

The impact of integrated services on children and their families in Sure Start children's centres

This small scale report evaluates the impact of integrated services on children, parents and families in 20 children's centres visited between June and December 2008. Inspectors talked to managers, service providers and parents and observed centre activities first hand.

The effective integration of services is having a positive impact in terms of support for children and parents in over half of the centres visited. Three centres were judged as making an outstanding difference. Challenges remain with onward links with primary schools, in reaching the most vulnerable families and in developing data on outcomes for parents and children. The least effective partnership working seen was between the children's centres and Jobcentre Plus.

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Executive summary

The integration of services in the children's centres visited, as judged by its impact on children and their families, was positive. What was judged as good in previous Ofsted reports on children's centres^{1, 2} was also generally observed in the current sample of 20 centres. In addition, evidence of better examples of integrated provision was also seen. Three of the 20 centres were judged as outstanding in their integration of services to support children and their families. The number of centres is still expanding rapidly. The newer centres visited have made a good start to multi-agency working, often in communities that have little experience of services collaborating across professional boundaries. The enthusiasm for integrated working among professionals in the children's centres working in education and care, health and social care is unabated within the centres visited.

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. However, only about half of the primary schools contacted during the survey were linking effectively with children's centres and only one was tracking the long-term impact of its work on children and parents. Children with learning difficulties and disabilities and those with developmental delay gained much from the close working of professionals from each service. Children from vulnerable families also gained significantly from their parents' contact with children's centres. The centres were becoming more effective in reaching out to potentially vulnerable families, although half of the centres reported high levels of social problems that they believe will require more investment and new strategies to effect change.

Parents from all social backgrounds were positive about the integrated services provided within their communities. They particularly appreciated being able to access a range of professional support and guidance under one roof. They reported clear gains in their parenting skills and enjoyment of their children. The successful integration of services has made life-changing differences to some parents and their children. These successes were noted in previous surveys and nearly all centres in this small scale survey can provide up-to-date case studies of similar impact. Parents from minority ethnic groups generally made good use of the services provided by the centres surveyed. However, six centres serving communities of mainly disadvantaged White British background were finding it difficult to secure the trust of these communities.

¹ *Extended services in schools and children's centres* (HMI 2609), Ofsted, 2006; [http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Education/Extended-services/Extended-services-in-schools-and-children-s-centres/\(language\)/eng-GB](http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Education/Extended-services/Extended-services-in-schools-and-children-s-centres/(language)/eng-GB).

² *How well are they doing? The impact of children's centres and extended schools* (HMI 070021), Ofsted, 2008.

The range and quality of integrated services was good or outstanding in 12 of the centres visited. The variety in the organisation of integrated services within children's centres was very wide. The centres were faithful to the defined 'core offer',³ but the origins, whether in education and care, health or social care, often had a direct influence on each centre's current strengths. In addition, the provision was influenced by the strategic direction of the local authorities as they developed their oversight role. Each of the major services collaborated in all but one centre, but only in the three outstanding centres did all three services work very effectively together. Speech and language therapists in particular worked effectively between health and education and care. Almost without exception, centre managers drew attention to the unsatisfactory nature of the links with Jobcentre Plus. Three centres have developed alternative strategies for providing families with guidance about benefits and, more recently, debt management and in helping them to prepare for and find work, but this element of the core offer remains the weakest.

The leadership and management of integrated services were good or outstanding in 15 of the centres visited. The higher proportion of effective practice within leadership and management compared to other aspects of integration was explained by the newer centres' good capacity for further improvement. The head of centre played a crucial leadership role, facilitating collaboration and setting the ethos of the centre. All the outstanding centres had outstanding leadership with empowered staff. All the heads of centre were aware of the newly introduced Sure Start self-evaluation form and all but two were using it. The evaluation of impact through seeking the views of service users in the self-evaluation form was good. However, centre leaders and local authority managers for the centres visited do not yet have hard data on outcomes and were unable to evaluate the impact of their work rigorously at the appropriate levels: nationally, or at local authority and at the level of the locality served by the centre. Without better links with schools, the centres surveyed were unable to assess the difference they have made for children by the end of the Early Years Foundation Stage. There remain problems in collecting and sharing reliable data; for example, about the numbers and whereabouts of vulnerable families, and even, in two of the centres, about the details of births in the area.

The six local authorities visited were developing strategies to deal effectively with the complexities inherent in multi-agency working, including developing partnerships with the voluntary sector, and with the demands attributable to the rapid expansion in the number of children's centres. Engagement with the most vulnerable children and families continues to be a challenge. Half of the centres visited were finding it problematic to reach out to the most potentially vulnerable families that may not ask for support, but where need is greatest. Local authorities serving the rural

³ The core offer for children's centres is to be found in the *Sure Start children's centres planning and performance management guidance* issued by the Department for Children, Schools and Families in November 2006 (Annex – page 24). See also *Sure Start children's centres: Phase 3 planning and delivery*, DCSF, 2007.

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.

Key findings

- In 11 of the 20 centres visited, the impact of the integration of services on improving outcomes for children, parents and families was good or outstanding. In only one centre was the impact inadequate. Nearly all of the centres had established an effective balance between providing integrated services that are open to everyone and those that are targeted towards potentially vulnerable families.
- 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 the centres visited, children with early learning difficulties/and or disabilities were well provided for, with good early interventions and prompt referrals.
- The centres were successful in involving many aspiring and motivated parents from minority ethnic groups, including Eastern European families. They were sometimes less successful in gaining the confidence of White British families in disadvantaged communities.
- The key work of the centres in reaching the most potentially vulnerable children and families was developing well. However, early successes in integrated working with the most vulnerable families were revealing the scale of some of the problems, particularly of domestic violence.
- Children's centre teachers, speech and language therapists and day-care staff were successfully improving the quality of day-care provision in the centres visited. However, onward links with too many primary schools remained weak. With notable exceptions, the survey found that primary schools did not yet engage fully with children's centres.
- A weaker feature of all centres visited was their link with Jobcentre Plus.
- Despite the growing use of the Sure Start self-evaluation form, centres often lacked the data about outcomes to evaluate rigorously their present and longer term impact on children and families. Data at national, local authority, locality and school levels were inadequate to support the centres in effective self-evaluation.

Recommendations

The Department for Children, Schools and Families (DCSF) should:

- encourage schools to work more closely with children's centres, to include tracking children's progress from centre through to school

- working with the Department for Work and Pensions, improve joint working between Jobcentre Plus and children's centres
- support local authorities in developing accurate datasets at national level for children's centres to use in their self-evaluation.

Local authorities should:

- encourage schools to work more closely with children's centres
- develop accurate datasets at regional and locality level to support children's centres' evaluation of outcomes for children and parents.

Children's centres should:

- improve the use of self-evaluation through the quantitative analysis of the outcomes for children and their families
- improve engagement with and outcomes for disadvantaged White British communities.

Part A: The impact of integrated services on children, parents and families

1. The impact of integrated services on children and families was judged outstanding in three of the 20 children's centres, good in eight, satisfactory in eight and inadequate in one. The sample included six centres that were more recently opened. They were more likely to be judged as having a lesser impact than the better established centres.

The impact on children

2. In all but one of the children's centres visited in this small scale survey, the integration of services was having a positive impact on children's enjoyment and achievement. Headteachers of primary schools interviewed during the survey reported that the children from the centres were being better prepared to begin school. They were more confident, with better social, language and communication skills.
3. Children with special educational needs gained from the services provided by children's centres. They benefited from the close working of health visitors, midwives, family support workers, speech and language therapists, children's centre teachers, day-care staff and others.
4. Three children's centres provided a base for specialist services catering for younger children with highly specialised needs, such as hearing impairment or severe and profound learning difficulties. Clinicians said the children and their parents were more at ease because of the positive ethos of children's centres and their lack of association with being ill. The following example illustrates the positive difference one centre made for one such child and her parent:

A parent arrived at one centre distressed because her child had been diagnosed as deaf. She felt isolated, knew nothing about deafness and did not know what to do. The centre helped her to study various websites and find out much relevant information. In due course she went on to find out about the latest technology and hearing aids. She was supported and encouraged to start a group for deaf children at the centre. She now helps other parents who are equally frightened and upset when they discover that their child has a disability. She has learned sign language at an advanced level and says 'how tranquil and beautiful it can be to communicate in this manner'. Her child is making excellent progress.

5. The quality of provision in the crèches benefited from the positive influence of the children's centre teachers. This was especially marked when the crèches were staffed consistently by the same practitioners, enabling closer relationships between staff and children to be developed and activities planned that matched children's specific developmental needs.

6. Sessions with parents and their babies to promote good child-rearing practices, to develop secure and loving relationships between parents and their children, to stimulate babies' interest in the world around them, and to promote healthy lifestyles were very effective. The sessions were all highly rated by parents, including fathers, and their children were content and happy within the sessions. Mothers and fathers were keen to emphasise the cycle of positive reinforcement – as their confidence and competence as parents grew, their children were happier and more settled, which in turn helped them enjoy parenthood more and made them more confident about playing with their children and stimulating new learning. The case study below was typical of several such observations:

Inspectors observed a Peer Early Education Partnership session for babies in one of the centres, led by a family support worker. The parents were picking up lots of simple, inexpensive ideas about how to stimulate and interest their young children. They felt they were calmer with their children as a result of the sessions. They reported that they could see how well the babies were learning and how much more occupied and happier they were as a consequence.

7. Two of the centres visited during the survey were encouraging the use of their resources for youth within the community. These centres were very community focused. They were keen to support young people in the community who had few facilities near to their homes.

The impact on parents and families

8. With just two exceptions, the children's centres visited during the survey balanced well their duty to provide a service for all the families within their communities and to have special regard for families who are socially and economically disadvantaged.
9. Families of minority ethnic backgrounds made good use of the children's centres surveyed and were well represented in the centres within cities. Centres visited in shire counties and rural communities served largely White British communities. Here, there were few families of minority ethnic heritage, except for families of Eastern European backgrounds.
10. Many working parents seek childcare and no more. All but one of the centres visited met these parents' basic requirements successfully.
11. Antenatal clinics provided in the centres were often the first contact most parents-to-be had made with a children's centre. Parents attending the classes stressed the advantages of local services and the welcoming surroundings compared to the more clinical surroundings of general practice surgeries, which were often situated at a distance from where they lived.

12. Parents, including a minority who were fathers, reported considerable gains from the post-natal classes and activities, particularly those intended to encourage parental bonding with babies and to help parents learn more about child development. All parents were welcomed to these sessions. Mothers from both affluent and disadvantaged backgrounds in one centre spoke of the value they gained from attending the centre. Several talked of the relief from isolation being as significant as their developing skills and knowledge. Several mothers and heads of centre pointed out that post-natal depression is not limited by social class. Several parents established long-lasting friendships through meeting at a centre. Also, encouraged by health visitors and nurses, several took on roles as mentors to other mothers: for example, to encourage breastfeeding, and within 'baby massage' classes:

Three parents in one centre attended a breastfeeding group, 'The Baby Café', run by a health visitor. Two of the mothers came from well outside the estate where the centre was situated. They travelled so far because they really appreciated the course and the welcome provided by the centre. One mother had had a particularly difficult time with her child in his first months. She said she would not have continued breastfeeding if it were not for the support of the health visitor and the encouragement of other mothers on the course.

13. Parents from disadvantaged social and economic backgrounds gained much from children's centres where they made full use of the range of services on offer. For example, they used the crèche and playgroup facilities for their children while they extended their basic skills and educational horizons. Through strong links many of the centres had with local further education colleges, parents entered training and prepared for employment. When they were undertaking training they made good use of short-term and longer-term places available in the day-care nurseries for their children.
14. Parents with children with developmental delay, with learning difficulties and with more severe disabilities also gained much from effective integration of services. All centres had access to a wide range of health professionals, who frequently operated drop-in surgeries at the centres. Such parents were full of praise for centre staff and providers who obtained specialist support for their children and who organised respite for them. The following case study provides an illustrative example:

One of the outstanding centres provided a nursery class for disabled children, working in close association with a nearby primary special school and assessment centre. Parents of children with disabilities were very positive about the progress their children made: some of the children had made so much progress they were scheduled to begin at a mainstream primary school. Parents caring for children with severe disabilities 24

hours a day found the respite of two and a half hours per session of incalculable importance to their own lives.

15. Fathers and teenage parents were proving particularly difficult to engage with and only three centres had effective strategies for sustained involvement. Two centres had notable success with fathers.
16. In the centres visited, families from minority ethnic groups gained from their involvement with children's centres. Inspectors spoke to several mothers from minority ethnic backgrounds with high aspirations for self-improvement. They made good use of English language classes provided or signposted by the centres and saw improving their English as an important step to finding employment and improving their family circumstances.
17. By contrast, in relation to their numbers, parents of White British backgrounds made less use of the services and courses available to them. Fourteen of the centres had originated as Sure Start Local Programmes. Generally they enjoyed full community support. Where Sure Start had no previous presence within a community, centre leaders were finding it necessary to work hard to build up trust within the community.
18. The 2008 Ofsted report on children's centres evaluated the impact of the work of the centres against the five Every Child Matters outcomes in detail.⁴ The positive aspects reported previously were also evident in the centres visited as part of this survey.
19. A particular feature of the visits made for this survey, in relation to the promotion of the Every Child Matters outcomes, was the prevalence of activities to promote healthy eating. New initiatives to grow and market organic fruit and vegetables and to prepare nutritious meals were seen frequently in the centres, as in the case study provided below. Cooking and tasting food from the many different cultural backgrounds was a favoured method of encouraging people from different cultural backgrounds to talk to each other.

In one centre parents worked with the director of a food cooperative. The intention was to provide the community with high-quality organic fruit and vegetables sourced locally and at prices lower than in the supermarkets. Parents were very enthusiastic about this initiative and intended to take it forward in the community café that was under construction.

⁴ *How well are they doing? The impact of children's centres and extended schools* (HMI 070021), Ofsted, 2008.

Part B: The range and quality of provision of integrated services

20. The range and quality of integrated services was judged outstanding in four of the children's centres visited, good in eight, satisfactory in seven and inadequate in one.
21. All the centres visited are situated in the 30% most disadvantaged areas of the country, as defined by Super Output Area.⁵ The centres serving urban, city communities were fully within the most disadvantaged areas. Those serving more rural areas, although situated within disadvantaged areas, also served communities outside them.
22. The centres surveyed provide the full core offer, except where they were newly designated and therefore still developing their provision. Good quality in one aspect of provision was often associated with the centre's original foundation: for example, a centre that had its origins as a voluntary sector provider of community services provided a particularly effective outreach service. A local Sure Start programme based originally around a health centre retained a high-quality health contribution as a children's centre. Only the three most effective centres had strong provision across all aspects of the core offer.
23. The idea of a children's centre as a one stop shop is still a very important factor for parents, who value the face-to-face contact with a range of professionals and who prefer to access services under one roof. The phrase 'one stop shop' that appears often in literature about children's centres was not used often by centre staff or by local authority representatives. The location of providers under one roof was generally considered desirable by most professionals and heads of centre, but not essential. In two instances, the location of a key service away from the centre was indicative of ineffective relationships between major partners, such as between local authority children's services and health authorities. Generally, health professionals in these circumstances did not see the need for parents to access their services in a children's centre as particularly important, especially if the centre's other activities were 'signposted' well in the clinics. Users of the centres, particularly mothers with babies and young children, generally disagreed. They much preferred to see providers under the same roof, as in the following case study:

In one urban centre, health services are based at a clinic distant from the centre. During a discussion with inspectors, health visitors, local authority representatives and parents, the health visitors explained how there was effective signposting between clinic and centre. The local authority

⁵ Super Output Area: A unit of area, smaller than an electoral ward, defined by the Office of National Statistics for use in small area statistical comparisons since 2004.

representatives stressed that services need not be on the same site. However, parents said it was too far to travel to the clinic and that they did not go there. In the same centre, speech and language therapists were based at the centre, working closely with the teacher responsible for children with learning difficulties. The speech and language input appeared to be the most successful of the health service inputs.

24. There were convincing reasons why some children's centres do not provide a one stop shop. As acknowledged within the guidance for setting up children's centres, 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.⁶ Even within a city, one centre found it could not serve all the separate pockets of disadvantaged communities on one site. It is establishing other venues, often in primary schools but occasionally in other locations, that are more convenient for particular groups to reach. A multi-site solution proves more successful in these situations. The fundamental principle remains unchanged: that of moving services closer, physically, to improve access and increase take-up. It seems that in rural areas, but also, occasionally, in city areas, this principle is best served by siting activities close to the communities they are targeted at, even when this means placing them away from the main centre. The following case study describes one of the most successful approaches:

One rural 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.

25. Amongst the service providers visited, the greatest variation in the range of provision was within the health element of the offer. In seven centres, health visitors, midwives, speech and language therapists and other health professionals had a permanent base, and consultants held regular clinics. In two centres, no health professionals had a permanent presence and provision was through infrequent drop-in sessions and the signposting of services. Generally, centres' effectiveness was considerably compromised if health professionals were not present. Health professionals were generally staunch supporters of integrated working within communities. In their key roles in relation to families, they were crucial in promoting the children's centres to parents and in referring families, particularly vulnerable families, to the range of other providers.

⁶ *Sure Start children's centres planning and performance management guidance*, DFES, 2006, p14.

26. A weaker element of provision was found to be the link to Jobcentre Plus. No heads of centre were fully satisfied with the quality of the link. Three centres provide on-site sessions with job centre advisers. In two children's centres, job centres were said to provide no more than a list of the top 10 vacancies. Centre staff arranged appointments for parents seeking advice at job centres but not all parents were able to make transport arrangements, especially where they had young children to consider. Where on-site interviews and sessions took place, centre staff helped with crèche facilities to look after children and this made the experience more relaxed and helpful for parents and children.

Jobcentre Plus appointments in one centre were initially provided on site. The service was not used, even though childcare was offered. The family support worker reassessed the model and negotiated to increase accessibility to Jobcentre Plus by providing a drop-in service at playgroup venues across the area.

27. Successful alternative sources of advice on benefits, for seeking jobs and for debt counselling were provided by the voluntary sector, and the Citizens Advice Bureau in particular. The route to employment was also enhanced by the work of adult education colleges, which often worked closely with children's centres to provide a range of courses to prepare parents for entry into or return to employment.
28. All centres point to the importance and success of family support workers. The following example was one of the most telling case studies provided:

Impact on most vulnerable

One mother talked of how she believed the centre's family support workers had enabled her family to stay together: in her words, to 'save my family'. The mother and her three children, aged six, four and two years, were placed in a women's refuge after suffering domestic abuse. On referral to the centre, family support workers arranged for the oldest child to receive counselling. Initially, as the mother struggled to cope, the centre supported the mother's self-referral to place her children in care. Later, as she became stronger, the centre's family support team helped her bring the family back together. They are now re-housed and the mother is attending many of the activities provided by the centre. Supported by family support staff, she is preparing to return to work. The mother added how much she had appreciated the centre's gesture on the family's first Christmas together when staff had provided Christmas presents for the children.

29. The support workers in the children's centres visited tackled a wide range of cases, from relatively straightforward problems to more severe cases that are normally the preserve of local authority social workers undertaking their statutory roles. In the children's centres visited, very often family support

workers were at full stretch, with full caseloads. Three centres reported being under-strength in numbers of family support workers.

30. Some effective ways of approaching family support work were observed. One was to split family support services into two: a first stage service that is intended to support most families in need, and a second tier of support that works with the most vulnerable families. The second tier is especially important for those who need home support before they acquire the confidence to attend the centre and gain access to the full range of support.
31. Joint visits were also being developed in three of the centres visited, where family support workers were accompanied by other professionals when visiting a family. Inspectors heard of effective collaboration between health visitors, children's centre teachers and workers from the voluntary sector, such as Citizens Advice Bureau workers, partnering family support workers on their visits. In one centre the health visitor said she valued the presence of a professional trained in social work during her statutory visits to check on children's health. Although intensive on staffing, professionals were highly positive about such joint visits, believing they were more effective together than when operating separately. The following case study provides such an example:

In one newly opened centre, inspectors asked about outreach and its effectiveness. Providers and centre staff felt they were doing no more than 'chipping away' at the problems in the community. The more they chipped, the more they revealed. A recent increase in the number of family support workers was regarded as very positive. The health visitor and the speech and language therapist based at the centre said they needed family support workers with them when they visited the most disadvantaged homes in certain streets. There were concerns about domestic violence, child protection issues, lack of knowledge about child-rearing skills and many young teenage mothers in inappropriate relationships. The health professionals believed they were much more effective when working with colleagues with training in social care.

32. While all centres could identify cases where families have been supported to achieve a better life, the scale of the problems they sometimes encountered was daunting. Despite a clear commitment to reach out to the most disadvantaged and vulnerable parents, no centres felt they were fully successful in doing so. They reported that families involved in, for example, drug misuse, domestic violence, or who operate at the fringes of the law, do not necessarily want to be reached. Such families often move frequently and are difficult to track. Dealing with domestic violence was an issue for several of the centres visited, in getting families to face problems and in supporting the children who witness it.

33. The survey did not set out to examine in detail the quality of day care and early education except in its relation to integrated services. Nevertheless, in preparing for visits, Ofsted reports of day care and nursery education were scrutinised. In nearly all the centres visited, children's centre teachers and nursery managers could point to clear improvement in the quality of what they have provided since their last Ofsted inspection. Most practitioners were up to date with the changes following the introduction of the Early Years Foundation Stage. Many practitioners had recently acquired better qualifications. The quality of outdoor provision was improving in the centres visited. Day-care staff were increasingly professional in their monitoring of children's stages of development, and in the preparation of children for transfer to primary school. In part this was due to the positive influence of the children's centre teachers, but also to the good attitude of the day-care staff and their appetite for improvement. The example below illustrates the improvement in outdoor provision in one centre:

In one outstanding children's centre in a city, an outdoor play area of exceptional quality had been created where children coming from homes with no gardens had great fun and thoroughly enjoyed the outdoors. In particular, the sand area and the swing in the trees promoted the children's social and physical development very well.

34. About half of the 20 day-care providers surveyed worked well with other providers in the centre. Two day-care providers did not engage with the other services well enough, providing only for the universal element of the centre's work and providing little support to the more vulnerable families and children. In one less well-established centre, the tendering process had not sufficiently identified support for vulnerable families as a key factor and the day-care provider chosen proved too distant to support such families effectively.⁷
35. There have been improvements to the recording of children's progress within day care. It was commonplace to see detailed records of children's experiences and of their individual development across the areas of learning. In nearly all the centres visited, children's centres provided good-quality transfer records for primary schools as part of the children's induction arrangements. However, in two centres, centre staff provided anecdotal evidence that children's developmental records from day care were not being used by reception class teachers to take account of what had already been achieved.
36. Early interventions aimed at helping new parents develop loving and caring relationships with their children were highly successful in the centres visited. Inspectors found that a whole range of trained professionals might be involved in running these courses, most often family support workers and speech and

⁷ See also paragraph 24 on the 'one stop shop'.

language therapists. The most common programme observed was the Peer Early Education Programme. The keynote of these sessions was parents enjoying being with their babies, but parents reported gains in their own confidence and better parenting skills. Courses were often oversubscribed due to their popularity.

37. Links with primary schools were generally not as strong as they need to be. Links with maintained nurseries were the strongest and the nursery schools were more likely to host the children's centre. The 18 headteachers and Early Years Foundation Stage coordinators interviewed were positive about the impact of the centres, but only a small minority could quantify the benefits of the parents' and children's involvement with the centres. Only two tracked the children's subsequent progress and provided feedback on what they achieved.
38. Childminders were generally well represented in the centres. Where they were not, centre leaders said this was because there were few in the area, either because there was little need or because recruitment was difficult. The children's centre teachers had an input into the training of childminders, and childminders had coordinators who organised training and opportunities to share good practice within the centres. A small number of childminders were reported to have extra qualifications to qualify them to take on vulnerable children at short notice. This was considered an important resource by children's centres in meeting the emergency needs of vulnerable families. It was most beneficial when complemented by flexibility in the centre's day-care settings. The following case studies illustrate ineffective and effective cooperation with childminders:

In one centre a child attending the day-care nursery has speech and language needs. The speech and language therapist works successfully with the parent and the key worker in the nursery. However, the child is also cared for by a childminder for two days each week and there is no interaction between the childminder, the speech and language therapist or the key worker.

In another children's centre, local childminders meet on the centre site. Centre staff are on hand to model new activities and support childminders to write up the observations and assessments of what their children can do. The childminders' confidence in assessment and its use is growing. They appreciate the opportunity to meet and learn together and avoid the possible isolation of their job.

39. The voluntary sector played a role within the centres visited. In one of the local authorities visited, the national and regional voluntary organisations and social enterprise companies had maintained a presence within the disadvantaged communities they serve for many years. They were trusted by their communities and became natural leaders and partners when Sure Start Local Programmes were set up. They were generally adapting well to their new role

under the oversight of local authorities. They were especially strong in the family support role.

40. Two of the centres visited during the survey were broadening their scope to include a wider definition of community, extended beyond parents and children to include the youth in the area. They opened up their grounds for recreation and sport and at least one centre welcomed youths onto their skills training courses. These positive developments were at early stages of development in even the most effective children's centres.
41. Two of the centres were investing considerable resources in creating allotments and gardens. These projects were supporting the centres' integration into their local communities, involving children, fathers and grandparents and providing a focus for the increasing consumer interest in locally produced food and healthy lifestyles. For example:

One centre has set up an allotment in its grounds, extending to about half an acre. A professional gardener is on hand to provide advice. The allotment has involved fathers with the centre and, more lately, male students from the local high school. The allotment produces a wide range of vegetables and fruit of a good quality. These are used in the centre to support courses on healthy eating. The running of the allotment and the promotion of home-grown food is in the hands of the users of the allotment. The management committee is successful in raising funds to sustain the project. Everyone connected with the project feels huge pride for what has been achieved. The day nursery has begun its own small allotment, mirroring the adult version over the other side of the fence.

42. Provision for children with learning difficulties and disabilities was at least satisfactory and often good. Nursery managers and children's centre teachers were engaged in supporting staff to be special needs coordinators. Speech and language therapists and health visitors made important contributions to helping children with developmental delay make accelerated progress, and in identifying children with genuine learning difficulties. Although not in full operation in many of the centres visited, all the centres had plans for implementing the Common Assessment Framework.⁸ Centre staff were taking the role of lead professionals and are ideally placed to do so because of their positive relationships with parents and their links with the main service providers.
43. Two children's centres were chosen as a location for specialist services in preference to their previous locations, in hospitals. Specialist health services for

⁸ The Common Assessment Framework is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It depends on effective integrated working across children's services.

children with hearing impairment set up regional clinics in the centres because of their ethos and the absence of the feel of a hospital.

Part C: The leadership and management of integrated services

44. The leadership and management of integrated services were judged outstanding in four children's centres, good in eleven, satisfactory in four and inadequate in one. Overall, leadership and management tended to be judged more effective than the outcomes for children and parents, reflecting the positive capacity for further improvement in outcomes in the newly opened centres.
45. The survey was carried out at a time of rapid expansion in the number of children's centres. The target number of 2,500 centres by March 2008 was exceeded and at least 3,500 are due to be in operation by 2010. Starting-up problems were reported by local authority officers, such as in getting buildings ready on time and, occasionally, in appointing staff with the right experience and qualifications. In one centre, delays were caused when a suitable day-care provider could not be found.
46. The work of the head of centre was crucial to the overall effectiveness of service integration. Three centres were visited where there was, or had recently been, no current or permanent head of centre. Professionals acting in their absence felt at best that they were 'holding the fort'. In all three cases the progress of the centre was impaired and none of these centres was judged better than satisfactory in the impact of integrated services. The ethos of the centre was essentially that created by the head of centre. All the centres visited were welcoming and positive. The more effective heads of centres ensured reception services created a very warm welcome and had well-trained and helpful personnel staffing reception. The most effective heads of centres were particularly good at promoting teamwork and empowering staff. They generated high levels of confidence among providers in their ability to solve problems through collaborative working and to secure improved outcomes for parents and children.
47. Inspectors found that the heads of centres came from a wide variety of relevant professional backgrounds: education, health and social work within the maintained and voluntary sectors. They recognised the need for further training to develop the particular skills of managing a range of professions. Many experienced heads of centres already had the National Professional Qualification for Integrated Centre Leadership, which is the national qualification for children's centres run by the National College. Many newer heads of centres were studying for the qualification.

48. Outside areas that had a Sure Start Local Programme, heads of centres setting up new children's centres reported that marketing is one of their main priorities and they were energetically promoting the centres locally to raise awareness of what they offered. They reported that many families within their communities were unaware of the purpose of children's centres and what they offer. Health professionals were 'signposting' services effectively, but sections of communities, particularly traditional White British communities in disadvantaged areas, were slow to accept that the centres were there to provide a service for them. Some parents interviewed believed that many people in their communities thought the centres only served the most needy families and they felt involvement may lead to stigmatisation. Where centre leaders were aware of these views, they saw the issue as one of building trust. Generally, the communities they served have been disadvantaged for many years, over generations. Community workers in one centre reported that many initiatives had been tried but few had succeeded and this made such communities suspicious of new initiatives, even when aimed at helping them.
49. Relationships with primary schools were improving in the children's centres visited for the survey. However, centre leaders interviewed acknowledged that there was much to achieve before children and parents could routinely look forward to a seamless transition between the day care in a centre and the nursery or reception class in the primary school. About a quarter of the headteachers interviewed were enthusiasts of the integration of services and they already play a role in the broader management of children's centres. However, heads of centres and local authority representatives confided that a small proportion of primary schools show relatively little interest in the information they provide for them. Only about half the children's centres in the survey had established effective working relationships with their local primary schools. The following case study illustrates the scale of the challenge facing one children's centre:
- One children's centre in a city was associated with nine local primary schools. Centre staff said schools rarely sent staff to joint meetings. The day-care settings provided good information to the schools about the children's stage of development on transfer through a local authority profile and a book personal to each child, showing their learning journey during day care. No feedback was provided by any school. Indeed, the day-care manager had reason to believe that the majority of the primary schools made no use of the information she sent through.
50. A positive development in two children's centres visited was the inclusion of heads of centres on the management or steering committees of Educational Improvement Partnerships. In these area education forums, children's centres contributed the 0–5 perspective to the broad 0–19 picture of education and care, enabling a complete and coherent local picture to emerge and planning for improvement that encompasses all phases.

One very effective centre has formed strong links with local schools and their Education Improvement Partnership (EIP) and with the local college, which has an annex on the estate. The chair of the partnership, a local primary school headteacher, felt that there is no 'break' at five years for children's learning and that transfer arrangements are good. The centre manager sits on the EIP management committee.

In another centre, the day care is provided by a not-for-profit social enterprise run by the local EIP, after the local authority had difficulty in attracting a private provider of day care.

51. Only three of the centres visited were part of primary schools, although this situation is set to change as many Phase 3 centres are to be sited within primary schools. Five children's centres visited were located within the grounds of primary schools, but with quite different management arrangements. In only two schools was the headteacher the overall head of the centre. This seemed to be an exceptional arrangement; generally, local authorities appeared to favour a dedicated head of centre, line-managed by area coordinators and accountable to officers of the local authority.
52. The governance of children's centres was at an early stage of development. Professionals from the integrated services were well represented on children's centre steering and advisory committees. However, parents and the community were generally not represented in the proportions most centres believed was appropriate. One centre manager successfully encouraged parents into a full governance role through a gradual introduction via membership of advisory groups that feed information into steering committees and into area-wide forums.
53. The DCSF introduced a self-evaluation form for children's centres in 2007. All the heads of centres were aware of the form and most were using it. This is a distinctly different finding than the situation recorded in the previous Ofsted report on children's centres. However, centres were at different stages of using the form as a tool to evaluate their performance and to determine future priorities. The qualitative evaluations were generally of good quality. However, successful quantitative analysis depended on the availability of reliable data from the wide range of children's services involved, and for some analyses, data from sources outside children's services, such as housing. Data is required across a range of geographical levels: national, local authority and locality. All of the centres and local authorities recognised that the collection and collation of data, necessary to facilitate a rigorous quantitative analysis of outcomes, were in their infancy.
54. In only two of the 20 centres could managers provide firm evidence for improvement through improving scores in the children's Early Years Foundation Stage Profile results at the end of their reception year. Only one of the

children's centres looked for signs of sustained impact by tracking each individual child's progress as they grew older, as recorded below:

In one outstanding centre, the head of centre tracks children from entry to exit and now receives data for the Early Years Foundation Stage Profile for children who have moved on to primary school. This identifies that 64% of children who have left the centre attain higher than their peers. The 36% that do not achieve their school's average nevertheless tend to attain well in dispositions and attitudes and in physical development.

55. Eighteen centres visited had access to reliable data about births within their areas. Two hosted registrars of births within their buildings and used the opportunity of registration to introduce parents to the centre's activities. In two instances, centres had no reliable way of establishing the number of births in their area.
56. The six local authorities visited during the survey provide a clear overall direction for their children's centres. Their work on integration of services within children's centres was part of their wider development work in leading on Children's Trusts. Within the overall guidance from the Department and with the support of the Together for Children consortium, each authority was developing its own approach to integrating services. Each had its own structure and its relationships with major partners, such as primary care and hospital trusts and the private, voluntary and independent sector. There were occasional tensions at this level that adversely impacted on centres, most often with commissioning health services. Some of the very best performance within centres was seen when the local authority worked in harmony with the voluntary sector, complementing the quality services already provided by this sector.
57. The rapid expansion of children's centres was placing pressure on the recruitment of centre staff, particularly for the post of head of centre. Although by no means consistently, centres reported shortages in key service contributors such as health visitors, midwives and family support workers. Pressure points such as these tended to delay development plans and slow progress in achieving planned outcomes.

Notes

The survey was carried out by two of Her Majesty's Inspectors and three inspectors from Ofsted's Children's Directorate. The survey evaluated the impact of the integrated services provided by 20 Sure Start children's centres on children and parents. The visits took place between June and December 2008. Fourteen of the children's centres chosen for a visit were Phase 1 centres: those longest established,

nominally opened in the period 2004 to 2006.⁹ A smaller number of more recent Phase 2 centres, six in all, were also visited as part of the survey.

Children's centres were chosen from six local authorities. Authorities were located across the north, midlands and south regions. Three of the authorities – Manchester, Bristol and Hammersmith and Fulham – were selected because they are city authorities or a borough within inner London. All of the centres visited in these local authorities fell entirely within the 30% most deprived areas as defined by Super Output Area.¹⁰ The other centres chosen for the survey were situated in Cheshire, Lincolnshire or Devon. Each of these authorities has communities within the 30% most deprived Super Output Areas, but they are often geographically isolated and close to more affluent areas. The survey looked at how centres provide for all sections of the community within their footprint areas,¹¹ but especially at how services are mobilised to support the more potentially vulnerable children and families.

In each visit inspectors looked for evidence of the impact of the integration of services that is central to the principles underpinning Sure Start children's centres,¹² enshrined within their core offer.¹³ Evidence was sought for impact of integration on the learning and development of children and parents, in the range and quality of integrated services, and in the effectiveness with which integrated services are led and managed. Evidence was accumulated through interviews with centre staff, service providers and parents, and through direct observation of the work of the centres. In addition, interviews were held with representatives of local authorities and with the headteachers and key staff of associated primary schools.

The survey draws on the findings of previous Ofsted surveys of children's centres, particularly the latest survey, reporting in January 2008.¹⁴

The findings relate to only the 20 children's centres visited; care should be exercised in extending the findings to children's centres more generally. The survey is not

⁹ Children's centres are being introduced in three phases in two-year intervals between 2004 and 2010. Phase 2 centres were planned to open 2006–08, and Phase 3 from 2008–10. The provision of the full offer by the centre does not always exactly coincide with the phases.

¹⁰ Super Output Areas are areas defined by the Office of National Statistics, smaller than wards, of broadly constant population size, for the purposes of statistical analysis at locality level.

¹¹ The footprint of a children's centre is the geographical area it serves, determined broadly by the number of children 0–5 years within the area. It may cover several Super Output Areas. Footprints in rural areas are more loosely defined.

¹² The principles of Sure Start children's centres are described in *Department for Education and Skills: Five-year strategy for children and learners* (2004).

¹³ The most up-to-date exposition of the core offer for Sure Start children's centres can be found in *Sure Start children's centres: Phase 3 planning and delivery* (DCSF, 2007). All the centres visited as part of this survey were located in the 30% most disadvantaged communities, although the rural centres visited included parts of the 70% more advantaged areas.

¹⁴ *How well are they doing? The impact of children's centres and extended schools*, (HMI 070021), Ofsted, 2008.

statistically representative of all the children's centres now in operation throughout the country.

Further information

Publications

Extended services in schools and children's centres (HMI 2609), Ofsted, 2006.

How well are they doing? The impact of children's centres and extended schools (HMI 070021), Ofsted, 2008.

Websites

Sure Start is the Government programme to deliver the best start in life for every child. Further details can be found on their website.

<http://www.surestart.gov.uk>

Together for Children works in partnership with the DCSF to support local authorities in their delivery of Sure Start children's centres.

<http://www.childrens-centres.org>

Annex 1: The core offer for Sure Start children's centres¹⁵

In the 30% most disadvantaged areas, children's centres will offer:

- good quality Early Years Foundation Stage provision (minimum 10 hours a day, five days a week, 48 weeks a year)
- good quality input from a children's centre teacher to lead the development of learning within the centre
- child and family health services, including antenatal services
- parental outreach
- family support services
- a base for a childminder network
- support for children and parents with learning difficulties and/or disabilities
- effective links with Jobcentre Plus to support parents/carers who wish to consider training or employment.

In more advantaged areas and in rural areas local authorities have greater flexibility in providing services to meet local needs. Sure Start children's centres in these areas will offer:

- appropriate support and outreach services to parents/carers and children who have been identified as in need of them
- information and advice to parents/carers on a range of subjects, including local childcare. Looking after babies and young children, local Early Years Foundation Stage provision for three- and four-year-olds
- support to childminders
- drop-in sessions and other activities for children and parents/carers at the centre
- links to Jobcentre Plus services.

¹⁵ *Sure Start children's centres planning and performance management guidance*, November 2006. For a full description see Chapter 3, 'Sure Start children's centre models', pp 11–15.

Annex 2: Local authorities and children’s centres visited in this survey

Local authority	Children’s centre
City of Bristol	Brentry and Henbury Children’s Centre Footprints Children’s Centre
Cheshire	Blacon Children’s Centre Monks Coppenhall Children’s Centre Over Children’s Centre Stanlaw Abbey Children’s Centre
Devon	Bideford Bay Children’s Centre Flying Start Children’s Centre Teignmouth and Dawlish Children’s Centre
Hammersmith and Fulham	Cathnor Park Children’s Centre Normand Croft Children’s Centre Randolph Beresford Early Years Centre
Lincolnshire	Boston Children’s Centre Gainsborough Early Years Children’s Centre Lincoln North Sure Start Children’s Centre Wainfleet Magdalen Children’s Centre
Manchester	Benchill Children’s Centre Gorton North Sure Start Children’s Centre Higher Blackley Sure Start Children’s Centre Levenshulme Sure Start Children’s Centre