

Exploring the ways in which people  
provide and use services in the early  
years children centres



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Practitioner-led research 2008-2009

PLR0809/063



This report is part of CWDC's Practitioner-Led Research (PLR) programme. Now in its third year, the programme gives practitioners the opportunity to explore, describe and evaluate ways in which services are currently being delivered within the children's workforce.

Working alongside mentors from Making Research Count (MRC), practitioners design and conduct their own small-scale research and then produce a report which is centred around the delivery of Integrated Working.

The reports are used to improve ways of working, recognise success and provide examples of good practice.

This year, 41 teams of practitioners completed projects in a number of areas including:

- Adoption
- Bullying
- CAF
- Child trafficking
- Disability
- Early Years
- Education Support
- Parenting
- Participation
- Social care
- Social work
- Travellers
- Youth

The reports have provided valuable insights into the children and young people's workforce, and the issues and challenges practitioners and service users face when working in an integrated environment. This will help to further inform workforce development throughout England.

This practitioner-led research project builds on the views and experiences of the individual projects and should not be considered the opinions and policies of CWDC.

PLR0809/063

# **Exploring the ways in which people provide and use services in the early years children centres**

**Faith Ngere**

## **Acknowledgements**

I would like to thank the almighty God for giving me the opportunity to undertake this research. I would also like to thank all the young children, the parents and the service providers who participated in this research. My special thanks also go to my children and friends for their invaluable support. Lastly, my gratitude goes to my supervisor Dr Ravi Kohli, Lucy Emsley and the team at CWDC for their invaluable support in completing this research.

***I dedicate this research to my daughter Melanie Zahra Atieno***

Faith Ngere

## **Abstract**

This research focused on a number of issues relating to the ways in which people provide and use services in the Early Years Children Centres (EYCCs). The study was carried out in London involving three EYCCs. The EYCCs that participated in the study were selected partly on the basis of location, cost and those that represented a contrasting range of inner and outer London boroughs.

This research used in-depth and semi-structured interviews and questionnaires as techniques for gathering information. Data were collected through use of a tape recorder in settings natural and comfortable to the persons being studied. For example, interviews were conducted either at the EYCC, the family's own home or at a prearranged venue, depending on where the participants felt comfortable.

The research concluded that collaboration and partnership is a vital and an integral part in addressing the complexities of families' lives and improving outcomes for young children and their families at the EYCC. Access to and engagement in services has improved, service provision is varied and offers a rich and diverse experience. EYCCs also offer an informal setting that may allow further research with parents and young children to inform current and future services. However, funding is a factor and models of multi-agency practice and processes used to produce some of the successful and effective services are not clear and were hindering full integration.

On reflection there was an acknowledgement that although there are guidelines and procedures on matters relating to child protection and the Child in Need Plan, there is concern that unless EYCC services' staff work together in practice, EYCC services are unlikely to meet their preventative aim but would continue to provide a reactive service.

## **Introduction**

This report presents the findings of a programme of research carried out on behalf of the Children's Workforce Development Council. The research focused on a number of issues relating to the ways in which people provide and use services in the Early Years Children Centres

# 1. Background to research and policy context

This section outlines the background to the research and the policy context.

## Background to the research

The early years of a child's life are crucial to development, affecting their behaviour, educational attainment, employment and relationships (Gammage 2008). This understanding is backed by findings of international research, particularly from the US, which showed that intensive and integrated services to young children and in early years could make a significant difference to outcomes in later childhood and adult life ([www.archive.official-documents.co.uk](http://www.archive.official-documents.co.uk)). Further, there were arguments that if the U.K was to remain competitive economically, it needed to reduce levels of social exclusion and provided opportunities to integrate economic and social welfare policies. These arguments led to the formation of the Sure Start Early Years Children Centres ([www.archive.official-documents.co.uk](http://www.archive.official-documents.co.uk)).

As a Centre-based practice Sure Start Early Years Children Centres embraces and provides some of the services initially offered by family centres, family support centres, family resource centres and activities associated with extended schools. Centres in this context are associated with a community building or base, early years intervention, multidisciplinary, multi-activity, and are 'ecological in their approach, spanning child, parent-child, neighbourhood and community (Warren-Adamson 2006). The core services are not limited to but include education, health, family support, social services and service for carers/parents such as housing ([www.surestart.gov.uk](http://www.surestart.gov.uk)).

## Access to services

In terms of access to services, the Sure Start Early Years Children Centres are governed by the guiding principles of Sure Start, which acknowledge that services are for everyone, and that no child should be excluded or disadvantaged because of ethnicity, culture or religion, home language, family background, special education needs, disability, gender or ability. In the past, however Centre-based practice targeted children needing protection and those 'in need' as stipulated under Sections 17 and 47 of the Children Act 1989 – categories traditionally associated with child welfare services (Children Act 1989). Now, the services are universal and are offered within the early years framework that supports children up to age five and their families.

## Policy context

Sure Start Early Years Children Centres is at the centre of the government's vision to transform the way services are provided to young children and their families ([www.surestart.gov.uk](http://www.surestart.gov.uk)). Traditionally, government agencies have provided discrete services to meet the different aspects of the needs of young children and their families. Now, the government is committed to delivering holistic multi-agency services to young children and their families and Sure Start Children Centres and the most recently announced 'Children's Plan' on 11 December 2007 embodies government policy to deliver these changes ([www.surestart.gov.uk](http://www.surestart.gov.uk)).

However, since 2003, *Every Child Matters*, presented to Parliament after the death of Victoria Climbié and finding its legislative expression in the Children Act 2004, has provided the basis of the government's policy framework for children. Many changes are said to have sprung from it, for example combining education and children's social services in local authorities and the local authorities being given the primary responsibility to deliver integrated services to young children and families. The government vision, founded on the six strategies in 'the Children's Plan' is that by 2010 every community will be served by a Sure Start Early Years Children Centre enabling families with children to have access to an affordable, flexible and high-quality child care place for their child.

The complexity is that the 'Children's Plan' is not based on the five Every Child Matters outcomes, but on a new set of strategic objectives. From policy papers it is not clear why the Every Child Matters outcomes do not form part of the Children's Plan. There now appears to be five Every Child Matters outcomes and the six strategic objectives from the Children's Plan. It is imperative to say that this lack of clarity appears to be splitting the aims and primary objectives of the wider children and families workforce.

In addition to *Every Child Matters* and 'the Children's Plan', there are substantial government policy papers and legislation that relate to access and which promote inter-agency working in services to young children and their families. These range from the white paper *Saving Lives: our healthier nation* (1999) to the Inter-Departmental Childcare Review Delivering for Children and Families (DfES 2002) and the Childcare Act 2006 which provide the legal framework for the creation of the new Early Years Foundation Stage (EYFS) under which the Sure Start Early Years Children Centres also operates ([www.archive.official-documents.co.uk](http://www.archive.official-documents.co.uk)).

Joint working across government is of course not new, as evidenced by concern for stronger and more efficient inter-agency working in delivering services to children that can be traced back to the Curtis Report (1946) which followed the death of Dennis O'Neill and which set the stage for the Children Act 1948. However, the extent to which the Department for Children, Schools and Families, which has responsibility for the early years Children Centres, is involved with other departments, is possibly unique. It has sole responsibility for policy and funding for early years (0–5 years), however for matters such as

child poverty and health the funding and policy levers are largely in other people's hands. This compounds the complexity in delivering the current government vision.

Again, although this restructuring has been put in place at a policy level to facilitate access and the integration of services within the early years framework, it is the experiences that children and their families have while accessing services on the ground that is critical. For example, are the services joined up and coherent; do the professionals have a shared goal, along with the funding and delivery of these services? Against this backdrop, I was commissioned to undertake a Practitioner-Led Research project to explore the views, understanding and experiences of children, parents and service providers regarding access to these services and joined-up working at the Early Years Children Centres, the findings of which are set out in this report.

## **2. Project aims and objectives**

My research therefore, aims to explore the ways in which people provide and use services in the Early Years Children Centres from the points of view of members of the public, and service users and providers. The research included the following:

- the conducting of a scoping literature review, of particular relevance to the research question
- a focus on access and service provision at the EYCC
- exploring the knowledge, perception and understanding that the service providers, children and parents have of the government's vision to improve outcomes for young children through Early Years Children Centre
- exploring service users' and providers' views, knowledge and understanding of integrated services
- exploring service users' and providers' views on what works (what is making a greater impact in improving outcomes for young children and their families at the EYCC)
- exploring strategies that are being developed to promote multi-agency working
- looking at the challenges that are hindering multi-agency service provision at the EYCC
- exploring factors that are associated with positive outcomes to inter-professional working and service delivery at the EYCC
- exploring gaps in the provision of services by speaking also with potential service users, and considering what measures might be taken to improve the outcomes to young children and their families
- offering a personal commentary on my experiences as a service user accessing early years services for my daughter, a researcher and practitioner.

Within the context of this research Early Years Children Centre (EYCC) is used synonymously with Sure Start Early Years Centre. The terms 'collaboration' and 'inter –professional' are also used synonymously to imply relationships other than those strictly obtaining between professional groups. For example, reference may be made to relations between agencies (inter-agency) or within teams that have members from different disciplines within them (multidisciplinary) (Gardner 2003). In terms of service provision at the EYCC, it is about different services, agencies and teams of professionals and other practitioners working together to provide the services that meet fully the needs of young children and their parents or carers (*Every Child Matters* 2003).

### **3. Literature review**

In this section, this research presents items drawn from a scoping review, which are of particular relevance to the research question and to further work in this area. These were prioritized on the basis of research findings with a UK and international focus on integrated services provided at the EYCC, and parents' and children's views on access and service delivery at the centres.

A literature review on integrated working provides considerable evidence and support for the value of inter-agency collaboration in improving outcomes for children, young people and their families. Benefits of such work is reported to include improved services to clients, a broader perspective for agencies, and rewarding efficient working practices for individual professionals. Lending support to this is a finding in a study in the UK by the Inter-Departmental Childcare Review (2002) which states that an integrated approach to working in the EYCC that ensures the joining up of services and disciplines is a key factor in determining good outcomes for children (DfES 2002). In fact, the key message from this research is that multi-agency working is an integral part of early years work. In another study, by Sylva et al. (2004), also conducted in the UK on integrated services in early years, evidenced from the longitudinal study *The Effective Provision of Pre-school Education Project*, it is indicated that the integration of services contributes to high quality education and care and improved child developmental outcomes which need to be at the heart of government policy on early years children's services.

Additionally, a recent review of literature commissioned by the New Zealand government (Mitchell et al. 2008) and the outcome of research carried out in Queensland Australia, also agreed with the above research findings that addressing diverse families' needs early in life will reduce risks and increase protective factors surrounding the complexities of families' lives and established that building partnerships and collaboration are important elements when working with families in complex situations (Nupponen 2007).

However, despite these research findings that support integrated services and substantial government support for integrated services to children, Lord Pippa

(2008) in his scoping review of various research studies found that the central development of structures to facilitate collaboration in early years children's services has so far been limited and local centres have sought to fill this gap by developing a variety of approaches so as to provide an effective service.

A literature review on parents' and children's views found that there is limited information on parents' knowledge and understanding of Early Years Children Centres and almost no published information on the perspectives of young children. This may be because early childhood is commonly understood as a time when children are not yet able or mature enough to make their views known and acted upon and the ethical concerns that still exist regarding the complex issues inherent in conducting research with children, young people and their families ([www.bmj.com](http://www.bmj.com)). The limited information that exists currently is from research commissioned by the Scottish government (Reid and Banks 2008). The children spoke of the importance they placed on the attitudes and approach of adults who they come in to contact with, in school, in child care and in health and other services. They valued access to outdoor spaces and safe, stimulating environments and attached importance to appropriate independence, for example they enjoy having opportunities to make choices about what they do and the activities they get involved in. Parents, however, expressed concerns over lack of organized activities, such as classes for children below five years, cleanliness and a quality play area.

Having conducted an extensive search of available literature through social care online and secondary data, this review justifies the requirement for integrated services. In addition, it points to further investigations into the views of parents and young children to inform current and future EYCC services and further research that investigates the processes by which successful integrated working takes place. This provide a basis for identifying the discrete and successful models and features of integration that are in current use and which can be taken as a model and beacon for running a EYCC now and in the future.

Thus, there is a need for further qualitative research to provide the depth and detail needed to build on existing knowledge, and to provide a better understanding of the experiences, views and perspectives of service users and providers, thus giving a voice to service providers, parents and young children.

This study, therefore, utilized interviews using open-ended questions to generate rich contextual data suitable for qualitative analysis based on a qualitative approach to contribute further knowledge within this area. The next section provides details on how the research was undertaken.

## 4. Research methodology and analysis

This section sets out the research methodology for the study and provides details of data collection, the instruments used, sampling procedures employed and the analysis.

### Methods

This research used in-depth and semi-structured interviews and questionnaires as techniques for gathering information. Data were collected by use of a tape recorder in settings natural and comfortable to the persons being studied. For example, interviews were conducted either at the EYCC, the family's own home or at a prearranged venue depending on where the participants felt comfortable.

### Sampling

The study was carried out in London involving three EYCCs. The EYCCs that participated in the study were selected partly on the basis of the location, cost and those that represented a contrasting range of inner and outer London boroughs. The participants were categorized as follows:

<b>Respondents</b>	Nursery 1	Nursery 2	Nursery 3
Children	3	1	3
Public	2	2	2
Parents	3	1	4
Providers	3	2	3

Parents of children between six months to three years of age were identified randomly. Participants were initially contacted either by letter, face to face or by telephone. Introductory letters were sent to the identified EYCC managers, directors of the local authority Children's Service and individual participants. The letters explained the aims and objectives of the project and invited participation and were sent three weeks before the actual interview. A follow-up letter and questionnaires were then sent a week before the date of the interview, recipients being informed that I was available to advise and discuss on the research in cases of those wishing to participate.

### Generalisability/limitations of the study

This is a qualitative report and the sample is not statistically representative of all those who provide and use services at the EYCC. However, the study

provided a good overview of the sorts of views and experiences, and of how people access and provide services at the EYCC.

## **Ethical considerations**

This research study was designed in consultation with CWDC research team and was supervised by a mentor from the Making Research Count Team. The director of Children Services in the identified local authorities was also consulted and permission sought before the project commenced.

Additionally, the research, while acknowledging that more information is needed from the children and their families to enable the development of current and future services, acknowledged the ethical concerns inherent in conducting research with this service user group. For example, consideration was given to factors such as language, culture, religion, and experiences of oppression that can make it difficult to obtain truly informed and voluntary consent or truly accurate responses to research questions.

The law on research with children is not clear; however, the Royal College guidelines state that where children have sufficient intelligence to understand what is proposed, it is they and not their parents whose consent is required by law ([www.bmj.com](http://www.bmj.com)). In this research consent was obtained from the parents/guardians in view of the ages of the children. Issues of confidentiality such as data protection and anonymity of data were acted upon to enable participants speak freely. Translators were also used to increase clarity for speakers of other languages.

## **Validity and reliability**

Although validity and reliability cannot be guaranteed in qualitative research due to its nature, this research study has sought to maximize the likelihood of reliability by providing a detailed account of how the study was conducted. The consultation process itself and the attention paid to ethical issues in this research ensures its validity.

## **Interviewing process**

A schedule for the interviews was prepared which included some very open questions, such as the following. What services does this children services offer? I would like to know what you enjoy at the centre? What would you like more of instead of? What are your views on inter-professional working at the centre to improve outcomes for children? What are the strategies being developed at the centre to promote multi-agency working? Are you aware

that the government is aiming to improve outcomes for all children between 0–5 years through the EYCC initiative? What are your views?

The schedule was sent to interviewees beforehand so that they would be familiar with the questions and could, if they wished, prepare their responses. The schedule guided the interview but did not dictate the path; that is, if there were other issues the participants wanted to raise they were encouraged to do so. Data were collected by use of a tape recorder or it was transcribed. Each interview lasted between 45 minutes to one hour. The topics covered in the questionnaire were specific to each group. A total of 29 interviews were achieved out of 31.

## Findings

This chapter details the research findings as follows:

What is the knowledge, perception and understanding the service providers, children and parents have of the government vision to improve outcomes for young children through early years children centres?

All of the seven children interviewed either spoke of or drew the specific activities and things they enjoyed at the children centre such as outdoor games (rainbow tent), the way the classes (rooms) were decorated and furnished, the smart wiggly board (interactive learning), the pretend kitchen, stay and play sessions, painting, the fruit session and their friends.

Six out of eight parents whose children were accessing the EYCC stated that they knew that the EYCC was part of the government vision. They added that it was an improvement on services to children as they did not have to wait on services such as speech and language therapy, a Citizen Advice Bureau, or a social worker's initial contact now that centres had integrated social care into the EYCC. Those who stated that they were not aware of the government's vision affirmed that it was 'a good idea':

'Yes, I did know that, I have been coming to the playgroup for five months, I have been here with my older daughter.' (Mother)

'No, I did not know that, but it makes sense, to have facilities like this for children, it is good.' (Father).

All of the potential service users drawn randomly from members of the public who participated in this research were unaware of the government's aims and vision. However, three out of the six stated that they had accessed EYCC services in the past. For example, one parent stated that she accessed these services via the children information services for her son on an emergency and found this helpful.

Service providers such as managers appeared to be clear about this vision and stated that it offered tremendous relief for parents. But two out of the three members of staff/service providers interviewed either did not know that the EYCC was part of the government's vision to improve outcomes for young children and their families or stated that the vision was still not clear to them as service providers:

'I think it is good, get it right early, there is huge expectations and the professional qualification of EYCC staff must be linked with professional conduct and pay.' (Manager)

'Many parents see the centre as a central part of their life, many live in overcrowded houses with no garden and the centre provides a rich experience.' (Manager)

'No I did not know that – I am surprised.' (Nursery nurse)

'The vision is still not clear, multi-agency aims must be made clear.'  
(Family support worker)

## **Focus on access and service provision at the centre**

This research found that service provision at the centre was varied with most centres providing core services as set out in the government policy statement either by commissioning for the services, facilitating, providing space or involving the wider voluntary community such as religious groups to share in the service provision.

The services included dance therapy, play therapy, mother and toddler groups, baby gyms, toy and mobile libraries, short courses and workshops for parents, referrals and signposting to other services, extended day care schemes for young children, links with neighbourhood nurseries, Triple P and positive parenting, play centre, health clinics in partnership with Health Visitors and Community Midwife and Nursery Nurses, family support drop in, Jobcentre Plus services, outdoor playground (mini golf course/Chinese garden), counselling, community cafe and Citizen Advice Bureau services. Two out of the three EYCCs in this research provided services to disabled children and there was a resident special needs manager/co-ordinator who was also responsible for overseeing smooth transition to further education.

Almost all of the parents interviewed stated that they heard of the EYCC services by word of mouth, from family and friends, local notice boards, flyers, leaflets put in their children's school bags, the children services information centre, midwives and health visitors.

Although previous research indicated that insufficient publicity of services was hindering EYCC services from the standpoint of the most disadvantaged children (Lord Pippa et al. 2008), this research appears to suggest that most parents were either using the services or had heard about the EYCC.

However, these parents were either not fully aware of the range of services offered, or because of work commitments or the cost to them set by the financial threshold, preferred to use family and friends for child care instead.

‘The childcare tax credit only pays for 70 or 80 per cent% and I have to pay the rest [so] I would rather find a friend who looks after my children at a fraction of the cost.’ (Mother of three)

Such concerns reflect what Anastasia de Waal, Director of Family and Education at think-tank Civitas says, which is that for the child care strategy bill to be successful in the long term there is a need for ‘universally accessible, high-quality child care that is available to everyone, regardless of income’. She goes on to argue that more money must be put into benefits and quality improvements must not be paid for by parents (*Children & Young People Now*, 12 February 2009).

Service providers spoke of stigma and bureaucracy hindering their attempts to reach the most disadvantaged:

‘Difficulties of access to services could be due to language, employment or shift work, poor parenting and past experiences of welfare services; to address this allow longer open hours, open weekends, work with local staff, greater cultural understanding, compliment parents – parents are under fire all the time.’ (EYCC co-ordinator)

‘Hard to engage families are still hard to engage and you need permanent, trusted long-term workers to address this but time limited funding does not allow for this.’ (Manager)

‘Stigma and bureaucracy is limiting families from accessing services. For example, this centre is seen as an “Asian centre”. Families from the army barracks are seen to belong to barracks and not encouraged to access services at this centre.’ (EYCC co-ordinator)

In terms of service provision there were links with or resident health visitors, social workers for some centres, a speech and language therapist, child psychologist, neighbourhood nurseries and family drop in centres. Centres which reported no links with social workers and health visitors expressed difficulties in making contact with these agencies, citing high turn over of social workers and the unavailability of health visitors on the ground.

‘Can the government acknowledge the difficulties in developing joined-up services, for example involving the primary care trust.’ (Manager)

‘Who is responsible for making sure that the joined-up services are working...this was not thought out, this works internally but not with other stakeholders.’ (Health visitor)

‘Health visiting services are at breaking point; we are not able to provide preventative services, we are now a reactive service, a lot of child developmental delay is being picked up in schools because we are unable to offer preventative services.’ (Health visitor)

The recent government pledge on 12 February 2009 to give every children’s centre in England a named health visitor as the centrepiece of the long-awaited child health strategy may go some way to address the above (see [www.cypnow.co.uk](http://www.cypnow.co.uk)).

## **Service users’ and provider’s views, knowledge and understanding of integrated services**

Parents spoke of the importance of all the services being under one roof, not having to wait for services such as a speech and language therapist, or social works initial contact, advice and support. A family who had a child with speech and language difficulties expressed how invaluable the easily accessible advice and support from the EYCC had been in improving their family functioning.

‘Some parents may not know who to contact, so having [a] one stop service at the centre is good, the advice and support have been good to our family.’ (Father)

Service providers’ views on integrated services were: it is essential for the wellbeing of children and their families; it breaks barriers and increases trust when parents see professionals working together; it saves families time and improves outcomes for children when they know where to go and the open door policy promotes informal access to services. Service providers also stated that integrated services brought more diversity and understanding to children’s work.

From observation, there was clear evidence of various agencies – voluntary, private and statutory – providing services at the EYCC. However, the terms integration, joined-up services or collaboration were not clearly used by either the parents or the service providers. Service providers talked of the link they have and the work they do with other service providers to meet the needs of young children and their families. But they stated that there was no clear process or model for working jointly with other professionals except if the child was a child in need or at risk which triggered a child protection or Child in Need Plan meeting and conferences.

‘We are using our own local model judged by time, professionalism, conduct, belief and mission.’ (Manager)

‘I know if I need to make a referral to a speech and language therapist I speak with the SEN manager, but the speech and language therapist has never called me for a meeting to discuss my referral despite her

having seen the child for some time now – it would be nice if they spoke with me.’ (Nursery nurse)

‘It is joined up but not really joined up, who is responsible to make sure that the joined-up services are working, too many managers and managing these relationships is difficult.’ (Health visitor)

‘The teachers are busy; there should be a definite system to share information. Contact with the social workers, more access to the social worker staff, meetings to explain my role.’ (Play therapist)

‘There are gaps and inconsistency in terms of recording information, health teams are using different procedures.’ (Family support worker)

## **Service users’ and providers’ views on what works**

*What is making a greater impact in improving outcomes for young children and their families at the EYCC?* Parents spoke of EYCC services being an improvement on services to children; of not having to wait for services as a result of their open door policy; of adventure days and local trips because they were subsidized. Parents stated the EYCC offered a relaxing atmosphere for parents, interactive sessions such as the stay and play for children and the workshops for parents, although some of this faced funding cuts and was oversubscribed, such as counselling sessions and crèche facilities. Advice and support, the speech and language therapist and the health clinics were also services that parents stated were making a greater impact on their lives:

‘Stay and play sessions improves my baby’s social interaction.’

‘Very relaxing atmosphere after baby crying all night, it is a better environment to come and relax.’

The managers spoke of the family drop in centres and of joined-up family support work with its integrated support plans which offered targeted services. The managers stated that the integrated support plan was in their view reducing and limiting times young children were supported on a child protection plan. The health clinics were stated as integrating and networked most of the services at the centre. The informal setting offered a personal touch and increased trust; the outdoor garden and space was invaluable to most families who did not have access to gardens or ample space at home. The stay and play sessions were said to be oversubscribed and the key worker system in Early Years Excellence Centres were cited as offering continuity for children. Lastly, practitioners added that the consistency of being the only professionals able to see young children over a period of time and the depth of the therapy services offered were good and well used.

‘There is increasing need for emotional development and as play therapist my services are well used up.’ (Play therapist)

‘Family support workers are reducing the amount of children on the child projection plan, they support children with behavioural difficulties, something health visitors use to do but are unable to do now due to stretch in our services.’ (Health visitor)

These findings justify the integral part EYCC services play in outcomes for children but point towards a need for further research that investigates the processes by which successful integrated working takes place in early years services so as to be a beacon and model for other upcoming EYCCs.

## **Strategies that are being developed to promote multi-agency working**

These findings were not consistent and varied from one EYCC to another. Providers cited monthly inter-agency meetings, and integrated support plans, while some talked of attending team building exercises but felt that outcomes were not fully followed up. Some training was shared, and agencies working from one building was cited as helpful. Internal ‘blogs’ were also being used as a means of sharing information internally, and development of user groups, the provision of space for other service providers, discussion with other managers on what works, and the comprehensive induction of staff at the centre were included as strategies being developed to promote multi-agency working.

## **Challenges that are hindering services including multi-agency service provision at EYCCs**

In response to this question practitioners’ concerns could be loosely grouped under government policy, as well as the funding of projects and processes hindering delivery of EYCC services.

For example, government multi-agency aims were not clear to most practitioners, ‘multi- agency aims must be made clear’ (Family support worker); the polices were being developed without joint thinking, for example, ‘the health strategy is out but no-one has discussed this with all the other agencies’ (Health visitor); stigma associated with attending welfare services such as EYCC services particularly within the white working class families due to past experiences was hindering access; what practitioners referred to as government obsession with evaluation ‘not everything should be an outcome, let play be play’; government policy places huge expectations on EYCC services, ‘EYCC cannot solve child poverty but it is a good start as complexities in disadvantaged families need consistency, continuity and depth’; low pay to EYCC staff was stated as not measuring up to the huge responsibilities and expectations placed on them and practitioners added that different targets and policies make delivery difficult, referring in particular to the different aims outlined in *Every Child Matters* (2003) and ‘The Children’s Plan’ (2007) as compounding this concern.

In terms of processes, there was conflict between statutory and voluntary agencies' policies and procedures. For example, different sets of record keeping, computer systems and health visitors being unable to email outside the NHS were delaying information sharing; there was no-one in charge to ensure that the integration was working. Practitioners stated that they were not clear where the managers of the children centres sit in the hierarchy of children's services; some managers stated that they were not clear about their level of influence on this hierarchy; there were unnecessary barriers in policy and procedure which were hindering service provision, for example no-one to handle money in the sale of affordable vitamins drops to children; and there was a lack of acknowledgment and respect for other professionals, 'I always have to prove that I am qualified to do this job, I always have to fight for respect' (Family support worker), and a lack of training to enable staff to develop, manage and work with different staffing personalities were further issues of concern to EYCC staff.

On funding, a lack of adequate funding and of insight had effect on reduction of services. For example, the counselling services were reported to have been cut without acknowledging the impact it would have on service users who saw its provision at the EYCC as informal and non-stigmatizing. Health visitors and family support workers reported being unable to offer preventative rather than reactive services due to excessive workload. This was seen as defeating the aims of the EYCC services. EYCCs reported having to deal with unmanaged complex social care cases due to overlap and shrinking of services, for example the lead professional being involved in Common Assessment Framework referrals from the EYCC. Also, lack of flexibility and staffing which limited opening hours, language barriers due to no interpreter facilities being readily available, and a lack of awareness of what other services are available to families. Barriers in benefits and recourse to public funds for some of the most disadvantaged families were hindering the work of the EYCC with this service user group.

'There appears to be lack of commitment to full integration, it has been left for practitioners to develop.' (Health visitor)

'Commitment to allow professionals to work, time limited money makes it difficult for recruitment and projects, it is a plague wanting to prove things all the time, judgement of services should be better thought out.' (Manager)

## **Factors associated with positive outcomes to inter-professional working and service delivery at EYCCs**

There was a wide range of factors that service providers stated would improve inter-professional working and service delivery at EYCCs. These covered: listen to what parents want; integrated services should be developed which relate to the needs of the local community, for example centres closing at 3 o'clock in the afternoon does not meet the needs of the wider community.

There needs to be more incentives for disadvantaged families to eat healthily – people are dissuaded by the cost of healthy food. Money to be targeted at services that are needed; there needs to be a clear vision of what is expected of each and every professional involved and how they fit in with EYCC services. A clearer and common communication structure is required, with a lead person to ensure that the integration is working. Also, it would be helpful were there guidelines and comprehensive induction into the aims and vision of integrated services for incoming staff. Mention was made of giving parents more money, along with developing parenting skills, so that they had greater opportunity to be parents: wrap-around care will rob future generations of parenting skills as their parents are spending more time at work other than with them' (EYCC Co-ordinator). Also important was awareness of what other stakeholders were providing both to staff and to users. There should be respect for EYCC staff and for their role, as they are the only professionals who see children every day; this needs to be backed by appropriate levels of pay and professional conduct.

## **Gaps in service provision**

Consideration was given to gaps in the provision of services, this being done by also speaking with potential service users. Also, consideration was given to what measures might be taken to improve outcomes for young children and their families.

High quality, accessible, affordable and flexible child care for all those in work was a recurring concern for most parents. Continuity of services for the over fives, and, in particular, more services for teenagers were other points that were mentioned, For example tying in leisure facilities such as swimming.

‘Child care should be free for all those in work.’ (Potential service user)

‘There should be child care provision for emergency situations – young children taken by social services for lack of emergency child care provision.’ (Potential service user)

## 6. Implications of the project findings for the future

The following section sets out in tabulated form a summary of the findings of the research and implications for future practice.

<b>Summary of findings</b>	<b>Implication for future practice</b>
<p><b>Access to services</b></p> <p>Channels used have increased access to and engagement in services.</p>	<ul style="list-style-type: none"> <li>• Funding for further outreach work to target hard to engage sections of the local community, for example army barracks and white working class families.</li> <li>• More money to be put back in benefits to allow parents opportunity to parent their children.</li> <li>• Flexible, affordable and high quality child care to be available freely to those in work.</li> </ul>
<p><b>Provision of services</b></p> <p>This research found that EYCC services provided universal, rich and diverse experiences for young children and their families, including those in local authority care. However, essential and targeted services were either facing cuts or were overstretched and unable to offer preventative services consistent with the aims of the EYCC services.</p>	<ul style="list-style-type: none"> <li>• More funding for essential services so they can offer preventative rather than reactive services.</li> <li>• Core services to be adapted to meet local cultural needs.</li> <li>• Consistency and continuity of services.</li> <li>• Follow on services to over fives, and in particular to teenagers.</li> <li>• Wrap-around child care has a drawback in that future generations will lack parenting skills which are only gained by spending time with parents and observing positive parenting.</li> </ul>

<p><b>Integrated services</b></p> <p>The findings and views of both parents and service providers justify the integral part EYCC services play in improving outcomes for children. Concerns were raised over the shrinking and overlap of services due to integration. For example, no funding to EYCC to fully support the Common Assessment Framework.</p>	<ul style="list-style-type: none"> <li>• Further practitioner-led research that investigates the process by which successful integrated working takes place to be underpinned by theory both at practice and at the personal level. For example, examine ways in which workforce is able to effectively collaborate.</li> <li>• Lead person with overall responsibility locally to offer clarity on the government's vision, implement models and processes, evaluate guidelines and ensure that integration is working and there is follow-up of issues raised.</li> <li>• On reflection there is acknowledgement that although there are guidelines and procedures when matters relate to child protection and Child in Need plans, there is concern that unless EYCC staff work together in practice EYCC services are unlikely to deliver the preventative aim but continue to provide reactive services.</li> </ul>
<p><b>Government policy</b></p> <p>This research established that practitioners feel that the government vision is not clear in practice. This is due to lack of clarity on why the <i>Every Child Matters</i> outcomes were not used and discussions do not take place with EYCC staff on how the Children's Plan affects service provision before and after its strategies are released. For example, the new health strategy announced on in February 2009.</p>	<ul style="list-style-type: none"> <li>• Direct consultation and discussion jointly with all EYCC staff before and after policies and strategies are released.</li> <li>• Lead person with responsibility to do this.</li> </ul>

<p><b>Parents' views</b></p> <p>Parents spoke of the informal atmosphere at the EYCC being a positive factor; the importance of all the services being under one roof; not having to wait for services, describing these aspects as being improvement to the services to young children and their families. However, some had experienced a cut in services such as in counselling, limited crèche facilities and the high cost in child care due to financial thresholds dissuading them from accessing EYCC services.</p>	<ul style="list-style-type: none"> <li>• There is a positive shift in parents' views on EYCC services.</li> <li>• EYCC services to continue with the informal atmosphere. This may allow further engagement in services, building up and extending parents' confidence and complementing their parenting role.</li> </ul>
<p><b>Children's views</b></p> <p>All children interviewed spoke of the specific activities and things they enjoyed at the EYCC. Those who were not able to verbalize their experiences expressed their wishes by colouring in their favourite toys and activities, or as observed by the researcher, physically joining in the activities. This research acknowledged the complexity inherent in conducting research with young children; however, the informal setting and child-parent centred focus of EYCCs provides opportunity and encourages parents to consent to their children's participation.</p>	<ul style="list-style-type: none"> <li>• EYCC services which are child-parent centred may offer opportunities for further research with children in this area.</li> </ul>

## **7. Reflections and conclusion**

On reflection, this study has offered me a very rich, diverse experience and an understanding of EYCC services. On a personal level as a mother accessing EYCC services, I found the link the EYCC services had with health made a greater impact on both my daughter and myself. For example, the continuity and consistency of staff that facilitated the mother and baby group, the weigh in clinics and the stay and play programmes at the EYCC were invaluable. My daughter was able to recognize the Community Nursery Nurse who was the link between the EYCC and health.

On a professional level I now have comprehensive knowledge of EYCC services and how my role as a child care professional links into these services. For example, all children, including looked after children, parents and foster carers, are able to and should be encouraged to engage and benefit from these services.

Also as a practitioner, conducting this research has extended my listening and report writing skills. I have also been able to reflect on and develop my knowledge, insight and understanding of the vital role played by integrated services and the aspects of inter-professional practices that are associated with positive and negative outcomes in delivering services to young children.

In conclusion, and consistent with C4EO (2009), the question of the publicity of EYCC services needs to be a matter for serious attention and further practitioner-led research is needed that investigates the processes by which successful integrated working takes place, underpinned by translating theory to practice, so as to provide a beacon for present and future EYCCs.

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