3.3 There are seven elements to the formula:

3.3.1 *Centres serving the 10% most disadvantaged super output areas*

The Sure Start requirement for is for all the 30% super output areas to have access to full core offer of Children’s Centre services. However, it is important to recognise that some of the Centres were established to meet the needs of highly disadvantaged areas. Therefore, an increased allocation has been made for those Centres serving the 10% most disadvantaged super output areas in Walsall. This will help to improve outcomes for all young children while narrowing the gap between the outcomes of the poorest children and the rest.

3.3.2 *Family Support Daycare/Crèche*

This funding supports the delivery of childcare and/or crèche places for families in need who are also using at least one other service in the Centre, such as training or family support activities. Any respite identified at Level 2 Child Concern or above is to be funded from this funding allocation, not exceeding more than two places per week.

3.3.3 *Reach*

Allocations have been based on the size of the Children's Centre reach area. This funding is intended to cover the costs for the Children's Centre Manager and premises costs.

3.3.4 *Qualified Teacher support for centres serving the 30% super output areas*

Centres serving a reach area where more than 50% of the children under the age of five are in the 30% most disadvantaged super output areas are required to have a full-time equivalent Qualified Teacher working towards Early Professional Status. A ring-fenced funding allocation has been made to reflect this requirement.

3.3.5 *Family Support*

An allocation has been applied to all Children's Centres to support at least two full time equivalent family support workers and must be used for this purpose. This allocation has been increased for the following year 2010–11.

3.3.6 *Additional factor for health related family support*

An allocation has been applied to all Children's Centres to support at least 0.5 full time equivalent health related family support post and must be used for this purpose.

3.3.7 *Outreach family support for centres serving the 30% super output areas*

Funding has been allocated for two outreach workers to support the most disadvantaged families to ensure they are accessing the services they need.

4. WORK WITH OTHER PARTNERS AND SERVICES ESPECIALLY SCHOOLS AND HEALTH SERVICES

4.1 The Child Health Promotion Programme was piloted in the Birchills and Bloxwich North areas of Walsall from October 2008–February 2009. The aim of the pilot was to determine the views of Heath Visiting Teams, local Children's Centre staff and Maternity Services regarding a system of integrated working in order to implement the Child Health Promotion Programme. These views were used in the development of the national Healthy Child Programme by the Department of Health.

4.2 The feedback from professionals was generally positive. It was felt that integrated working increased the variety of skills within the wider children and young people's workforce. It gave clients a greater choice regarding the facilities they could use to access health care and parenting support.

4.3 Health visitors, midwives and Children's Centre staff developed regular "share" meetings where families' needs were discussed and an agreed package of support was put in place.

These meetings have developed to include input from local schools, Homestart and Social Care. This ensured that families received services in an appropriate way, resources were allocated effectively and there was a reduction in the number of duplicate contacts.

The outcomes for professionals were an increased understanding of each others' roles, identification of joint training needs and an appreciation of service constraints.

It provided statutory and voluntary services the opportunity to work more closely, including undertaking joint visits, for the benefit of families.

4.4 Child Health Clinics were held in Bloxwich West Children's Centre which reached a wider client group than previous sessions had been able to achieve.

4.5 It is a requirement that Children's Centres make contact with all families within eight weeks of birth. Health Visitors already visit families within this timescale and by considering all workers part of the Children's Centre "virtual team" it made sense to maximise this contact. The Family Health Needs Assessment Tool was completed by Health Visitors and shared with Children's Centres to establish quality base line data about their families. This enabled Children's Centre staff to undertake a timelier visit at 15 weeks to gift the Bookstart pack and deliver weaning advice.

4.6 Lively Ladybirds is an approach to early identification developed by Sure Start Alumwell Pleck Children's Centre. This centre serves an area of two diverse communities that together make the Pleck ward of Walsall borough. Pleck ward is within the most deprived wards in the country. Problems that have been highlighted are poor housing, high unemployment, low educational attainment and poor health.

4.7 Lively Ladybirds sessions aim to enable staff to observe and assess individual children with a view to early identification of any additional needs they may have. The sessions are designed to meet the needs of the individual child.

4.8 The centre identified children through stay and play sessions, play in the home and family support who were not ready for nursery in the areas of independence, toileting, social and emotional skills, sharing and turn taking

4.9 The staff team used to identify and support these children included staff from the Children's Centre, health visitors, speech and language professionals, and teachers from the Early Years Special Educational Needs team.

4.10 The minimum age for referrals was two years and three months. A child may have been referred to the group by any professional in the community with whom he/she currently had contact, eg health visitor, family support worker, early years/crèche workers, nursery. The criteria for referral to the group were:

- Concerns about communication and interaction skills, eg the child avoids interaction, has problems communicating through speech and/or other forms of language, has delayed or poor speech, doesn't respond to their name or follow instructions.
- Markedly lower levels of development and play than those of other children of the same age.
- Inappropriate behaviour, eg aggressive to others, introverted or withdrawn, unable to follow routine.
- Poor gross and/or fine motor skills
- Difficulty with activities that require visual skills and/or difficulties with hand/eye co-ordination

4.11 The person making the referral completed a form with the parent/carer, clearly identifying the reason and gaining permission from the parent/carer to make the referral. Children were accepted into Lively Ladybirds for an initial period of a term. After this time, a review meeting was held with parents to inform them of their child's progress. Some children needed a fixed period of further assessment at Lively Ladybirds sessions.

4.12 Initially sessions were two hours but the children found this too long so it was changed to 1.5 hours, once a week, term time only and based at the local school.

All sessions were structured to include:

- Set welcome time
- Free play (to include an adult-led activity)
- Snack time
- Story/Rhyme time
- Home/Good bye time.

4.13 A transition review and plan was put into place for each child leaving Lively Ladybirds in consultation with the child's next setting.

4.14 The outcome for these children is that they had a package of support in place ready to access their free early years entitlement. It has enabled early identification of specific needs and ensured smooth, effective transition from one setting to another.

4.15 The Children's Centre at Bentley West is in its third year of delivering a transition programme called Foundation for Learning to assist both children and parents with the transition from childcare to school nursery. This operates five mornings a week from April to July.

4.16 The planning is produced in conjunction with the Early Years co-ordinators from two local schools and identifies children's individual needs eg speech and language delay. Nursery teachers have an opportunity to meet their future nursery children prior to their start date.

4.17 The Early Year's co-ordinator has tracked children using the Children's Centre and has shown that their baseline outputs are higher than those children who enter school nursery without having attended the Children's Centre. This progress has been maintained throughout Reception and Year 1.

4.18 A recent Ofsted report concluded:

“The Children's Centre is led and managed well, and the excellent links with the main school ensure that children make a smooth transition to the Early Years Foundation Stage”

5. CONCLUSION

The funding formula helps Children's Centres to focus on the most disadvantaged and ensure core offer of services whilst retaining flexibility to deliver services that meet local needs.

Children's Centres in Walsall are developing good practices through partnership working which will help to deliver services more effectively.

October 2009

Memorandum submitted by North Tyneside Council

SUMMARY

- We believe that Sure Start Children’s Centres are making a real difference to the lives of children within North Tyneside.
- Bringing together a range of services for young children and families has improved user experiences, through greater integration and accessibility.
- Children’s centres have been instrumental in supporting the learning and development of young children in North Tyneside, which is amongst the top quartile for key national indicators.
- The value of children’s centres is particularly evident within our most deprived communities, where a strong sense of community ownership exists around our centres. We have become effective in successfully identifying and engaging the hardest to reach families, which allows us to develop multi agency tailored packages of support that empower vulnerable families to transform their lives and improve the long-term life chances of their children.
- Robust strategic management, governance and performance management ensures that value for money and effective service delivery is achieved.

HOW MODELS OF CHILDREN’S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

1. North Tyneside’s children’s centre programme will deliver 12 children’s centres across the borough’s four localities. Each neighbourhood has access to the core offer of children’s centre services, which will improve outcomes for all children aged under 5 years.

2. In phase 1 (2004–06) five children’s centres were developed and in phase 2 (2006–08) a further six centres were opened. Initially children’s centres were located within the most deprived areas to ensure support was accessible at a neighbourhood level. Phase 3 children’s centres will provide services to the least disadvantaged communities, with one further children’s centre being developed and the extension of reach of two phase 1 centres.

3. The children’s centre model in North Tyneside follows a “full service” and “standard service” model. There are four full service centres, offering a comprehensive range of services on site to help to close the gap between the most deprived children and the national average. An additional seven standard centres also deliver the core offer but not necessarily on the scale of a full service centre. The location of the full service children’s centres were determined by a combination of factors, primarily the number of under 5’s in the designated area and the percentage of under 5’s in the 30% most deprived Super Output Areas.

4. Children’s centre provision is delivered through a mixed economy of providers, eight centres are directly delivered by North Tyneside Council, a further three are delivered by schools and we have one children’s centre delivered by the voluntary sector.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN’S CENTRES

5. Children’s centre programmes involve working with parents and young children, providing integrated childcare with education (phase 1 and 2 centres), parent and child activities, family support and linking with health services, employment services and Families Information Service in order to provide the best start in life for every child. Our Phase 1 and 2 children’s centres deliver high quality childcare and early years education. This approach has contributed to North Tyneside’s top quartile performance for National Indicator 72 “the achievement of at least 78 points across the early years foundation stage” and National Indicator 92 “the gap between the lowest achieving 20% in the early years foundation stage and the rest.

6. We believe that children’s centres achieve the greatest positive impact upon the lives of children, by promoting and supporting healthy lifestyles, opportunities for learning and a whole family approach to social and emotional development. In addition to the provision of key activities to support workless families in their return to education and gain employment, that is recognised as the surest way to reducing child poverty.

7. Each children’s centre offers a range of universal, targeted and intensive services to support the needs of the child and family. These range from weekly facilitated sessions, such as “stay and play” sessions, baby clubs, weaning workshops, play days, toddler groups and dietetics services. Targeted support activities are available to engage with our families who are defined by Together for Children’s Toolkit for reaching priority and excluded families as:

- teenage parents;
- lone parents;
- families living in poverty;
- workless households;
- families living in temporary accommodation;
- parents with mental health issues or drug or alcohol problems;

- families with a parent in prison or known to be engaged in criminal activity;
- families from minority ethnic communities;
- families of asylum seekers;
- parents with disabled children; and
- disabled parents with children.

8. These services include adult education (literacy, numeracy and computer skills), Dad's group, Teenage pregnancy group, Positive Parenting, Food Hygiene, Cooking on a Budget, Self-esteem groups such as Be Happy Be Healthy and the Freedom programme to support women subjected to domestic violence.

9. Intensive support in our children's centres can be used to make the change in crisis situations or as a longer term package of support that is built around the family to ensure that they are able to access the services and support that they require.

HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES

10. Each children's centre has a multi-agency approach to service planning and delivery. There are regular multi-agency "Request for Service" meetings, using our common assessment framework that are held to support service delivery to our targeted families or those with a complex need. These meetings bring together professionals from across a range of agencies, including social workers, health visitors, midwives, family support staff, Area Children's Team leaders, nursery officers and the head of children's centres.

11. The group develop packages of personalised support around the needs of the family as a whole, resulting in care plans for the child and wider family. Personalised packages draw upon a core offer of services, activities, support and guidance that has been developed in response to identified needs.

Family Support

12. Our evaluations, which have been externally verified by the National Evaluation of Sure Start, sited our family support model as an area of good practice. Evidence shows that sustainable improvements in the quality of life of a child require the empowerment of parents and carers to sustain a supportive home environment. North Tyneside's family support is designed to raise the self-esteem of parents and carers, whilst also building their practical skills. This provides parents with the confidence to make positive changes that improve their child's life. Our services adapt to the specific needs of each family. Many vulnerable families are engaging with services from a very low base and family support can be as basic as building the confidence of parents to leave their home environment and participate in children's centre activity.

13. Family Support offer packages which can include a full range of support mechanisms for the family ranging from group activities to intensive one-to-one support in the family home. Attendance at evidence based parenting programmes and other short courses that have been designed by centre staff to reflect a trend of need either within the borough or specific centre area. We have numerous testimonies from families that demonstrate how family support has prevented family problems from escalating or becoming entrenched.

Health Services

14. Health is also an integral aspect of children's centre provision. A range of child and family health services are delivered within children's centres, with a strong emphasis on prevention and early intervention. The provision of accessible health services in a welcoming environment improves outcomes for children. It also helps to build an early and enduring relationship with children's centres, particularly amongst the most vulnerable clients. A major benefit has also been the strengthening of integrated working between agencies. For example, midwives report finding it easier to encourage families, particularly those who are hard-to-reach to access wider family support when services are co-located within a children's centre.

15. The midwifery team deliver antenatal and post-natal services through many of our children's centres. Health and community led breastfeeding support groups are established within our children's centres, the success of this approach is reflected in the percentage of mothers who initiate breastfeeding, which exceeded our target in 2008–09. Health Visitors now also carry out nine month and two year checks within the centres. We also benefit from dedicated support from the Community Consultant Paediatricians and Local Community Paediatricians. Speech and language therapists are commissioned to provide additional support to children with communication difficulties.

16. Children's centres are also helping to address some of the key health issues facing North Tyneside. Our ante natal care and pre natal care have a strong focus on nutrition, with support provided by a commissioned dietetic and nutrition team. They provide training to children's centres and health staff, which included nutrition awareness, nutrition for under 5's, pre-conception and pregnancy and weaning. These measures are helping to tackle childhood obesity levels in the borough, which have declined from 10.1% to 8.3% between 2007–08 and 2008–09. Children's centres are also delivering services to reduce smoking during pregnancy.

Schools

17. Children's Centres form key linkages with schools both strategically via extended services for schools which cluster around children's centre areas and operationally with the individual relationships that have been forged between Children's Centres and the schools to offer support in transitions and key work in targeted areas around a joined up approach to health issues such as obesity.

18. Half of our children's centres are based upon school sites and benefit from access to the wider school community. Children's centres also support Childminding Networks who often bridge the transition from childcare to school life in the provision of before and after school care.

Jobcentre Plus

19. Parental employment is a major determinant of a child's life chances and our children's centres actively support parents and carers to engage in employment, education or training. Children's centres offer a range of non-stigmatising courses that provide a reassuring entry point into adult learning. They provide parents and carers with a "jumping on" point from where they can access an escalator of support to enter employment. We work with Job Centre Plus and other employment services to provide parents with a pathway to employment.

20. We have also developed a programme of co-facilitation, where parents receive a package of high quality training to become "parent volunteers" able to co-deliver children's centre activities alongside professionals. This has proved highly successful with high levels of satisfaction expressed amongst the volunteer workforce who recognise the opportunities to portfolio build towards a new career pathway and to build confidence and self-esteem. It has also led to a significant number of parents and carers entering fulltime employment, including a number who are now full time children's centre employees.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

21. At present children's centres are supported by grant funding. There is a strong commitment to children's centres amongst senior leaders and stakeholders within North Tyneside. A significant reduction or cessation of central funding would severely undermine our ability to provide a borough-wide universal provision. It would also compromise our ability to deliver targeted outreach services in complex cases. This work is often resource intensive but delivers the greatest impact on the lives of vulnerable children and young people.

22. Children's centres represent excellent value for money. The early prevention they provide reduces the need for later interventions when problems have become embedded or entrenched. We have a large evidence base of case studies and user testimonials where children's centres targeted support has prevented problems within families escalating to the point of crisis.

23. At present phase 1 and 2 children's centres do not charge for services, this ensures that there are no financial barriers to accessing services. However, phase 3 is delivering services to some of the wealthiest wards in the region. We are currently exploring the feasibility of a charging policy that could be implemented in a non-stigmatising manner whilst ensuring that those service users who are from low income or priority families continue to access free services.

24. North Tyneside recognises that it is essential that public services deliver the maximum value from resources available. We have been proactive in delivering greater efficiencies, which have been achieved through a significant restructure of staffing in line with the budget taper for Sure Start local programmes. As part of this process the workforce development programme has strengthened the generic skills of core children's centre staff, which has reduced reliance on high cost specialist provision. Our administrative staff's role has expanded to oversee the collation and reporting of performance management data and they are key to providing "brief message" information and signposting to key services and to deliver core messages to parents and carers accessing the service.

25. The key strategic links forged with health services also ensure that value for money is enhanced by non-duplication of mainstream services, but that service delivery is enhanced for the community by providing services at the Children's Centres

STRATEGIC PLANNING, GOVERNANCE, MANAGEMENT AND STAFFING

26. North Tyneside has established a coherent governance and management structure for children's centres to ensure that key objectives are delivered, with a robust focus on accountability. North Tyneside Council employs an Early Years and Play Manager with overall responsibility for children's centres. The Early Years & Play Manager assisted by the Children's Centre Coordinator works with partner agencies to facilitate strategic integration of services and promotes consistent policy and practice across centres. They also oversee the performance of each children's centre, providing challenge and scrutiny of centres' management and delivery.

27. All children's centres operate with a head of centre working with a Children's Centre Advisory Board, which represents the interests of users and other local stakeholders. An Early Years Childcare and Family Learning Sub-group, Finance Sub-group and Health and Family Support Sub-Group support them. Heads

of centre, working with the Children's Centre Advisory Board hold responsibility for the human resources, finance, health and safety, local partnership working and outcomes for children within their respective children's centres.

28. To be effective, children's centres need an effective, skilled and integrated multi agency workforce. Developing the generic skills of core staff has been an integral element of our workforce development strategy. This has created an adaptive workforce that is able to respond to the individual circumstances of families and which is not constrained by traditional professionals' boundaries. Regular joint meetings within the children's centres allow knowledge and learning to be shared across professions. Staff work flexibly across centres, including backfilling vacancies to ensure consistency of services is maintained. We have a dedicated training officer who ensures all children's centre and childcare staff receive consistent training around the common core curriculum, safeguarding and the health and wellbeing schedule. This ensures consistency of services across settings.

WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

29. To ensure that services are accessed by those most in need, we have developed a consistent area wide approach to aspects of monitoring and evaluation for example: completion of the children's centre Self Evaluation Form, selection and definition of local indicators, assessing user satisfaction, and monitoring impact of services on outcomes for children and families. We ensure that monitoring and evaluation activity is purposeful, proportionate, timely and directed towards improving the quality of services and outcomes for children and families. This approach, which includes individual worker impact forms, which clearly identifies each worker's engagement with our priority and excluded families was presented as an area of good practice to Sure Start Lead Val White in December 2008.

30. Efficacies of services have been measured by a number of methods including service user evaluation, outcomes and impact of intervention against need. All families who have received services via the request for service meetings can be assessed to evaluate progression against the care plan developed in consultation with the service user and the centres. Nationally it has been recognised that there is a lack of hard data available to prove the successes of children's centres and we have the same difficulty within North Tyneside. However, we have a databank of case studies and testimonies that clearly demonstrate the positive impact and sense of empowerment that our most vulnerable families feel after engagement with the children's centres.

31. Access to services and impact has also been evaluated by the Centre for Public Policy at Northumbria University and they found that service users believe that children's centres:

- Have given their children a chance to play and learn.
- Improved their children's speech and language.
- Enabled them and their children to make new friends.
- Improved their relationship with their children.
- Made them and their children more confident.
- Improved their knowledge and skills.
- Enabled them to see that support is available if needed.

32. Children's Centres benefit from a wealth of experience within the Children, Young People and Learning Directorate and beyond. With support from our Cabinet Member for Children, Young People and Learning and the opportunity to be involved in many other government and council initiatives that impact on Children's lives, we can empower vulnerable families to transform their lives and improve the long-term life chances of their children.

October 2009

Memorandum submitted by Black Voices Network

1. The Black Voices Network is a network of children's services practitioners that brings together the voluntary and community, government and statutory sectors' knowledge to influence policy and practice development from an ethnically diverse and racial equality perspective.

The network:

- Identifies issues that black and other minority ethnic practitioners consider key to effective service delivery to black and other minority ethnic children and families and to the recruitment, retention and career development of black and other minority ethnic staff.
- Supports informed discussion at local and regional level of issues that impact on different communities' engagement with the early years and wider children's sector (as employees and users).

- Uses the outputs from these discussions to impact on services, local practice and government policy.

2. Main summary points:

- Poverty and deprivation disproportionately affects black and other minority ethnic children. Children’s centres can only effectively fulfil their brief if there is commitment to understanding and tackling institutionalised racism and persistent disadvantage.
- Ethnic data collection at local, regional, national and research level must be more consistent and sophisticated to enable effective evidence-based practice.
- There are strong moral and business cases for developing strategies to recruit and retain a well-qualified black and minority ethnic early years workforce.
- The statutory framework for the Early Years Foundation Stage gives an explicit message that equality of opportunity is fundamental to all children’s care, development and well-being. The EYFS practice guidance, supporting guidance from National Strategies and many reports, resources and training courses must be used to develop a cohesive, confident workforce that is committed to enabling all children to overcome disadvantage and discrimination.

3. We live in a complex society drawn from people from many different ethnic and religious backgrounds and this complexity is not always acknowledged and accounted for within mainstream policy development. Poverty and the associated deprivation disproportionately affects black and other minority ethnic families. According to the DWP Report *Ethnicity and Child Poverty*,⁴⁸ around 750,000 black and other minority ethnic children will be in poverty by 2010. Currently, just over a quarter of black Caribbean and Indian children and over half of Pakistani and Bangladeshi children are in poverty, compared to one fifth of all children.⁴⁹ Employment and economic activity also varies considerably across ethnic groups and between genders within groups, likewise the length of unemployment periods. The authors of an analysis of ethnic minority labour participation through the 1991 and 2001 Census argue that:

“... the net disadvantage of ethnic minorities in the labour market has become greater for men born in the UK. Those born in the UK have gained higher qualifications than their overseas-born parents, but the playing field has become more uneven. .. This ethnic penalty means greater unemployment for Indian, Pakistani, Bangladeshi and Caribbean men, and even more so for those born in the UK .”⁵⁰

4. Sure Start Children’s Centres are committed to improving the life chances and opportunities for children experiencing disadvantage through the provision of high quality care and education and through support to families, including “back-to-work” support. The disproportionate disadvantage experienced by many black and other minority ethnic families indicates the need for an approach that is embedded within local authorities’ strategic equality plans and comprehensive area assessments to ensure that services understand and meet families’ needs and comply with the statutory duties of the amended Race Relations Act.

5. Existing evidence suggests that this strategic approach is not consistently applied. The reports from The National Evaluation of Sure Start reveal very limited information about the effectiveness of Sure Start on black and other minority ethnic families in spite of the considerable impact such an investment could create. In 2006, one report noted that “detailed evaluation work on efforts to include Black and Minority Ethnic families, group (sic), or individuals in Sure Start was scarce”.⁵¹ The report describes:

“... adult language courses were the most common form of activity directed at BME groups... other targeted provision listed in local evaluation reports included a bilingual breastfeeding support group for Bangladeshi women, swimming session (sic) targeted at Muslim families, a ‘self-esteem’ training course for Bangladeshi and Pakistani women, and a Jewish mother and toddler group. None of these reports however provided any outcome evaluation findings.”⁵²

6. In 2007, a more detailed report, *Sure Start and Black and Minority Ethnic Populations* was published.⁵³ Findings from that report will be referred to throughout this response, but again, the authors note that:

“... the treatment of ethnicity as an important dimension in the work of Sure Start was fragmented, partial or lacking altogether. Ethnic categories were conflated in a way which was unhelpful in reflecting diverse outcomes for different minority ethnic groups...”⁵⁴

⁴⁸ Platt, Lucinda *Ethnicity and Child Poverty* Department of Work and Pensions, 2009 p1 <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep576.pdf>

⁴⁹ Ibid p2.

⁵⁰ L Simpson, K Purdam, A Tajar, E Fieldhouse, V Gavalas, M Tranmer, J Pritchard and D Dorling *Ethnic minority populations and the labour market: an analysis of the 1991 and 2001 Census* DWP, 2006 <http://research.dwp.gov.uk/asd/asd5/rports2005-2006/Report333.pdf>

⁵¹ Lloyd, N and Rafferty, A *Black and Minority Ethnic Families and Sure Start: Findings from Local Evaluation Reports* National Evaluation of Sure Start, 2006 p5.

⁵² Ibid. p4.

⁵³ Craig, G, Adamson, S, Ali, N, Atkins, L, Dadze-Arthur, A, Elliott C, McNamee S and Murtuja, B *Sure Start and Black and Minority Ethnic Populations* DCSF, 2007 <http://www.ness.bbk.ac.uk/implementation/documents/33.pdf>

⁵⁴ Ibid p ii.

7. Conflation of ethnic categories causes wide-sweeping generalisations that do little to meet the Early Years Foundation Stage vision for services shaped around “A Unique Child”. Regrettably, this practice has continued. The 2009 DCSF Parents Survey uses the categories “White” and “BME”.⁵⁵ Conflating every parent who does not identify as White British into one homogenous group as “BME” is not helpful and undermines a solid platform on which children centres can develop their practice to meet the needs of diverse black families. Likewise, reports and guidance often profile minority ethnic identities as non-English speaking and focus on issues such as translation and interpreters which, although important, do not address the issues why many English-speaking minority ethnic families may not access services.

8. “Sure Start and Black and Minority Ethnic Populations” is one of the few reports that acknowledges the debilitating impact of racism. The discussions at Black Voices Network events forcefully reveal how racism continues to affect people’s lives—how it influences where we live, where we work, how we behave and respond and our willingness or reluctance to engage with certain services. For many of us that deliver equality-focused training to children centres, there is an awareness that a minority of staff still hold negative attitudes and assumptions that could impact on their relationships with black and other minority ethnic children and families. Please see Jane Lane’s response to this Inquiry for further details. Children’s centres can only fully realise their potential when racism is acknowledged, challenged and ended.

9. In terms of staffing, governance and management, “Sure Start and Black and Minority Ethnic Populations” notes that within their study there are very few minority ethnic staff in senior positions in Sure Start Local Projects.⁵⁶ Understandably, this is an issue that the Black Voices Network wishes to unpick. The evidence base for the 2020 Children and Young People’s Workforce Strategy⁵⁷ published in December 2008 does not have any specific reference to ethnicity, likewise the Strategy⁵⁸ itself. We have been unable to find stringent data on the ethnicity of the early years workforce and, indeed, the Children’s Workforce Development Council must be commended for publishing an audit tool to collect such profile data. However, ethnic data collection is not mandatory and there still appears to be unease and a lack of commitment towards attaining this data.⁵⁹ Combined analyses of the Labour Force Survey across years 2001, 2002, 2003 for Great Britain noted that childcare workers were 98% female, 96% white and 38% were educated above NVQ 3. Primary and nursery teachers were nearly all educated above NVQ 3 (97%), a slightly smaller female majority (86%), but nearly all white (98%).⁶⁰ More detailed or recent analyses may be available, but we are unable to find them, but the data available does not indicate ethnic diversity.

10. It is very powerful for a child or a young person from minoritised or stereotyped groups to see themselves reflected in a position of authority. This was acknowledged by the Government by investing in the REACH programme of promoting black male role models. The Black Voices Network argues that the process of enabling children to encounter positive role models from all backgrounds must start in the early years. Over fifty years of research evidence shows that children notice difference from an early age, including difference in ethnic background, and, unless positive and specific action is taken to counter the existing, embedded attitudes start to make judgements about what is good and bad. This was clearly demonstrated in the documentary programme “Child of Our Time” in 2005 by an experimental study of 136 children aged between three and five conducted by the University of Kent. Some of the findings noted were:

- (a) “Racial bias was strongest towards African-Caribbean children, but a significant negative bias was also found towards Far East Asian children.
- (b) The “Anglo-British” (White) children showed significantly more bias towards the “African-Caribbean” (Black) children than other children.
- (c) Children with more contact with the other groups showed less racial bias.”⁶¹

11. The programme also shows that many of the negative views about African-Caribbean children are held by black children themselves—they have internalised racist assumptions about themselves before they have started school. The notable exception is a Caribbean heritage boy whose mother has ensured that he knows about black people’s achievements from an early age and “has not been brought up to accept the racial stereotypes that have corrupted his peers”.⁶² We would fully endorse the author’s views that “...self-affirming, multi-cultural and anti-racist educational intervention that he benefited from should be provided to all young children.”⁶³ We would argue that that education starts at home and continues from the minute that child and their family walk into a children’s centre and see the people around them.

⁵⁵ TNS Social *Sure Start Children’s Centres Survey of Parents* DCSF, 2009
<http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR083.pdf>

⁵⁶ Craig, G, Adamson, S, Ali, N, Atkins, L, Dadze-Arthur, A, Elliott C, McNamee S and Murtuja, B *Sure Start and Black and Minority Ethnic Populations* DCSF, 2007 p iv.

⁵⁷ DCSF *2020 Children and Young People’s Workforce Strategy—The Evidence Base* December 2008
http://publications.everychildmatters.gov.uk/eOrderingDownload/CYP_Workforce-Strategy_Evidence.pdf

⁵⁸ DCSF *2020 Children and Young People’s Workforce Strategy* December 2008
http://publications.everychildmatters.gov.uk/eOrderingDownload/CYP_Workforce-Strategy.pdf

⁵⁹ See Lane, J *Letter of the Week—Why we Need an Audit* Nursery World, 1 October 2009.

⁶⁰ Quoted in Cameron, C *Building an integrated workforce for a long-term vision of universal early education and care* The Daycare Trust, 2004.

⁶¹ Siraj-Blatchford, J *The Implications of Early Understandings of Inequality, Science and Technology for the Development of Sustainable Resources* 2003 327matters.org/sustainability/Docs/Goteborgfinal.doc

⁶² Ibid p 6.

⁶³ Ibid p 6.

12. There is insufficient data to establish the ethnic diversity of Children’s Centre staff, let alone the diversity of those in senior management roles or the take-up of career development opportunities. Anecdotally, it seems a common experience for black professionals working in children’s centres and other settings to attend conferences to find that there are rarely any other black professionals there. Network members also note that early years training courses often present with predominantly white participants, even in areas renowned for ethnic diversity. Networking and personal development are, of course, key drivers for career progression.

13. Concern about the lack of black practitioners accessing Parents, Early years And Learning (PEAL) training⁶⁴ prompted the PEAL project to further investigation. The report by Inspire Consultancy explored the barriers to the take up of PEAL training as well as other organisational issues such as recruitment, training and promotion. It gives a snapshot of black and white managers’ attitudes and experiences of delivering accessible services and supporting staff in a way that promotes racial equality.

14. The report highlights the disparity between some white managers’ understanding of racism and some black managers’ experience of it. For example:

“One senior white manager emphatically stated that in her 18 years of experience in working in early years she had never come across any incidents of racism. Her Asian colleague, in a separate interview, said racism was everywhere and she came across it on a daily basis. She explained how she had battled for many years dealing with racist attitudes from her colleagues and parents for whom she was an easy target.”

15. The black managers interviewed believed they needed additional tenacity “to deal with resistance to their authority, expertise and knowledge”.⁶⁵

16. These examples are from a small scale study, but exemplify an experience common to many Black Voices Network participants, and one that has also been flagged up in other sectors.⁶⁶ It is essential that a career in early years is seen as an attractive option for black practitioners, not only because a socially just society endorses equality of opportunity, but for sustainability. Children flourish in an environment with well-qualified, well-trained staff who have the confidence and commitment to promote a sense of belonging for families and children from a wide range of backgrounds. In “Sure Start and Black and Minority Ethnic Populations”, the authors found “very few minority staff were employed in senior roles in SSLPs and this had an important symbolic effect within and outside projects.”⁶⁷ Each year, Indian and Chinese pupils gain the highest proportion of GCSE results. Black Caribbean women have the highest economic activity rate (73%) out of all ethnic groups, including White British women and far fewer Black Caribbean women have no qualifications than other men or women of working age.⁶⁸ Here is a qualified and ambitious population that children’s centres must engage with if they want to continue to deliver high quality services across the UK. A similar argument can be made about attracting black and other minority ethnic people in governance utilising the work that has already been carried out to recruit and support black school governors.⁶⁹

17. The lack of hard data and evaluation relating to specific ethnic groups makes it impossible to appraise how accessible the services are for vulnerable black families and children. We also have limited understanding of the accessibility of services for black families in predominantly white or rural areas. (We do know that services for Gypsy and Traveller families have been somewhat patchy.) Interviews carried out for a report on inclusive play for Children’s Fund Essex revealed how fear and experience of racist abuse hindered many children’s play opportunities.⁷⁰

18. *Ways forward*

There are many reports that highlight effective practice and make recommendations to develop services that attract black people as practitioners and service users. The following recommendations are drawn from those reports and responses from Network.

- (a) Effective data collection at local and national level is essential. We recommend that any local authority funding of children’s centres is subject to their adoption of the CWDC auditing tool and the collection of appropriate data.⁷¹ Children’s Centres must drill down beneath the Census categories and use data in creative and sophisticated ways to really understand the local communities from whom service users and staff may be drawn. This is important as an increasing number of families are multi-faith and multi-ethnic and broad brush ethnic categories are particularly unhelpful in areas where there are few and scattered minority ethnic families.

⁶⁴ PEAL was initially funded by the DCSF to enable children’s centres to send staff on free training to enable them to work with parents to support their children’s learning.

⁶⁵ Kapasi, H *Reaching the practitioners that the PEAL roll out didn’t reach* 2009 Contact jconnor@ncb.org.uk for further details.

⁶⁶ For instance in the health service Ismail A, Kalra V and Abel, P *Executive Summary—A Critical Review of Leadership Interventions Aimed at People from Black and Minority Ethnic Groups (2005)* www.aneezesmail.co.uk

⁶⁷ p iv.

⁶⁸ Taken from *Key Statistics: Moving on up—Bangladeshi, Pakistani and Black Caribbean Women and Work* 2007.

⁶⁹ Rollock, N *The Experiences of Black School Governors in London* 2004 Institute for Policy Studies in Education.

⁷⁰ Lawrence P. “A special gathering, a delightful place.” *A report on developing inclusive play from a racial equality perspective in Essex* December 2007 contact plawrence@ncb.org.uk for details.

⁷¹ For examples see Oppenheim, C *Increasing the take-up of formal childcare among Black and minority ethnic families and families with a disabled child* DfES, 2007.

- (b) Everybody working with children must have an understanding of what racism is and how racism and fear of racism impacts on people's choices and behaviour. There is a very thorough analysis of racism and effective anti-racist work with young children in Jane Lane's book *Young Children and Racial Justice*.⁷² Equality training must be a mandatory part of early years initial training courses and career development and go beyond legislation to unpick entrenched assumptions and support staff to discuss difficult issues with each other, families and children.
- (c) Children's Centres must be encouraged to address recruitment, retention and career development practices that disadvantage black practitioners. Diversity in staff at all levels flags up important messages about access to local people. There is a role for regional and national government in collecting and analysing ethnic data of participants attending conferences and events commissioned by them and for local authorities and regional government to monitor access and attendance to training. National government advisory groups and research advisory groups must also demonstrate good practice by recruiting experts from diverse ethnic backgrounds and those who can advise on good anti-racist practice.
- (d) Evaluate the take-up and use of guidance. Although good quality guidance has been produced to support children's centres to meet their positive duties under the amended race equality legislation, the core principles of Sure Start, and the equal opportunity duties of the Early Years Foundation Stage, there appears to be little follow-up or sustained monitoring of its usefulness.

October 2009

Memorandum by Jenny Martin, Head of the Leys Children's Centre

SUMMARY

This submission has been put together by Jenny Martin, Head of The Leys Children's Centre in SE Oxford. The submission addresses the five key headings of the inquiry, specifically in relation to the development of The Leys Children's Centre in Oxfordshire. A brief history of this Centre and key elements of practice are outlined. This submission does not represent the views of the Local Authority nor does it represent other Children's Centres in Oxfordshire.

1. *How models have developed as the programme spreads*

(a) The Leys Children's Centre (LCC) began as a small (£90,000) project in 2004 focused on outreach work with health visitors and a small programme including centre based staff. The aim was to reach isolated families and to build services around their needs. LCC sits geographically alongside Rose Hill-Littlemore Children's Centre (which had developed out of an early trailblazer Sure Start local programme). The design and processes of the LCC were significantly influenced by the successes and the challenges experienced by this early programme. In 2004 the LCC was one of four Children's Centres in Oxfordshire. As other centres developed across Oxfordshire they responded to local need in various ways. Funding levels and governance structures also influenced the pattern of development. In 2007 funding for two additional Children's Centres became available for children living on the Leys (a housing estate with 15,000 people, 1,200 children under five). Funding for the three centres was centralised under the single management structure of The Leys Children's Centre. The LCC works across The Leys. Key partners are the four primary schools, the one pre-school, the Leys Health Centre, the Midcounties co-operative childcare centre and local charities including PEEP, Homestart and the Dovecote Centre. In 2008–09 the focus of LCC shifted from a mostly targeted service to include more universal elements

2. *Range and effectiveness of services*

(a) *Outreach.* A team of 2.5 staff works closely with the Health Visitors to respond to referrals and home visit isolated families who often have complex needs. The LCC Lead health visitor leads the outreach team, provides clinical supervision and oversees the referral process. Health Visitors from across the city also refer and there are many reports about the value of this outreach team. "The outreach team enable us Health Visitors to carry out our primary function of seeing all young families. Before we had outreach staff we spent most of our time involved with families with complex needs. Now we work in partnership. Outreach staff are able to visit vulnerable families—often for extended periods, build trust and coax vulnerable parents into centre based services, parenting programmes, childcare provision, etc. In addition, we are currently short staffed as we have been unable to fill a vacancy—there were no applicants for the post!". Approximately 50 families per year receive outreach support (parents frequently report feeling depressed, often as a result of domestic violence). The impact of the work is that families become less isolated, their depression starts to lift as they are effectively linked in with local services—they start really using the stay and play sessions, access the speech and language service or the parenting support.

⁷² Lane J *Young Children and Racial Justice*.

(b) *Speech and Language Therapist* (part time)—runs evidence based language groups in the four schools for young children. The Speech and Language Therapist (S<) also liaises closely with the outreach team and provides training for the whole team and partner organisations on the role of the adult in promoting children’s language development. She also runs “Talk-Away” programmes for parents and children together to promote strong language models at home. This year she has promoted a strong focus on encouraging all families to “talk with your baby”. All of this early intervention provides opportunities to foster language stimulation.

(c) *Inclusion and Access Worker* (part time)—works closely with the Oxfordshire County Council Early Years Inclusion Teachers to home visit and support families of disabled children. She has successfully included such families into the stay and play sessions and she runs an inclusive play scheme over the summer which draws in children with an extensive range of disabilities. A mother recently commented “... he is doing really well now and he has just started at an integrated school. Everyone has worked really well together and I’ve had lots of support, including the family residential, the summer play scheme, support for me, some help with childcare. The joining up has really worked!”

(d) *Children’s Centre Teacher*—is based with the Midcounties Co-operative Childcare Centre who provide most of the childcare for the LCC (a 72 place centre). The teacher works in the room with the daycare staff and alongside the manager to institute quality measures (such as Ecers and Iters) staff meetings, training opportunities and peer mentoring. Effectiveness: when she began with the centre, Ofsted had rated the centre overall as good with a number of areas rated as satisfactory. The recent Ofsted (July 2009) found the centre to be outstanding in all 12 measures. Moreover, due to support via the Help with Childcare Fund (funds vulnerable families for part time places for six months) and effective outreach work, the Centre has had over 85% occupancy for the last two years. Last week a brand new centre opened on The Leys, fully funded by the Midcounties Co-operative.

(e) *Parent Worker*—co-ordinates all provision for parents including reviews of courses and training/supervision of group leaders. Parents hear about effective strategies which help them to understand their children’s difficult behaviours and they gain support from other parents.

3. *Funding, sustainability and value for money*

(a) The estate is large and contained. All of the area is deprived—significant areas are within the 10% and 20% most deprived and all within the 30% most deprived. Families with complex needs can consume huge amounts of an individual’s time and “burn out” and low morale can result, along with very poor outcomes for vulnerable children. A range of specialist services have been introduced by the LCC and along with the new Common Assessment Framework (CAF) and Team Around the Child (TAC) provision is well co-ordinated. A locality social worker enables any staff member to talk through any child protection concerns. While there is still more work to be done, systems are safer, staff are well trained and stable and morale is good. Children’s Centre funding is effectively reducing the negative and costly processes which were associated with “silos”: when individual professionals struggled under burdens of impossible case loads and departments didn’t speak to each other.

(b) There are a range of “pathways” into service provision for families, giving choice and alternatives. This provides value for money because it enables families to access services at a time and a place which meets their needs. Families are more likely to engage in change when they have some control and are actively encouraged to be partners. For example, a family may firstly visit the midwife at the LCC on day five of the new baby’s life. They may take up the (new) universal offer of a six week baby massage class. They may drop in to a stay and play session or be referred by their health visitor or midwife for more intensive support. A father may come along with his children or for a contact visit to a Dad’s Zone on a Saturday. Families can access centres for day to day enjoyment (somewhere to go for different play activities) or when they are in crisis. Teachers are seeing more children beginning school who have had social experiences outside the home (NB The EPPE study found this to be a significant factor in promoting good outcomes). When services were not joined up and families had to go from one service provider to another, many became “lost” to the system or extremely de-moralised along the way. School based Special Educational Needs Co-ordinators for example tell us that when families have been involved with the Children’s Centre, they are more likely to engage positively with the school—which has huge implications for children’s outcomes. While there are still times when families don’t attend when they are expected to, they frequently turn up for some other service and so again and again we are seeing effective intervention actually happening, over a sustained period of time.

(c) Much of the provision is “open access”, and there is additional specialist support for more vulnerable families. In an open access session we see a real variety of families. There are mothers with experience of post natal depression, children and mothers with trauma from domestic violence, whole families with borderline child protection concerns and often, families who are simply lonely through being newly arrived on a big and seemingly scary estate. Frequently, families experiencing these difficulties do not have any extended family support and so the opportunity to meet with other families is invaluable and effective in reducing their isolation. When parents come along to these sessions, they find a sense of community, playmates for their children and perhaps a friend or other who has been through similar experiences. They will be offered opportunities to further their own learning or personal development and perhaps specialist

intervention (eg through a lead professional or key worker). We see vulnerable children be-friending or at least playing alongside more confident well socialised children. Again, we know from EPPE that these experiences can really begin to break (costly) cycles of deprivation.

(d) Our Centre offers work-experience opportunities to parents who have been service users, through volunteering. Volunteers are assessed, CRB checked, given initial training, offered work experience opportunities, on-going training and then active help to move into the labour market. We have many case studies of parents who have moved from being initially passive, dependant recipients of the “service system” to more independent, active participants in their own lives. For example: a sole parent who was pregnant at 15, had never worked and now (eight years on), is studying to be a social worker. Other low income parents who are now actively looking for work/seeking training opportunities after significant personal crises. Vulnerable parents with very limited employment experience, now working in the Children’s Centre who are often enthusiastic to mentor other parents. We also provide valuable work experience opportunities for students in professional courses, including social work, youth and community work, childcare and for school based work experience and social care apprenticeships. This again adds value in terms of workforce development. We give priority to students from the local community and we are seeing a growing trend in parents coming forward to take up training opportunities. When we started out, people often commented that on The Leys (a community where 40% of adults lack basic skills)” people are not interested in training”. Adult learning courses were non-existent on the Leys. Stimulated by our partnership ethos and our “can do” approach, there are now a range of training opportunities and there is no shortage of parents very keen to find places. LCC does not duplicate service provision. We partner with mainstream providers and enable effective and sustainable outcomes—for parents and for children.

4. *Staffing, governance, management and strategic planning*

(a) The LCC has a staff of 22 workers, most of whom work part time. Disciplines represented within the workforce include: social work, health visiting, early years teaching, special educational needs teaching, childcare, parenting work and family support, mental health, maternal health, speech and language, community work and programme administration. At monthly whole team meetings staff and partners from Health, Schools and local voluntary groups share information and discuss operational issues. There is an emerging parent forum arising out of the volunteer group—who have provided input on most LCC decisions both within and outside of the Advisory Group. There is a senior management structure which brings together senior school managers from the four schools and the lead health visitor. This group helps to join up the work and makes both operational and strategic decisions. The Advisory Group has representation from parents, school governors, the local county and city councillor and voluntary groups. This Group provided the initial steer for the whole project and now plays a role of “critical friend”. The Oxfordshire County Council provides effective and supportive line management and training opportunities as well as a robust self evaluation process (annual)—all of which support effective strategic planning. The Head of the Centre has completed the National Professional Leadership qualification (NPQICL) as has the manager of Cuddesdon Corner (the largest Children’s Centre site).

5. *Partnership work*

(a) As outlined above, there are strong and effective partnerships with Health. Partnership work with schools is developing—with strong effective link workers and Children’s Centre leads in each of the four schools who are active and enthusiastic supporters of Children’s Centre work. We are also working effectively with midwifery—though we know that midwives have limited time for any additional service provision.

6. *Access by those most in need/access for the most vulnerable*

(a) The broad agenda of the LCC enables a range of opportunities for working with vulnerable and high need families. The strong and effective protocols which exist between health visiting and the outreach team means that vulnerable families are effectively referred. The number of broken appointments has significantly reduced. Professional networks are strong and vulnerable families who are not effectively accessing services are identified and plans put in place for engaging with them. For example: Health Visitor and outreach worker will do a joint visit, help with childcare fees can be offered to enable families to access services, low key baby massage classes are now routinely offered to all new parents. The discrete opportunity for fathers to engage with services has been really boosted this year by the appointment of a Dads worker and partnership work across the county promoted by the Oxfordshire Parenting Forum. Families with very young babies can now meet midwives at the LCC—and a maternity outreach worker can follow up broken appointments. A further example of the broad agenda which always draws in new families—is the focus on the outdoors, including bus trips for families off the estate.

(b) The mix of specialist targeted services which link closely and effectively with universal services is a particular strength of the LCC. The very new universal baby massage courses illustrate how this works. The nursery nurse based at the Leys Health Centre actively recruits mothers of six week old babies to a baby massage course. The sessions are run jointly by the nursery nurse with a therapist funded by the LCC. If families present as vulnerable or are indicated as vulnerable they will be offered specialist support (individual counselling). Children who appear delayed developmentally are actively referred to the speech and language

therapist who can see them at her drop-in session at the local stay and play. In addition, families with disabled children now feel very welcome to attend centres. The carefully structured de-briefing at the end of the stay and play enables staff to discuss any concerns and to explore follow up—for example home visits or consultations with a social worker or other specialist worker.

(c) The LCC is a learning organisation which values the rich mix of multi-disciplinary staff, partners and volunteers. There are consistent opportunities to learn from each other. We have undertaken our own research (2009 evaluation of outreach); we also have research students from Brookes University in Oxford carrying out action-research with us. We have a developing practice wisdom which is embraced by new staff/students. The LCC worked alongside the HENRY project when it was in its infancy. HENRY provided whole staff training for the LCC team and in turn we informed this exciting project (which is effectively tackling childhood obesity) about effective delivery strategies. We retain staff and there is a willingness to offer work shadowing and peer support training opportunities. “The best thing about working in the LCC is the chance to see that the sum of all our efforts really is making a difference to the life chances of the vast numbers of vulnerable children living on The Leys.” (quote of staff member)

October 2009

Memorandum submitted by Children England

1. SUMMARY

Sure Start Children’s Centres aim to embody the realisation of the five Every Child Matters outcomes in practice. Of particular concern to Children England is the ability of Sure Start Children’s Centres to tackle deprivation in order to best support the most vulnerable and disadvantaged families. We are strongly of the view that to tackle deep-rooted cycles of deprivation the voluntary and community sector (VCS) must be key partners in the running and delivery of Sure Start Children’s Centres. The expertise of the VCS in supporting the most vulnerable children, young people and families is well known and respected, and the evidence Children England have received is that in the majority of cases Sure Start Children’s Centres have a good working relationship with crucial local VCS partners. This in many ways is to be expected where Children England members such as Action for Children and Barnardo’s are running the Centres. In addition, the numerous positive responses we have received have stated that VCS organisations are engaged in running programmes and activities from the Centres—creating a genuine sense of Sure Start Centres as community hubs. Through these partnerships, Children’s Centres are capable of targeting highly disadvantaged children and families and have developed strategies for meeting the needs of these families early on. It is vital that Children’s Centres continue to be the one-stop shop for families, where services remain tailored to meet the varying needs of families and are built and sustained in partnership with parents and local communities.

The key points of our submission include:

- Different models of Children’s Centres have different strengths. What is clear is that a “one size fits all” approach is not a helpful way to plan services or design centres.
- Children’s Centres need to continue to be explicit in their aims to tackle poverty and to engage with their communities to transform the lives of children and their families.
- Services in Children’s Centres need to continue to provide intensive, personalised family support based on long lasting relationships with trusted and experienced support staff.
- Partnership working is still often based on the good-will and trust between practitioners and managers at a local or Centre level rather than being founded on established protocols and a shared vision.
- Opening up Children’s Centres to a range of providers to support the local community is imperative in meeting the wide-range of needs families have.
- Parents generally seem to like Sure Start as a brand and generally trust it—this should be taken forward and utilised as much as possible.

2. CHILDREN ENGLAND

2.1 Children England is the leading membership organisation for the children, young people and families’ voluntary sector. We have member organisations working in all parts of the country ranging from small local groups to the largest household names in children’s charities. Children England provides capacity building, support and information to its members and the wide range of voluntary sector organisations working with children, young people and families. It does this by building active networks, promoting good practice, stimulating policy debate and ensuring that the issues that matter most to its members are taken up with decision makers. A number of our members run Sure Start Children’s Centres in partnership with local authorities.

3. HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

3.1 There is evidence to suggest that in some areas Phase 2 and 3 Children's Centres are often under funded and the integrated team model pursued by Sure Start local programmes (SSLP) is rare. Whilst it is acknowledged that a SSLP is not going to be established in every area, it is therefore important to ensure that staff and activities engage with those children and families that really require support.

3.2 Different models of Children's Centres have different strengths. The cluster model, whereby staff can be shared across a number of Children's Centres to get the widest range of skills possible, is recognised as a strong approach as is the revolving of programmes and staff across centres in a locality. A "one size fits all" approach is not a helpful way to plan services.

3.3 Centres which have developed from existing provision have additional strengths. For example Whitehaven Surestart Children's Centre in Cumbria is run by the Howgill Family Centre which began over thirty years ago as a family support organisation working in the local community and was both an Early Excellence Centre and one of the Trailblazing Sure Start Local Programmes. This existing experience and rooting in the local community has enabled the Sure Start Centre to identify and respond more quickly to need than that of new start-ups. This is because, as an existing organisation Howgill was already well-respected in the local area, and as such has a strong reputation, making it ideally-placed to reach the most disadvantaged families. Howgill currently delivers four centres on behalf of the Local Authority in Cumbria.

3.4 In addition to the work of Howgill in Cumbria, Action for Children's Wheatley Children's Centre has evolved from a neighbourhood family Centre and as such caters for children aged 0–12 years. This particular Children's Centre has always targeted its work with "at risk" families and continues to do so. For example, the Centre hosts a playtime drop-in for families recovering from drugs misuse. This has been made possible because the Centre has a qualified, experienced Social Worker and a staff team experienced in the delivery of holistic family support services.

3.5 Co-location of multi-agency staff is seen as a great strength of the Sure Start model. Where expertise and staff are shared there is a highly effective mechanism for early intervention in areas of high deprivation. The manager of the Rossington Children's Centre which is run by Action for Children informed us that parents and carers become familiar with seeing professionals working together and find it easy to access a range of services regardless of whom they approach in the first instance. In addition to this, staff from other services gain a real understanding of the roles and remits of differing professionals, reducing the incidence of duplication and assisting with the compilation of comprehensive plans to meet the needs of the most disadvantaged groups in a locality.

4. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

4.1 The range and effectiveness of services varies significantly between Children's Centres. This may be to do with the size of the centres and the ability and/or willingness of the services that work with families to work collaboratively.

4.2 Whilst Children England acknowledges that a "one size fits all" approach to rolling out Children's Centres is not effective or strategic in the long term, there still needs to be deeper clarity and consistency regarding the services Children's Centres are expected to deliver. Evidence suggests that different levels and interpretations of family support clearly exist. In some areas Children's Centres are better equipped to deliver family support using experienced and qualified staff, in much the same way as some Children's Centres are better equipped and qualified to deliver health services. The core offer of service provision is necessary and sufficient, however in practice there are still significant gaps in health provision and job centre involvement in some Sure Start areas.

4.3 Children's Centres need to continue to be explicit in their aims to tackle poverty and to engage with their communities to transform the lives of children and their families, as well as improving the economic and social make up of an area. Furthermore, services in Children's Centres need to continue to provide intensive, personalised family support based on long lasting relationships with trusted and experienced support staff.

4.4 Effective planning around the needs of users is vital to ensuring the success of a Children's Centre. Personalised planning for individual parents and children, built around their specific circumstances and needs is essential, particularly around family difficulties or when parents need help in accessing work or training opportunities.

4.5 Action for Children has conducted research⁷³ on the effectiveness of services ranging from short-term, time limited, intensive interventions, to long term support for families and children with more complex needs. The research included a case study of one Sure Start Children's Centre and showed that overall, the service in the Centre represents good value for money and use resources to make a real difference to the outcomes for children and their families.

⁷³ Synergy Research and Consulting Limited (2009) *Evaluating the delivery by Action for Children of targeted family support*.

5. HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

5.1 There are obvious local differences in models of Children's Centres and their subsequent approaches to partnership working. Each Children's Centre is unique and responds according to local needs. It is recognised that some partners are easy to work with, whilst other can be deemed harder to reach. Effective Children's Centres work with a range of partners to maximise the reach and effectiveness of the programme and work with a multitude of partners in service delivery. However, it takes time to plan and think through appropriate and tailored service provision for children and families—this can only be achieved by devoting adequate time to the process.

5.2 Partnership working is still often based on the good-will and trust between practitioners and managers at a local or Centre level rather than being founded on established protocols and a shared vision. This highlights that at a strategic level, service provision is not as effectively joined up or coordinated. In some cases relationships with local authority children's services have been strained, with lack of respect for the professional opinions of staff in Children's Centres or a lack of understanding about respective roles and expertise. Ensuring these local relationships are built and sustained with a respect for all partners is crucial in running a successful Sure Start Children's Centre which can give children the best and healthiest start in life.

5.3 Partnership work between schools and Children's Centres can reap real benefits for children. For example by providing them with a smoother transition from Children's Centre to school life. Holding regular joint activities between schools and Children's Centres, including planning meetings with Centre and school staff can also help to foster good partnership working. Currently Centres could do more to stimulate joint working practices with education partners. It may be the case that the focus on pre-school and early years is hampering potential links and collaboration with primary and secondary school age children and families.

5.4 Opening up Children's Centres to a range of providers to support the local community is imperative in meeting the wide-range of needs families have. There are many cases of good partnership working leading to positive outcomes. For example DEAFLinCs are using Children's Centres throughout Lincolnshire to hold parent forums. The opportunity to have access to a room within the Children's Centres is of great benefit to the organisation as they are easily accessible and central within most towns that the parents are able to attend. As these are specifically forums for parents (not professionals) to voice their opinions on health and education services within the county DEAFLinCs feels that the atmosphere created by these centres makes the experience more enjoyable for parents and enables them to meet in a relaxed and friendly environment. In addition to this, DEAFLinCs also use Children's Centres to meet with Social Workers, Team Around the Child colleagues and families which is a great opportunity for information sharing in a neutral space. The Centres create a positive atmosphere for families whilst at the same time enable flexibility for the professionals working together.

5.5 The multi-agency approach to delivering services through Children's Centres could be further enhanced and strengthened. For example, ensuring that all key partners are fully aware of their roles and responsibilities around safeguarding. In most cases, further clarification is needed over the Children's Centre manager's overall responsibility for safeguarding in an integrated setting where s/he does not manage all staff and where the premises are used by other agencies.

6. WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

6.1 The best Children's Centres are those which fully understand the communities they operate in. These are Centres where staff are aware that deprivation can cause families to lead chaotic lives, which makes receiving regular support and services problematic at times. An understanding of poverty and disadvantage among Children Centre staff is crucial. Training to provide skills and knowledge in this area should be included as part of the updated strategy for the children's workforce.

6.2 Children's Centres are a key part of community-based networks to support children and families with a wide range of needs, including those who require intensive support at particular pressure point times in their lives. Targeting the most vulnerable must continue to be a priority for all Children's Centres providers. Overall, services do seem to increasingly be accessed by those most in need and the continuing innovation in services and how they are delivered should support this trend. However, there is still much space to improve take-up amongst these vulnerable groups.

6.3 There is evidence to suggest that varying lead agencies can have a different take on the role of Sure Start Centres which may either encourage or discourage take-up. For example some Children's Centres, hold onto the Sure Start local programme ideals of universal services and early intervention services only. Whereas other Children's Centres locally, notably former family centres adopt a more targeted approach working with families across the whole spectrum of need. This may be due in part to mixed messages from central government.

6.4 It is the responsibility of staff within Children's Centres being supported by local managers and strategic leads to ensure that services are being accessed by those most in need and most vulnerable in communities. The quality of staff approach and interaction with parents is critical in determining the willingness of families to engage. As part of this, there must be no time limits on services if they are to be effective as some families may need ongoing support over significant periods of time.

6.5 Children's Centres are continually learning about different and better ways of including harder to reach families. One advantage is that parents generally seem to like Sure Start as a brand and generally trust it—this should be taken forward and utilised as much as possible.

6.6 The Sure Start Children's Centre model is excellent and effective providing there is clear understanding of the agenda, the guidance is followed, and there is strong and competent leadership. This particularly means well thought out strategies for outreach and inclusion so that those who have most need and face difficulties in attending are enabled to do so. One method of providing this level of support and keeping clients engaged has been the outreach home visiting based model.

6.7 Children's Centres need to capture detailed information about their clients, both at the point of first contact and at subsequent intervals. This information gathering and data analysis of need has improved over the years. Only by this can they demonstrate both that they are engaging the most "difficult to include" and offering them services of value. Children's Centres across the country need to ensure that they have sufficient baseline information about their clientele on which they can fully plan, deliver and evaluate their services.

6.8 As the Children's Centre model continues to evolve, developments should prioritise ensuring the delivery of targeted support through universal settings and extending the range of people whom Children's Centre services are available. For example, offering facilities for 0–19 years would provide a more holistic offer for families with older siblings.

7. OTHER POINTS

7.1 It is important that Children's Centres operating in the voluntary sector are able to get their voices heard by both central and local government and make a meaningful contribution to the design, implementation and evaluation of the Government's activities both locally and nationally. This is crucial as national policy, as in the case of improving the outcomes for children in deprived areas, often relies heavily on local implementation and effective partnership working.

7.2 Children's Centres play a crucial role in supporting children, young people and families living in deprived areas. Many of our member organisations are small, localised bodies facing continuous cuts in funding and the threat of closure.⁷⁴ The Government and local authorities need to recognise that with the loss of each organisation working with disadvantaged families, more children and young people are at risk of living in continually deprived areas. The Government and local authorities need to ensure that through robust commissioning procedures, these Centres that provide vital support to children, young people and families, are sustained through long-term funding mechanisms and are fully included in local strategic partnership arrangements to effectively influence decision-making at a local level.

7.3 A major challenge for the Government will be to ensure that the current economic downturn does not impede commitment and investment in working towards rolling out the planned 3,500 Children's Centres by 2010. Government support and engagement with the voluntary sector will be more crucial than ever before and it is fundamental that in times of recession investment in preventative and early intervention services provided by the voluntary sector are not substantially reduced or overlooked.

October 2009

Memorandum submitted by Play England

SUMMARY

- Play England would like to see much stronger messages provided through children's centres about the importance of free play and access to outdoor play opportunities for children.
- Sure Start Children's Centres should endeavour to embed the provision of free play opportunities by providing stimulating play facilities on their sites, explore opportunities to make these available outside of hours and by making links with local parks and play services.

⁷⁴ A recent survey of small children's organisations conducted by Children England found that two in five small organisations are facing threat of closure. See Children England (2009) *Small Change: A Survey of small voluntary and community sector organisations working with children, young people and families* www.childrenengland.org.uk

- Sure Start Children’s Centres can help deliver part of the Government’s commitment to ending child poverty by providing families with safe, cohesive and prosperous communities where children can thrive, with safe places to play, opportunities to develop, and access to high-quality services’.⁷⁵
- Staff working within children’s centres should have an understanding of play and playwork which should be part of the common core of knowledge that every adult needs when working with children.

INTRODUCTION

Play England is the leading national play organisation in England, is part of NCB and is supported by the Big Lottery Fund. We represent the views of the Play England Council. Play England is also a government delivery partner, working with DCSF to implement England’s first national Play Strategy.⁷⁶

IMPORTANCE OF PLAY

Evidence shows that providing good quality free play opportunities is essential for children’s physical, emotional and social well-being.^{77, 78, 79, 80} The term free play is used here to describe play that is self-directed by the children rather than structured activities directed by adults. Free play is vital to the development of children’s imaginations and creative interests and abilities. It has also been shown to help children adjust to settings and to enhance children’s readiness to learn, to develop effective learning behaviours, and build problem-solving skills.⁸¹

Research in the brain sciences and the natural sciences suggests that free play is essential for children’s development. It promotes resilience, creativity, emotional intelligence, social skills, risk management and other non-cognitive learning, contributing to children’s ability to learn.⁸²

Sure Start Children’s Centres should endeavour to embed the provision of free play opportunities within centres. This could be done by providing stimulating accessible and inclusive indoor and outdoor play facilities and environments on their sites. As centres are community resources they could explore opportunities for making outdoor play spaces available outside of hours. Sure Start Children’s Centres should make links with local parks and play services. Centres can make use of the additional provision within local neighbourhoods by taking children to local parks, play areas and getting involved in local play projects, for example play rangers.

PROVIDING PLAY TO THE MOST VULNERABLE CHILDREN AND FAMILIES

Children in deprived communities can often lack safe spaces to socialise and play. Some researchers have suggested that an approach to building services for children that take their wider domain into account would do more “to tackle the broader, more ecological and structural aspects of social exclusion”.⁸³ Research in London has shown that free access to play areas and child-friendly public space can provide compensatory benefits for children and their families living with economic hardship.⁸⁴

Sure Start Children’s Centres can therefore help deliver part of the Government’s commitment to Ending Child Poverty by providing families with safe, cohesive and prosperous communities where children can thrive, with safe places to play, opportunities to develop, and access to high-quality services’.⁸⁵

Since the consequences of children being deprived of the space to play can be serious, with childhood obesity, anti-social behaviour and a range of emotional and mental difficulties being attributable, at least in part, to the diminution in free play opportunities, the Government expects Local Strategic Partnerships (LSP) and Children’s Trusts (including children’s centres) to ensure their strategies for reducing child poverty, and on extending and improving provision and space for children and young people’s play and informal recreation, are aligned.

⁷⁵ HMG (2009) *Ending Child Poverty: Making it Happen*. London: Child Poverty Unit, HM Government.

⁷⁶ DCSF (2008) *The Play Strategy*. London: Department for Children’s Schools and Families and Department for Culture Media and Sport.

⁷⁷ Ginsburg (2006) *The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds*.

⁷⁸ Prof R Mackett (2004), *Making children’s lives more active*, Centre for Transport Studies, University of Central London.

⁷⁹ Mental Health Foundation (1999) *Brighter Futures Promoting Children and Young People’s Mental Health*, Mental Health Foundation.

⁸⁰ Russell, W and Lester, S (2008) *Play for Change: Play, Policy and Practice: A review of Contemporary perspectives*. London: NCB and Play England.

⁸¹ Ginsburg (2006) *The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds*.

⁸² Russell, W and Lester, S (2008) *Play for Change, Play, Policy and Practice: A review of Contemporary perspectives*. London Play England.

⁸³ Evans and Pinnock (2007); Jack (2006), cited in Russell and Stuart (2008) *Play for a Change*. Play England.

⁸⁴ Hood S (2004) *The State of London’s Children*. London: Mayor of London.

⁸⁵ HMG (2009) *Ending Child Poverty: Making it Happen*. London: Child Poverty Unit, HM Government.

THE CHILDREN'S WORKFORCE

Play England believes that staff working in Sure Start Children's Centres should have an understanding of play and playwork. This should be part of the common core of knowledge that every adult needs when working with children.

The Playwork Principles⁸⁶ have been developed by the play sector and are endorsed by the sector skills council SkillsActive. They underpin the National Occupational Standards for playwork qualifications; establish the professional and ethical framework for playwork; describe what is unique about play and playwork, and are based on the recognition that children and young people's capacity for positive development will be enhanced if given access to the broadest range of play opportunities and environments.

Development of a workforce within Sure Start Children's Centres with practice based on these principles, will allow free play opportunities to become part of their intrinsic purpose.

October 2009

Memorandum submitted by Northamptonshire County Council

1. BACKGROUND

Northamptonshire will have fifty Sure Start Children's Centres across seven boroughs and districts by March 2010.

Over these phases the development has been

- Phase one—5 centres
- Phase two—26 centres
- Phase three—19 centres

All Phase one and two projects in terms of service development and capital builds were delivered on time and in budget.

2. REACH AREAS AND FUNDING ALLOCATION METHOD

Reach areas allocated via clustering SOA's together based around areas of deprivation.

Funding has been allocated to Centres based on a formulaic approach which considered:

- 0–5 SOA population of their reach.
- Base funding to ensure core services.
- A per child allocation is calculated, this is weighted higher per child allocation in 30% IMD Super Output Areas ensuring support for the Child poverty agenda and NI 92.
- 2010–11 Allocations range from £126,153 (Phase 3, no deprivation, 570 pop.) to £467,564 (Phase 2, 90% of pop. within IMD 30%, 893 pop.).

3. SERVICE DELIVERY

Across the three phases, different methods of “roll out” around service development pursued.

- Phase 1 Centres became SSCC's as a result of either SSLP or other initiatives, eg NNI.
- Phase 2 Centres were developed by NCC pro-actively approaching organisations (17 schools (all age ranges), five voluntary sector, three Libraries and one PCT).
- Phase 3 Centres followed a tendering exercise, advertised within the national press.
- Eight awarded to a national charity (Action for Children).
- 11 awarded to arms length organisation of the Northamptonshire PCT (PSALMO).

Staffing arrangements differ from site to site; models include directly employed, clustered approach and commissioned services. All centres are required to have a designated “leader or manager”, first point of contact/information staff, outreach staff and qualified teacher (where required).

4. PARTNERSHIP WORKING

All Centres are required to have a “Local Advisory Board, this includes representation from parents and professionals working in the locality. Consultation with families at a local level has been a key element to developing the centres, all service providers are required to ensure that the Children's Centre is able to meet the needs of its local community. This is required at all stages of service development and delivery. Careful planning is required to ensure services are being accessed by those most in need, this included close working

⁸⁶ Playwork Principles Scrutiny Group (2005) Playwork Principles. London: SkillsActive.

arrangements with health visitors, schools, voluntary groups and other professionals in the locality. Delivery methods are then adapted accordingly, using a variety of locations across the reach area, including the family home.

To ensure all centres have a minimum offer of core services, countywide agreements are in place with the PCT (including CAMHS and Breastfeeding Support), Job Centre Plus, Childminding support and Early Support. NCC Families Information Services provides on-going support and up to date information to all centres.

5. PERFORMANCE MANAGEMENT

All centres are required to develop a business plan in the first instance. Each lead body (Governance arrangement for the Children's Centre) has a Service Level Agreement or contract with NCC up to 31 March 2011.

Base line data has been established for each Children's Centre reach area against the national and local determined performance indicators. Monitoring takes place on a six monthly basis, this includes financial, qualitative and quantitative reports and data.

The focus of this process is on improving outcomes rather than amount of activity. The centres are required to feedback on data regarding access by the most in need and parental satisfaction. The monitoring process includes the SEF/Annual conversation. For Children's Centres with childcare-reporting on childcare aspect is a completely separate function. This ensures cross subsidy does not take place.

Where issues are identified, appropriate intervention can take place, this can include withholding funding and providing specialist support. This process ensures that funding is spent appropriately, it is targeted to areas of need and ultimately outcomes are improved.

6. FUNDING

Over 95% of allocated children's centre revenue funding from the annual Sure Start Grant has been delegated to lead bodies.

- 2008–09 = £8.7 million
- 2009–10 = £11.1 million
- 2010–11 = £12.7 million (projected)

7. NCC SUPPORT FUNCTION

A mixture of area support and central support staff deliver functions associated with Children's Centres. Additional support functions of the team include:

- Children's Centre capital developments.
- Supporting schools to develop their Extended Service in and through schools agenda.
- Adherence to Childcare Act 2006, including sufficiency.
- Support area working developments, incorporating integrated service delivery.
- Families Information Service.

8. FURTHER INFORMATION

- 85% of Centres on NCC Land or NCC premises therefore sustainability and claw back risks minimised.
- Designation for all Phase three SSCC's will be complete by March 2010, the Capital development will be completed by summer 2010 (80%+ by 31 March 2010).

Northamptonshire's development and delivery method is unique across the East Midlands. We believe it provides excellent "value for money" to the public purse, demonstrated by allocation of funding delivering frontline services. Delegating significant funding to the Centres allows them to develop services in response to localised need and demand; they are far more knowledgeable about the community they serve than we can be. This also supports the principle they are a hub of their local community, helping Centres to become embedded and thus enhancing their sustainability. This method also dovetails Northamptonshire County Council's aim of becoming a smaller, more enabling Local Authority and is central to the development of area-working across the Children and Young Peoples Services directorate.

Memorandum submitted by I Can

1. EXECUTIVE SUMMARY

1.1. I CAN, the children's communication charity, welcomes the opportunity to feed into the Committee's inquiry into Sure Start Children's Centres. Children's Centres play an invaluable role in improving outcomes for children across the country. Our experience has, however, also found that they have the potential to deliver much more. In this submission we have used our experience to highlight the following areas:

- The positive effect that Children's Centres have had on children in their early years.
- The key role that Children's Centres have played in supporting children's speech and language skills.
- The importance of partnership working in the development and delivery of services in Children Centres.
- The role of Children's Centres in enhancing current community-based provision and enabling a greater degree of coordination between professionals and voluntary sector providers.
- Ensuring that Children's Centres' work around early intervention remains focused on those children living in the most deprived circumstances.
- That comprehensive, reliable information reaches families.
- The need for local providers and commissioners to audit need, commission services and disseminate information to parents, carers and practitioners.

2. ABOUT I CAN

2.1. I CAN is the children's communication charity. We work to develop speech, language and communication skills for all children, with a particular focus on children who have Speech, Language and Communication Needs (SLCN). I CAN works to ensure all people who have a responsibility to children, from parents and teachers to policy makers, understand the importance of good communication skills. We do this through:

- Direct service provision through two schools for children with severe and complex speech, language and communication needs (SLCN), and a network of early years centres.
- Consultancy and outreach services through I CAN's *Early Talk* and *Primary Talk* programmes, and our Communication Skills Centres.
- Information, training, support and online resources for children, families and professionals.
- Raising awareness through campaigns such as *Make Chatter Matter*.

2.2. I CAN uses its expertise from working directly with children with SLCN to develop information packages, training and programmes to develop the communication skills of all children and young people. I CAN is delighted that the issue of children's speech, language and communication has risen up the political agenda significantly over the last few years. Our *Make Chatter Matter* campaign has engaged support from a range of Parliamentarians from all sides of the political divide and has spearheaded a shift in Government priority for the issue. *Make Chatter Matter* has been underpinned by I CAN's "Cost to the Nation"⁸⁷ report which set out the evidence base for the scale of the issue.

3. BACKGROUND TO SPEECH, LANGUAGE AND COMMUNICATION SKILLS

3.1. Speech, language and communication (SLC) are *the* foundation life skills for the 21st Century, the bedrock on which children learn, achieve and make friends. Communication is one of the ten core life skills listed by UNICEF, UNESCO and the World Health Organisation. Based on information from prevalence studies and from schools census data, I CAN estimates that around 10% of all children, across the age range, have SLCN. 5–7% of children and young people have SLCN as their main difficulty but there are also children who have SLCN as a result of another condition such as autism, hearing impairment, general learning difficulties etc. Many more children—in some parts of the UK upwards of 50%⁸⁸—start primary school with inadequate language skills for an effective start to their education.⁸⁹

3.2. Unaddressed, speech and language needs carry with them high risk of problems with literacy, numeracy and learning. A child who struggles to speak may struggle to read and write.⁹⁰ They are less likely to leave school with qualifications⁹¹ or job prospects and are in danger of becoming NEET (Not in Employment, Education or Training at 16–18). SLCN also causes difficulties with social relationships and

⁸⁷ Available on our website at <http://www.ican.org.uk/upload2/chatter%20matter%20update/mcm%20report%20final.pdf>

⁸⁸ Locke, A, Ginsborg, J & Peers, I (2002). Development and Disadvantage: Implications for the early years and beyond *International Journal of Language and Communication Disorders* 37 (1), 3–15.

⁸⁹ Basic Skills Agency (2002) *Summary Report of Survey into Young Children's Skills on Entry to Education*.

⁹⁰ Stothard *et al* 1998 and Communication Disability and Literacy Difficulties I CAN Talk (2006).

⁹¹ Snowling M J, Adams J, Bishop D V M, and Stothard S E (2001) Educational Attainments of School Leaver with a Pre-school History of Speech-Language Impairments IJLCD Vol 36.

behaviour; and—in the worst case—offending. In adolescents and young adults, speech and language needs are strongly associated with mental health problems as well as other social, emotional and behavioural difficulties.⁹²

3.3. The communication environment in the early years has been identified as being crucial in ensuring school readiness and in lowering the risk of low attainment.⁹³ At the root of this is the link between early spoken language skills and subsequent reading and writing skills.⁹⁴ Competence in oral language and the resulting transition to literacy is seen as crucial as a *protective factor* in ensuring later academic success, positive self-esteem and improved life chances.⁹⁵

3.4. There appears to be a “critical age” for developing speech and language skills in preventing the development of associated social and academic difficulties. A study found that children whose language difficulties were resolved by 5½ were more likely to go on to develop good reading and spelling skills.⁹⁶ Given this “critical age” effective support or intervention in the early years is crucial.⁹⁷

4. THE ROLE OF CHILDREN’S CENTRES IN SUPPORTING THE DEVELOPMENT OF SPEECH, LANGUAGE AND COMMUNICATION SKILLS

4.1. I CAN understands that the needs of families, particularly disadvantaged families, do not occur in neat compartments that single services can easily provide for. I CAN, therefore, believes that a Children’s Centres programme that combines various services can improve the life chances of children. The findings from the *Effective Provision of Pre-school Education (EPPE)* study show that high quality integrated care and education centres, as well as nurseries, have been shown to promote better outcomes than other settings.⁹⁸ We would like to see all Children’s Centres provide accessible sources of advice, and social networks that are not available through other services.

4.2. Recognising the importance of the early years environment in supporting children’s speech and language development, I CAN has developed its *Early Talk Programme* to aid the communication development of all pre-school children. In May 2006 I CAN worked with the Department for Children, Schools and Families and the Department of Health to roll out *Early Talk* to 200 Sure Start Children’s Centres across the UK. I CAN has worked to strengthen the partnerships between speech and language therapists (SLTs) and practitioners, increasing the workforce’s knowledge and skills around SLCN. Ivan Lewis MP, then Care Services Minister, said of *Early Talk*: “*This programme allows speech and language therapists to work alongside their education colleagues in a joined-up approach to deliver the best outcomes for children. Early Talk also proves that this collaborative working is not a theory, it exists in practice.*”

4.3. We would like to see more of a focus on practitioners working in partnership with parents and using children’s centre settings to help parents support their children’s speech, language and communication development, through modeling good practice and delivering information and packages such as I CAN’s Exploring Communication Development and other parent partnership packages such as PEAL.

4.4. Whilst there is no doubt that Sure Start Children’s Centres have had a positive effect on children in their early years, I CAN is concerned that this has not translated fully into improving children’s speech, language and communication development. The most recent evaluation of Sure Start, *The Impact Of Sure Start Local Programmes On Child Development And Family Functioning*,⁹⁹ recognised this problem and called for an increased focus within centres on speech and language development.

4.5. I CAN is delighted that the Government has taken positive steps to place early years at the heart of policy to address health inequalities through Sure Start. Whilst we are encouraged by the extension of Sure Start across the country, we feel it is crucial that early intervention remains focused on those children living in the most deprived circumstances, and the impact of Children’s Centres must be rigorously monitored. We would therefore like to see *Early Talk* and other programmes that target the development of speech and language being directed into areas of high disadvantage. This could be done by extending the *Early Talk* roll out in Sure Start Children’s Centres, or through the development of services for children under three eg *Early Talk 0–3*.

⁹² Toppelberg C O, Shapiro T (2000), Language disorders: A 10-year research update review. *Journal of the American Academy of Child & Adolescent Psychiatry* 39: 143–152.

⁹³ Hart B and Risley R R (1995) *Meaningful Differences in the Everyday Experience of Young American Children* Baltimore: Paul Brookes.

⁹⁴ Snowling, M J and Stackhouse J (Eds) (1996) *Dyslexia Speech and Language*. London: Whurr Publishers Ltd.

⁹⁵ Snow P C and Powell, M B (2004) *Developmental language Disorders and Adolescent Risk: A Public-health advocacy role for Speech Pathologists?* *Advances in Speech Language Pathology*, 6 (4) 221–229.

⁹⁶ Bishop D V M and Adams (1990) A Prospective Study of the relationship between specific language impairment, phonological disorders and reading retardation *Journal of Child Psychology and Psychiatry* 31.

⁹⁷ Ward S *An investigation into the effectiveness of an early intervention method for delayed language development in young children. JLCD* 1999; 34: 243–364.

⁹⁸ Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I and Taggart, B (2004) *The Effective Provision of Pre-School Education (EPPE) Project: final report. A longitudinal study.*

⁹⁹ DCSF (2008) *The Impact Of Sure Start Local Programmes On Child Development And Family Functioning.*

4.6. I CAN is concerned that there is still a lack of information about what Sure Start Children's Centres offer. For example, recent statistics published by the Department for Children, Schools and Families found that only 22% of participants were aware that centres offered advice and support around speech and language development.¹⁰⁰ In addition it was found that this advice/support was only being accessed by 2% of respondents and 5% of all users.¹⁰¹

4.7. I CAN has long campaigned for all families to automatically receive information on speech and language development and we were delighted this need was recognised in the Bercow Review and the Government's *Better Communication* Action Plan. One of I CAN's strategic goals is that every child has contact with at least one adult who is able to support speech, language and communication development. To this end, we have recently produced a simple leaflet (Talk Together) which identifies the importance of communication development, what can go wrong and how families can help. We would be very happy for this leaflet to be distributed widely to families through Sure Start Children's Centres.

4.8. I CAN is also committed to supporting children through informing and supporting the children's workforce. We therefore believe that local providers and commissioners need a comprehensive, reliable information source in order to help them audit need, commission services and disseminate information to parents, carers and practitioners.

4.9. We would like to bring to the committee's attention *Talking Point* (www.talkingpoint.org.uk), the UK's most comprehensive source of information on all aspects of children's communication development. It provides up-to-date expert information for parents, families and the children's workforce with content written by speech and language therapists, specialist teachers and experts from I CAN and partner organisations.

5. HOW WELL CHILDREN'S CENTRES WORK WITH PARTNERS AND SERVICES

5.1. Collaboration underpins the effective development and delivery of services to support children and young people's speech, language and communication. Partnerships between education, health and social services have been shown to be most well established in the early years.¹⁰² While evidence of the impact of integrated working is as yet limited,¹⁰³ some of the longer-standing Sure Start programmes report improved outcomes in positive parenting and social/emotional development as a result of more integrated working. We believe that the Children's Centre model of integrated working with a strong universal preventative offer of support for speech and language, offers a solution for meeting Every Child Matters outcomes in the early years. Also the integrated system of commissioning for children that is developing within Children's Trusts under the banner of *Every Child Matters* could be used to focus the resources already in the system to better meet the needs of children with SEN and to develop new expertise within the school workforce.

5.2. The benefits of integrated working are clearly identified,¹⁰⁴ and strongly advocated as best practice in supporting children's speech, language and communication development.¹⁰⁵ Collaboration between agencies and in turn professionals is a key identified element in supporting both children's language and communication development¹⁰⁶ and in ensuring success in programmes which support children with SLCN.^{107 108} Initiatives such as the 2–2½ year check lead by Health Visitor teams means that good inter-agency work is essential.

5.3. For children with SLCN, this is particularly important as inter-agency collaboration is recognised as the only effective solution to the management of complex problems.¹⁰⁹ I CAN would therefore support disadvantaged families receiving a guaranteed home visit from a trained health visitor which includes a discussion on communication skills/support and signposting to further services at the local Children's Centre.

5.4. I CAN supports plans to give local authorities a duty, working with their partners in Primary Care Trusts, to assess the need for Sure Start Children's Centres in their area. In 2006 the National Audit Office *Report into Sure Start Children's Centres* found that only five of the 27 local authorities examined had formally agreed with Primary Care Trusts what services to provide through Children's Centres.¹¹⁰ In addition, the *Sure Start Journey—Summary of Evidence*¹¹¹ concluded that more work was needed to engage both parents and children's centre staff in promoting children's speech and language development.

¹⁰⁰ DCSF (2009) Sure Start Children's Centres Survey of Parents Research Report No DCSF-RR083.

¹⁰¹ DCSF (2009) Sure Start Children's Centres Survey of Parents Research Report No DCSF-RR083.

¹⁰² Lindsay G *et al* (2008) *Effective and Efficient use of Resources in Services for Children and Young people with SLCN* DCSF research report RW053.

¹⁰³ Lord *et al* (2008) *Improving development outcomes for children through effective practice in integrating early years services* C4EO.

¹⁰⁴ Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I. and Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project: final report. A longitudinal study* DCSF.

¹⁰⁵ Gascoigne M (2006) *Supporting Children with Speech, Language and Communication Needs within Integrated Children's Services: Position Paper* RCSLT.

¹⁰⁶ Melhuish E, Belsky J and Leyland A (2007) Promoting Speech and Language: a themed study in 15 Sure Start Local Programmes Sure Start evaluation report 002.

¹⁰⁷ Durham F, Keary J and McShane L (2007) *Putting Partnership into Practice in Dumfries and Galloway* I CAN conference September 2007.

¹⁰⁸ *I CAN Early Talk Programme* www.ican.co.uk

¹⁰⁹ Law, J, Lindsay, G, Peacey, N, Gascoigne, M, Soloff, N, Radford, J, Band, S with Fitzgerald, L (2000) *Provision for Children with Speech and language needs in England and Wales* DFEE.

¹¹⁰ UK National Audit Office, 2006, Report on Sure Start Children's Centres, pg 32.

¹¹¹ DCSF (2008) *Sure Start Journey—Summary of Evidence*.

5.5. In terms of reinforcing partnerships, I CAN would like to see Primary Care Trusts and local authorities working together to identify potential speech, language and communication needs across the age range with particular emphasis on key transition points. We would also recommend that Primary Care Trusts adopt the recently updated Healthy Child Programme (formerly the Child Health Promotion Programme) which highlights a child's speech and language development as one of eight priority topics for health and development reviews of children. I CAN is also in the process of feeding into guidance being developed to inform the 2–2½ year check carried out as part of the programme to ensure that it effectively screens on speech, language and communication.

6. WORKFORCE

6.1. I CAN feels strongly that an understanding of speech, language and communication should underpin the work of the entire children's workforce. We would like to see a skilled and confident workforce able to ensure timely identification and appropriate support of children's communication and SLCN at every age and stage. This could be achieved through the adoption of programmes such as *Early Talk* which gives early years workers the knowledge and skills to support and develop children's communication skills.

6.2. A Sure Start study on the development of speech, language and communication recognised the value of the relationship of parents with both midwives and health visitors as trusted adults, who could impart information and support activities around speech and language and other areas of development.¹¹² Therefore it is essential that health visitors have the right levels of knowledge about children's speech, language and communication development to identify difficulties as early as possible.

6.3. I CAN would like to draw the Committee's attention the Speech, Language and Communication Framework (SLCF)¹¹³ developed by The Communication Trust. The SLCF sets out the skills and knowledge needed by practitioners to support the speech, language and communication development of all children. The Framework aims to support managers in assessing the skills and knowledge of their staff and to identifying staff training and development programmes that help staff develop appropriate skills. The Communication Trust has developed a number of units for the Qualification and Curriculum Framework (QCF) around speech, language and communication based on the SLCF.

6.4. I CAN would support a plan to improve the skill levels across the entire children's workforce to be agreed with CWDC, building on what has been successful within initiatives like the Inclusion Development Programme and including training on working in partnership with parents of children with SEN. We would support mandatory training for Early Years professionals in speech, language and communication development.

7. STRUCTURE

7.1. I CAN supports the vision of Children's Centres being established to improve community-based provision and to enable a greater degree of coordination between both professionals and voluntary sector providers.

7.2. However, it is important that the roll-out of Children's Centres does not simply look at numbers but also at quality of service provision. Ensuring services reflect that need locally is vital, but too often this is not the case. For example, the National Audit Office¹¹⁴ report notes that too few Centres are carrying out active performance monitoring or allocating funding based around need. This needs provision is particularly important in deprived areas where, as the NAO report notes, too few children are accessing the services provided by Children's Centres. We hope that this inquiry will help highlight these concerns.

7.3. It is vital that these Centres should provide a core universal offer around speech, language and communication as well as acting as a communication-supportive environment for the children, young people and families they serve.

7.4. I CAN supports the principle of embedding early intervention at the local level through the Children's Trust and through Local Strategic Partnerships. We fundamentally believe that the development of speech, language and communication skills should be promoted for all children. There should be a specific requirement for Children's Trusts to ensure speech, language and communication development features in local Children & Young People's Plans and Directors of Children's Services should be tasked to commission and implement local SEN strategies for their area, as a priority within their local commissioning responsibilities.

7.5. I CAN welcomes plans for a duty to be introduced allowing Ofsted to inspect Sure Start Children's Centres at the request of the Secretary of State. I CAN would like to see Ofsted inspect joint working arrangements between schools, local authorities and local health services. We would also like to see inspections consider the contribution of community health services commissioned by Primary Care Trusts and the effectiveness of local authorities support for educational establishments on improving outcomes for children and young people with speech, language and communication needs.

¹¹² NESS (2007) *Promoting Speech and Language—a themed study in 15 Sure Start Local Programmes Nottingham*: DFES, Sure Start.

¹¹³ www.communicationhelppoint.org.uk

¹¹⁴ http://www.nao.org.uk/publications/nao_reports/06-07/0607104.pdf

7.6. We would also like to see inspections consider the contribution of community health services commissioned by Primary Care Trusts and the effectiveness of local authorities support for educational establishments on improving outcomes for children and young people with a speech, language and communication need.

8. NEXT STEPS

8.1. I CAN therefore proposes that:

- A strategic approach which includes *Early Talk* and other programmes that target the development of speech and language are directed into areas of high disadvantage.
- More information is available for parents to help the work of Children's Centres reach the wider community.
- There is a joint strategy for supporting speech, language and communication development which assists Primary Care Trusts and local authorities work together to undertake surveillance of children and young people to identify potential speech, language and communication needs across the age range with particular emphasis on key transition points.
- Collaboration between different agencies should underpin the effective development and delivery of services to support children and young people's speech, language and communication—with speech and language therapists adopting a preventative role within the team.
- Disadvantaged families are supported in receiving a guaranteed home visit from a trained health visitor which includes a discussion on communication skills/support and signposting to further services at the local Children's Centre.
- Children's centres to ensure that key information is delivered to all parents. This information should include the importance of communication skills, what is expected at different ages and how carers can help develop communication skills.
- The principle of early intervention should be embedded at the local level through the Children's Trust and via Local Strategic Partnerships.
- The establishment of a plan to improve the skill levels within the whole of the children's workforce to be agreed with CWDC, building on what has been successful within initiatives like the Inclusion Development Programme or Every Child a Talker.
- Mandatory training support is provided for Early Years professionals in speech, language and communication development.

October 2009

Memorandum submitted by Newcastle City Centre

1. SUMMARY

1.1 The paper provides an overview of the delivery of Sure Start Children's Centres in the city following a review undertaken in 2008.

- The paper summarises the review process and the main recommendations as presented to the Children's Trust Board in relation to strategic planning, management, governance, partnership working, access and reach, performance management and how the model had developed.
- The paper aims to illustrate how the Sure Start Children's Centres model is effectively supporting joint working and accountability for improving outcomes for children and their families.

2. CONTEXT AND BACKGROUND

2.1 The Childcare Act 2006 placed a duty on local authorities and their NHS and employment service partners (Jobcentre Plus) to work together to improve the well-being of all children up to the age of five and reduce inequalities between them. This legislation provided a framework to formalise and build upon the work begun through Sure Start Local Programmes, providing a focus for the statutory partners in the discharging of these new duties.

2.2 In 2008 a fundamental review of the delivery of Sure Start Children's Centres in the city was undertaken. The impetus for the review was the pending requirement to ensure citywide coverage by 2010 (phase 3). To support the planning process for this expansion and in light of the Childcare Act 2006 duties it was an opportune time to review and reflect upon the current delivery and impact of Sure Start Children's Centres in the city and to build on the learning to date.

2.3 At the point of scoping the review there were 16 Sure Start Children's Centres in the city, five of which had been original Sure Start Local Programmes and a further six which had only been designated in March 2008. By March 2010 a further two centres are to be developed as part of phase 3, meeting the needs of a further 3,300 children under the age of five ensuring citywide coverage.

2.4 A multi-agency Project Board was established to oversee the implementation and scoping of the review process reporting directly to the newly formed Early Childhood Services Partnership delegated by the Children's Trust Board to lead on the Childcare Act 2006 statutory duties.

2.5 The review considered and made recommendations on the following areas:

- The *infrastructure* required to deliver citywide Sure Start Children's Centres and meet the Childcare Act 2006 duties.
- How the *core offer* is to be delivered across the city and across the different phases.
- How partners can work together to ensure that *policies and procedures* provide a consistency of support and access for children, families and other stakeholders.
- How *resources* for integrated early childhood services across the city could be jointly planned for using a needs based allocation model.
- How all *partners* work together to improve outcomes for young children and their families.
- How through effective *performance management* we ensure that the services provided are meeting need and improving outcomes.
- The identification of any *capital* requirements as part of the phase 3 roll out and the impact of existing capital delivery.

2.6 Underpinning the review process was:

- The Childcare Act 2006 duties.
- Sure Start Children's Centre Guidance.
- Children's Centre Strategy.
- Locality working.
- Integrated Frontline Planning and Delivery.
- Early Intervention and Prevention.
- Narrowing the Gap principles of good practice for integrated working.
- Workforce Planning.
- Linkages with the Extended Services Core Offer.
- Child Health Promotion Programme.

2.7 Integral to the review process was the involvement and participation of all key stakeholders to ensure an agreed direction of travel for the delivery of a strategic Sure Start offer in the city improving the well being of young children. To support this, a series of stakeholder workshops took place, including events specifically for parents.

2.8 Participation and involvement in the review process across all partners and sectors including parents, schools, health, JCP, VCS, PVI providers, social care, adult services, family learning and children's services was very high with good attendance at both stakeholder events and working group meetings. Presentations were also made to the Area Locality Partnerships and Schools Forum.

2.9 In addition to the workshops a series of smaller multi agency and sector meetings taking forward key elements of the work in preparation for the workshops also took place.

2.10 The Review Recommendations were endorsed by stakeholders at an Early Childhood Services Conference prior to being approved by the Early Childhood Services Partnership and the Children's Trust Board.

3. RECOMMENDATIONS

3.1 The overarching message from stakeholders reflected a desire to consolidate the planning for all early years under the umbrella of a "sure start" for all young children and their families. There was wide acceptance for the following underpinning principles:

- any delivery of services for under 5's is contributing to the statutory duty to improve the well being of young children;
- the LA together with the statutory partners has a duty to ensure that those services are integrated;
- integrated services improve outcomes for children and families;
- the delivery of integrated early childhood services is through the model of Sure Start Children's Centres;
- the role of the Early Childhood Services Partnership is to articulate each partner's (statutory and non-statutory) contribution to the strategic planning for and monitoring of integrated early childhood services to improve the well being of young children; and
- that the joint planning should include and take cognisance of all resources relating to young children and not just those allocated through the Sure Start Early Years and Childcare Grant.

4. DELIVERING INTEGRATED EARLY CHILDHOOD SERVICES THROUGH SURE START CHILDREN'S CENTRES

4.1 The review considered the infrastructure required to effectively deliver and manage citywide coverage of Sure Start Children's Centres by 2010 and to discharge the new local authority duties under the Childcare Act 2006 within a locality planning framework focusing on narrowing the gap through early intervention and prevention and integrated frontline delivery.

4.2 The emerging key principles informing the recommended infrastructure were:

- to maintain the strong involvement of VCS input into operational delivery and strategic management;
- a structure to deliver the Childcare Act 2006 duties;
- to ensure the overriding principle of joint responsibility for the planning and delivery of integrated early childhood services is met;
- a structure to support citywide delivery;
- to change only what contributes to improving outcomes;
- building on best practice;
- building on local need intelligence;
- value for money; and
- the establishment of an integrated management team.

4.3 The strategic management of the citywide Sure Start Children's Centre offer is lead by an integrated management team. The integrated management team includes LA and VCS Sure Start Leads with agreed working protocols between the different partners. The city is divided into five Sure Start areas each with a Sure Start Lead responsible for

- The direct delivery and/or commissioning of the core offer across a geographical area of the city with two or more designated Sure Start Children's Centres.
- The performance management of integrated early childhood services delivered/commissioned within the area.
- Being the lead for the statutory duty to improve the well being of young children.
- Leading on a specific strategy area on behalf of the integrated team including:
 - Hidden Harm.
 - Childhood obesity.
 - Child Poverty.
 - Special needs and disability.
 - Teenage parents.
 - Breastfeeding.
 - Safeguarding.

4.4 The area arrangements supporting citywide coverage have been informed by;

- Existing planning arrangements including locality working and school pyramids.
- EStart and Live link reach data.
- Child population and levels of need (IMD).
- Models of good practice.
- Local geography.
- Ensuring that each proposed area is built around an original Sure Start Local Programme.

4.5 The city has benefited from and has built on the partner arrangements for the delivery of Sure Start Children's Centres. Out of the five Sure Start Areas, two are lead by two different VCS partners. Of the 16 individual Sure Start Children's Centres, five are delivered by the VCS, two are led by schools and of the 10 lead by the LA, there is a high level of services commissioned from the VCS.

4.6 Phase 3 will include the development of two additional Sure Start Children's Centres, one which will be a new build whilst the other will build upon a successful Extended Services Centre. In addition, four existing centres will increase their reach to support families within the less disadvantaged areas of the city.

5. CORE OFFER

5.1 Through the review, and using the Narrowing the Gap Framework with all partners, priority areas for development were identified to inform the 2009–11 delivery plans.

5.2 All centres working within the new area planning model deliver the full core offer with programmes of activities reflecting local need including joint commissioning.

5.2 At a citywide level, joint working between children's social care, health visiting, adult services and children with disabilities service is ensuring that the most vulnerable children and their families are identified and supported to access their local Sure Start Children's Centre.

5.3 Joint work between the Sure Start Qualified Teacher and the EYFS Consultants has effectively supported settings in the transition to the delivery of the EYFS which is reflected in Ofsted inspections. Further work is being progressed in the development of personalised packages of support for settings informed by a quality audit.

5.4 Work continues with JCP, Newcastle Futures, Family Learning and Welfare Rights in progressing pathways to work to support families in a range of differing circumstances.

6. ACCESSING SERVICES

6.1 The review process recognised that a strength of the Sure Start offer in the city was the range of partner involvement including schools and VCS partners, both national and local organisations. This however does bring the challenges of aligning policies, procedures and practices to ensure effective and seamless local delivery for children and families.

6.2 Whilst the review provided an opportunity to audit policy and procedure across areas such as HR, IT, H&S to name a few, a focus of the work in this area was the improvement of access to services.

6.3 Due to the range of partners delivering the Sure Start Services across the city and the fact that five of the Sure Start Children's Centres had been Sure Start local programmes, there were a number of different ways to access additional and targeted support dependent on where you lived. This was not useful for families, nor did it facilitate the coordination of support.

6.4 The review informed the establishment of the Sure Start Supporting Families Pathway, which is now a citywide model for accessing services underpinned by the Common Assessment Framework. This model was designed with partners and complimented the work being undertaken locally by health visiting to embed the CAF within the health needs assessment. The model provides one central point in each of the five Sure Start areas where all practitioners can come together; working with families, to ensure that identified need is met and coordinated. This model is also aligned with children's social care processes. The model was launched in April 2009 and with the first six month review is evidencing improvement in responding to need at a local level. Work continues to improve the participation in and awareness of the model. The pathway also ensures that linkages are made with the PSA when there are older siblings in the family group.

7. ALLOCATION OF RESOURCES

7.1 As part of the review it was important to discuss how resources are planned for in response to identified need. Whilst the allocation of the Sure Start Early Years and Childcare Grant is a significant element of the resource, the review provided the opportunity to consider the wider resources that supports the delivery of integrated early childhood services and how planning could be aligned across the board.

7.2 The Sure Start Children's Centre element of the Sure Start Early Years and Childcare Grant had been allocated as per the ringfence for the former Sure Start local programmes and the indicative allocation recommendation from the DCSF for phase 1 and 2. However, in the planning for phase 3, and the longer term planning to narrow the gap, it provided an opportunity to review how resources were deployed.

7.3 From April 2009 the Sure Start Children's Centre element of the Sure Start Early Years and Childcare Grant has been allocated by a funding formula with some interim arrangements to support realignment of resources over the next two years. The formula incorporates:

- Needs led allocation supporting narrowing the gap and reducing child poverty whilst also ensuring citywide coverage.
- The 0–5 population (Health Data August 2007).
- Super Output Areas and levels of deprivation for each Sure Start Children's Centre Area.
- Minimum level of funding for an individual Sure Start Children's Centre.

7.4 The formula takes account of the number of children living in the 10/20/30/70% SOA. The formula for 2009–10 takes account of children living in the areas covered by the existing 16 Sure Start Children's Centre (including children in the extended reach to support city wide coverage). The formula for 2010–11 takes account of the full 0–5 year old population reflecting the date by which citywide coverage is to be achieved.

8. GOVERNANCE

8.1 The Children's Trust Board has delegated the lead for the Childcare Act 2006 duties to the Early Childhood Services Partnership. The ECSP, established in May 2008 has representation from all the statutory partners, including schools, the VCS and PVI providers.

8.2 The review provided an opportunity to discuss local governance and the relationship with the Children's Trust Board. The model agreed through the review is as follows;

- Formalising the role of the Sure Start Advisory Boards as Sure Start Area Partnerships (five in total) supporting the planning for, and delivery and monitoring of integrated early childhood services within a given geographical area.
- Local management/advisory groups at individual centre level with representation on the Sure Start Area Partnership.
- Sure Start Area Partnerships to be represented on the Early Childhood Services Partnership through the Sure Start Joint Chairs Forum.
- A Parents' Forum in each area which is represented on the Sure Start Area Partnership.
- Representation from Parent's Forum on the Early Childhood Services Partnership.

8.3 The participation of young children is integral to the delivery of all services and remains the responsibility of all staff. The progression of this work is further enhanced by the implementation of the Listening to Young Children Strategy and the support of Children's Services Engagement Team.

9. PERFORMANCE MANAGEMENT

9.1 The appointment of a dedicated Performance and Monitoring Officer as part of Children's Services Performance and Monitoring team is now supporting the setting of bench marks, collecting data, effectively evidencing impact and using this data to support review and planning.

9.2 Systems for the collection of large robust data sets, to support the self evaluation process from within the local authority and the PCT have been established. Further refinement of the PCT data will be required and effective working relationships are developing.

Contact has been made within JCP to develop data protocols and this is being addressed nationally in collaboration with Together for Children.

While the refinement of large data sets is currently taking place we have also established information sharing systems at child level. These are currently in place between health visiting and the local authority, and between E Start and social care systems.

Additional data sets collected by central sources within the local authority have been identified and links established for the regular collection of this data. Examples include domestic violence data and housing benefit data.

The internal systems employed by Sure Start Children's Centres are E Start and Livelink (Livelink is the system used by Banardo's who lead an area of the city on behalf of the LA). The reporting mechanisms and inputting protocols within E Start are currently under review.

9.3 All the Sure Start Children's Centres have completed their first SEF as part of the ongoing planning, monitoring and evaluation.

9.4 The Sure Start Children's Centre programme is based on the concept that providing integrated early education with childcare, family support, health services, information services and employability services is a key factor in achieving good outcomes for children and parents.

9.5 In addition to the universal entitlement provided by midwifery and health visiting services, 70% of the children aged under five living in the phase 1 and two areas were registered with their local Sure Start Children's Centres at the end of March 2009. Further analyses of this data will inform increased reach targets for families living in the most disadvantaged SOA. It is important to note that this figure does not currently include those children accessing the integrated early learning and childcare element of the Sure Start core offer, as in the main the PVI sector deliver this element of the offer which is not currently recorded on Estart. However, over 90% of three and four year olds take up their free offer.

9.6 From across the City, 38% of all children seen were from black and ethnic minority backgrounds. In the areas of the City with the highest numbers of black and ethnic minority families this accounted for 54% of all children seen.

9.7 In addition to the work being undertaken in the use of data, Sure Start Children's Centres continue to effectively use case studies and user satisfaction surveys to evidence impact. The user satisfaction survey undertaken in 2008 in the phase 1 Sure Start Children's Centres identified high levels of satisfaction across the core offer: The majority of respondents, over 80%, felt that their children had benefited from Sure Start by giving them opportunities to access play and learning opportunities, improved their child's speech and language, allowed them to make friends and gain in confidence. A significant number of parents and carers, between 60%-70% said that accessing services had made them more confident, helped them make new

friends and improved their knowledge and skills. Between 40%–50% believed services had overall improved their child's health. Case studies, regularly taken as part of the ongoing monitoring and evaluation of services, were used to support Newcastle's successful submission for Child Poverty Beacon Status.

October 2009

Memorandum submitted by Birmingham City Council

1. BIRMINGHAM'S VISION FOR CHILDREN'S CENTRES

1.1 The vision for Children's Centre services in Birmingham is to provide effective early education and care, family support, community learning, and health services that are built around the child to improve outcomes for Birmingham's children. Children's Centres will be locally accessible with an emphasis on early intervention through the provision of vibrant, accessible and inclusive services and activities in every neighbourhood. Each will be integral to their unique community with fully integrated partnerships in place that successfully work together to identify and satisfy individual and community need.

2. BACKGROUND INFORMATION OF SUBMITTER

2.1. This evidence has been compiled and submitted by the Monitoring & Evaluation (M&E) team part of Integrated Services, Birmingham City Council (BCC).

2.2. The M&E team's responsibilities are for the project management, guidance and quality assurance of Children's Centres (CCs) across Birmingham. The team monitors and evaluates services to evidence impact and achievement of outcomes through the delivery of the Core Offer.

3. SYNOPSIS

3.1. The Birmingham's Children's Centre Programme has successfully enhanced existing Children's Services through the development of 75 CCs that provide accessible services across the whole city, currently reaching almost 50% of the under 5 population through direct and indirect contact. At least 7–8 thousand¹¹⁵ people attend CC activities across Birmingham every month. This figure does not include parents who use CCs for non-sessional activities such as drop in, telephone, computer access, etc.

3.2. Each centre operates very differently and is unique in ensuring that they successfully deliver the Core Offer. Birmingham has been innovative and creative in the development of each CC to enable services to be developed and delivered in direct response to community need. Working in partnership with statutory, voluntary and private sectors have harnessed the expertise of CC services to meet the diverse needs of the community. Through the ethos of reflective practice, CC services have evolved to ensure that services meet the constant changing needs of the community.

4. MODELS OF CHILDREN'S CENTRES IN BIRMINGHAM

4.1 Each CC delivers the Core Offer as set out in DCSF guidance, spanning early learning, childcare for working parents, the identification of children with special needs, child and family health services, family support, links with Jobcentre Plus (JCP) and parental involvement. Other services are also offered such as adult basic skills training and access to toy libraries.

4.2 Each CC plans services using local knowledge that is supplemented with information provided by external sources such as JCP, Primary Care Trusts (PCTs) and the Office for National Statistics to assist in identifying and prioritising community need and to ensure that hard to reach groups are targeted. This allows for a more flexible approach to service delivery ensuring that children and families who are disadvantaged, vulnerable or who have special needs have access to a full range of integrated services.

4.3 The formation of Cluster Groups with neighbouring centres has allowed CCs to support each other in the delivery of integrated services by sharing managers, information and resources.

4.4 CC's services are enhanced through the development and implementation of a Monitoring and Evaluation toolkit to support them in the design of outcomes focused services using the Logic Model, thus enabling them to tailor services to the specific needs of their community. CCs continue to monitor and evaluate their services to guide the planning of future service provision and the improvement of performance.

4.5 CCs are constantly improving the quality of provision through participating in quality improvement programmes such as the comprehensive Quality Together Scheme to promote and standardise high quality care and delivery of services across the Core Offer. Approximately 43 CCs have completed the Quality Together training.

¹¹⁵ eStart data October 2009.

5. PROMOTION OF EARLY CHILDHOOD DEVELOPMENT (ECD)

5.1 To ensure that early intervention and preventative services are offered as soon as possible, CCs have been successfully working directly with health professionals, such as midwives and health visitors, to contact and/or support the families of all new born babies within their reach area. Since 2006, approximately 50,000 babies have been born in Birmingham, and on average CC new birth contact rate has increased by 20% per annum.

5.2 As part of the ECD framework, and recognising that early childhood development can be enhanced through breastfeeding, CCs work in partnership with the Heart of Birmingham PCT to refer mothers onto the Best Buddies, Breastfeeding Peer Support Programme to provide support for mothers who wish to breastfeed. This programme also encourages local mothers to become peer supporters by inviting them to take part in a training course to enable them to support other women breastfeeding.

5.3 The M&E team undertook extensive research looking at transitional support offered at CCs. Findings were shared across services through a conference which brought together city-wide CCs in order to share good practice. These findings were incorporated into the Making a Big Difference (MABD) programme aimed at narrowing the gap between the highest and lowest achievers in the Early Years Foundation Stage (EYFS) Profile. One of the three MABD strands include the development of a city-wide transition record sheet to support children, parents and teachers in the transitional process between early years settings.

5.4 The Birmingham Brighter Futures and Parenting Strategies promote the delivery of preventative, early intervention services and evidence based practice at CCs. Currently BCC is piloting the Triple P, Incredible Years and Strengthening Communities, Strengthening Families parenting programmes which aim to increase parents' self confidence whilst learning positive parenting techniques to break the cycle of deprivation through poor educational and emotional attainment. Approximately 155 CC staff have been trained in delivering the Triple P programme, and at least 41 CCs are delivering aspects of Triple P.

5.5 All CCs have teachers and staff that are committed to building a coherent and flexible approach to child care and learning using the EYFS Profile to ensure that all parents can be confident that their child will receive a high quality learning experience.

5.6 Training is provided to CC staff by the Children's Services Training Team to promote ECD. This includes a variety of training on healthy eating, safeguarding, EYFS, understanding equalities and diversity, developing partnership relationships with parents, effective communication and leadership skills in CCs.

6. RESPONSE TO DEPRIVATION

6.1 Birmingham has the highest level of marginalised groups¹¹⁶ and deprivation¹¹⁷ in the West Midlands, with 60% of children living in low-income families in 2006.¹¹⁸ In Birmingham, phase 1 CCs were developed within the 20% most deprived wards. These include wards which are rated as in the top 2% of the most deprived in England. Within these wards there is a diverse mix of hard to reach groups.

6.2 CCs commission staff and agencies with specific skills and knowledge within their expertise to ensure that ALL mainstream services are accessible to hard to reach families. CC staff reflect the community ethnic makeup of the communities they serve and many speak local community languages.

6.3 A Child Poverty Group of six senior managers has been established to take a strategic approach to working closely with CCs and further explore how issues around poverty are being addressed. This links in with the Early Years Outcomes Duty, the Birmingham, Children and Young People's Plan 2008–11 and The Brighter Futures Strategy.

6.4 CCs address child poverty through links established with JCP, Pertemps, PVI's and statutory settings such as Freshwinds, Birmingham Law Centre, Adult Education and local colleges to provide information on training, employment opportunities and advice on benefits. CCs also receive information from JCP on new benefit applications so targeted support can be given to families to help overcome the barriers to employment.

6.5 CCs have access to a comprehensive website that supports the provision of employment and training advice to parents and the public. This website is supported and overseen by the Employment and Training group which is a sub-group of the Children's Centres Steering Group.

6.6 Birmingham's Childcare Sufficiency Strategy has ensured that the provision of childcare is sufficient to meet the requirements of parents in all areas to enable them to work or access education or training. The strategy incorporates all CCs which deliver on-site childcare and those where child care is linked through a partner provider.

¹¹⁶ National Statistics—<http://www.statistics.gov.uk/hub/index.html>

¹¹⁷ Meltzer H, Gatward R, Goodman R, Ford T. Mental health of children and adolescents in Great Britain. Office for National Statistics: 2000. (http://www.wmro.org/resources/res.aspx/CmsResource/resourceFilename/1927/IMD-2007_WM-LADs_V2.1_report_JW.pdf).

¹¹⁸ Indices of Deprivation 2007, West Midlands Local Authorities. Prepared for GOWM, Version 2.1 (11 December 2007) CLG, Updating the English Indices of Deprivation 2004, May 2007.

7. RANGE AND EFFECTIVENESS OF SERVICES

7.1 Birmingham CCs offer a full range of services to effectively meet the needs of communities. These services include:

7.1.1 *Healthy eating*, such as Cook n Taste, Healthy Eating on a Budget, Weaning support group. On average, over 150 parents and children access a healthy eating service each month and approximately 92% of CCs are successfully delivering healthy eating sessions. These services aim to educate parents on healthier living and contribute towards reducing childhood obesity.

7.1.2 *Smoking cessation*—CCs have contacted approximately 1,300 smoking carers and through working in partnership with health professionals, there has been a 30% decline in registered carers who are currently smoking. These services work to reduce the number of children living in homes where adults smoke and to reduce infant mortality rate.

7.1.3 *Maternal services*, such as Antenatal Clinics, Baby Massage, Baby Stay n Plays, Breastfeeding support. On average, over 1,700 parents and children access these services each month.

7.1.4 *Speech and language support (S&L)*, such as Baby Sign Language, Chatter Matters or referrals to local speech and language therapists. On average, 60 parents and children access an S&L service each month. CCs also participate in local campaigns such as “Tune into Babies”.

7.1.5 *Early education and daycare*—each CC has a teacher to provide EYFS curriculum planning and teaching support to other staff. This would include Stay n Plays, Book Clubs, Lets Get Messy and Arts and Crafts. These services aim to raise the standard of early years learning, particularly in personal, social and emotional development.

7.1.6 *Parenting programmes*, such as “Triple P” and “More is Caught than Taught”, aimed at increasing parents’ confidence and their involvement with their children’s development and learning.

7.1.7 *Family support/parental outreach*—Family Support Workers (FSWs) provide families with advice and support on many issues and act as advocacy. This support can be through contact visits or telephone support.

7.1.8 *Working with fathers*—CCs deliver Fathers Group and recruit Fathers Workers and male FSWs. CCs are piloting the “Hit the Ground Crawling” programme where existing dads offer peer support to new dads-to-be to facilitate fathers being better engaged with their children. Approximately 90 fathers access CC services each month.

7.1.9 *Provision of information for parents*, CCs deliver drop in clinics, signposting and work in partnership with the Family Information Service to provide information to families.

7.1.10 *Mental health*—CCs aim to build trust between parents suffering from mental health issues such as postnatal depression. This creates a pathway for parents out of isolation and depression through support, activities and volunteering opportunities.

8. SERVICES FOR HARD TO REACH FAMILIES

8.1 Birmingham CCs pride themselves on their ability and expertise in reaching hard to reach families. The multi-agency approach to service provision allows CCs to develop effective outreach strategies to the most socially excluded. For example:

8.1.1 *Refugee and asylum seeking families*—CCs work in partnership with the Midland Refugee Council and Wardlow Road Centre to provide support on health, welfare, housing, education and counselling support.

8.1.2 *Teenage pregnancies and lone parents*—CCs work closely with Connexions, Secondary Schools and Youth Centres to offer support to young parents. To date, CCs have successfully contacted over 4,000 lone parents and over 750 teenage parents;

8.1.3 *Victims of domestic violence*—CCs work closely with the Police and Crisis centres and have developed effective outreach strategies to support these families.

8.1.4 *Disabled children*—there are approximately 1,400 disabled children aged 0–5 in Birmingham and approximately 47% are registered with a CC in Birmingham. As well as linking to mainstream services, many CCs offer Special Education Needs support, one-to-one support, and advice on disability benefits and grants. CCs have specially adapted sensory rooms and have access to SENCOS and the Early Support team.

8.1.5 *English as Additional Language speakers*—CCs deliver “English for Speakers of Other Languages” classes and hire translators to deliver services. Publicity materials, leaflets and flyers are provided in alternative community languages.

9. PARTNERSHIP WORKING—PARTNERSHIP ORGANISATIONS ACROSS THE CITY

9.1 Partners are selected via a procurement process for their ability to deliver effective and value for money services centred on the promotion of the achievement of outcomes for children. CCs facilitate and co-ordinate these services whilst continuing to build on mainstream provision to ensure that all children and parents have easy access to a multi-agency team.

9.2 CCs work closely with health professional such as health visitors, CAMHS, midwives, and speech and language therapists to deliver health services. Some centres offer a base for Community Midwives to carry out mainstream midwifery services, with an expansion of this planned across the CCs. CCs make referrals or signpost families to other specialist or statutory services. Any gaps identified are addressed through a “Team Around the Child” approach using tools such as “Common Assessment Framework (CAF)” and Early Support as appropriate.

9.3 The Early Support programme encourages co-ordinated and joint planning of services for families with disabled children. Over 60 staff across 28 CCs have received training in ES as part of a rolling programme

9.4 Three Senior Practitioners have been seconded from Children’s Social Care to support CCs with CAF tier 3 and 4 cases and the development of partnership working with Children and Families Social Care services.

9.5 CC’s work closely with West Midlands Fire Service to promote fire safety to children and families, both within the home and the workplace.

9.6 BCC currently has eight Service Level Agreements with organisations including CCs, Barnardos and NCMA as part of the First Steps Childminding Network. These Co-ordinators are based at CCs and support local childminders on the use of CC facilities and respite care for families.

10. GOVERNANCE, MANAGEMENT, STRATEGIC PLANNING AND STAFFING

10.1 All CCs in Birmingham are accountable to Birmingham City Council and the “Children’s Centres Steering Group (CCSG)” is in place to provide strategic guidance and support to the M&E team on the management of CCs. The group is made up of strategic managers within Birmingham City Council and partners from health, JCP and the third sector.

10.2 All CCs in Birmingham are required to complete a Self Evaluation Form annually to evidence impact and effectiveness of services. A Children’s Centres Advisor is currently in post to carry out Annual Conversations which forms part of their annual performance assessment.

10.3 A “Quality Assurance in Children’s Centres” steering group has been established to oversee the quality of services delivered and to provide support for centres which have been identified as needing additional support around particular areas of service delivery. A Support for Settings (SFS) mechanism is also in place to provide support for centres around particular areas if necessary.

10.4 In the last two years, 46 CC staff have completed the “National Professional Qualification in Integrated Centre Leadership (NPQICL) programme. The course is aimed at leaders within CC and gives them the opportunity to collaborate across the community and provide seamless, high quality services for children and families.

10.5 An audit of staff’s qualifications using the CWDC online Audit tool is being carried out to ensure that all staff’s qualifications are up to date and compliant with standards outlined by the EYFS. The Early Year’s Training Team have linked with University College Birmingham to offer settings the CACHE Level 3.

10.6 CCs have successfully developed effective mechanisms for ensuring that the views of parents, carers and children are taken into account when planning for services. These include focus groups, questionnaires for parents, impact assessments and specific consultations with parents where information gathered is used to help inform the planning and improvement of future services. There is also an Annual Celebration Ceremony, where CCs are rated on performance by service users in many aspects of service delivery.

11. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

11.1 BCC is responsible for the allocation of funding for each CC which is monitored through the M&E team. Funding levels are dependent on the number of children aged 0–5 within their reach area and the deprivation levels of the communities they serve. All CC are required to complete an annual Action Plan and are required to deliver services in accordance to the Condition of Grant Aid (COGA) which is monitored centrally.

11.2 CCs have improved the potential of future sustainable services through integrating with local service providers and partnership organisations, where possible mainstreaming services and working together for “added value”.

11.3 Staffing structures within CCs are kept streamlined and any additional services outside of the Core Offer are assessed on a basis of need. Many centres will review the budgetary implications of employing extra staff and some centres have developed a needs led approach to recruitment.

11.4 CCs remain a valuable asset to the communities they serve as they provide mainstream, affordable, integrated services for all children and ensure that priority vulnerable groups receive targeted support to enable access. In addition, with the recruitment of qualified staff and a commitment from centres in their professional development, the city will see the growth of a highly qualified workforce who work at the front-line of services and have close links with the community.

12. SAFEGUARDING

12.1 CCs have many different support mechanisms in order to ensure all children are safeguarded both within their childcare settings and within their homes. The Senior Development Worker for safeguarding assists CCs in writing robust safeguarding policies and attends the SFS groups in order to address any safeguarding issues a CC may have.

12.2 All CCs staff will be Criminal Record Bureau cleared and CCs will be compliant with the Independent Safeguarding Authority vetting and barring scheme.

12.3 Training and support is provided by BCC on the CAF and a team is in place to monitor Integrated Service Plans and Early Support Family Support Plans.

October 2009

Memorandum submitted by Spurgeons

SUMMARY

Spurgeons is a significant voluntary sector provider of Sure Start Children's Centres, across England. We strongly support the role of Children's Centres in delivering integrated, early intervention services to children and families in some of the most deprived communities in England. From our considerable experience of delivering community based services to children and families we recognise the value of locally based provision, at the heart of communities that provides non-stigmatizing, high quality services to children from pre-natal to school ages. When the Sure Start programme was first set out it was intended to be a long term programme of change and it was recognised that changing established ways of working and developing creative and innovative approaches to change for children would not happen in short timescales. This is particularly true in deprived communities, where changing deeply ingrained patterns across several generations who have low aspirations for the future takes years to impact. However, we do believe and have evidence that the impact of the Sure Start approach is making progress in changing some of these patterns and increasing expectations of future change for families. We would therefore advocate the need to continue investing in early intervention and preventive services in order to demonstrate the longer term benefits on educational outcomes for children, particularly those living in deprived communities.

1. SPURGEONS

1.1 Spurgeons is a national children's voluntary organisation, established in 1867. Our work is embedded in local communities and works with children and their families, supporting them to be safe and happy and to build self esteem, confidence, resilience and a future filled with hope. We are a significant provider of Children's Centres across England, currently providing 24 Children's Centres, working with nine Local Authorities. We have been engaged in the delivery of Sure Start Centres since Phase 2 of the delivery of Sure Start Local Programmes. Our Centres comprise a mix of the old Sure Start Local programmes and phases 1, 2 and 3 of the Children's Centre programme and are located in a mix of urban and rural locations. We have considerable experience prior to Sure Start Local Programmes of working in local communities providing Family Centres and working in multi-agency partnerships, some of which subsequently developed into Sure Start Children's Centres.

1.2 We also work with Local Authorities and other commissioning bodies to provide other services to children and their families. These include Young Carers, Youth and Community services, work with Trouble Children, Child Contact Services, Parenting Programmes and Family Support. This gives us a professional knowledge base from which to make this submission to this Inquiry.

2. RESPONSE

2.1 We welcome this opportunity to contribute to the Parliamentary Inquiry and would want to add our weight and support to the future of Sure Start Children's Centres and their key role in bringing change for children. In making our response we recognise there are significantly different approaches and requirements that individual Local Authorities place on the development of Children's Centres and our response is given from a national perspective that takes an overview and tries to identify the key issues from our shared experience.

3. QUESTIONS ASKED BY THE INQUIRY

3.1 *How models of Children's Centres have developed as the programme spreads from the most deprived neighbourhoods*

3.1.1 Spurgeons' services are embedded in local communities. We understand the needs of children through the lens of the local communities in which they live. We believe in seeing children and families in their context and therefore work to deliver professional services within the framework of the family and community. We see Children's Centres at the heart of local communities, providing a central role in the delivery of local services to children. We understand the importance of having robust approaches to the early identification and assessment of the needs of children and families. This means that every member of staff employed within a Children's Centre plays a role in identifying the needs of families and that by adopting an early intervention methodology we can provide the appropriate targeted intervention that makes a significant impact on outcomes for children.

3.1.2 We have found that as the Children's Centre programme has been rolled out into wider geographic areas, the significant difference is the level of resourcing available and the effect that has on the level of provision being offered. This is most widely experienced as services from other agencies is equally more thinly spread in these areas. Services like Job Centre plus may not be as well established and the problem of rural isolation and distance, experienced by many Phase 2 and 3 Centres can also affect the impact of Children's Centres. In terms of offering preventative services, the amount of funding available has to be focused on the most needy families, however the identification of the most needy families is often complex, as very often families do not immediately present with problems and it is only by building relationships and engaging with families that the issues become apparent. We believe that Children's Centres are more effectively rolled out when they are part of a wider inter-agency investment in an area. This may mean acting in a role of co-ordinating the delivery of local services that are available for children.

3.2 *The range and effectiveness of services provided by Children's Centres*

3.2.1 All our services are planned to meet the Every Child Matters outcomes and are delivered through the Core Offer. The most effective services are those tailored to meet the needs of their local community and planned in collaboration with service users. We have a wide and varied service provision in place and find that, particularly in deprived communities a community development approach has been an effective way of engaging with traditionally hard to reach groups. Whilst our service models are evidence based, we would encourage commissioners to consider the needs of the most complex families with whom we engage and suggest that there continues to be opportunities to develop innovative and creative models of service delivery.

3.2.2 Spurgeons have strong core values, one of which is "holistic". We strongly support the ethos of an holistic range of services being offered through the channel of a Children's Centre. Individual children and families have very different needs and a range of provision is required in order to address and constructively work with the issues being assessed. We see these services working best when they are delivered in local settings that are familiar and comfortable for families, which can be provided by Children's Centres.

3.2.3 We monitor the effectiveness of our services through established processes such as the SEF (Self Evaluation Form) and Annual Conversation. We welcome consistent approaches set out on a national basis that work across the Local Authorities we are commissioned by. However, we suggest they need to be equitably applied, but able to understand that different Children's Centres develop different approaches to meet the needs of their communities—not all communities are the same and we need to ensure there is enough flexibility in assessing effectiveness that enables local approaches and local solutions to be developed to meet the needs of the local community

3.3 *Funding, Sustainability and Value for Money*

3.3.1 As Spurgeons works across a number of Local Authorities, with different budget allocations this means there are significantly different approaches to the allocation of funding. Our Centres have to be set up differently to accommodate these restraints. However, there are certain core offer requirements for Centres to be delivered which require a similar core staff team, which means it can be difficult to generate economies of scale with smaller Centres.

3.3.2 We support the promotion of partnership working as this can and does provide some genuinely cost-effective services. However, inter-agency working does not just happen, it requires considerable skills and effort from staff to engage other professionals and sell the vision that inter-agency working can give.

3.3.3 We would encourage the Inquiry to consider the impact that articulating a longer term commitment to Children's Centres can bring. Children's Centres deliver integrated services, but it relies on having well qualified, experienced staff to deliver these programmes. The retention and development of these staff are critical to the longer term ability to deliver on this initiative and if we are to retain these staff there needs to be a longer term commitment to their development and future career prospects

3.3.4 The Voluntary Sector provides a valuable role in delivering cost effective, professional and accountable services. However, we strongly urge the Inquiry to understand that the voluntary sector does not mean cheap or second rate and we are committed to delivering quality services that need appropriate

levels of funding. We seek to be innovative and creative within the budgets provided, but there are core work and services that need funding and if the outcomes are to be delivered the appropriate funding and resourcing needs to be in place.

3.4 Staffing, governance, management and strategic planning

3.4.1 We are committed to building staff teams that are flexible and responsive and able to respond to the needs of individual communities and families. It is crucial that we consider how to maintain consistent, committed staff teams as it is through longer term relationships that truly effective services can be built. We believe this is one success factor of Children's Centres that by building non-stigmatizing, positive relationships with families, our staff have engaged with some of the most hard to reach groups. A core team of Children's Centre staff can work with other agencies and develop a "team around the child" approach.

3.4.2 We know that excellent management and leadership is critical to delivering on this agenda. We support the NPQICL programme in promoting leadership and facilitating an excellent qualification for all Centre leaders. We also recognise that particularly in the Phase 3 Centres, where budgets are significantly reduced it is critical that in order to deliver on the agenda across a wide area within a given budget envelope, clustering of staff teams can take place. This can also enable the clustering of management/leadership functions.

3.4.3 Across the Local Authorities we work with there are a range of different governance arrangements in place. We strongly advocate for the involvement of service users in governance. Where Centres are integral to the local community the engagement of local people in both the governance and delivery of services provides the most effective model, as it helps to shape services to be relevant to local needs. We have developed some excellent examples of service user involvement in boards and advisory groups and seen how this builds confidence and self-esteem in parents, which translates into better outcomes for children.

3.5 How well Children's Centres work with other partners and services, especially schools and health services

3.5.1 Our experience as a voluntary sector provider is that inter-agency working has always been a feature of our working practice and is well embedded into our ethos and approach. Where the voluntary sector provides Children's Centres we have considerable evidence from our Centres of acting in a co-ordinating role on a local level for a range of statutory, non-statutory agencies and partners—we often find ourselves being the bridge that brings partners, including parents and the local community together. We strongly believe this brings improved outcomes for children, as we see strong evidence of appropriate signposting and joint working with families, where it is recognised that no one agency has the answer to some of the most complex family's needs. In addition this approach can help broker access for families to some of the statutory services that often are difficult for families to engage with.

3.5.2 We do however, recognise this task is easier where other partners share the same ethos. We see the role of leadership by Centre Managers as critical in winning the hearts and minds of some partners. When they are able to capture the vision for how an integrated approach of working together brings about change for children and change for the communities in which they live, there can be genuine inter-agency working. We would recommend this collaborative approach is supported by a policy imperative from other agencies.

3.6 Whether services are being accessed by those most in need and how effective they are for the most vulnerable.

3.6.1 This is a crucial area for Children Centres—it is those families who do not easily access a Centre's services who are often most in need. The role of the Family Support outreach worker is vital in engaging with those families, building confidence and self esteem which will lead to an improved engagement with provision. There is a continual challenge to engage with the most vulnerable, whilst at the same time meeting reach targets for engaging with all families. With increased funding it is the development of this role that will have the greatest impact on families who have the most need.

3.6.2 We also advocate for the approach that sees the Childrens Centre as both a place in which to deliver services, but also importantly a methodology that enables services to be delivered where families want to engage. If all services are provided from a centre we will never effectively reach the most vulnerable families—it is essential there are outreach activities. We have some good examples of how local parents can assist in this role, by providing a buddying or ambassador function and encouraging other local parents to access services. We see this type of activity supporting the role of employed professionals, who it is critical are skilled in safeguarding and other inter-personal skills in order to effectively engage parents. We believe this happens most effectively when these workers are integrated into the holistic provision of Children's Centres.

Memorandum submitted by Home-Start UK

EXECUTIVE SUMMARY

- Home-Start has a wide experience of working with Children’s Centres across England having over 350 individual funding relationships with Children’s Centres and an additional 250 non funded partnerships.
- The services provided vary and are often dependent on the strength of leadership in both the Children’s Centres and the local community.
- Partnership working needs to be facilitated particularly in areas where Children’s Centres are just developing. Home-Start regional consultants play an active part in this facilitation work.
- Suitable indicators for agreed realistic outcomes to assess the effectiveness of universal outreach services need to be developed. These should be used across agencies and proportionate to the service funded.
- Children’s Centres are becoming commissioning hubs. This has implications for the funding of local services. Full cost recovery for delivery of a population based service rather than spot purchasing of individual family support is required to ensure sustainability of local voluntary sector providers who are often best positioned to provide outreach work to families.
- The training and developmental opportunities provided by the voluntary sector for their family support volunteers creates a highly skilled and experienced workforce upon which Children’s Centres draw.

1. INTRODUCTION

1.1 Home-Start believes that children need a happy and secure childhood and that parents play the key role in giving their children a good start in life and helping them achieve their full potential. We offer support, friendship and practical help to parents with young children, in local communities throughout the UK by offering a unique service, recruiting and training volunteers—who are usually parents themselves—to visit families at home with young children to offer informal, friendly and confidential support. This gives children the best possible [Home-] start in life. As parents grow in confidence supported by Home-Start they strengthen their relationships with their children and widen their links with the local community—often through their local Children’s Centre. To Home-Start every family is special and we respond to each family’s needs through a combination of home-visiting support, group work and social events.

1.2 The Home-Start network consists of Home-Start UK and more than 300 local Home-Start schemes. We are each independent charities, and together we are the Home-Start service, delivering one-to one support, friendship and practical help to families with young children and building strength in our local communities.

Home-Start Schemes are rooted in the communities they serve—managed locally but supported by the national organisation, Home-Start UK, which offers direction, training, information and guidance to schemes to ensure consistent and quality support for parents and children wherever they are.

2. HOW MODELS OF CHILDREN’S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

2.1 It is Home-Start’s experience from having over 350 funding relationships with Children’s Centres across England that Children’s Centres have developed in various ways across the country and within each locality the Children’s Centres will also vary in the services offered, the funding of these services and in their approach to partnership working. It is therefore difficult to generalise across England. We recognise that this variation within and across localities will, to a certain extent, reflect local needs.

3. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN’S CENTRES

3.1 We would reiterate the point that the range and effectiveness of services provided by Children’s Centres varies across England. Home-Start would agree with the recent Ofsted evaluation of integrated services in Children’s Centres which reported that: “*the provision was influenced by the strategic direction of the local authorities as they developed their oversight role*”. Some local authorities are incorporating the strategic objectives of Children’s Centres within service specifications for related family support services. The specified outcomes vary but in some cases refer to the very broad 5 Every Child Matters outcomes. While supportive of the principles of outcomes based accountability we would suggest that the impact of secure parenting experiences are likely to be significant in terms of children’s longer term outcomes. We would therefore encourage the development of suitable indicators for agreed outcomes to assess the effectiveness of universal services across agencies which are proportionate to the resources available.

4. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

4.1 Home-Start notes that the funding local Home-Start schemes receive from Children's Centres across England is increasing. In 2008–09, 17% of all Home-Start scheme funding was received via Children's Centres. This funding went to 116 schemes (47.9%) of the schemes in England but on the whole this does not cover the full cost of the Home-Start service in the area and other funding is sought by Home-Start. The Children Centre funding is either managed through contracts with the local authorities who fund Children's Centres and Home-Start schemes across a locality or is channelled through individual Children's Centres. When individual Children's Centres are commissioning services at a local level often the local providers including Home-Start schemes have to apply for relatively small amounts of money from several Children's Centres. The variety of means of applying for and monitoring these relatively small funds places a significant workload not only on local Home-Starts but also on the Children's Centres who have to have processes in place for the management and distribution of these funds. We would endorse the Together for Children guidance on commissioning which states that: "*An elaborate tendering process for a purely partnership agreement with a childcare provider would be disproportionate. A simple Service Level Agreement or Memorandum of Understanding may well be sufficient*". In addition, we would add that the data captured from monitoring a larger fund which enables a larger number of families to be supported generates a more comprehensive picture than several different monitoring data sets generated from several local funding arrangements.

4.2 These considerations about proportionate commissioning and subsequent monitoring will in turn have implications for sustainability of the Children's Centres and their funded partners. It is vital that both Children's Centre commissioning and Local Authority direct commissioning must risk assess the impact on families of decommissioning a service. Families' needs, not commissioning processes, should direct service provision. Without this focus on the continuity of service support to vulnerable families safeguarding issues may arise.

4.3 Home-Start also has operational relationships with Children's Centres which are not based on funding arrangements. In 2008–09 Home-Start schemes across England had 258 non funding relationships with Sure Start Children's Centres. This represents a significant amount of partnership work which contributes to Children's Centres' effectiveness and supports families. Home-Start schemes often provide Children's Centres with monitoring data, particularly on indicators of outreach and families' access to services.

4.4 The value gained from working with volunteers to provide family support is beginning to be calculated in terms of social return on investment. This approach captures the unique value that often small local voluntary organisations can bring to centre based family support services.

5. STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

5.1 Local voluntary organisations contribute to the workforce development for trained family support workers by providing the training and opportunities for supervised family home support. Children Centres' family support workforce are being recruited from Home-Start volunteers. This developmental route for volunteers is to be welcomed as it contributes to building local social capital and addressing work-linked deprivation. However, as part of strategic planning for the workforce for Children's Centres, Home-Start would call for the recognition of the valuable part that the voluntary sector and volunteerism plays locally in developing a skilled family support workforce and the recognition of the associated resources required to do so.

6. HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

6.1 Home-Start schemes prioritise the development of their relationships with local Children's Centres and work with them in a variety of ways across England including;

- Running Home-Start family groups within centres (the reputation of these groups attracts families into the centres).
- Having office space in a centre either permanently or as a type of "hot desk" arrangement.
- Using the facilities.
- Running specific projects.
- Informal trustee relationships between Children's Centres and Home-Start schemes.

6.2 The management and leadership of both Children Centres' and local agencies influence how partnerships develop. Facilitation can be required to build these relationships, particularly in areas where Sure Start was not established and Children's Centres are now being developed. The pro-active role of Home-Start UK regional consultants, who have expertise in building community partnerships, has been important in this respect.

6.3 2,333 referrals [8.6% of all Home-Start referrals] came from Children's Centres in 2008–09 and we note that this figure is increasing. The majority of these referrals are around outreach work. These Children's Centres recognise the expertise and track record that Home-Start has in developing relationships with families who are reluctant to engage with Centre based services.

6.4 It is documented that Sure Start programmes are most effective when health visitors are engaged in reaching out to families.¹¹⁹ Home-Start across England has an excellent relationship with health visitors—just under half of all Home-Start referrals are from health visitors. This represents a recognition by health visitors of the valuable work that Home-Start does when supporting families and in particular our role in enabling families to access other services. The parents we support are often isolated and have low self esteem. Home-Start volunteers work to build their confidence and their social networks enabling them to feel able to access the facilities available in Children's Centres.

7. WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE.

7.1 In order to ensure that services offered within Children's Centres are being used by the most vulnerable requires effective outreach and active signposting work by agencies who have developed the trust of “hard to reach” families. Last year, of the 9,600 families for whom Home-Start support ceased, 4,000 primarily asked for support to use other local services—90% of these families said Home-Start had helped this improve. Active signposting means not just giving a family information about a service in a Children's Centre but working with that family to enable them to have the motivation, confidence and transport to make crossing the threshold a reality. In rural areas Home-Start schemes have to work with families to ensure that lack of transport does not preclude them from accessing services centralised within Children's Centres.

7.2 Needs are concentrated in areas of high deprivation and specific groups but we also recognise that families with needs are also spread throughout whole populations. The analysis of families' postcodes identifies families in need of support in areas with low deprivation scores. It is the experience of Home-Start that in order to reach the most vulnerable with preventative support an open universal service which is perceived as non judgemental enables those with needs, whether from an area of high deprivation, or not, to access support. The following is a quote from a mother supported in her local community by several services. It illustrates the importance of the relationship developed with a vulnerable family and the approach taken to engage and maintain that relationship with families who are sometimes reluctant to use services. This mother, through very changed circumstances, developed very pressing needs:

“I never expected to need the support of Home-Start. I was educated, well off and an active member of my community. Within a year I lost everything and plunged into a nightmare. My alcoholic husband lost his job and became abusive to me and our small children ... We live near one of the best Sure Start children's centres in the country and have received invaluable help from the staff there, but for Polly, Maisy and myself the Home-Start Drop Ins were of greater support. Have you ever been outside on a cold, grey night and wished you could be warm inside one of the cosy-looking houses? Our Home-Start Drop In is like entering that golden space and finding unconditional welcome and non-judgemental friendship. After our first visit, Polly refused to go back to any of the other groups we had tried (even though many of them, with more funding, had better facilities and newer toys)”.

7.3 Gaining and maintaining engagement with “hard to reach or out of reach” families takes time, resources and the expertise of staff and volunteers gained from years of experience. Volunteers have a particular role in building relationships with reluctant users *because* they are volunteers. An independent evaluation of a Home-Start scheme referred to the added value of having a volunteer providing the family support: “*developing and maintaining a trusting relationship with someone who has not simply been allocated to them; who has no professional title or uniform; and who has no agenda to pursue other than that which has been agreed with the family, is what works for them. It is this voluntary relationship in which they [the family] will invest to help them make significant changes in their lives*”. It is now being recognised more broadly that volunteers can play and do play a very valuable role in supporting families with complex needs.

8. RECOMMENDATIONS FOR ACTION

8.1 All Children's Centres have funded relationships with Home-Start schemes which take into account full cost recovery for delivery of a population wide universal home based service rather than spot purchasing individual family support.

8.2 The strategic aims, management and commissioning plans of Children's Centres incorporate the expertise of medium/small voluntary organisations and volunteers in providing local family support.

¹¹⁹ Belsky, J *et al* (2006) Effects of Sure Start local programmes on children and families from a quasi-experimental, cross sectional study *BMJ* 332–1476–1478.

8.3 The workforce development undertaken by the voluntary sector which contributes to the provision of highly skilled and experienced family support workers required for Children's Centre is recognised and funded.

8.4 The outreach work undertaken for Children's Centres by other agencies is identified within the Children's Centres' performance measures as an indicator of the partnership work being undertaken.

October 2009

Memorandum submitted by Pauline Trudell and Barbara Riddell

1. SUMMARY

- Maintained Nursery Schools are some of the most effective and highly regarded children's centres in England. They are consistently judged as outstanding by Ofsted yet they are at risk of closure as a result of the new Early Years Single Funding Formula introduced by the Government.
- Nursery Schools that are children's centres are not cheap but they represent excellent value for money. As exemplars of outstanding quality their role as training and support centres for other children's centres and early years settings in their area is largely unexploited but crucial. We cannot afford to risk the loss of the very centres that have shown they can make such a difference to the poorest families and children.

2. INTRODUCTION

There are a number of remarkably successful children's centres in England. These centres engage and involve disadvantaged and ethnic minority families; they reach out to families that are most vulnerable to social exclusion; they offer children a quality of educational experience which raises their achievement well above expected levels. These centres are cited by Ofsted as representing excellent value for money and they are working well with health, social services and primary schools. These centres are all maintained nursery schools. The tragedy is that it is these very centres that are most at risk of closure.

3. Here is an example of just such a successful and effective children's centre. Comet Nursery School and Children's Centre in Hackney

4. 75% of the children at this centre come from a wide variety of minority ethnic backgrounds; 66% speak English as a second language—half of these are at the early stage of acquisition. A high number of children join and leave outside normal term times and the proportion of children that have learning difficulties and disabilities is high.

5. The Ofsted inspection in May 2009 reported the following: "Comet Nursery School and Children's centre is outstanding and provides an excellent standard of education for all its children. Staff have a shared deep understanding of how young children learn. Parents are delighted with the centre, universally praising its work. Typical of the many positive comments was, "It caters for all children's and parents' needs for education and growth." Children join with skills and abilities well below those typically found, especially in their language and communication skills and in personal and social development. They make outstanding progress from this low starting point. Expert advice is on hand on a daily basis from health professionals and the school staff work very closely with a wide range of local agencies."

6. Pen Green Centre for Children and Families—perhaps the best known integrated centre in the country, has received similar praise from Ofsted "The care, guidance and support provided are second to none and firmly based on the staff's excellent knowledge of children and their families. Parents are fully involved at every stage of their children's time at the centre. They say that they appreciate the way in which the staff take account of their contributions, both when children start and through the frequent and easy channels of communication. The safety and welfare of children are at the forefront of the staff's thinking. Procedures for safeguarding children are very secure. Many parents become partners in active research into their children's development and are fulsome in their praise of the benefits to children's well-being and learning. Excellent support for children with learning difficulties ensures that they make rapid progress towards their targets."

7. Both these excellent children's centres are nursery schools and are representative of a wider group of children's centres which grew from State Nursery Schools. Of the 437 State Nursery Schools, usually called Maintained Nursery Schools (MNSs) in England most are already children's centres. Some 45% of state nursery schools have been judged by Ofsted as outstanding over the last three years.

8. In the first years of the Labour administration the Government recognised that nursery schools were central to the development of integrated services. The high quality of education they offered was already proving effective in overcoming disadvantage and social exclusion in some of the poorest areas of the country. Indeed almost all of the Early Excellence centres were nursery schools. Nursery Schools have a long tradition of working closely with parents and offering families support. They did so long before the introduction of the extended schools policy and the wider recognition that schools have a responsibility to their communities. They did so long before the introduction of Sure Start and Children's Centres.

9. Why do children's centres that began as state nursery schools do so well? The decisive factor is the qualifications and training of the staff. Children's centres that grew from MNSs are led by qualified headteachers and have a good proportion of qualified teachers on the staff. These headteachers have shown themselves to be very effective managers and leaders of multi-professional services.

10. Research related to the EPPE project (Researching Effective Pedagogy in the Early Years, REPEY) identified a number of other criteria that defined quality. These included, parents' engagement in their children's learning; staff knowledge and understanding of the curriculum; staff knowledge of how young children learn and develop; and a grasp of the appropriate pedagogy for a child's understanding and interests to develop. The nursery school model meets every one of these criteria. There is consistent and ample evidence that they not only provide excellent early education but they also work closely and effectively with parents and local agencies. Nursery schools have always given priority to those families most in need and have been flexible about how places are used. Their admissions criteria are determined by local authorities and they typically give places to children who are not likely to attend other forms of early years services, either because their parents are poor or because of their special needs.

11. Sadly, as the Children's Centre programme began some nursery schools were excluded in favour of primary schools even though many were excellent candidates. They had buildings and outside space geared to the learning and development of young children and skilled staff experienced in working with children who were not yet three and their parents. Their work with parents often went unrecognised or misunderstood.

12. Ofsted's 2005–08 review of all childcare and early years settings, excluding maintained schools revealed that only 3% were judged outstanding, and 57% were good. Quality was poorer in disadvantaged areas. *"The range in quality of provision across the country is too wide. I am concerned that quality is generally poorer in areas where children and families are already experiencing high levels of deprivation....."* (Christine Gilbert, Her Majesty's Chief Inspector of Schools, Leading to Excellence, 2008) In the 30 areas of greatest disadvantage only 54% of day care groups provided good or better childcare, compared with 63% in the rest of the country. Many of these groups are providing the daycare element of children's centres.

13. Twenty one of these disadvantaged areas have nursery schools and many are children's centres; Birmingham, Blackburn, Brent, Greenwich, Hackney, Haringey, Islington, Kingston-upon-Hull, Lambeth, Lewisham, Liverpool, Manchester, Newham, Rochdale, South Tyneside, Southwark, Stoke-on-Trent, Sunderland, Tower Hamlets, Waltham Forest and Wolverhampton. 100% of the nursery schools in these authorities were judged good or outstanding during the years 2005–08. In Stoke-on-Trent for example all seven nursery schools received outstanding Ofsted reports.

14. Although all Children's Centres would claim to provide for those children most in need and for those with special educational needs, many centres are not able to offer early education to these very children. In centres where the education and childcare is offered by a private or voluntary organisation, priority for places is usually given to those parents who need full-time childcare and can pay for the service. This is not unreasonable given the need for such nurseries to be financially sustainable but it is inevitable that, in such a structure, the availability of the free part-time places for 12.5 or 15 hours for three year olds will be limited. Nursery schools that are children's centres give priority to those children most in need. One head of a children's centre that is a nursery school writes "Local Authority admission criteria for maintained provision prioritise children who are looked after or who have Special Educational Needs. Admission criteria do not exist in the PVI sector. Our school has ten percent of pupils who have Statements of Educational Needs, some with complex medical needs. Sadly, some of these children's parents were amazed to be offered nursery places as several private providers in the area had turned them away. Two years ago we worked with a looked after child with emotional and behavioural difficulties who had been expelled from a private setting. What will happen to these children should maintained nursery schools cease to exist?"

15. Nursery schools typically have a far higher proportion of children with special needs than other early years settings. Nursery schools are part of the maintained schools sector and, as such, have implemented the Code of Practice for SEN (for as long as all schools have been required to do so). Their extensive experience and expertise in this area is also rooted in assessment and planning for individual learning needs. This is an established feature of nursery school practice.

16. Nursery *schools* also have a particular expertise in the teaching of young bi-lingual children; both in supporting children's home language and in encouraging the use of English.

17. Children's centres where different elements of the service are organised by different agencies face particular difficulties. If the leadership of the centre is not held by the same organisation as that of the childcare/early education the potential for integrated and seamless support to children and families is sharply reduced. Unsurprisingly many of the exemplary children's centres used as models for case studies and the frequent choice for any new minister's visit are those with unified leadership.

18. In most nursery schools the staff make introductory home visits to meet children and their families. These initial visits—often by two members of staff form the foundation of the subsequent relationship with the whole family. Special educational needs are frequently identified at this stage. The real point is that "outreach" is not a discrete and separate service provided by different staff or even a separate agency it is an integral part of nursery school practice. In those nursery schools that are children's centres such practice has been successfully incorporated into a holistic family support service.

19. The governance of nursery schools is also an important point. The clear evidence from the Early Excellence Centre evaluation was that integrated governance was a vital feature in achieving comprehensive and fully integrated services.

20. The governance of children's centres has developed slowly and school governing bodies do not invariably govern the whole of the children's centre. Many nursery schools are using their governing bodies to manage their children's centres and have been able to do so with considerable success. Indeed this was the model promoted by the Government guidance on establishing children's centre (Laying the Foundations) and the model operated by long established integrated centres such as the Thomas Coram Centre. Many headteachers report their exasperation with complex and time-consuming governance arrangements that demand frequent repetition. For example, headteachers who are completing Self evaluation forms (SEFs) for their schools, children's centres and daycare complain that such separate and repetitive management and monitoring systems fail to reflect the unified working of their centre.

21. The Final EPPE Report from the Primary Phase: Pre-school, School and Family Influences on Children's Development during Key Stage 2 (Age 7–11) found that the most qualified staff (almost all trained teachers) provided children with more experience of academic activities (especially language and Mathematics) and provided children with higher cognitive challenges. They also provided the most direct teaching (instruction through demonstration, explanation, questioning, modelling etc) and used more "sustained shared thinking". Furthermore, less well qualified staff functioned as significantly better pedagogues when working alongside qualified teachers.

22. Most strikingly EPPE showed that children who had attended poor quality/less effective pre-school generally showed no significant age 11 benefits in improved outcomes compared with those who did not attend any pre-school. Unless all children's centres are able to provide such high quality educational experiences they will fail the children who attend. The recent evaluation of the two year old pilot revealed a similarly dismal conclusion. Most of the settings used in the pilot were less than good quality and there was no discernible impact on the children's successful development. Quality matters.

23. The Head of a children's centre in Lancashire writes "The good qualifications, expertise and experience of the nursery school staff have been the high quality foundations on which the centre has been built. This is why nursery schools should continue to form the rock bed for children's centres wherever possible. Children's centres are part of the government's strategy for narrowing the attainment gap for those children living in areas of deprivation. It is no good addressing the issues that decrease learning potential if the quality of nursery education on offer is poor."

24. Sadly there are some stark examples of children's centres that are now less integrated than they had been when they were Early Excellence Centres. One such centre serves a community that is one of the most deprived in the North East and is in the 10% most deprived Super Output Areas in England. Some 50% of children aged 2–3 have been identified as having either special educational needs or additional educational needs. A high percentage of children under three are referred by Health/Children Services.

25. Ofsted judgements have consistently been outstanding and "Beacon" status was followed by Early Excellence status in 2002. As an Early Excellence Centre the school developed a range of integrated services; education, social care, family support, adult learning and training. Between 2002 and 2006 the Centre trialled different models of working, developed staff expertise in a multi-agency approach and introduced personalised learning for children, parents, carers, practitioners and professional partners. In 2004 the head of the centre was invited to be one of the 35 participants on the pilot year of the National Professional Qualification in Integrated Centre Leadership

26. In 2007–08 the Early Excellence programme funding ended and the staff team was reduced; the Play and Learning team was completely dismantled. As a consequence of such substantial staffing loss much time was spent remodelling and restructuring the whole centre team.

27. The new children's centres have a complicated management structure in which locality teams are led by co-ordinators, who, in turn, are led by an overall "virtual" co-ordinator. Headteachers of nursery schools are not the Head of their children's centre. Many children's centre staff are employed centrally and operate from the locality teams rather than from individual children's centres.

28. Since the creation of this model of children's centre services the quality and quantity of work with families has reduced. Locality teams are not based at the centre and consequently are not able to develop relationships with the education and childcare staff. Some children and families who would benefit from early referral to the centre are still being missed in the community. Many arrive unidentified at the age of three. Services are not matched to local and individual need but are determined by a "blanket" programme of delivery across the city, ie every Children Centre offers Stay Play/Messy Play/Time for Rhyme/Bosom Buddies, etc—whether or not this meets need. There is little room for negotiation or control over a more "tailored" and appropriately matched service. A high percentage of hard to reach and vulnerable families are not being reached or engaged

29. A previously successful "Play and Family" team based at the nursery school has been terminated due to end of funding stream. This was the best model to offer as it was embedded in the Nursery ethos, it reflected and responded to immediate need, personal relationships were able to blossom and families benefited from a true "one stop shop" approach.

30. The local authority is now promoting a Birth to 19 campus style development and the primary school that is across the road are planning to to open a nursery class. The nursery school will struggle to survive.

31. In March 2009 Ofsted yet again judged this centre as outstanding. “Children make exceptional progress and their personal development is excellent; provision for learning and development is inspirational, while children’s welfare is exceptionally well promoted.” The report concludes “The centre has outstanding capacity for further improvements and currently provides outstanding value for money.”

32. Children’s Centres will only be able to realise their ambition to transform the lives of children and their families if the quality of the childcare and education they provide is excellent. Such quality influences every aspect of their work with children and families. We cannot afford to lose the very children’s centres that can offer the best quality and indeed the skills and expertise to support other centres.

October 2009

Memorandum submitted by the British Association of Early Childhood Education (Early Education)

ABOUT EARLY EDUCATION

1. The British Association for Early Childhood Education (Early Education) is the leading independent national charity for early years practitioners and parents, campaigning for the right of all children to early education of the highest quality. Founded in 1923, it has members in England, Northern Ireland, Scotland and Wales and provides a national voice on matters that relate to effective early childhood education and care of young children from birth to eight, advising parents, central and local government and through the media. The organisation supports the professional development of practitioners through training, conferences, seminars and access to a national and regional branch network. For more information on the work of Early Education visit www.early-education.org.uk

2. This submission is informed by the responses of 89 Early Education members currently working in or with Sure Start Children’s Centres in England.

SUMMARY

3. The evolution of Sure Start Children’s Centres has raised the profile for early childhood provision both locally and nationally. Early Education believes that Sure Start Children’s Centres have a crucial role to play in the ongoing evolution of high quality, integrated children’s services. Not only do many of them have an amassed experience and understanding of child development, family support, curriculum, planning, pedagogy, formative assessment and evaluation in teaching and learning, they also have a significant leadership role to play in promoting and advancing effective practice in early learning and care.

HOW MODELS OF CHILDREN’S CENTRES HAVE DEVELOPED AS THE PROGRAMME SPREADS FROM THE MOST DEPRIVED NEIGHBOURHOODS

4. In the last decade, 3,000 Sure Start Children’s Centres have been established. The majority (53%) of maintained nursery schools have a relationship with a Sure Start Children’s Centre.¹²⁰ Some are fully integrated while others have a more tentative relationship. Of those maintained nursery schools who were a part of Sure Start Children’s Centre.

- 50% were part of the Phase One Sure Start Children’s Centre programme.
- 44% were part of the Phase Two Sure Start Children’s Centre programme.
- 6% were part of the Phase Three Sure Start Children’s Centre programme.¹²¹

5. Those Sure Start Children’s Centres that developed out of well established maintained nursery schools often benefited from a strong, established, highly qualified and experienced staff team who were focused on improving outcomes for children. Many are led by qualified headteachers and the staff of children’s centres frequently include qualified teachers, teaching assistants qualified to NVQ level 3, as well as peripatetic staff. Many maintained nursery schools already had an excellent track record of working with parents. Some had already been designated Early Excellence Centres and the majority included in the Phase One Sure Start Children’s Centre programmes had been working in partial, cross disciplinary teams prior to their designation as a Sure Start Children’s Centre. Consequently, there were firm foundations from which to build effective integrated working practices within a cross disciplinary team of staff.

¹²⁰ Early Education (2009). *Nursery Schools Now: Maintained Nursery Schools in England and their role in supporting the evolution of early childhood services.*

¹²¹ Ibid.

THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

6. It is clear that the philosophy of the *Every Child Matters* agenda and the principles of the Early Years Foundation Stage (EYFS) is at the heart of the range of effective services that Sure Start Children's Centres seek to provide.

7. Nationally, the range and frequency of services delivered through Sure Start Children's Centres varies widely. A survey of Early Education's membership engaged with Sure Start Children's Centres revealed that services offered include: nursery education, daycare (0–2 year olds) daycare (2–5 years), full wrap around care, holiday programmes, adult learning, employability support, health visiting and midwife clinics, speech and occupational therapy, after school care, childminder networks, antenatal support, breastfeeding support, parenting classes, toy library facilities, "stay and play" groups, nutrition classes, baby massage ESOL/EAL classes, first time parent support, Dad's groups, gypsy and traveller outreach programmes, family workers supporting families with housing, police liaison group, debt and relationships, child and adolescent mental health support, multiple birth groups, smoking cessation clinics, benefits and welfare to work advice, exercise support, domestic violence support, sexual health clinics, dental health hygiene, support for grandparents with caring responsibilities and IT skills development.

8. Health and wellbeing play a key role in the services delivered by Sure Start Children's Centres. Evidence for the most part suggests that this benefits those parents and families who are most in need and vulnerable and who might not otherwise access this support from the usual routes to market. Initial funding from the Sure Start programme has enabled outreach workers to run classes and build relationships away from the physical base of the Sure Start Children's Centre which over time has paved the way for those most in need to develop a relationship with professionals and begin to access the support that will benefit both them and their children.

9. The effectiveness of services is measured largely through small scale evaluation or questionnaire based research. Some Sure Start Children's Centres are required to map their outcomes against local and national frameworks. In Sure Start Children's Centres who are delivering the Early Years Foundation Stage, children's progress is mapped against the Development Matters statements of the Early Years Foundation Stage.

10. It has been noted by some Sure Start Children's Centres that while services prove to be highly effective and beneficial to those who do attend them, there is a tendency for effectiveness to be measured numerically. Some practitioners have been frustrated, having built a relationship with hard to reach families and developed services to effectively meet their needs, to find that the service is deemed "ineffective" and in some cases, been required to close when the numbers taking up of the service have been small.

FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

11. At present, the key issue for which there is growing concern from those who work in Sure Start Children's Centres, is the impact of the implementation of the Early Years Single Funding Formula and their subsequent sustainability. There is significant concern that the services offered by integrated Sure Start Children's Centres, such as access to early education for the most disadvantaged children, extended services for families and support for other settings, will not be reflected in the Early Years Single Funding Formula and that this will lead to a reduction in the quality and range of services offered.

12. The introduction of the extension of the Free Entitlement for three and four year olds from 12.5 to 15 hours and the implementation of the Early Years Single Funding Formula at the same time has made this issue particularly acute in those Sure Start Children's Centres who have historically chosen to offer full time places (usually 25 hours per week) to children who have been identified as "in need" or having special needs that the Sure Start Children's Centre provision can support and provide for.

13. Few Sure Start Children's Centres report a lack of demand for their care and education places. Many however, report that for parents who wish to access these places, the fees that are currently being charged make access prohibitive for those on low to middle incomes, particularly in expensive metropolitan areas. Additionally, the challenging and uncertain fiscal environment that many Sure Start Children's Centres are now facing has also required many to review their fees and charging policies. Many have concluded that in order to "bridge the fiscal gap" and to ensure that appropriately qualified staff could continue to deliver effective provision, many would need to raise their fees so significantly that it would put access to the Sure Start Children's Centre out of reach for all but the highest earning families.

14. Phase One Sure Start Children's Centres in particular are also being challenged by the reduction of budgets as many local authorities struggle to balance the demands of implementing the Early Years Single Funding Formula. While the Early Years Single Funding Formula is currently undergoing a second phase of consultation within local authority areas, some Sure Start Children's Centres are reporting that the uncertainty of the impact of the early years single funding formula and an indication from local authorities that their budgets are to be cut by up to 30%. This is already impacting on the delivery of services such as outreach and family support. Many Sure Start Children's Centres feel that they have been left with little option other than to recruit staff on temporary contracts and this has led to staff retention problems.

15. The Early Years Single Funding Formula is at serious risk of undoing much of the good work that has been achieved by Sure Start Children's Centres, particularly in early childhood education. There is little evidence that demonstrates investment in private sector provision delivers value for money provision for the disadvantaged children and families who stand to benefit most.

STAFFING, GOVERNANCE, MANAGEMENT AND STRATEGIC PLANNING

16. The leadership role of Sure Start Children's Centres is vital in supporting training, ongoing continuous professional development and sharing and demonstrating effective practice.

17. Sure Start Children's Centres have a key role to play in supporting the development of effective practice. Many host setting visits, contribute widely to the ongoing development of effective practice, not only in their own settings but in other maintained settings, as well as the private, voluntary and independent early learning and childcare settings in their areas. Sure Start Children's Centres also support those undertaking more formal qualifications and training.

18. Visits to Sure Start Children's Centres by other early years' staff from all sectors, primary colleagues and local authority staff are a regular feature. Some Phase One Sure Start Children's Centres report several hundred visitors annually.

19. Many Sure Start Children's Centres also support a broad range of professional qualifications that relate to their settings. These include initial and in-service teacher training programmes, NVQ level qualifications, Early Years Practitioner status, Family Support Worker qualifications and other formal qualifications in the areas of health, educational psychology, physiotherapy and speech and language therapy.

20. A number of Sure Start Children's Centre leaders also act in a training advisory role for their local authorities and support local private, voluntary and independent settings as well as nursery and primary colleagues. Some heads of Sure Start Children's Centres also support the sector with management and leadership mentoring to other Sure Start Children's Centres, and the private, voluntary and independent sector, or are working as mentors for the National Professional Qualification for Headship or National Professional Qualification for Integrated Centre Leadership.

21. Sure Start Children's Centres that are led by those who previously led nursery schools have benefited from their experience to manage small but complex organisations. Typically, they have successfully risen to the challenge of managing multi professional teams in Sure Start Children's Centres.

HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

22. There is increasing evidence that many children's centres, particularly those that were part of the Phase One programme, are working increasingly effectively with a range of partner organisations. Almost all work in partnership with local primary schools and health visitors, with many others also working in partnership with a range of voluntary and community organisations. Many have noted that this has been key in their attempts to engage "hard to reach" and isolated children and parents. A smaller, but not insignificant number of Sure Start Children's Centres, also work closely in partnership with a range of faith groups in their local areas. Sure Start Children's Centres also have close partnership working with statutory bodies including Job Centre Plus, Child and Adolescent Mental Health Services, Social Service Early Intervention teams, the Police and the National Health Service.

23. A significant number of Sure Start Children's Centres also believe that these partnerships could be more effective. Consistent with other research (eg; Mooney *et al*, 2008), while there was considerable enthusiasm for health and well being working in the early years, many Sure Start Children's Centres felt that there was more work to be done in terms of developing partnerships between health and early years professionals, through pedagogical development on the principles of the Early Years Foundation Stage provision.

WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

24. There is recognition by some Sure Start Children's Centres that their services might not be being accessed by those most in need. Many Sure Start Children's Centres noted that it "*takes a long time to reach and build relationships with those who are vulnerable and most in need*". Many also noted that it was important for Sure Start Children's Centres to be given the time and ongoing resources to build the required trust based relationships with those who are vulnerable and most in need.

25. When first implemented, Sure Start Children's Centres were to be accessible to the most vulnerable children and families. While initially funded through state subsidised capital investment, in more recent times, the responsibility for their funding sustainability has been handed over to local Children's Services. Many Sure Start Children's Centres hold concerns as to whether their services will be accessed by the most in need once the start up and ring fenced funding from central government has dried up. As Sure Start Children's Centres are increasingly reliant on market forces to make ends meet, there is concern that in the not too distant future, the services that Sure Start Children's Centres offer will for the most part not be

accessible to those most in need. One Sure Start Children's Centre has noted that *"those most in need are intimidated by the more affluent families who tend to dominate the centre because they are the only ones who have the means to buy what we offer beyond the universal services"*.

26. Many Sure Start Children's Centres are aware that they need to work harder to be more effective in meeting the needs of the most vulnerable but also note that the uncertainty that many of their centres are currently facing, create circumstances that conspire against the work that they need to do. One practitioner managing a Sure Start Children's Centre noted.

27. *"I know what makes the difference but it's hard to ensure the continuity of personnel when due to a disproportionate number of staff on short term contracts, there is no continuity in the staff at 'the coalface' ... handing the management of Children's Centres to large multinationals who have neither the knowledge or the passion for on the ground services or developing life changing relationships means that Children's Centres are only ever going to deliver for those who have the ability to pay, and not vulnerable children or hard to reach families."*

October 2009

Memorandum submitted by the Association of Senior Children's and Education Librarians (ASCEL)

SUMMARY

- This submission, centres on the following policy aspects:
 - How well Children's Centres work with other partners and services, especially schools and health services.
 - Whether services are being accessed by those most in need and how effective they are for the most vulnerable.
- It highlights relevant research, models of partnership working and national and local evaluative data available to evidence "narrowing the gap".
- The Association of Senior Children's and Education Librarians (ASCEL) comprises the Heads of Service of each local library authority's public library service for children and young people and/or the Schools Library Service. The aim of the Association is to provide a pro-active forum in order to stimulate developments and respond to initiatives so that quality services for children and young people through public libraries and education services are offered for all.
- ASCEL works actively with all governmental, professional and other appropriate organisations and individuals in order to promote the value and awareness of library and information services for young people.

BACKGROUND AND RESEARCH

1. Local authority library services for children and young people have long established services for under-5's and their families. Pre-dating Sure Start Children's Centres, they have worked in partnership with early years partners to introduce stories, rhymes and books to these children and their families.

2. The nationally and internationally acclaimed Bookstart programme, funded by DCSF through Sure Start was piloted in 1992 in Birmingham as a partnership between Birmingham Libraries and the local health authority.

3. A number of recognised research studies into children's early learning have cited the importance of, alongside parental influence, an early introduction to books and the positive impact on both early language acquisition and overall early learning through Key Stage 1. *Effective Provision of Pre-school Education 1997-2003*

4. The research also shows that parents who do the following with their children will "stretch their minds":

- Read with them.
 - Sing songs and rhymes.
 - Go on visits.
 - Paint and draw.
 - Go to the library.
 - Play with letters and numbers.
 - Create opportunities to play with others
- Sylvia and others 2004*

The above all happen through the partnership working between Libraries and Children's Centres.

PARTNERSHIP MODELS

5. Much as there are different models of Children's Centres according to local need and geography, so there are different models of partnership working between Libraries and Children's Centres. Many Children's Centres have a taster collection of books and act as an access point to the wider services available from the public library. Many have regular visits from public library staff to run Bookstart related activities. In some, where a Children's Centre is co-located with the local library, a fully integrated service is provided that enables families to easily access services they need, no matter what their starting point

6. A particular strength of the partnership is its inclusive nature. Building on Bookstart dual-language packs and linked to the diverse communities in each local authority, the partnership can ensure that all cultures are celebrated. All authorities have stories to tell of work with the cultures represented in their communities. This work both recognises the value of each culture whilst also encouraging integration and community cohesion. A participant in one library authority's Bookstart activities said "*I'm Polish so when I moved here, the staff made me feel welcome. They tell me about the sessions on a Friday. I didn't know the English rhymes, but now we can sing them at home. I like it very much.*"

7. The partnership working also facilitates the equally important development of services of direct benefit to adults in the family. These could be offering access to basic skills training, offering opportunities for volunteering within the community, gaining further qualifications and support in seeking employment. Many authorities' library services are now structurally a part of a wide "Adult and Community Services" directorate. Partnership working with Children's Centres has facilitated cross-generational working involving, for example, the grandparents generation of a family

NATIONAL AND LOCAL EVIDENCE OF SUCCESS DUE TO PARTNERSHIP WORKING

8. Children's Centres are monitored via key indicators: NI 72 and NI 92—Foundation Stage Profile (FSP) data. In one local authority, the FSP 2008 data shows the success of Children's Centres, especially where effective partnerships are in place with the Library Service and especially in areas of deprivation

Case study 1

9. A family has four children ages nine, seven, four and three. They attended a potentially heavy *Children in Need* family meeting in their local Children's Centre (also co-located with the public library). The meeting gave the parents much to reflect upon. On their way out the family were introduced to the Library Manager and the children were gifted their long overdue bookstart packs, joined the library and borrowed more books. This family had never visited a library before due to the parents' lack of confidence and literacy skills. Now, they also use another local Children's Centre to borrow and return library books

Case study 2

10. A Children's Centre staff member witnessed good practice at one Children's Centre and took it to her new post at another Children's Centre. One family visited the Children's Centre every Friday with their Bookstart bag. This family had never visited a library before. The Children's Centre staff member has since taken the family to the local library, a short walk away, where they were met by the Library Staff, shown round the library and made to feel welcome

Case study 3

11. In this family, the father had recently been convicted of an offence and sent to prison. His young daughter would need to deal with the new experience of visiting him there. Appropriate books from the public library helped her family to introduce this topic with her and to start to understand and work through that experience.

Helen R Boothroyd
Chair

October 2009

Memorandum submitted by the Family and Parenting Institute

1. INTRODUCTION

1.1 The Family and Parenting Institute (FPI) is the UK's leading centre of expertise in families and the upbringing of children. We advocate for improved family and parenting services and we press for policy change to help address the challenges that families are facing.

1.2 Our aim is the wellbeing of children and families and to achieve this, we carry out research and policy work to find out what matters to families and parents. We develop ideas to improve the services families use and to improve the environment in which children grow up. We work to inform policymakers and public debate and we develop practical resources for people working with families.

1.3 Sure Start children's centres have already made an essential contribution towards providing integrated support for children and families. FPI would like to see continuing safeguards in place to ensure that they maintain this valuable work into the future. As many centres are still in their infancy and the Government has not yet completed their stated aim of every community being served by a children's centre by 2010, FPI was pleased with legislation that places them on a statutory footing. This allows existing centres to continue to develop in addition to ensuring that these services remain on the policy landscape for family services.

1.4 However, as research from FPI has shown, there is no doubt that evaluating early interventions is a difficult task, necessarily so because so many potential influences need to be taken into consideration. Accounting for change within an individual can be extremely complex; within groups of individuals, this can be even more difficult to track. Countless studies have underscored the extent to which development is in most aspects nonlinear and multiply determined; and that it has multiple goals, which can change, and multiple ways of reaching those goals (Barrett; 2007). When an early intervention programme is introduced, it should not be assumed that it will lead to the same outcome for all those in receipt of it.

1.5 A distinctive feature of the Sure Start model as an intervention programme is that it was deliberately conceived in such a way that participants can have a substantial influence on programme content. In this way, each Sure Start children's centre has developed a range of services that are unique to its particular local area. So, although it is conceived as an intervention offered universally to all residents with children aged 0–4 within a specific local area, in practice, it translates into many different types of activity.

2. SUMMARY OF FPI'S RESPONSE TO THE HOUSE OF COMMONS CHILDREN, SCHOOLS AND FAMILIES COMMITTEE INQUIRY INTO SURE START CHILDREN'S CENTRES

2.1 Children's centres are building on their learning about reaching disadvantaged and excluded families to adjust their family support services for the larger populations of local families they now need to serve. The key challenge for the delivery of effective family support is to find and engage the families who stand to gain most from effective family support, while managing catchment, operational and funding changes.

2.2 This response is based on our on-going policy and development work and is supported by the following FPI research publication:

Apps, J, Reynolds, J, Ashby, V and Husain, F (2006) *Family Support in Sure Start Children's Centres: Planning, Commissioning and Delivery*; London: Family and Parenting Institute.

3. FPI'S RESPONSE TO THE HOUSE OF COMMONS CHILDREN, SCHOOLS AND FAMILIES COMMITTEE INQUIRY INTO SURE START CHILDREN'S CENTRES

4. *The range and effectiveness of services provided by Children's Centres*

4.1 FPI research into family support within Sure Start children's centres defined "family support" as all services which aimed to promote family wellbeing by improving relationships in families and improving standards of living. Children's centres were found to be providing a wide range of such services: home visiting, parenting courses, drop-ins, support groups, family learning activities, adult education and employment support.

4.2 Constructive engagement early on with parents who might use family support services was essential to successful planning. Centres emphasised the importance of:

- Starting consultation processes as early as possible.
- Using local community partners to access parents.
- Using a variety of techniques to engage different parents—such as face to face dialogue; questionnaires, focus groups, suggestion boxes.
- Asking parents about location, format and content of services.
- Involving parents on management boards, planning committees and, through their own groups, to plan and deliver some services.
- Training and preparation for parents and professionals to work together.
- Input being seen to be acted upon and input mechanisms developed which are reviewed regularly for effectiveness and acceptability.

5. *Staffing, governance, management and strategic planning*

5.1 FPI research into family support in Sure Start children's centres found that ongoing evaluation of services was described as an indispensable part of planning. Formal evaluation methods also worked well, using staff or external agencies and input from parents' groups; and informal evaluation methods were important, through feedback from centre users.

5.2 Staff teams varied widely in terms of size, structure and professional backgrounds. All staff teams included nursery staff plus outreach and family support workers. Many had additional posts focusing on health, benefits, careers and other issues critical to family support. Some had dedicated staff targeting black and minority ethnic groups, fathers and/or teen parents, but most centres struggled to match staff ethnic and gender profiles to their local communities.

5.3 However, this did not always appear to influence their success in reaching key groups. Centres emphasised that:

- Whole centre training for centre staff helped deliver a cohesive service.
- “Corporate level” training across local agencies helped provide a common approach to working with families.
- Leadership matters—many centre managers were undertaking the National Professional Qualification in Integrated Centre Leadership.

6. *How well Children’s Centres work with other partners and services, especially schools and health services*

6.1 FPI research into Sure Start children’s centres showed that the centres were working with a wide range of service providers: health, education, and social services, schools, and voluntary, community and independent organisations. Closest links were usually with schools. “Involvement” in this context meant referral pathways, co-location, co-delivery, reciprocal services, joint funding applications and community capacity-building.

6.2 Centres found that multi-agency working helped them to deliver effective family support. A family’s needs could be supported very quickly, even in situations where families presented with complex, chaotic lifestyles. A well designed children’s centre that engages well with other services, enables families to access a range of different support services swiftly.

6.3 The main challenges identified to cooperative working by the centres surveyed included:

- Accessing information on families.
- Working with restructured and fragmented services.
- Managing diverse teams.
- Differences in professional cultures.

6.4 Nevertheless, clear recommendations for effective multi-agency working emerged:

- Building extensive networks and links.
- Developing shared policy and procedural frameworks and goals.
- Joint preparation and training for multi-agency work.
- Finding ways of collaborating with other agencies in particular to enable centres to identify new families in the area without contravening data protection policies.

6.5 “Corporate level” training across local agencies also helped to provide a common approach to working with families. Furthermore, many centres reported that having a highly qualified team leader enhanced the children’s centre and increased the amount of support that centre staff felt they received.

6.6 In addition, the benefit of nurturing a joint vision or ethos was reported as beneficial. Different professions work differently and have differing expectations of the conditions in which they work. Generating an understanding of the role of families and parents within this created a different approach to mainstream service provision.

6.7 Many centres said that having an experienced family support team leader made a difference, especially if recruited at a high grade. This led to the rest of the staff team feeling more supported.

6.8 Conversely, using people from the community to deliver family support, though often successful and requested by parents, required careful planning, long induction, a professional approach and good support.

7. *Whether services are being accessed by those most in need and how effective they are for the most vulnerable*

7.1 FPI’s study explored strategies to locate and engage new families. Crucially, reaching parents, especially those that had been excluded from services, depended on effective home visiting strategies. Universal visits to parents, right across the local community, often linked to supporting children’s play at different stages of development as a less stigmatising focus than parenting support, helped centres to identify families who needed more support. Significantly this approach appeared to work for parents with multiple disadvantages, which had previously excluded them from services.

7.2 Midwifery and health visiting services were essential to effective engagement with families, partly because of their universal reach to all local families, including groups that may not ordinarily have attended a children's centre. Parents came into centres primarily for their ante-natal care and became engaged in a whole range of courses and groups simply because of proximity to, and knowledge of the service. It is relatively easy to get motivated parents to attend but the families that need additional support, also need additional effort to find and engage. This work may be long-term and is likely to be costly in terms of staff time.

7.3 Recommendations for developing services with children's centres for reaching the most vulnerable families include:

- Access to "hard-to-reach families" often depends upon presenting services as an entitlement and as aligned to familiar health services.
- Regular, informal contact, for example through drop-ins and baby cafes, helps build trust, as does an offer of respite childcare.
- For some centres there will be a benefit from dedicated staff and special programmes to attract BME families, fathers, teenagers and other groups of potentially excluded parents.
- Newsletters, flyers, local press and space in local publications all have their place in promoting services, but word of mouth is the most effective promotion.

October 2009

8. REFERENCES

Barrett, H (2007) *Evaluating Evaluations: Evaluating recent evaluations of Sure Start, Home Start and Primary Age Learning Study*; London: The Family and Parenting Institute.

Apps, J, Reynolds, J, Ashby, V and Husain, F (2006) *Family Support in Sure Start Children's Centres: Planning, Commissioning and Delivery*; London: Family and Parenting Institute.

Memorandum submitted by Sustrans

SUSTRANS IS THE UK'S LEADING SUSTAINABLE TRANSPORT CHARITY

Our vision is a world in which people choose to travel in ways that benefit their health and the environment. We work on practical, innovative solutions to the transport challenges facing us all. Sustrans is the charity behind the award winning National Cycle Network, Safe Routes to Schools, Bike It, TravelSmart, Active Travel, Connect2 and Liveable Neighbourhoods, all projects that are changing our world one mile at a time.

1. SUMMARY

1.1 The importance of active travel and active play in early years should be reflected in the way children's centres are set up and operate, particularly in selecting their location, in their site design and the surrounding street environment.

1.2 Through their focus on very local communities and on engaging families as well as children, children's centres provide a good opportunity to support and promote healthy lifestyles, including the promotion of a habit of healthy, active travel through walking and cycling.

1.3 This cannot be achieved without consideration of the extent to which families are able to walk or cycle to the centres.

1.4 Children's centres which are retro-fitted into buildings originally intended for other purposes can present particular barriers to walking and cycling access and need to be selected and designed carefully.

2. INTRODUCTION

2.1 This response is based on Sustrans' practical and policy work to create environments in which people choose to travel in ways which benefit their health and the environment. This includes direct work with children's centres, for example through our "Active Travel and Play South West" project (funded by the Department of Health South West).

2.2 The easiest and most acceptable way for people to become more active is by increasing physical activity which can be incorporated into daily life, such as walking or cycling instead of car-use.¹²² Our work with children's centres in the South West has involved helping them to embed active travel and active play into their work, to promote a culture of daily physical activity among children and families and to address barriers to active travel in their local built environment.

2.3 We welcome the Committee's inquiry into Sure Start children's centres and the opportunity to respond to the issues under consideration. We urge the Committee to consider the wider issue of travel as a key element of the accessibility of Children's Centres and would be happy to discuss this further.

3. IMPORTANCE OF ACTIVE TRAVEL AND ACTIVE PLAY IN EARLY CHILDHOOD

3.1 Many factors have led to a reduction in children's physical activity, including sedentary lifestyles, increasing car ownership and increased allocation of road space for motor vehicles. There is a particular need to increase levels of active travel among pre-school age children. By the first year of school, 22.6% of children are overweight/obese¹²³ and research done by Sustrans for the Department of Transport's Sustainable Travel Demonstration Towns programme in 2004 showed that children not yet at school made 61% of their trips as car passengers, and only 39% by sustainable transport modes.¹²⁴

3.2 The National Institute for Health and Clinical Excellence guidance "Promoting physical activity for children and young people" makes a number of recommendations to early years settings. These include giving children opportunities for physically active play each day, encouraging a culture of active travel from an early age and for those working with children and young people to act as role models by incorporating physical activity into daily life.¹²⁵ Children's centres are well placed to do this.

4. STRATEGIC PLANNING FOR CHILDREN'S CENTRES

4.1 The Foresight report on obesity cited the "walkability and cyclability of the built environment" among the top five responses likely to have an impact on reducing childhood obesity.¹²⁶ The built environment can make a significant contribution to families' ability to choose to travel actively when accessing services at children's centres. For this to be achieved, centres must not be developed in isolation from the local walking and cycling infrastructure.

4.2 Location of the centres is all-important, to ensure that walking and cycling are an option for the families using them. Walking and cycling routes, area wide 20mph speed restrictions and the availability of cycle parking, for example, should be considered as an intrinsic part of developing and designing new children's centres. If the locations selected provide poor access for families to walk and cycle, this may result in increased car use and lower levels of physical activity. For families without motorised transport (and car ownership is lower among poorer socio-economic groups) this may impact on their ability to access children's centre services.

4.3 Good walking routes to the centres can also improve access to nearby facilities which staff in children's centres may benefit from using as part of their service delivery, eg parks and open spaces for active play, especially where on-site outdoor space is limited at the centre itself.

5. WORKING WITH OTHER PARTNERS AND SERVICES

5.1 Children's centre managers and early years strategic leads within local authorities should work more closely with local transport and highway planners, to help ensure the transport infrastructure serving the centres supports active access for staff and families using them.

5.2 In some cases centres have received support from School Travel Advisers, particularly where they are co-located with schools. There is an opportunity to develop and extend this relationship between centres and transport planning colleagues, to help them promote active travel and make infrastructure improvements to support this. In the context of the ongoing review of the Travel to Schools Initiative by the Department for Transport and the Department for Children, Schools and Families, we would urge the Committee to support the specific inclusion of children's centres within this programme.

6. ACCESS FOR THE MOST VULNERABLE

6.1 Some of the most disadvantaged people in society are also the most inactive and have the greatest incidence of health conditions related to low-levels of physical activity. The focus of Children's Centres on working with vulnerable groups offers a good opportunity to tackle health inequalities, through promoting active travel and active play, and particularly in addressing how families choose to travel to the centres.

¹²² Department of Health, 2004, At least five a week: Evidence on the impact of physical activity and its relationship to health.

¹²³ Department of Health, 2008, National Child Measurement Programme.

¹²⁴ Based on unpublished analysis of baseline data from the English Sustainable Travel Towns (Darlington, Peterborough and Worcester) by Sustrans and Socialdata. Reports on the three individual towns are available on request from Sustrans, or a summary document containing headline analyses is available at <http://www.sustrans.org.uk>.

¹²⁵ National Institute for Health and Clinical Excellence, 2009, Promoting physical activity for children and young people.

¹²⁶ Government Office for Science, 2007, Foresight Tackling Obesities: Future Choices.

RELEVANT SUSTRANS RESOURCES

Available to download at <http://www.sustrans.org.uk/play>:

Sustrans, 2009, *Routes to Play: A guide for local authorities on helping to ensure children and young people can get to play spaces actively and independently.*

Sustrans and Play England, 2008, *Places to Go: A summary of research evidence.*

Sustrans, 2009, Information Sheet FH13: Active play and travel.

Available to download at <http://www.sustrans.org.uk/what-we-do/active-travel/active-travel-publications>

Sustrans, 2008, Information Sheet FH12: Active travel and health inequalities.

October 2009

Memorandum submitted by the Office for Standards in Education, Children's Services and Skills (Ofsted)

1. BACKGROUND

1.1 Sure Start children's centres are designated by the Government to provide a range of integrated services for children under five and their families. They directly provide, or signpost families to, early learning and childcare, family support, health services, support into employment and links to other specialist services. The Government sees children's centres as a key mechanism for improving outcomes for young children, and for closing the gap between the most disadvantaged children and others. The centres have developed in a number of phases with the earliest centres serving the most disadvantaged areas.

1.2 Ofsted inspects the quality of early education and childcare provided by children's centres in its inspections of maintained schools and registered childcare. It also samples the quality of adult learning provided by children's centres in its inspections of adult and community learning.

1.3 It has conducted three small-scale surveys¹²⁷ on children's centres. The latest looked at the effectiveness of the integration of services and was published in July this year.

1.4 It is also developing an inspection framework for children's centres, subject to the passing of legislation currently before Parliament in the Apprenticeship, Skills, Children and Learning Bill. It is currently piloting this inspection framework.

1.5 The evidence in this submission comes from the surveys and evaluation of the 19 pilot inspections carried out to date.

2. SUMMARY

2.1 The evidence Ofsted holds about the effectiveness of children's centres is generally positive.

2.2 The quality of services provided by children's centres is generally good, although relationships with key partners are sometimes patchy, particularly with JobCentre Plus. In our most recent survey, almost every centre manager drew attention to the unsatisfactory nature of the links with Jobcentre Plus.

2.3 The relationship between the quality of leadership by Heads of Centre and the effectiveness of the centre is crucial to its success.

2.4 Local authorities appear to have responded well to their new responsibilities as strategic leaders for children's centres.

2.5 Ofsted's evidence suggests local authorities and heads of centres balance well their responsibilities between their universal responsibility for the whole community and having special regard for the most vulnerable. Nearly all the centres visited could provide evidence of where, with their support, vulnerable families had made life-changing improvements to their circumstances.

2.6 The contribution of local authorities to the development of accurate local data and support to help centres to critically evaluate their impact has been more variable. The data systems for providing information and tracking the impact of services for children's centres are not sufficiently well developed to help centres measure their impact.

3. HOW MODELS OF CHILDREN'S CENTRES HAVE DEVELOPED AS THE PROGRAMME HAS BEEN EXTENDED FROM THE MOST DEPRIVED NEIGHBOURHOODS

3.1 Ofsted has not looked at this issue directly through its surveys. It is aware of the range and complexity of children's centre models through its work in piloting the new inspections framework, but has limited evidence as yet to show which models are most effective in which areas, particularly for centres developed in the later phases.

3.2 The development of children's centres is determined by the requirements of the DCSF and successive planning and performance management guidance. Children's centres are still comparatively new; only the centres that were based on previous initiatives such as early excellence centres and Sure Start Local

¹²⁷ Between 20 and 30 centres were visited in each survey.

Programmes are well-established within their communities. There are many variables in determining how children's centres develop within particular communities: the assessed needs of the community, the direction provided by the local authority and its Children's Trust, the stance of schools, colleges and other services for children and the relationships between them.

3.3 The early (phase one) Sure Start children's centres serve communities that are uniformly disadvantaged, often in major cities. These centres are better able to demonstrate success than those which have been more recently established.

3.4 As the universal programme expands, centres serve mixed areas, which often contain pockets of high levels of social and economic disadvantage. Centres serving mixed communities have to establish a sensitive balance between providing universal services and making sure the most vulnerable children and families are properly supported. Ofsted's evidence suggests that children's centres do this well; for example, they provide valuable support for mothers from affluent backgrounds with post-natal depression and reduce the impact of isolation.

3.5 The issues in setting up children's centres in rural areas are challenging for local authorities. Survey evidence reveals that levels of poverty are at their highest in rural areas and emerging centres face particular problems associated with geographic isolation, notably connected with transport. Local authorities facing these issues are developing approaches that are different from those being developed in cities. They are, for example, using a more dispersed model, rather than a "one-stop shop" so that families do not have large distances to travel.

3.6 The principles of Every Child Matters that guide children's centres are now well grounded and many new children's centres build on existing strengths of provision by developing from established nursery schools and childcare provision. Nevertheless, evidence from inspections so far suggests that the determining factor in a new centre's development is what went before, with each new centre building on existing strengths, for instance, in providing early education, health services for the community, or in family support.

4. THE RANGE AND EFFECTIVENESS OF SERVICES PROVIDED BY CHILDREN'S CENTRES

4.1 In the small scale surveys and pilot inspections Ofsted has conducted, the quality of services has generally been judged as good. Based on the information we hold and taking into account their stage of development, children's centres have high levels of stakeholder satisfaction. Parents interviewed from a range of social and economic backgrounds are often very happy with the services they receive and much prefer this way of accessing services than the traditional route of visiting the different professionals on their own territories.

4.2 The DCSF gives clear guidance to local authorities about the range of services to be provided (the core offer) and how this can be adapted for centres serving the 70% more advantaged areas and for rural areas. Ofsted's evidence is that local authorities ensure that centres provide what is asked for, although for newer and developing centres much is still work in progress.

4.3 The central services of early education and childcare, outreach (family support) and health services are always present to a greater or lesser extent. Provision for adult learning and return to work for mothers and fathers is more patchy, with JobCentre Plus being the weakest element in the centres Ofsted has visited.

4.4 Even in the small number of centres visited there is much diversity of focus within the envelope of the core offer. Sometimes this is due to the original focus of the lead organisation from when the centre was developing as part of a Sure Start Local Programme. For example, centres that are developing from local programmes managed by the voluntary sector appear particularly strong on outreach and family support. Sometimes the focus is as a response to the particular needs within the community.

4.5 Issues occasionally arise with schools and with aspects of health service provision. Some centres have difficulty engaging local primary schools—local authority officers occasionally said that much depends on the attitude of the individual headteacher. In our most recent survey report this was a recommendation for improvement. On the health side, some hospital and primary care trusts hold their key workers, the health visitors and midwives, within the health centres and general practice surgeries, and only locate more junior nurses in the centres. In our small sample, such issues with schools and care trusts appeared to lead to reduced effectiveness.

4.6 Children's centres and local authorities do not yet have the data to hand at local level to be able to determine the effectiveness of children's centres. Nearly all centres can point to real successes with individual families. None of those inspected could provide a convincing analysis of performance based on rigorous analysis of data. Improvement in this respect forms one of our key recommendations.

5. FUNDING, SUSTAINABILITY AND VALUE FOR MONEY

5.1 Our surveys have not looked at these issues directly.

5.2 The funding of centres is complex. There is generally a small core budget that provides key staff, such as the Head of Centre, but most funding comes via commissioning arrangements with the main partners, such as health, where salaries and services are provided by or delegated from the main fund holders. Sustainability is a key issue for centres and local authorities when main fund holders are not fully committed to delivering their services through children's centres and divert funds elsewhere.

5.3 In our latest small survey, where inspectors visited five local authorities, and in the ten authorities visited for the pilot inspections, the differences in approach to centre development were striking. Local authorities put their own “stamp” on centres and centres were not as autonomous as schools. The level of local authority control tends to affect funding, sustainability and the long term strategic direction of the centres involved.

5.4 Several centres visited were adept at developing alternative strategies to meet community needs if a partner organisation did not make the expected contribution. This was most commonly seen in the centres inspected with JobCentre Plus, where voluntary agencies, such as the Citizens Advice Bureau, had on occasions stepped in to provide a service and guidance for parents.

6. STAFFING, GOVERNANCE AND STRATEGIC PLANNING

6.1 One of the main findings of the latest survey focuses on the importance of the role of Head of Centre. Heads of Centre provide much of the vision and direction for each centre and set its ethos. Without effective leadership, our findings showed that staff were not able to work effectively. It is helpful that the National College’s National Professional Qualification for Integrated Centre Leadership is widely accepted as the essential preparation for new Heads of Centre.

6.2 The key staff (other than the Head of Centre) for a centre serving the 30% most disadvantaged communities consists of children centre teachers, health visitors, midwives and family support workers.

6.3 Involving parents in governance is proving harder to achieve than professional appointments. In centres where parental involvement in governance was more successful, there were structures in place to support parents in developing the skills to contribute confidently to the governance of the centre.

6.4 Generally, the limited evidence base shows that local authorities appear to have responded well to their new responsibilities and quickly stepped into their role as strategic leaders for Sure Start children’s centres. In nearly all our visits, the local authority was fully represented and officers provided a convincing account of development of the centre to date and a good grasp of the overall issues. However, their contribution to the development of accurate local data and support to help centres to critically evaluate their impact has been more variable.

7. HOW WELL CHILDREN’S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

7.1 This aspect was a major focus of our latest survey. Partnership working forms a key judgement in the pilot inspections.

7.2 Ofsted judged that the centres visited were working well with the range of children’s services for the benefit of children and parents.

7.3 However, although inspectors found centres trying hard to engage primary schools and ensure that the good work they had begun with children and families would be continued, many of the primary schools in the survey did not appear to understand the underlying principles of children’s centres.

7.5 Children’s centres rely on the co-operation of schools to help them gauge their effectiveness in delivering the Early Years Foundation Stage, since it is only at the end of the Early Years Foundation Stage that the first comparative assessments of progress are made. Inspectors found very few centres that had established systems for tracking children’s progress after they moved on to primary schools.

7.6 Good partnerships with health services were found to be crucial for children’s centres. Midwives provide pre-natal services for parents and health visitors “take over” from them in a baby’s early weeks. Any lost opportunities to engage communities and encourage the use of centres at this point appear hard to compensate for later on. Parents told inspectors how much more comfortable and welcome they felt within the centres where they had good access to health professionals.

7.7 The survey identified some examples of excellent work between local authorities and the voluntary sector.

7.8 In some centres inspectors saw good joint working developing between professionals from different disciplines, as a direct result of a developing understanding of each others’ work. Professionals also understood how partnerships might help the centre provide better for their most vulnerable families. In particular, inspectors were told of effective work where family support workers joined health visitors during initial visits to homes. Professionals reported feeling more confident during these visits and able to deal with families’ concerns more effectively.

8. WHETHER SERVICES ARE BEING ACCESSED BY THOSE MOST IN NEED AND HOW EFFECTIVE THEY ARE FOR THE MOST VULNERABLE

8.1 Early children’s centres were exclusively located in areas of significant social and economic need. As the centre network expands, centres are opened in areas where the majority of families fall outside the 30% most disadvantaged sector that is used to define the core offer.

8.2 Ofsted’s visits and pilot inspections were aimed primarily at centres serving disadvantaged communities. Ofsted does not hold a comprehensive view of provision and access across the country.

8.3 Nearly all the centres visited could provide evidence of where, with their support, vulnerable families had made life-changing improvements to their circumstances.

8.4 Nearly all of the centres visited had established an effective balance between providing integrated services that are open to everyone and those that are targeted towards potentially vulnerable families.

8.5 In the centres visited in disadvantaged areas, inspectors found that families from minority ethnic groups made good use of the full range of services on offer and saw centres as providing good opportunities for them to improve their circumstances. By contrast, in relation to their numbers, parents of White British backgrounds made less use of the services and courses available. Inspectors found a number of cases where centre staff found it harder to engage the White British families for a range of reasons. These included a suspicion of “new initiatives” and an unwillingness to accept that centres were there to support them.

8.6 The issue of domestic violence was raised in a number of centres, where centres had problems in getting families to face problems and in supporting the children who witness it. Staff raised the difficulty of outreach work where families move frequently and do not wish to be identified. They raised the need for greater co-operation between the departments of local government, such as the housing department, so they could more readily identify vulnerable families.

8.7 Families with children or parents with learning difficulties and disabilities were generally well served by children’s centres. Most families accessed all the support they needed “under one roof”, professionals came to them, and centres were flexible in providing support for childcare should this be needed. One of the centres visited had established strong links with special schools and assessment centres that eased transition into the school system. Specially staffed crèches provided valuable opportunities for respite for parents looking after children with disabilities 24 hours a day, seven days a week.

October 2009

Memorandum submitted by Lincolnshire County Council

1. How models of Children’s Centres have developed as the programme spreads from the most deprived neighbourhoods

In Lincolnshire we have agreed a vision across the partnership which is core to the Children’s and Young People’s Plan:

“Working together, we will ensure that every child and young person, in every part of the county, has the best possible start in life and is able to achieve their potential. We will provide support to those who need it and ensure that all children and young people are able to achieve the five key outcomes”

Lincolnshire will achieve this by ensuring that our strategic themes are implemented. These are:

- All children achieving potential—excellence in learning with support.
- Prevention—early action resulting in a shift of resources from Specialist to Universal.
- A single organisation—developing integrated working.
- Safeguarding our children—ensuring children are safe in every environment.
- Participation and aspiration—listening to and acting on what children and parents/carers tell us.
- Partnership—creating sustainable futures through collaboration.

Lincolnshire is the fourth largest county in England covering an area of over 6,000 square kilometres it has a population of 692,800 of which 149,400 is aged under 19 and 36,001 is aged under 6 (March 2009). The % 0–5’s distributed across the county in LCP/district areas is as follows:

- Boston—3,856
- East Lindsey—5,982
- Lincoln—5,350
- NK—5,154
- SH—4,191
- SK—7,203
- WL—4,265

The county is a two tier authority. The main centres of population are Lincoln (87,500) and Boston (58,400), with the remainder of the population being widely dispersed and 29% living in villages and/or hamlet settings. The county ranks highly on the Indices of Multiple Deprivation with 44 wards across the county amongst the 20% most deprived in the county.

The county has 368 schools: five nursery, 279 primary, 21 special, 49 secondary, five academies and nine grammar schools.

The overall population is growing due to inward migration and the increase in the number of births. The percentage increase for the local authority ranges from 0.2% in Lincoln and Boston to 1.7% in West Lindsey. The south of the county has seen a marked increase in the number of migrant ethnic workers and their families, predominantly from Eastern European countries.

Lincolnshire has a low wage, low skills economy with 3.6% of the working population unemployed in comparison with 3.8% nationally.

The CYPSP has a strong commitment to prevention and considers that early intervention and protective universal services are central to help families boost children's resilience and prevent poor outcomes.

The commissioning framework has enabled opportunities for re-investment which have all contributed to strengthening front line service delivery. Through a reduction in the numbers of children coming into public care and in out of county placements—Lincolnshire has successfully moved resources from specialist to universal provision.

This approach to prevention has started to deliver innovative solutions to meet local needs. The Common Assessment Framework has enabled children and young people to receive early, multi agency support. Our approach to workforce development seeks to create a single approach to leadership across Children's Services

Children's Centres are a key delivery point to support the early intervention and preventative agenda that Lincolnshire CYPSP is signed up to. The number of children's centres has grown from 13 in March 2007 serving predominantly the 5% most disadvantaged wards to 36 in April 2008. Of these 25 serve either the 5% or 30% most disadvantaged wards. By April 2010 there will be 48 children's centres in Lincolnshire ensuring all children and their families can access a children's centre.

In 2006 national guidance made Local Authorities the accountable body for all Children's Centres.

Lincolnshire County Council spent time considering the best approach to this new responsibility and in discussion with Children's Centres' colleagues decided that the local authority must take responsibility for financial management, planning and staff in the Children's Centres, working with statutory bodies to mainstream services.

In 2008 Lincolnshire County Council Children's Services restructured the service for children and young people within Lincolnshire to deliver the integrated services agenda through geographically located, multidisciplinary teams. This structure was implemented in autumn 2008 and included Children's Centres.

This approach embedded children's centres and their ethos at the heart of local delivery ensuring a targeted approach to a universal provision. All referrals for services in the County are made through the Common Assessment framework and where appropriate supported through a team around the Child approach.

2. The range and effectiveness of services provided by Children's Centres

Lincolnshire's approach to children's centres is that all 0–5 provision in an area is part of the children's centre. There is a strong relationship with health professionals in children's centres areas, Job Centre Plus, Early Years Providers from the Private, Voluntary and Independent Sector, Maintained Nursery Schools, Primary Schools and Voluntary Organisations. All Children's Centres offer families a wide range of services and activities. This is increasing as the 23 new children's centres move to becoming designated as offering the full core offer.

23% of Lincolnshire's Children's Centres have only been in existence for one year, with a further 12 coming on line by April 2010. Systems have been put in place to measure the effectiveness of the services provided by the Children's Centres. The 13 phase 1 children's centres have undertaken a variety of evaluations of their services that have informed future planning and indicated the good effectiveness of many of the services provided. This approach is being rolled out across the new and soon to be children's centres.

In addition, evaluations of activities take place on a regular basis and through the commissioning arrangements organisations are charged with evaluating the effectiveness of their services and feeding this information back to the Children's Centre Advisory Boards, in Lincoln named the Children's Services Partnerships.

Lincolnshire has invested in a common Children's Centre database (Soft Smart) for all Children's Centres; this ensures information can be circulated at an individual Children's Centre level at LCP district level and county wide. The system also links to the local authority's Performance Management system.

Lincolnshire has a common registration (membership) form to maintain parents and children's use of Children's Centres and encourage use of services.

Each Children's Centre and Locality Children's Partnership completes an annual self evaluation form.

They are supported in this process by the online "Perspective" SEF development and planning tool.

Lincolnshire has now produced level baseline data in respect of each of the National Indicators and these have been electronically added to the SEFs (via the “Perspective” tool). A copy of this information is attached.¹²⁸

Please note that the NI information is available only at Lincolnshire level at this time but we are working with colleagues in health and other partners to establish data sharing protocols and to be able to have access to the most up to date and timely data, and provide it at an LCP level.

The Lincolnshire Performance Management Team is in the process of completing a data profile for each centre, based around the wards that are included in that centre’s reach area. This will include statistical information, such as the number of 0–5s, workless households and number of CIPC, CAF referrals etc.

Lincolnshire is not yet able to source the baseline data for a number of the excluded groups, such as number of fathers, children and/or parents with disabilities, or the ethnicity breakdown, but we are continuing with our research and will continue to provide as much relevant local data as we can, so that centres will, in time, be able to measure effectively their reach and trends.

A conversation takes place every year to develop localities around the work they are undertaking in Children’s Centres and its impact on children and families.

The standardisation of the Children’s Centre data collection and recording systems has made for much more effective and meaningful interpretation of intelligence and data that supports centres to plan, develop, monitor and review activities, linking this to financial monitoring and challenging value and services that meet the needs and priorities of their communities. The process includes a quarterly reporting cycle, robust monitoring and review processes to ensure the continual challenge, evaluation and improvement of services for children and families.

3. *Funding, sustainability and value for money*

Lincolnshire Children’s Services has agreed a funding formula to distribute the children’s centre and sure start local programme grant. This is based on Hectares, Disadvantage and Number of 0–5s. The different headings are weighted as follows:

- Hectares (10%)
- Disadvantage (50%)
- Number of 0–5s (40%)

An exercise has been undertaken to look at the impact of reduced grant over the coming years with agreement being sought as to priority areas. In addition, a task group has been established to look at sustainability of children’s centres over the next five years, focusing on income generation and social enterprise.

The main issue faced by Lincolnshire families is access to services. In a rural county with a dispersed population, rural poverty means that often families cannot easily access services even offered in the local village due to issues with public transport.

Lincolnshire Children’s Services has agreed that the following areas of work will be commissioned centrally by Lincolnshire County Council. This list is likely to increase as a full understanding of the services required by localities is understood and analysed as the Children’s Centres further develop to become a universal targeted service.

The areas for further central commissioning are:

- Work with ULHT and PCT to provide additional Health Visiting, Speech and Language, midwifery and breastfeeding support to families through children’s centres.
- Job Centre Plus activities ensuring parents have access to employment opportunities.
- Family/Outreach Support ensuring that families are given the appropriate support.
- Women’s Aid ensuring appropriate support around domestic violence.
- Children’s Centre Teachers who are managed through our partnership arrangement with CfBT.

Support to children and family members is delivered through Children’s Centres but also funded by other agencies, if and where there is capacity. For example, Job Centre Plus should be encouraged to deliver services through children’s centres especially for lone parents.

4. *Staffing, governance, management and strategic planning Principles for Children’s Centres in Lincolnshire*

The local authority is the accountable body for Children’s Centres, and line manage the Children’s Service Team Manager, Principal Practitioner and Children’s Centre Practitioner, to ensure consistency of service. Lincolnshire County Council takes responsibility for financial and performance management and commissioning of services.

¹²⁸ Not printed.

Professionals, Parents and the local community play a key role in the Partnership Boards for Children's Centres. Partnership Boards make recommendations on budget and service delivery in a locality.

There is a common approach to Children's Centres in Lincolnshire—the same name, policies, protocols and expectations of staff.

Children's Centres play a central role in improving outcomes for all but will focus on improving outcomes for 0–5s and their families, in reducing the inequalities in outcomes between the most disadvantaged children and the rest. Although centres need to reflect different local needs, in all areas they will be a central part of the local authority's and health provision for young children and their families, and the services provided reflect the overreaching Children and Young People's Plan (CYPP)/Local Area Agreement (LAA) target.

Children's Centres are key to the establishment of integrated working arrangements between health, local authority and other colleagues to ensure that the Every Child Matters outcomes of being healthy and staying safe are met, through improving the life choices of the parents. In addition, a key target is improving the economic well being of families and raising the aspirations of children.

Individual children's centres are managed by either a Children's Centre Practitioner or Principal Practitioner who are a member of a locality integrated children's services team. These staff manage between two and three children's centres dependent on the level of disadvantage that the children's centre serves. All children's centres have support staff who ensure that the centre is open and that families are greeted. A range of other providers are then commissioned to provide services from the centre, or other venues in the children's centre area.

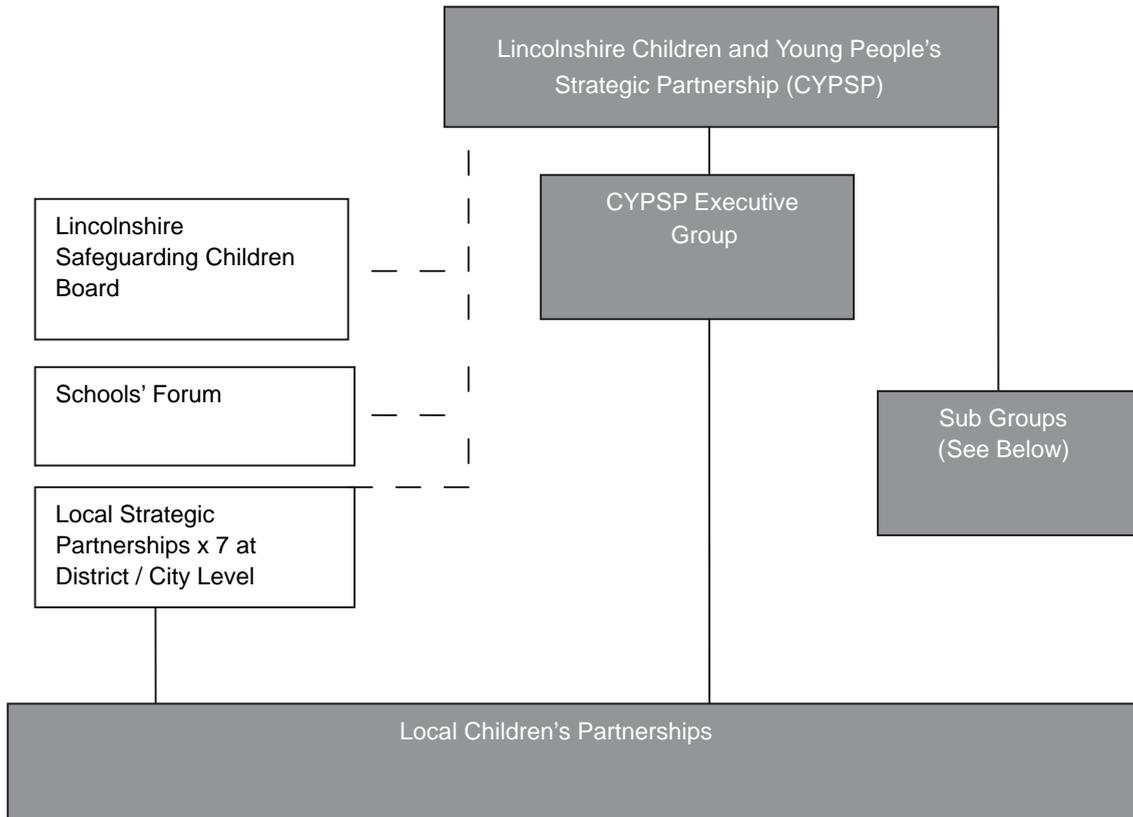
All children's centres are served by a Children's Service Partnership which is the advisory board that ensures that services are shaped to meet local need. These boards are made up of 50% parents from the children's centre area. This is a current performance measure that is being monitored on a quarterly basis. The Children's Services Partnerships feed into the Local Children's Partnership that serves the district area of the integrated children's services. This link ensures that the 0–5 agenda fits firmly in the 0–19 agenda.

Governance arrangements across all Centres will follow the principles outlined below:

- wide, representative participation;
- strategic vision shared by users and providers;
- commitment on the part of all those involved;
- responsiveness to need;
- transparency and robust accountability;
- effective and efficient delivery processes; and
- clear, shared sense of purpose between all parties and knowledge of who they are there to represent.

As Children's Centres are central to the delivery of integrated children's services for children and their families, and as such are set within the context of Lincolnshire's Children's Trust Arrangements and the LCC Children's Services model of integrated locality based teams.

Lincolnshire's Children's Trust Arrangements are outlined below:



In addition, LCC integrated strategy considers Children's Centres as a significant delivery point for services for children aged 0–11 years and their families.

Lincolnshire CYPSP is committed to local decision making to meet the needs of local people within a strategic commissioning framework. To achieve this vision, it is recognised that governance arrangements for children's centres will need to be flexible to reflect community needs.

Lincolnshire has adopted a locality based approach to governance arrangements for Children's Centres which will ensure integration with Children's Trust Arrangements and the LCC integration strategy.

Localities are aligned with district council boundaries with the responsibility for the delivery of integrated children's services through the leadership of a 0–19 Head of Service for each locality.

Each Children's Centre, or agreed number of centres working collectively, have a Children's Services Partnership. The Children's Services Partnership will have 50% parent/community representation and will also have membership from delivery partners.

Children's Services Partnerships determine membership locally through an annual general meeting, recognising the importance of the Voluntary, Community sector as well as parents as delivery partners.

5. How well Children's Centres work with other partners and services, especially schools and health services

Lincolnshire Children's Services has a strong working relationship with Lincolnshire PCT and ULHT. Currently, we are working to deliver the core offer as described by NHS Lincolnshire as Commissioners to be delivered through Children's Centres.

In response to need and to assist in further improving outcomes for children and young people and families, all Lincolnshire Sure Start Children's Centres have developed additional activities, workforce development plans and initiatives. These activities have been developed specifically in response to the expressed need of communities they serve and to tackle normative need in response to National Public Service Agreements, Service Delivery targets and locally developed indicators

This approach is enhancing the consistency of service delivery whilst allowing local flexibility.

The proposed delivery model developed by the Speech and Language Service is an excellent example of this, and we seek to build on this for the delivery of all health services.

The core programme developed within universal health services (Health visiting and school nursing) as commissioned by NHS Lincolnshire details the provision that will be offered, utilising the concept of progressive universalism to ensure that resources are targeted at the most disadvantaged and vulnerable groups in order to achieve equity of outcome for children and families.

The current health agenda supports the integration of services and includes a requirement to raise standards of care for children aged 0–16. These standards are laid out in *Maternity Matters* (2004), the *National Service Framework for Children, Young People and Maternity Services* (2005), in addition to meeting the requirements of *Every Child Matters—Change for Children* (2004), “*Delivering Choosing Health—Safeguarding Children’s Health* (2004) and to modernise primary care services as recommended in the Chief Nursing Officers (CNO) review of the nursing contribution to vulnerable children and young people (2004), *Working Together to Safeguard Children* (2006), and *Care Matters* (2008).

In light of these competing agendas and the pressing call for a co-ordinated approach to meeting local health needs, it is agreed that a proposal for a collaborative way of delivering health will be drafted by December 2009.

Lincolnshire Children’s Services has strong links with Job Centre Plus. Children’s Centres are well placed to contribute to the employability agenda and the Every Child Matters outcome of achieving economic well-being by helping to address and reach the following Government targets:

- halving child poverty by 2010 and eradicating by 2020;
- increasing the number of children in lower income working families using formal childcare by 120,000 by 2008;
- helping 70% of lone parents back to work; and
- increase the uptake of working families tax credit.

The Childcare Act 2006 places a duty on local authorities, Primary Care Trusts and Jobcentre plus to work together to improve outcomes for children. Lincolnshire does this well with a strategic memorandum of understanding between Lincolnshire County Council and Job Centre Plus and local agreements to ensure appropriate delivery of services.

Lincolnshire Early Years Service is commissioned out to CfBT. There is a good strategic relationship which is replicated in localities, with good and improving relationships between Children’s Centres, Children’s Centre Teachers, Early Years Foundation Stage providers and schools. The Foundation Stage profile information is used to plan and provide services to support learning and development.

6. *Whether services are being accessed by those most in need and how effective for the most vulnerable*

Performance Management processes are being embedded to analyse the uptake of services by families. The integrated Children’s Services model adapted by Lincolnshire and the systematic use by the CAF framework supports access to service. Social care staff refer families to Children’s Centres, as do health visitors. The Integrated Children’s Services database is issued to ensure that section 16 and 47 children, those in Public Care are given opportunities to access Children’s Centre services. The Performance Management Team is working to ensure that consistent and appropriate evaluation tools are in place to ensure that services are assessed for their effectiveness, particularly for the most vulnerable. This work is supported by CAF evaluations, success of a multi-agency team around child intervention, commissioning arrangements and intervention.

October 2009

Memorandum submitted by Blaby District, Oadby and Wigston Borough Council

1. KEY POINTS

- The sure start children’s centre programme requires the development of integrated provision not a separate new service.
- Value for money comes from building partnerships and commissioning new services that add value and compliment existing services.
- Pooling resources, information and budgets gives greater value for money than a separate stand alone service.
- Targets are shared by a range of agencies and overlapping strategies, they are not exclusive to children’s centres.
- It is more effective for our population to develop specialist support across the eight reach areas than duplicating each centre.

2. It would be a missed opportunity to treat all children’s centre programmes as only building based services. The Sure Start Children’s Centre programme supports the ECM outcomes through better integration of universal and targeted support to children under five. Phase two and three children’s centres have markedly different resources than phase one children’s centres and operate in larger populations over wider areas. The goals of Every Child Matters and the Children’s Plan can only be achieved through an integrated approach to the delivery of services to children and families. It is the outcomes that should be the focus rather than one method of delivery

3. Single building should not be evaluated as a separate stand alone service. The key questions for evaluation would be more focused if they asked how does the local programme impact on the ECM outcomes for the local population through meeting unmet need and better integration. The Children's Centre programme is one strand of provision to achieve the ECM outcomes, the buildings are resources to contribute as are the projects commissioned in the programme. These more effectively deliver within the framework of children's provision that is much wider than the individual reach areas of 800 to 1,200 children. The context for the evaluation is too limited to grasp the integrated impact on ECM targets if it limits itself to individual reach areas.

4. Top tier local authorities are responsible for the delivery of the programme and lead on ECM outcomes. Any evaluation of local provision should be as much an evaluation of the strategy and oversight by the local authority as an evaluation of the staff locally on the ground. The local authority and the Trust are responsible for achieving an integrated effective joined up service for children and families which is a key element for the effective delivery of local Sure Start programmes. Rather than inspecting individual centres we believe a single joint evaluation across agencies of the impact of the programme relative to the national performance targets in the responsible local authority would be a more efficient and effective approach.

5. We deliver a children's centre programme across a Borough and District overseen by a locality partnership and joined to the agencies that deliver services. The performance indicators for the children's centre programme are shared targets to which the children's centre programme contributes its resources. None of the national indicators for the children's centre programme are solely devolved to the children's centres. In our model for the programme we achieve impact and better value for money by delivering integrated services on a locality basis using specialised projects rather than duplicating services for each reach area. Therefore we can only be inspected as a Locality and a partnership rather than a building based service. Where the buildings are located does not define the services or the target population.

6. Our children's centre programme serves all the children under five within the locality reach area (8,200 under fives). Location of a building within the site of a particular school may have some benefits to the programme from that location but the programme works with all the schools and must in no way be seen as co-terminous with the feeder population for a particular school. We have eight reach areas within the Locality and fifty one schools within the Locality. Our programme serves all the under fives regardless of where individual buildings are located. No school includes a children's centre, it is part of our partnership that some schools have shared their sites with our buildings but our partnership is with all the schools and we deliver services along with our partners in other venues across the District and Borough.

Tim Brooke
 Locality Partnership Co-ordinator
 Blaby, Oadby and Wigston
 Children's Extended Services
 Locality Partnership Group

October 2009

**Memorandum submitted by Klaus Wedell, CBE, Emeritus Professor, Institute of Education,
 University of London**

I have been the elected chair of the Herefordshire Early Years and Extended Services Forum for a number of years. The Forum brings together representatives of early years providers (private, voluntary, independent and maintained), as well as the relevant Local Authority Officers and heads of the children's centres. My post at the Institute of Education involved me with government policy development for services to children and young people with special educational needs. In my retirement, I have been living in the most remote rural area of Herefordshire, and so I have become very aware of the need to "rural proof" policies on early years provision.

I am making this submission in my personal capacity. It does not necessarily represent the views of Herefordshire Council.

1. SUMMARY

The aim of this submission is:

- (i) To explain the ways in which the Government's specifications for Children's Centres do not take account of what is needed to serve children and their families in remote rural areas. This is rooted in Herefordshire's experience of setting up Children's Centre Services (CCSs) in one particularly remote rural area.
- (ii) To describe some strategies used (and projected) for providing (CCSs) in a remote rural area. These are offered as an instance of "rural proofing" of the Government specifications.
- (iii) To make recommendations.

2. THE MISMATCH OF SPECIFICATIONS

These relate to two main aspects:

(i) *Access issues*

The combination of sparsity of populations in remote rural areas and the distances and restrictions on travel make it impossible to serve a specified population with a Children's Centre set up in one location. This problem is exemplified in a hilly area to the west of Herefordshire abutting the Welsh mountains which consists of small villages and isolated farmsteads. The roads are mainly unclassified narrow lanes, with just a few miles of B roads. Mobile phone reception is non-existent in the valleys of the area. Bus services are largely limited to daily term-time school transport, and twice-weekly bus services to and from Hereford or Abergavenny on market days.

(ii) *Identification of need*

The prevalence and degree of need is likely to be masked by two factors:

- (a) the aggregate super-output area statistics for populations in remote rural areas mask high levels of deprivation as measured by the Index of Multiple Deprivation (IMD). This is because the aggregate figures combine retired middle and upper income groups (including incomers) and lower income subsistence farming and other "portmanteau employment" groups.
- (b) historically the culture of the indigenous rural population is characterised by independence in dealing with problems. As a result, there is not a proportionate acknowledgement of objectively measured needs. The consequent limited service provision in the past has had two consequences:
 - an acceptance either of make-shift measures which only partially meet needs, or of lower levels of support. Neither of these in fact match the requirements for early intervention, or of meeting the more serious needs of children and young people. Lower levels of support may also limit parents' scope for obtaining adequately paid employment or advancement; and
 - a fear of the perceived stigma of dependence on support.

3. STRATEGIES FOR DEVELOPING A SPECTRUM OF CHILDREN'S CENTRE SERVICES FOR REMOTE RURAL AREAS.

The objectives of early years policy are best served in remote rural areas by focusing on delivering a spectrum of CCSs across an area, rather than by setting up a single "standard" Children's Centre building in one location.

4. This strategy involves identifying the range of existing formal and informal provision across many locations, and progressively complementing this in consultation with local community members. Such a consultative process inevitably takes time, since hastily superimposed measures are likely to antagonise communities, and so turn out to be counterproductive. Implementing the strategy is unlikely to match the current time scales for receipt of Children's Centre funding.

5. The resulting spectrum of provision is likely to include a wide diversity of partners and facilities. It is dependent on an incremental awareness of current and potential solutions, based on a carefully accumulated "intelligence" network. The following instances of rural provision illustrate this diversity:

- supporting a private child care provider to use the facilities of a recently closed primary school;
- enabling a vicar who is interested in offering support by part-funding the remodelling of a portion of the parish church to locate children's centre work, (and incidentally also enabling a volunteer group to provide a public library service);
- encouraging a newly-appointed primary head teacher who is interested in collaborating with a voluntary playgroup as part of the school's extended schools policy; and
- bringing together an intending registered private childcare provider and a secondary school which is keen to offer space for such a service as part of its extended school activity.

6. Such diversity of provision requires a highly flexible approach to planning. Care has to be taken to distinguish resources which are likely to be time-limited (eg through cycles of parent interest) and those where sustainability is likely to be achievable. Funding of CCS development has to be available over longer periods so that action can be taken as opportunities arise.

7. Direct stimulation of quality in provision can be promoted through the usual support arrangements, but staff need a greater capacity for a flexible approach to fit the diversity of settings. In addition, the LA Early Years Service can offer:

- (i) specific projects—eg arrangements for travelling play-day activities;
- (ii) toy library facilities; and
- (iii) flexible approaches to training (see below).

8. Linking universal and specialist services:

- (i) specialist services preferably should be introduced within universal services, to avoid clients' concern about any perceived stigma (eg social workers may initially need to work via informal parent contact within settings);
- (ii) the need for mobile services applies particularly to specialist LA, PCT and third sector assessment and therapeutic services, because it is often difficult for "specialists" to find space to meet clients;
- (iii) the effectiveness (including cost-effectiveness) of operating in situ is achieved through eg reducing missed appointments, lessening travel stress for children and families, greater specialist awareness of local contexts etc. The mobile facilities can be parked in locally "acceptable" locations; and
- (iv) in situations of severe unmet need, funding may have to be available:
 - (a) for client transport for assessment and treatment; and
 - (b) for the loan of electronic communication equipment through which parents can maintain contact with the relevant specialist services.

9. HARNESSING TECHNOLOGY.

- (i) Specialist services, across the range offered by the LA, the PCT and the third sector, should set up channels of communication (eg through "virtual email surgeries" at which universal providers can obtain support for early intervention). Through such means, staff in remote early years settings can both receive advice from specialists, and also brief them to make better use of their forthcoming local visits.
- (ii) CCSs should include the loan of electronic communication facilities to families of children during periods of support for children with more complex needs.
- (iii) LAs need to maintain a regularly updated website of information on all the available services and resources relevant to CCSs.
- (iv) LAs will have to provide effective maintenance of electronic communication equipment for all service members, so that contact is ensured.

10. Problems and solutions regarding local recruitment and training of childcare staff:

- (i) members of the rural community tend to have "portmanteau" employment, ie a variety of contemporaneous part-time jobs, which make regular attendance for courses difficult. Work in child-care is often one form of income-generating part-time employment compatible with individuals' own children.
- (ii) Difficulty in access to training is exacerbated by the longer travel time (and lack of public transport) in reaching courses offered in the main towns.
- (iii) The limited educational attainment of some of the older generation makes those individuals reluctant to embark on formal training.

11. The above difficulties and disincentives can be met through harnessing technology for "distance learning" in remote rural communities. Plenty of expertise is available to provide this form of training. Some of the small village schools in this rural area of Herefordshire have made their internet access resources available in out-of-school time for those individuals who do not have facilities at home, or who prefer to access courses in the supportive company of other "students". Learn Direct has often ceased to offer this kind of provision, since they require a take-up rate which is not usually achievable in remote communities. The LA would have to support on-line tutorial support, linked to the usual requirement for some face-to-face training and practical experience.

12. Wider LA policy contexts.

All the above strategies can, of course, be complemented by relevant LA developments and policies such as:

- (i) the promotion of "integrated services" through "locality teams" which can contribute to the co-ordination of the universal and specialist services mentioned above;
- (ii) the formation of local collaborative clusters of rural schools linked to Early Years provision, which can facilitate transition and continuity for children and their parents; and
- (iii) the recognition that CCSs can support the LAs' responsibility for maintaining rural communities (eg that effective CCSs can offer an incentive for young families to settle in rural areas, and so avoid such localities turning into ghettos of older people. This implies that the funding streams available to LAs have to be applied in a joined-up way, and so increase overall cost-effectiveness.

13. RECOMMENDATIONS

- (i) Early years provision in remote rural areas has to be conceived in terms of “Children’s Centre Services” (CCSs) rather than based in a single central building. These CCSs will be built up through local communities’ involvement in a diverse spectrum of local facilities.
- (ii) There has to be a recognition that aggregate IMD super-output statistics hide significant multiple deprivation in remote rural areas.
- (iii) Time has to be allowed so that effective support can be flexibly and incrementally developed in collaboration and consultation with local communities, and so ensure sustainability. Funding time-scales have to match this steadier rate of development.
- (iv) Collaboration between universal and specialist services has to be sensitive to local attitudes, and developed with regard to the cost-effectiveness of in-situ delivery.
- (v) The establishment of innovative and effective use of technology (and its maintenance) is crucial to cost-effective service delivery.
- (vi) Effective early intervention by Early Years Services lays the foundation for children and families to generate positive attitudes to support services as children grow older.
- (vii) The funding of early years services should be seen by LAs and PCTs as integral to the implementation of their overall policies to sustain rural communities in their areas.

October 2009

Memorandum submitted by the NHS Confederation

EXECUTIVE SUMMARY

- The NHS Confederation welcomes the Children, Schools and Families Select Committee inquiry into Sure Start Children’s Centres, and this opportunity to provide evidence. We would be pleased to provide further detail regarding any of the issues highlighted in this submission.
- The NHS Confederation believes that Sure Start Children’s Centres are a very positive model that both improves the health of the young population in an area, as well as the way in which health partners work with local authorities (LA) and other partners such as schools and the police.
- It is important to take into account local differences, in most cases these are due to differing local needs and it is vital that Children’s Centres continue to be flexible enough to meet the needs of the local population. However, at the same time this flexibility makes it difficult to define a single model.
- It is also important to take into account that there are some areas where Children’s Centres are still developing and that differences at the development stage are to be expected.
- Feedback from a number of NHS Confederation members has highlighted some challenges that should be addressed in order to facilitate the full development of the Children’s Centre model. These include:
 - The lack of consistent, transparent information-sharing protocols between partners;
 - The incompatibility of partners’ IT systems;
 - Differing priorities and targets between partners’ performance frameworks;
 - The lack of commissioning guidance to support Children’s Trust Boards;
 - Variation in Children’s Centres’ governance structures;
 - A poor evidence base to support Children’s Centres’ business cases;
 - Unclear funding responsibilities.

1. INTRODUCTION

1.1 The NHS Confederation is the independent membership body for the full range of organisations that make up today’s NHS across the UK.

1.2 The NHS Confederation has gathered data for this evidence through a series of meetings with PCT CEOs and Directors of Commissioning. We have also received responses to an on-line questionnaire and conducted telephone interviews with members with specialist expertise.

2. HOW WELL CHILDREN'S CENTRES WORK WITH OTHER PARTNERS AND SERVICES, ESPECIALLY SCHOOLS AND HEALTH SERVICES

2.1 The general feedback we have received from health service partners is that Children's Centres are a very positive model that both improves the health of the young population in an area, as well as the way in which health partners work with local authorities and other partners such as schools and the police.

2.2 Local differences in Children's Centres do exist but in most cases these are because of differing local needs and it is vital that this flexibility continues to ensure centres can offer a service that meets the needs of the local population.

2.3 Some local differences can also be attributed to the fact that in some areas Children's Centres have had much longer to develop than others; it is normal to expect differences between centres at the development stage.

2.4 The flexibility in the Children's Centre model has been a driver of innovation allowing partners to try different models. For example, the involvement of third sector partners has proved to be beneficial, especially to deliver services for the most hard to reach families. Flexibility has however, made it difficult to define a single model, which can make Children's Centre arrangements look confusing from the outside.

2.5 Through meetings with PCT CEOs and Directors of Commissioning, the NHS Confederation has heard evidence of areas where the Children's Centre model has been developed very well and is working smoothly. This is regardless of whether the model has been developed as a centre located within the LA, the PCT, a local school or even as a virtual centre.

2.6 Whilst most of the feedback that the NHS Confederation has received from members has been positive, the NHS Confederation is also aware that not all areas are equally supportive of the model. Furthermore, there are a number of challenges that should be addressed in order to facilitate the full development of the Children's Centre model. These include:

- 2.6.1 *Information Sharing*—the NHS Confederation believes that Children's Centres have contributed to improving the way in which NHS organisations share information with other partners. However, this is often dependent on whether the partners have been able to agree to transparent information sharing protocols. There is some evidence that the more integrated the service, the better the sharing of information. However, moving to a model of integrated services may not be a viable option for all areas. Cultural differences play a very important role here. In most of the areas where there is an integrated model, this has been possible because partners had developed a good relationship.
- 2.6.2 *Information Technology (IT)*—IT systems continue to be the single most important barrier to sharing information and working together. For example, Connecting for Health does not recognise the security settings of LAs. The NHS Confederation has heard of health staff located in LA premises who have to work with laptops, without access to the central (LA) system. The NHS Confederation would welcome improvements in this area.
- 2.6.3 *Performance frameworks*—The different priorities of LAs and PCTs can cause a significant barrier to working together effectively. This is aggravated by the fact that both partners follow a different model and have different cultures. The NHS Confederation would like to see the DH and DCSF working together more closely when developing their strategies so LAs and PCTs share more targets and priorities. Comprehensive Area Assessments may also help to bring this closer together.
- 2.6.4 *Integrated services and commissioning*—The NHS Confederation would welcome guidance on what needs to be integrated as not all services need full integration. Many services need to be joined but this does not always mean that they need to be commissioned by the Children's Trust Board and delivered in Children's Centres.

Joint commissioning could feature higher in the central government's agenda so it is seen as a higher priority by all partners. Moreover, DH and DCSF could lead the way by publishing joint commissioning guidance to support the Children's Trust Boards.

The NHS Confederation expects the new commissioning framework to lead to a significant improvement in this area. We also agree with the Child Health Strategy where it calls for GPs to have the right commissioning training, skills and competencies to recognise serious illness in children, including the work that the RCGP is leading on professional paediatric training for GPs.¹²⁹ We believe that it is important to build GP expertise in children's commissioning.

It is also important to focus on developing an integrated outcome that all partners can sign up to, to ensure that everybody is working to achieve the same result. This would also help to clarify staff's relationship with the centre as well as with other partners and how their role fits within the wider system.

¹²⁹ DCSF & DH (2009) *Healthy Lives, Brighter Futures*

- 2.6.5 *Governance*—The Governance structure for Children Centre’s models varies around England. An issue that needs to be addressed is that good delivery of services should not be left down to whether the different partners have developed a good relationship.

The first decisive issues are who chairs the Children’s Trust Board and who manages the Children’s Centre. It appears that this has a very big influence in whether the Children’s Centre delivers good outcomes. Strengthened accountability in this area would be welcomed as well as greater clarity in the forthcoming statutory guidance on Children’s Trusts.

- 2.6.6 *Evidence*—The lack of evidence is stopping some Children’s Centres’ partners from committing to long-term projects. The Social Care Institute for Excellence is already gathering good data as to what works and what does not but more needs to be done in this area so partners and staff in the Children’s Centres can support their business cases with strong evidence based data.

- 2.6.7 *Funding*—There are various issues around funding. The most significant one is created by the lack of evidence base mentioned above.

Whilst staff funding is not often an issue, as partners continue to fund their own staff in many cases, the responsibility for funding of other areas such as estates and facilities is less clear. It is particularly concerning that whether this is resolved easily or not is mainly down to existing relationships between partners.

It is important to understand that there are different types of collaborative funding and that all of them can be suitable, depending on the local needs. Whilst pooled budgets most likely indicate that Children’s Trusts are working well jointly and lead to more efficient Children’s Centres, this is most likely because the partners have a good relationship rather than because of the pooled budgets themselves. The NHS Confederation believe that other examples of joint finances, such as open book finance, can work just as well as pooled budgets.

January 2010

Supplementary memorandum submitted by the NHS Confederation

INTRODUCTION

Following on from the written evidence submitted to the Committee on 8 January 2010 as part of the Children’s Centres Inquiry, the NHS Confederation surveyed its PCT membership to identify their views on how Children’s Trusts and Children’s Centres have developed in their areas, how they would like them to develop further and any barriers they are facing.

78 PCTs responded to the survey and the responses encouragingly illustrate that PCTs are very engaged with Children’s Trusts and Children’s Centres and that engagement is occurring at a senior level. Furthermore, the survey results indicate that Children’s Trusts have led to improved information sharing between partners, which is crucial to ensure better outcomes for children and young people. The survey also provides further information on some of the barriers PCTs are facing, many of which were highlighted in the previous written evidence submission.

A full summary of the survey responses is provided below for reference.

SUMMARY OF SURVEY RESPONSES

Children’s Trusts

- 74% of the PCTs that responded stated that they were ‘very involved’ in their Children’s Trusts.
- Almost 90% of the respondents said that they had direct contact with the Children’s Trust at Director level and more than half (51%) said the PCT CEO was directly involved.
- The majority of respondents (71%) stated that both joint commissioning and provision are the key functions that are priorities within trusts.
- The majority (65%) stated that better information sharing was the most significant way that Children’s Trusts has changed the way in which they work.
- The top three things that PCTs stated would encourage them to get more involved were:
 - financial incentives;
 - synergy of targets and priorities; and
 - clear evidence of improved outcomes for children.
- The top three barriers that PCTs experience that hinder their involvement are:
 - lack of clarity in DCSF and DH messages, in particular competing agendas and reporting frameworks;
 - responsibility remaining within the local authorities, who might not understand the NHS; and

- cultural barriers.
- Most PCTs (79%) stated that they didn't have pooled budgets, however PCTs listed the following arrangements that allow sharing costs and development of joint projects:
 - joint posts;
 - open book accounting;
 - capital transfers;
 - aligned voluntary budgets; and
 - signed protocol.
- When questioned as to what the three key priorities were for their local Children's Trusts in the next three years, the following objectives were the most frequent answers given:
 - to strengthen commissioning structures;
 - to create a shared vision amongst partners; and
 - to become more strategic.

Children's Centres

- The majority (69%) stated that local health services are either "very involved" or "quite involved" in Children's Centres.
- When questioned what the three key barriers to effective engagement are, the following three were the most frequently given answers:
 - competing priorities;
 - communications systems; and
 - different lines of accountability and professional boundaries.
- The three most frequently given answers when asked what would encourage PCTs to get more involved were:
 - shared strategy both from central government and at a local level;
 - more resources; and
- better understanding of the entire children's services workforce and how they interact.

February 2010

Memorandum submitted by Unite

This written evidence is submitted by Unite the Union. Unite is the UK's largest trade union across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport and local government, education, health and not for profit sectors.

Unite is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations—the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA)—and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians, estates and maintenance, ancillary and ambulance workers.

INTRODUCTION

1. We welcome the opportunity to provide evidence to this committee on such an important issue to our members and it was unfortunate that we were unable to provide a representative to the oral evidence session heard on Wednesday 13 January 2010.

2. Unite is supportive of the Sure Start Children's Centre approach that the Government has led and our members tell us that it has a positive impact to the outcomes of children and their families.

3. We have focused on the contribution of health visitors to Children Centre's in this response as this was an area we were asked to focus on and believe it is important to correct some of the messages that have been given by others.

4. We highlight the facts, and have campaigned strenuously on the issue, that there are woefully insufficient health visitors employed in England. This has the effect of putting children and families at risk, causing Sure Start Children's centres to be less effective and putting our members who are currently employed as health visitors at risk.

5. We hope that the Committee takes these concerns seriously, however at times (as has been demonstrated in others evidence to the Committee) it can be felt that an organisation that represents members' interests we would "say these things". Unite would be more than happy to facilitate the Committee meeting with our members who can give further examples first hand.

SUPPORT FOR CHILDREN'S CENTRES

6. When we consult with our members, the overwhelming response that we get is that Children's Centres are a very welcome and important service that has been developed to support children and families. Much effort has been made by this Government to ensure that the support that children and families are given has increased, in line with the clear, increasing evidence to show that improving health in the first few years of life (and before from conception) are key to improving the health of our nation and making the cost of health for future generations manageable.

7. We also believe that the Government is taking the right approach in ensuring that guidance has been developed (which is currently being consulted on) regarding some fundamentals of Children's Centres. We feel it is a positive step especially in terms of approximate figures being given for how many children each children's centre should cater for. It is unfortunate that this approach is not also followed when considering safe staffing ratios.

THE NUMBER OF HEALTH VISITORS: THE FACTS

8. Although this committee is not looking at issues just related to health visitors we think it important that we provide some factual background as this background should help qualify some of our responses.

9. Since 1998 there has been a drop of 12.95% in whole time equivalent (WTE) health visitors whilst; the population has grown by 4.65%, the number of live births has increased by 8.51%; the number of midwives has grown by 8.10%, the number of registered nurses, midwives and health visitors has risen by 27.57% and the number of paediatric doctors by 60.07%. The number of nursery nurses employed in the NHS has risen by 99.03%.

10. The Health Select Committee, when looking into health inequalities stated that; "... it seems odd that numbers of health visitors and midwives are falling, and members of both those professions report finding themselves increasingly unable to provide the health promotion services needed by the poorest families, at the same time as the Government reiterates its commitments to early-years' services".ⁱ

11. The drop of over 13.5% in the number of WTE health visitors between 2004 and 2008 however is the average. We have uncovered areas which have reduced numbers much more dramatically than this, with some areas cutting numbers by 50% and above.^{ii & iii}

12. The Unite/CPHVA 14th annual survey (August 2008)^{iv} found that:

- 69.2% reported that they did not have the capacity within their team to respond to the needs of the most vulnerable children.
- 25.4% said that the chance of a local child death similar to that of Victoria Climbié was either "somewhat" or "very" likely.
- 40% reported they had responsibility for more than 500 children (22% the year before).
- 35.3% of health visitors in skill mix teams reported that the level of skill mix was unsafe, with 46.9% reporting that they had not been involved in decisions regarding its constitution or professional mix (against the guidance issued by Lord Darzi).
- 40.8% described clinical leadership as poor.

13. It is important to acknowledge the role that other health colleagues carry not just in Children's Centres but across all settings, however this must be at a safe and proportionate level. Our members, both health visitors and other professionals (for example our community nursery nurse and community staff nurse members) are telling us in some areas that they have now exceeded safe levels of staffing, with them often expected to carry out duties that they haven't been trained for or do not have the appropriate registration with a UK regulating body, therefore not only putting themselves and their organisations at risk, but also the clients that they serve.

14. In Q342 Mr. Stuart asked whether the number of health visitors have kept pace with need. You will be unsurprised to hear that we fundamentally believe that the number of health visitors has not kept pace with need. This is not just the belief of our organisation however. There are many supportive organisations and charities that have also reported the same (Netmums, Mumsnet, Family and Parenting Institute, etc) but also all main stream political parties have also stated that there needs to be more health visitors. One of the key problems though is that just saying this is not enough!

15. Unite is a key partner in the Action on Health Visiting work that is currently being developed in partnership with the Department of Health. This work was jointly commenced by the then Secretary of State for Health, Alan Johnson and the Unite/Community Practitioners' & Health Visitors' Association President, Lord Victor Adebowale.^v One of the intended key outcomes of this work is to increase the number of health visitors.

16. Our members are hopeful that this work will have a dramatic effect on the number of health visitors being trained and employed, however we have very little (if any) evidence to demonstrate that this is the case now. Further, in areas where our officials are asked to support members locally, the picture is one of an increasingly worse situation (some examples have been given in an appendix).

THE RELATIONSHIP BETWEEN THE NUMBER OF HEALTH VISITORS AND CHILDREN'S CENTRES

17. In terms of how this relates to Children's Centres, we agree with the sentiment voiced by a member of the Select Committee that health visitors can act as the "vital glue in the system", however when our members are faced with the huge list of competing priorities, and, in some cases five times the maximum caseload size as recommended by Lord Laming,^{vi} being involved in a Children's Centre can come "way down that list".

18. We believe there is a need to increase the numbers of Health visitors. More health visitors in the workforce will enhance Children's Centres activity. The health visitor has a key leadership role in, for example, planning programmes of care, delivery of the HCP, training of staff, lead health review discussions and advise centre staff, clients and children. However, they should be engaged in providing a universal service, this will be compromised if resource is diverted into Children's Centres.

19. Our members constantly demonstrate their flexibility and effectiveness in working with children and families, and will naturally follow the child to provide services in the best "venue" for them. This however is hampered by both resources in terms of physical buildings, but also in the number of available staff.

20. Members have responded to us as part of this evidence that they have recognised in some areas (as stated in other sessions, more likely in the newer tranche of Children Centres) that there is an increased likelihood where there is often not enough space to be able to integrate services in to the "building". Also, in some areas, the Children's Centre has been seen much more as a "virtual" centre where the staff never come together in one building.

COMMUNICATION WITH HEALTH AND SOCIAL CARE COLLEAGUES

21. It has been heartening to read that there has been the constant reminder as part of the Committee's work that an important part of making Children's Centre's effective is the time given to those staff who work in them to communicate effectively.

22. This has often been one of the big challenges for health visitors as in previous years they had built up strong relationships with General Practice colleagues, but now in moving to Children Centre's because they have not been allowed more time (and as stated above often have less time), in building up these new and valuable relationships with Children's Centre staff, the relationship with these staff is slow to progress but also the once strong relationship with GP's and their practices have suffered adversely. This is most apparent in child protection work, where with new ways of working, health visitors may often know much less about "their" families than they used to, and find it difficult to communicate with the GP, therefore taking that valuable resource away.

23. The feedback we have from our members indicates that qualified outreach workers can be a real benefit to children and family work and support the health visitor role, recognising their level of competence, and referring to colleagues.

24. Members also report that the interaction between health visitors and midwives is also less apparent than in previous years. They feel this is due to mounting work pressures placed on staff from both professions. An example that we uncovered in our support of members was in one area where due to numbers, families weren't being seen by the health visitor for a first assessment visit until 4 months after the child was born.

FUNDING

25. Further oral evidence suggests that health visitors are an expensive resource. It is frustrating and demoralising to our members to be given this message when we know that this is not the case.

26. As was demonstrated by the 2008 NHS staff survey^{vii} 80% of our health visitors are working unpaid overtime (KF9, the second "worse" figure) but also:

- reported the highest level of work pressure felt by staff (KF6);
- only 45% of health visitors felt satisfied with the quality of work and patient care they were able to deliver (KF1);
- least likely to recommend their trust as a place to work (KF34);
- had the lowest levels of job satisfaction (KF32);

- reported the second worse communication between senior managers and staff (KF29); and
- had 41% of staff suffering from work related stress in the last 12 months (2nd worse result, KF19).

27. In the policy document *NHS 2010 to 2015: from good to great* the Secretary of State for Health has identified that management costs have to be reduced, however, as an example, in response to a recent Freedom of Information request from *Pulse* magazine,^{viii} NHS Hounslow returned figures that showed a 116% increase in manager salary costs over the two years (between 2007 to 2008 and 2009 to 2010), while at the same time allowing its frontline health visiting services to reduce by over 50%.ⁱⁱⁱ Further examples highlighted included: “NHS North East Essex, which saw costs soar by 26% in the past year alone, blaming the rise on the cost of separating its provider and commissioning arms.”

INTEGRATED INFORMATION TECHNOLOGY SYSTEMS

28. In 2009, Unite/CPHVA carried out a survey^{ix} of our membership on their experiences with information technology, with 530 responses. In terms of access to the hardware, we found that the picture since our survey in 2006 had improved markedly with 93% having access to a desktop computer.

29. We also asked about our members feelings about the benefits of developments in IT across five areas (with their average response in brackets, 1 being strongly agree and 5 being strongly disagree), systems would:

- help in the safe guarding of children (2.28);
- support more efficient care (2.42);
- reduce duplication of records (2.54);
- save time (2.91); and
- support confidentiality of records (2.83).

30. However, the most telling feedback we received was on how time consuming IT systems currently are. Common examples included where it took one senior health visitor a whole morning (3.5 hours) to organise sending out 16 appointments for immunisations (because they had to find the child on the system, update the details regarding name, address, contact details, “synchronise” these details, deal with system downtime, etc). Another example was, “I can have a clinic of 35 children. A colleague timed me the other day and it took three minutes to “log” each child. That’s 105 minutes! And that’s with no problems inputting the data and being one of the “quickest” on the system”.

31. It should also be remembered that in many areas, staff have to comply with several different systems with a typical example being; written clinic records, personal child health [handheld] records (that are kept by the family, the Red Book), GP records, electronic health record and in some areas ContactPoint information. Again our members see the importance of these and want to comply with all systems however, they feel genuinely frustrated by the effect that this has making them able to see less clients when with decreasing numbers of staff they, personally, need to see more.

32. With this in mind we recommend continued efforts to ensure that an electronic health and social care record for all children, conforming to national interoperability standards is progressed with the utmost urgency and as always are willing to provide our support in this work.

February 2010

APPENDIX 1

EXAMPLES FROM OUR MEMBERS IN PRACTICE

33. *Members in PCT1:* In one of the clinic bases there are 2,400 children which are covered by three whole time equivalent health visitors and 0.4 (two days/week) Children’s Centre health visitor. The area is recognised for being highly disadvantaged. Recently there has been a three fold increase in the rate of domestic violence, their birth rate has increased markedly (31% increase since 2001, due to new build, more families moving into the area). When all three health visitors are in the office, one of them has to sit on the floor to complete records.

34. Members in the PCT have raised their concerns repeatedly with managers (up to and including the Chief Executive), completing regular incident forms as they cannot achieve the service as is commissioned. They report that these forms are ignored by managers and when challenged was told that they had “used the wrong form”.

35. Even though staff and “middle” managers recognise that the service is placing clients at risk, the trust is unwilling to address the issues and has in the last week introduced a new recruitment freeze on front line posts.

36. *Members in PCT2:* Health visitors have been informed that they need to be assigned to primary schools as the named health visitor. When managers are confronted by staff and officials they admit that this is not due to any evidence or belief that these health visitors will be able to get improved outcomes for

children or because the health visitors don't have enough work to do (the evidence suggests the contrary). It is because they cannot recruit school nurses. So if we imagine the trust will assign health visitors a Children's Centre "each", they will also have a primary school.

37. Our members tell us that this approach undermines any ability that they have to build relationships with clients and other professionals and ends up just being a "paper exercise".

38. *Members in PCT3*: Health visitors have reported locally that due to the split in commissioner and provider arms, they now have three people at the level of director of finance where they previously had one. However, in the last 18 months, they have lost nine whole time equivalent health visitors who haven't been recruited to and now there has been a recruitment freeze put in place on all frontline/provider staff.

APPENDIX 2

EXAMPLES OF WHAT PARENTS WANT FROM netmums.com FENDING FOR OURSELVES^x

39. The survey of over 6,000 parents found that:

- 46% of mums only saw their health visitor once or twice in the eight weeks following birth;
- after eight weeks, 49% of mums were not invited in to see their health visitor nor visited at home by a health visitor in the first year following their initial visit;
- 59% of parents wanted to see more of their health visitor;
- 70% said they wanted to see one health visitor, who knew their family, rather than being seen by different individuals from a team; and
- only 5% of mothers would prefer to see a "parent support worker" or children's centre staff (and that was only for some issues).

REFERENCES

- ⁱ House of Commons Health Committee (2009) *Health Inequalities: Third report of session 2008–09: Volume 1*. HMSO. London.
<http://www.publications.parliament.uk/pa/cm200809/cmselect/cmhealth/286/286.pdf>.
- ⁱⁱ Unite the Union (2008) Barking and Dagenham families at risk. Press release 11/12/2008. Unite.
<http://www.amicustheunion.org/default.aspx?page=9743>.
- ⁱⁱⁱ Unite the Union (2009) Hounslow Health Visitor crisis still not resolved—nearly two years on. Press release 02/04/2009.
<http://www.amicus-cphva.org/docs/Hounslow%20%202.doc>.
- ^{iv} Adams, C & Craig, I (2008) A Service at crisis point. in *Community Practitioner*, 12/2008 v81.12 pp34–35.
www.commpprac.com
- ^v Adebowlae, V & Johnson, A (2009) *Joint Statement Unite/CPHVA and DH for Action on Health Visiting Programme*.
<http://www.uniteunion.com/pdf/Joint%20DH%20%20Unite%20statement%20Action%20on%20Health%20Visiting%20Programme.pdf>
- ^{vi} Laming, W.H. (2009) *The Protection of Children In England; A Progress Report*. HMSO. London.
<http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=HC+330>
- ^{vii} Care Quality Commission (2009) National Survey of NHS staff 2008. CQC.
http://www.cqc.org.uk/publications.cfm?fde_id=10986
- ^{viii} Quinn I. *PCTs grant huge rise in manager salaries*. Available at:
www.pulsetoday.co.uk/story.asp?storycode=4124412 (accessed 12 January 2010).
- ^{ix} Unite/CPHVA (2009) *What's IT all about?* Unite the Union.
<http://www.uniteunion.com/pdf/What's%20IT%20all%20about%20REPORT.pdf>
- ^x Russell, S (2008) Left fending for ourselves. Netmums.com.
http://www.netmums.com/files/FendingforOurselves_withappendix.pdf.