

Early Excellence Centre Pilot Programme Second Evaluation Report 2000-2001

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Centre for Research in Early Childhood
St. Thomas Centre, Birmingham

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2000-2001



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SECTION 1. EXECUTIVE SUMMARY

1.1 Background

The Early Excellence Centre (EEC) Pilot Programme was launched by the Government in August 1997. Between 1997 and 1999 twenty nine pilot EECs were designated in England, and expansion of the programme to a hundred EECs is currently underway. The EEC programme is part of the Government's broader strategy for raising standards, increasing opportunity, supporting families, reducing social exclusion, improving the health of the nation and addressing child poverty. The EECs give a practical reality to 'joined up thinking', offering one-stop-shops where families and children can have access to high quality, integrated care and education services delivered by multi-agency partners within one centre or a network of centres. They are also intended to raise the quality of local early years provision and disseminate good practice through training and exemplification of integrated practice.

A range of approaches to, and models of, integration are currently provided within the pilot EECs, which are distributed across a range of socio-economic and geographical contexts within England. It is interesting that a number of countries, including Australia (South Australia and Queensland), Germany (Berlin), Greece, New Zealand, Portugal, and the United States (Maryland) are currently considering similar schemes.

1.2 The Evaluation

The EEC pilot programme has a rigorous and comprehensive National Evaluation, set against a framework of agreed common indicators (See Appendix A).

Phase two of the National Evaluation gathered evidence on the functioning, impact, and costs and funding of the pilot EECs. The evaluation included both quantitative and qualitative evidence collected in the twenty nine pilot EECs during 2000-2001. All twenty nine pilot EECs participated in the phase two data collection process and submitted data to the National Evaluation Team for validation and analysis.

1.3 Key Findings

The interim evidence from the evaluation indicates that the EEC pilot programme is continuing to evolve and to be recognised as a catalyst for change within the sector. This is being achieved through the EECs:

1. Acting as exemplars of a range of models and organisational types of integrated service delivery.
2. Providing an increasing range of education, care and family support services, coupled with increasing amounts of training and dissemination activity.
3. Making stronger and more strategic links with their local Early Years Development and Childcare Partnerships (EYDCPs), local authority strategic planning forums, and other local and national early years and community based initiatives.
4. Demonstrating their ability to provide benefits for children, parents and

families that enhance educational achievement, reduce social exclusion, address child and family poverty and improve the quality of family life.

5. Identifying and disseminating successful and innovatory professional practice in integrated service delivery, through the provision of high levels of training and professional development activity, and their increasing links with EYDCPs.
6. Calculating the costs and funding patterns of complex, multi-disciplinary, early years services.

1.4 Programme Context and Performance

The EEC programme is not an area based initiative. The pilot EECs were selected through a bidding process on the quality, range and integration (or potential for this) of their services. The pilot programme is unevenly distributed across the geographical regions of England, with the Midlands being under-represented, but this uneven spread is being addressed as the programme expands. Although not a targeted programme like Sure Start, most of the pilot EECs are located in areas of severe economic deprivation.

The centres vary enormously in the number of children and adults they cater for, with some centres serving small communities and others drawing families from a much larger catchment area. This difference in size is reflected in the number of staff who work in the centres. The average number of staff employed at Centres, in full-time equivalents, is thirty seven, with twenty eight paid by the Centres and nine paid by other organisations, with an additional fourteen regular volunteers, but this average conceals a wide variation.

The quantitative monitoring data on service delivery and take up within the programme demonstrates that the EECs are providing a very wide range of services for children and adults. As well as integrated day care and nursery education, (including in many cases before and after school care), the average number of other children's services provided within the twenty nine pilot EECs was 4.0. Centres provided on average 6.5 services for adults and 4.7 training services. Most EECs are providing training for parents and other community members, in addition to training for early years practitioners employed elsewhere. However, the provision of extended day care and early education continues to be the main work of the EECs, with children from three to four years being the largest population group catered for in terms of the number of hours of service delivery. Services specifically offered for children under the age of two (other than drop in groups) are only found in seventeen Centres, with funding being a limiting factor for the further expansion of these services.

During the second year of the evaluation, many Centres had started up a number of new services, or expanded existing ones or extended their hours. All but five Centres reported that they had started at least two new children's services. The average number of additional or extended adult services was six per Centre. Many Centres also reported a large increase in the training they provided for early years practitioners, often across the whole early years sector locally, including staff from

the private and voluntary sectors but predominantly for state sector staff. Much of the training offered this year has been in close collaboration with the local EYDCPs. Many EECs have achieved a high profile locally and nationally over the last year. This is reflected in the large number of visits they have received from practitioners working elsewhere, and the participation of some EEC in national early years research projects.

Analysis of the characteristics of service users indicates that the majority of attendances at services for adults were by people not in paid employment, and it appears that Centres are being successful in reaching people from ethnic minority groups.

1.5 Conceptualising Integration Within the EEC Programme

Further progress has been made on conceptualising 'integration' within the EEC programme this year. Four defining features of an integrated early years service have been identified within the programme:

- a shared philosophy, vision and agreed principles of working with children and families;
- a perception by EEC users of cohesive and comprehensive services;
- a perception by EEC staff teams of a shared identity, purpose and common working practices;
- a commitment by partner providers of EEC services to fund and facilitate integrated services.

The pilot EECs remain at different stages of development in their realisation of these four defining features. Many EECs are devoting considerable staff development time to developing this coherence in their philosophy and practice.

There remain two types of EEC within the pilot programme: *single site EECs* and *network EECs*. Within the pilot programme there are twenty two single site EECs and seven network EECs. However, analysis shows that these two broad categories mask a range of different organisational features. Single site EECs can be single buildings with a variety of functions or several buildings offering multiple but discrete functions within a 'campus'. The network EECs can also be differentiated by their organisational characteristics. Some networks have constituent settings that are geographically close enough to be thought of as 'neighbourhood' networks, while others are made up of more 'distanced' sites. Some of the constituent sites within a network are offering a 'specialist' service, such as support for children with special educational needs, while others are offering services of a more 'generalist' nature. Some network EECs have a central 'hub' site and outreach 'spokes' of service delivery on other sites. Other networks are made up of self standing 'island' sites with a linking mechanism or 'ferry' which coordinates the services. Networks also vary in the nature of their strategic management structure, with some being 'internally directed' from within the network sites and others being 'externally directed' by an officer of their local authority or local Partnership. These categories are not discrete. For example, a network may be 'distanced', 'specialist' and 'externally directed' or

another could be both 'neighbourhood' and 'generalist'. This typology will undoubtedly continue to evolve as the programme develops.

Four basic models or approaches to integration can be identified in operation across the pilot EECs:

- *A Unified Model:* with amalgamated management, training and staffing structures for its services, which may be delivered by different sectors but are closely united in their operation.
- *A Coordinated Model:* where the management, training and staffing structures are synchronised so that the various services work in harmony but remain individually distinct.
- *A Coalition Model:* where management, training and staffing structures of the services work in a federated partnership. There is an association and alliance of the various elements but they operate discretely.
- *A Hybrid Model:* This model indicates that the EEC is strategically operating with a mixture of the above models to achieve its full range of services, with no one model dominating.

It should be noted that these are not always discrete models. An EEC may have aspects of more than one of the four models operating within different elements of their services. Over the last twelve months, the pilot EECs have evolved their approach to integration, with many more developing a unified approach. However, for some EECs, particularly networks, a coordinated or coalition model may be more appropriate.

1.6 EEC Enabling Factors

The evaluation evidence demonstrates the progress over the last year on improving three structural aspects of effective integrated service delivery: funding, leadership and management, and local embeddedness.

Funding: Most pilot EECs grew out of pre-existing nursery schools and the main collaborating partner for the EECs continues to be Local Education Authorities, followed by the DfES. There is some evidence of a withdrawal of local Social Service Departments as funding partners in a number of EECs over the last twelve months. The pilot EECs have continued to successfully negotiate a wide range of other funding partners in the delivery of their services at local, national and European level, particularly developing their links with Sure Start, EYDCPs, Single Regeneration Budget initiatives and Health Trusts. However, sustaining this complex mix of funding consumes a large amount of management time and energy. We have also found a range of different charging practices for EEC services across the programme, with ten out of twenty nine EECs now charging for certain elements of their services.

Leadership and Management: There have been substantial changes in half of the EEC senior management teams and management structures over the last twelve months, which reflects the rapid growth and evolution of the EECs. The evidence

also shows that many EEC leaders continue to be operating under extreme pressures. Particular pressures identified this year included sustaining funding, recruiting and developing multi-disciplinary staff teams, managing organisational change and maintaining their services through major building programmes. There has been more recognition of these pressures at programme level and more support provided to EEC leaders, of which EEC managers are appreciative.

Local Embeddedness: In most cases, the pilot EECs have become more embedded within their local authority and local EYDCP strategic planning and action over the last year. There is evidence of an increasing recognition by EYDCPs of the potential of the EEC programme at local level to support the achievement of their targets, particularly with regard to quality improvement, assurance and training. The strategic links with EYDCPs are reflected by the extent to which they ensure:

- representation of the EEC management on Partnership committees;
- a key role of the EEC in the EYDCP strategic plan;
- the EEC has visibility and is viewed as an important resource for the deliver of local early years policy.

However, in some cases there remains an urgent need for both local authorities and EYDCPs to recognise more fully the potential role of their EEC in the development of their local early years services.

1.7 Innovatory and Successful EEC Practice

Over the last year the EEC programme has begun to encourage centres to identify and promote aspects of their practice where they have a particular strength. This strategy has enabled EECs to play to their strengths and also taken a certain amount of pressure off them to excel at everything. Analysis of the successful practice themes, and the frequency of their identification in the pilot EECs, demonstrates that the EEC programme provides a rich source of successful practice which covers a wide spectrum of professional issues and a wide range of professional contexts. This year's annual reports provided extensive evidence of innovative and effective strategies in each of these areas of professional practice. These themes provide a useful starting point for the development of the successful practice publications which are planned as part of the EEC programme dissemination strategy. This report does not present the detailed evaluative evidence on the themes as this will be disseminated in other EEC publications. The analysis does, however, provide an indication of where this successful practice lies and what the strengths of the current programme are. Areas of successful and innovatory practice include quality early education and care for 0 – 3s and Foundation Stage; special needs; multi-professional team building; effective training strategies; literacy (family and English as an additional language); men's involvement in services; parental involvement; outdoor provision; supporting young parents; information and communications technology; extended day and holiday care; creativity; and preventative health strategies.

The majority of pilot EECs have considerably increased their training and dissemination activity over the last year, with many working closely with their local EYDCP. EECs are employing a wide range of dissemination mechanisms and forums

to share this practice, demonstrating that they are taking their role as disseminators of good practice very seriously and devoting considerable time and energy to this activity. At programme level these strategies are being coordinated and incorporated into a national dissemination strategy for the EEC programme. However, this year a few pilot EECs remained at too early a stage of development to participate fully in this activity.

The EEC programme has successfully raised its profile locally, nationally and internationally over the last year, resulting in an increased recognition of the quality of its innovatory practices. The increasing number of local, national and international conferences, publications and visitors reflects the success of the programme's dissemination strategy.

1.8 EEC Strategies and Benefits

Analysis of a sample of detailed case studies of EEC users revealed the characteristics of the families, the pattern of their service use, the professional strategies employed to support them and the perceived benefits of the services to children, families and practitioners.

EEC Families: A range of family types with different levels of family need are accessing the EEC services, with the largest family type being couples with children, but also substantial numbers of lone parents being catered for. Smaller numbers of young parents and grandparents with care responsibility were also identified within the EEC families. Although many EEC families are functioning well, the case studies reveal that significant numbers of EEC families are experiencing a range of stress factors which may put them at risk of family breakdown, including unemployment, low income, special needs, mental health problems, Child Protection, asylum seeking, drug or alcohol dependency and criminality. The EEC services are generally responding well to the wide range of needs generated by these stress factors through their ability to provide a wide range of professional strategies. It is precisely this diversity in the nature of the professional response to family need that is a particular feature of the EEC programme. The integration enables a multi-professional and multi-faceted response to be crafted around an individual family and this in turn enhances responsiveness, flexibility and, ultimately, effectiveness. Further analysis of the professional strategies employed in the case studies reveals three core characteristics of integrated EEC services:

1. *their specialised, coordinated and planned application* to professionally identified need;
2. *their individualised nature*, being shaped and created in response to the particular needs of a family or individual;
3. *their non-judgemental, respectful and empowering character*, acknowledging cultural and social diversity, and encouraging agency and responsibility within the family.

The case study evidence shows that EECs have the ability to channel the broad policy aims of the programme to meet the individual needs of families in flexible and diverse ways.

Patterns of EEC Service Use: While it should be emphasised that each family's pattern of service use is individual and responsive to their particular needs at a point in time, the case studies indicate some emerging patterns of service access and use within the cohort of EEC families. Although large numbers of adults are accessing services, the most used services are those that are focused on children: childcare, early education and family support. Further analysis of the pattern of service use by EEC families reveals four key lessons for service providers:

1. Adult family members often access support services for their own needs only after, and often through, an acknowledgement of their children's needs.
2. The nature of the first contact with a family is critical in determining how a family will access and benefit from the EEC services.
3. The wide range of services provided through the EECs, particularly those which might be perceived as being of a more unusual or specialist nature for an early years service e.g. legal, financial or housing advice, can provide much needed support a critical point in a family's history.
4. The pattern of use of EEC services varies as a family history develops, with families needing and accessing services more or less intensively at different points in their life cycle. Centres needed to be able to respond flexibly to this dynamic of need.

The case study narratives reveal that families use the EEC services in a dynamic and, often, unpredictable way. The case studies provide clear evidence of the multi-faceted nature of the needs of families and the multi-professional responses that EECs are managing effectively to integrate into their work with families.

Perceived Benefits: The case studies also provided detailed evidence on the perceived benefits of the EEC programme for children parents and families and practitioners.

Children: There is continuing evidence this year of the benefits to children who experience the EEC services, including enhanced social competence, enhanced cognitive development, early remediation of special needs, reduction in Child Protection orders and the number of Children in Care and improved physical well being.

Parents and Families: There is increased evidence this year of a wider range of benefits to parents and families who access EEC services. These benefits include improved family relationships and well being, reduction in isolation and increased participation in social activity, improved parenting skills, less stress and improved mental health, higher self esteem and confidence, higher aspirations, increased access to adult training, increased employment and reduction in benefits dependency, reduction in family breakdown, increased involvement of fathers, reductions in debt and poverty, improved language and literacy levels, increased education for teenage parents, improved physical health and reduction in alcohol and drug dependency. There are also important lessons to be learned from families where services have failed to support them.

Practitioners: There is new evidence this year of the benefits to practitioners who access the increasing levels of training and professional development offered by the EECs. These benefits include enhanced professional competence in delivering integrated services, improved qualification levels, improved quality of local early years provision and enhanced opportunities for volunteer involvement in early childhood services.

1.9 EEC Programme Costs and Funding

The evaluation design allows us to provide evidence on the costs and funding of the EEC pilot programme. However, it does not allow us to carry out a full cost-effectiveness or cost-benefit analysis.

Programme Costs. Calculating the cost of running an EEC is complex, but this year nineteen were able to provide complete information. Among these EECs the running costs averaged nearly £600,000 in the year, but there was considerable variation reflecting the substantial variation in their size. The unit costs of services could only be calculated with confidence in five EECs, and among this group the average cost per child hour of service was £4 and the average cost per adult hour was £10.40.

Programme Funding. Sixteen EECs provided information on their sources of income, and this showed that they draw on a wide range of funding sources, with nearly two thirds obtaining money from six or more different sources. The largest single source of funding in the programme is the local education authorities. Between them the local education authorities and the DfES accounted for close to three quarters of centres' income. EEC programme funding from the DfES has increased year on year to achieve the expansion of the programme and to facilitate the development of integration in the pilot EECs. Some of this funding has been used for revenue purposes and some for capital purposes. The amounts centres received from the EEC programme fund in the financial year 2000-1 were equal, on average, to 15 per cent of their income in the reporting year from August 2000 to July 2001.

1.10 Programme Development

The evaluation evidence has identified a wide range of achievements over the last year and highlighted several ongoing challenges. It has also raised some development issues for the EECs individually and for the Programme as a whole.

Achievements: The EECs identified a wide range of achievements over the last twelve months. Dominant amongst these were improving the quality of their services, enhancing their links to their local authorities and local EYDCPs, increasing their training and outreach work, increasing the participation of parents in their services and developing their management structures.

Challenges: The EECs identified a wide range of challenges that they continued to face in the development of their integrated services. Dominant amongst these were sustaining and increasing their funding, developing their management systems, coping with building work, maintaining staff morale and reducing stress, developing the team vision of integration, improving the quality of their services, improving links with

their local authority and EYDCP, developing efficient monitoring and evaluation systems, and enhancing the functioning of the EEC networks.

Programme Development: The evaluation evidence has highlighted a series of issues which merit further consideration and action as the programme moves forward into a period of consolidation and further expansion. These issues have both policy and operational implications and include:

1. Sustaining the complex mix of funding to ensure the viability of the wide range of EEC services.
2. Developing access to support and training for leaders of complex, multi-disciplinary, and increasingly large, early years settings.
3. Ensuring that local authorities and EYDCPs recognise and more fully utilise the EECs within their local strategic planning for early years services.
4. Developing further the national dissemination strategy to enhance the ability of the EEC programme to impact more widely and act as a catalyst for change across the early years sector.

SECTION 2: INTRODUCTION

The expansion and improvement of services for young children and families is a high priority for the Government. Their stated intention is to transform the current patchwork of fragmented, and variable quality, early childhood education, care and family support services in England into an accessible, affordable and integrated system of services for all children and families. Since 1997 there has been substantial Government investment to realise this ambitious policy (OECD, 2001). The Early Excellence Centre (EEC) Pilot Programme, launched in 1997, has a key role to play in this national policy agenda. This second Annual Evaluation Report, commissioned by the DfES from the Centre for Research in Early Childhood (CREC), presents evaluative evidence on the performance, functioning and impact of this programme. The evidence presented in this report is drawn from the second year of a three year evaluation and provides interim evidence on the pilot programme.

2.1 The Early Excellence Centre Pilot Programme

Since its launch in 1997 the EEC programme has been an important element in the Government's broader strategy for raising educational standards, increasing opportunities, supporting families, reducing social exclusion, increasing the health of the nation and addressing child poverty. These Government objectives are increasingly being tackled through 'joined up', integrated approaches to policy development and implementation in all areas of social policy. 'Early Excellence' is intended to make these objectives a practical reality for young children and their families. The programme is also intended to play a key role in raising the quality of local early years provision by sharing good practice in integrated service delivery with other centres and organising training activity for local practitioners.

Centres designated under the EEC pilot programme are aiming to provide innovative models of integrated service delivery and offer:

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

Although a key and distinguishing feature of the EEC programme is its emphasis on delivering high quality educational opportunities for both the children and adults who use the services, it acts primarily to exemplify integrated early childhood services in action as a catalyst for change across the sector. The high number of qualified educational professionals on EEC staff teams, in addition to well qualified professionals from other disciplines, such as social work and health, ensure the EECs are able to act as cross sector trailblazers in the development of integrated services. They also operate as professional leaders within their local area, disseminating good practice and offering training and development opportunities to other early years providers, thus raising the quality of early years provision, locally and nationally, and

encouraging the further development of integrated service delivery. Through these multi-faceted strategies they have the potential, over time, to impact strongly on children's and families' lives.

Last year's evaluation report (Bertram and Pascal, 2000) demonstrated that the pilot EECs are not uniform in their approach to this work and do not offer a single model of integration. In fact, the range of centres designated under the pilot programme were intended to exemplify a diversity of models of integrated service delivery and to demonstrate local responsiveness in the development of their services.

Between 1997 and 1999, there were twenty nine EECs designated under the pilot programme, and it is these centres that are the focus of this evaluation report. In February 2001 a Green Paper, 'Building on Success', announced the expansion of the EEC programme to up to one hundred EECs by 2004, and there is a timetable of new designations currently under way. The newly designated EECs have not been included in this year's evidence gathering but are soon to be subject to a linked, but distinct, process of validated self evaluation, which will provide further evidence on the development of the programme and its impact.

2.2 The National Evaluation Strategy

The national evaluation of the EEC pilot programme began in September 1999, and has now completed the second year of evidence gathering. This report presents evidence on the functioning and impact of the pilot programme during the twelve months from August 2000 to July 2001, and highlights key issues for the further development and expansion of the programme.

It should be noted that many of the pilot EECs are still subject to a number of disruptive developments following their designation: building programmes, recruitment of extra staff, extension of the capacity and range of their services and so forth. The EEC staff and local evaluators have worked against tight timescales and the pressures of these changes to provide the national evaluators with adequate and appropriate data. In addition, EECs have had to develop internal systems of quantitative data gathering and service monitoring for the evaluation this year, which have been new for many of them. It should be recognised therefore, that both the EECs themselves, and the evaluation strategy, are *developing* models. This second Annual Report provides short and medium term evidence on the pilot programme, which continues to be dynamic and evolving.

The EEC programme has a comprehensive national and local evaluation strategy, which aims to:

- document how different forms of integrated provision work in different local contexts;
- identify and disseminate good practice in the delivery of quality integrated services for children and families;
- identify the benefits of integrated services for those who use them;
- demonstrate the costs and funding of the EEC programme.

The intention of the evaluation is to highlight issues for policy and practice, and to inform the future development of the programme. A more detailed description of the evaluation methodology and the instruments employed is provided in Appendix A.

The evaluation design promotes a model of validated self evaluation within each EEC, where evidence is gathered against an agreed set of common indicators (Pascal and Bertram et al, 1999). Each EEC is supported by at least one local evaluator, normally but not exclusively, an independent academic specialist in the field of early childhood. Together, they gather five interlinked data sets which form their annual local evaluation. These data sets include:

- Annual evaluation report on EEC functioning;
- Case studies of EEC children, families, practitioners and other professionals trained by the EEC.
- Monthly quantitative monitoring data;
- Annual costs and funding data;
- Annual EEC ward data on poverty and employment.

The second year local evaluation reports were submitted to the national evaluation team at CREC for validation and meta-analysis in July/August 2001. The analysis was carried out during the period from August – December 2001. This report forms the second of three annual national evaluation reports on the functioning and effectiveness of the EEC programme and is based on returns from all twenty nine pilot EECs.

2.3 Reporting the Evidence

The second year evaluation evidence is presented in this report under five thematic studies.

Theme 1: Programme Context and Performance Study: Section 3 of the report provides year two evidence on the context nationally and locally of the pilot EECs. It reports on the geographical distribution of EECs, the population characteristics of the locality, the range and level of services delivered and the level and pattern of service take up and the characteristics of service users. Evidence of service development during the year is also presented.

Theme 2: Programme Implementation Study: Section 4 of the report provides year two evidence on the functioning of the pilot EECs. It highlights and describes the approach to, and models of, integration currently operating within the pilot programme. Evidence is also provided on the nature and origin of the EECs' integration, their contributing partners, and the extent of their local embeddedness. Detailed evidence on successful practice in integrated service delivery is not presented in this report but will be published later in a series of guides. However, this section does identify where successful practice exists and describes in some detail some of the contextual, enabling and environmental factors which facilitate it.

Theme 3: Programme Strategies and Benefits Study: Section 5 of the report provides qualitative case study evidence on the perceived short and medium term benefits of the EEC services for children, parents, families and practitioners, and analyses the professional strategies used by the EECs that have contributed to these benefits. It also identifies the range of family types that are accessing the EEC services and the levels and kinds of stress in families with which EEC services are dealing.

Theme 4: Programme Costs and Funding Study: Section 6 of the report provides year two evidence on the costs of setting up and running the twenty nine pilot EECs. It also looks at the sources of income drawn on by the centres, and the contribution to the capital and running costs made by the DfES EEC programme budget.

Theme 5: Programme Development Study: Section 7 provides evidence on the main achievements of the EECs over the last year and the perceived challenges that they continue to face in the further development of their integrated services. A series of development issues for the programme and the individual EECs are identified.

Each of these thematic studies are self standing, offering evidence on key elements of the evaluation brief. However, each study should not be considered in isolation, as they interrelate and, cumulatively, provide an overall picture of the development of the programme and the complexity of the transformative processes that are underway in each of the EECs.

SECTION 3. PROGRAMME CONTEXT AND PERFORMANCE STUDY

3.1 Methodology of Programme Context and Performance Study

This section of the report describes the context, nationally and locally, of the pilot programme. It reports on the geographical distribution of EECs, the population characteristics of the localities, the range and level of services delivered the level and pattern of service take up and the characteristics of service users. Evidence of service development during the year is also presented. Details of analysis of attendances at sessions is provided in Appendix B.

Primary and secondary data from a variety of sources were drawn on by the national evaluation team for this part of the evaluation.

- Ward level data provided poverty and employment levels for each EEC.
- Monthly quantitative monitoring returns from EECs gave data on service provision levels of attendance, the age of children using services, the age, gender, ethnicity, employment and marital status of adult users, and the training of practitioners.
- The annual evaluation reports of the EECs gave additional information, illustrating and expanding the basic quantitative data.

3.2 Location of the Pilot Centres

EECs are intended to be models of good practice and integration. Selection of centres for the EEC pilot programme was based primarily on judgements about the quality, range and level of integration of services, or potential for this, following an open invitation for providers to submit proposals. Selection for inclusion in the programme was not made on an area basis or on local socio-economic factors. The EEC programme is therefore not an area-based or specifically targeted initiative. This makes it different in nature from other government programmes like Sure Start, which are clearly targeted, and focused on particular neighbourhoods. However, examination of the geographical distribution of the pilot Centres and the characteristics of their local populations have formed part of this evaluation.

3.2.1 Geographical Location of the EECs

A horizontal line drawn across a map of England through Sheffield and another drawn through Milton Keynes would roughly divide the country into three sections, North, Midlands and South. Distribution of the twenty nine pilot EECs across these broad bands shows the North has fifteen, the South has twelve and the Midlands has two. Most pilot EECs are located in two large conurbations, that is, the urban corridor that runs from Merseyside through Manchester to Yorkshire, or in London. The pilot programme has some spread across the country, in that all Government Office Regions have at least one EEC, but central England has been relatively under-represented. However, new designations of EECs are beginning to alter this geographical distribution.

3.3 Characteristics of Populations in EEC Neighbourhoods

Ward level data on poverty and employment rates among families in the local populations served by the EECs have been obtained from the Social Disadvantage Research Centre at Oxford University. Receipt of Income Support (IS) or Income-based Job Seekers Allowance (JSA-IB) has been taken as prime indicator of severe income poverty. As these benefits are only available to people not in paid employment (of more than sixteen hours) this indicator also represents non-employment. Data for 1999 - the most recent available at the time of writing this report - has been used.

Although the EEC pilot programme is not an initiative targeted on deprived areas, more than half of the pilot EECs are located in areas of economic deprivation. As an indication of this, Table 1 shows the proportion of wards where EECs are located that fall within the 20 per cent of wards in England with the highest proportion of children under five living in families receiving IS or JSA-IB. Ten out of the twenty nine EECs are located wholly outside these wards.

Table 1: Poverty in EEC Localities

EEC position in relation to the 20% of wards in England with the highest proportion of children under five living in families in receipt of IS or JSA-IB
<ul style="list-style-type: none">• 17 centres are located within the 20% of wards with the highest % of children 0-4 in families on IS/JSA-IB. Of these, one is a multi-site Centre with one site in the highest 20% of wards and one not. One is a multi-site Centre with two sites in the highest 20% of wards and one not.• 12 centres are not in the 20% of wards with the highest % of children 0-4 in families on IS/JSA-IB

The proportion of children aged 0 to 4 living in families receiving IS or JSA-IB ranged from a minimum of 8 per cent to a maximum of 68 per cent - a considerable variation.

Two other indicators were examined: percentage of children aged five to fifteen living in families receiving IS or JSA-IB, and number of lone parents receiving IS. The results were similar: only a minority of EECs were wholly outside the 20 per cent of wards in England with the highest level of the indicator.

3.4 Match of EEC Users to Local Population

In their annual reports the EECs were asked to examine the match between the social and demographic characteristics of the users of their services and their local population, focusing on groups who are likely to be particularly in need of Centre services. To do this EECs could use the local area data supplied by Oxford University and data collected as part of the quantitative monitoring process (see appendix A for example of monitoring instrument), together with their own survey and interview data.

Of the twenty nine EECs, eighteen made some assessment, though their conclusions

inevitably contain a fair degree of subjectivity. One of these Centres argued that the coverage of intake was so wide as to make a specific analysis meaningless, nevertheless presenting evidence of a varied spread of users. Four made assertions with anecdotal evidence or no evidence at all. Of the remaining eleven EECs, five gave evidence but without drawing an overall conclusion and five gave no answer. Table 2 summarises the results, but must be recognised as a rough and ready classification.

Table 2: Match of Service Users with Local Population

EECs where take up of services by users:		EECs with:
Broadly matches local socio-demographic patterns	Does not fully match local socio-demographic patterns, with some groups over or under-represented	No conclusion or no answer
15	3	11

The large number of EECs from which no conclusion can be drawn indicates that for a thorough assessment Centres need better data. However, even with good data it is intrinsically difficult to draw a simple conclusion, as illustrated by the example of an EEC that found that while its user profile broadly matched the local population a high proportion of their children came from North African and Middle Eastern countries, for which there were no local population data, so whether these groups were under or over-represented could not be judged. In another example the EEC had identified fifteen different languages spoken by users, but had no basis for comparison with the local population.

Ten EECs gave more complete details of their user profile. Six have higher percentages of unemployed or low-income families among their users than among the local population. In one example over half of the children in the nursery came from families where the parents were unemployed compared to 17 per cent in the ward where the Centre was situated.

Despite these difficulties, some Centres indicated in their annual reports that the process of examining the ward level data and comparing it with centre data had influenced their development planning. For example, a Centre that had identified low levels of male involvement and of young mothers has included both categories as target areas for development.

3.5 Services Provided in EECs

The EECs are complex organisations offering a wide range of services for children, families and adults within a local community. They are also offering training and support for practitioners and working to disseminate good practice. The EECs serve varying communities. A rural centre reaching out across a geographically scattered local population is operating in a very different context from a multi-site network in an inner city with large numbers of refugee families. So there is considerable variation in the mix of services provided as EECs respond to local need. There is also

considerable variation in the size of Centres and in the patterns of attendance by service users.

To illustrate the complexity and range of the activities in EECs Tables 3 and 4 below list the services provided in two EECs.

Table 3. Services Provided at Centre A
CHILDREN'S SERVICES
Under 5s Unit - providing day care, with 51 FTE places
Children's Information Service
Children's toy library
Crèche
Holiday playscheme
Individual assessment facility for children using the centre, including portage, educational psychology service, speech language service etc.
Out of school provision (inc. out of school learning groups)
Supervised contact facility for children in care
SERVICES FOR ADULTS AND FAMILIES
Aerobics (Steps course)
Aromatherapy
Base for school nurse, community doctor, positive health team
Basic first aid
Basic skills
Community midwife clinic
Computing courses
Confidence building course
Family Link (a befriending scheme)
Health visitor led group for mothers and babies
Learning Link computers
National Childminding Association - network access point
Outreach work with families
Parent and toddler groups
Parenting courses
Personal development courses
Professional development training for anyone wishing to attend, e.g. the possibility of a range of university courses, accredited courses, curriculum development training.
Support groups for families focusing on SEN/Disability
Teenage parents groups - re-integration service
The centre is a base for the EYDCP (inc. Audit Team, Children's Information Service, Childcare Support Team, Family Link)
Training rooms available for use by parents and professionals
SUPPORT AND TRAINING FOR PRACTITIONERS
Professional training including: care standards, early learning goals, special needs, curriculum implementation course, teacher training, behaviour management, teacher assistant training, literacy training, human rights and mental health act, introduction to childcare practice, first steps in literacy, substance misuse and parenting, developing numeracy, SENCO training, introduction to child protection.
Support groups for early years practitioners.
Training for childcare practitioners, e.g. childminder training, playgroup training, registration and inspection training.

Table 4. Services Provided at Centre B
CHILDREN'S SERVICES
Education and care for 62 children (4 months - 5 years), including 18 places for babies
Holiday playschemes (4 years -11 years)
On-site therapy by visiting therapists and professionals
Provision for children with SEN/disabilities with 1-1 if required
Provision outdoor activities (to include forest school) extended to traveller/excluded and disaffected primary/secondary age children in local area EAZ
Quiet room for 1-1 group work with children, therapists or other professionals
Referral to other professionals as required by agreement, e.g. Homestart UK
Weekly outdoor activities including forest school + overnight camp.
Weekly story sacks
Wrap-around care
SERVICES FOR ADULTS AND FAMILIES
Childcare places in school holidays for families in need of support
Family support work - 1-1 guidance, counselling, advice.
Monthly newsletter for adults and parents containing news and available services/courses
Parent and toddler Group
Outdoor activities 'taster' sessions for parents (includes forest school)
Variety of childcare places for students/parents
Weekly parent support group
SUPPORT AND TRAINING FOR PRACTITIONERS
Childminder network
Early years student classrooms
Host centre for conferences for early years practitioners
Student placements
Workshops, e.g., 'schemas', 'heuristic play' and 'tracking'

3.5.1 Data Collection Issues

Statistics cannot capture the full richness of EEC activities and service use, but are needed for the purpose of monitoring the range and development of service provision across the programme. The complexity of the EECs makes it extremely difficult to devise a statistical return that is suitable for use by all of them, and describes the activities with reasonable accuracy while still being easily comprehended and completed. The national evaluation team designed a monthly quantitative monitoring return for EECs to complete (reproduced in Appendix A). This showed, for each of the children's services, the number of sessions provided each month, the average length of time of each type of session and the number of attendances by children in each age group. It also showed the number of attendances by children requiring language support and attendances by children with special needs. For each adult and training service it showed the number of sessions in the month, the average length of each session and attendances by age and sex. Specific characteristics of adults using the services were also asked for, and recorded as number of attendances by each person with each characteristic, including whether they were employed, whether they were lone parents and their ethnic background. The return also asked for the total number of families and grandparents using each service during the month, the number of practitioners trained, staff levels and visitors from other organisations using centre services.

This data was reported monthly from February to July 2001 inclusive, by direct entry into an Excel spreadsheet. The returns form the basis for the analysis in sections 3.5 and 3.6.

A number of difficulties were encountered:

- Many of the Centres found the task of providing the data both difficult and time consuming. Those that had computerised databases recording information about children and families found it relatively straightforward, but those relying on manual records found it very difficult.
- There were some problems with definitions, and not all of these could be resolved in this reporting year. One common area of confusion arose from the way the spreadsheet recorded the amount of time children spent in services, especially in the category "day care", and, as a result it is thought that the use of this service was under-recorded by some Centres.
- In retrospect, the national evaluation team has concluded that it was not appropriate to ask Centres to define their services as either "day care" or "nursery education". As the Centres are all running services that integrate day care and nursery education this is a distinction that they are moving away from and it would be better if future data collection systems applied in this sector merged the two categories.
- In these monthly returns the activities taking place at the centres were categorised as 'Services for Children', 'Services for Adults' or 'Services for Practitioners', with the subheadings shown in tables 3 and 4. Because of the integrated mode of working, especially when parents and children initially come to the centre together, some children's services could have been duplicated in adult services. To avoid this, where adults and children remained together at the Centre the service was counted as an adult service, but there was unfortunately no provision for counting the children attending with their parents or carer.
- Some Centres did not send in complete returns. In the case of the EEC that was functioning through early years officers attached to existing services, (see below) this was because the data collection format was not well suited to their situation. A number of Centres, (noted below where relevant), did not return data on the personal characteristics of service users, in some cases because they had ethical objections to collecting such data and in others because they did not have data recording systems in place from which they could extract so much detail.

3.5.2 Services Provided

Data collection started in February 2001, but a number of Centres did not enter the recording system until later, and so analysis is restricted to the months April to July 2001 inclusive. A point to note is that the pilot programme included a number of EECs with more than one site, in some cases with each site being run by separate organisations working together. Five of these multi-site EECs returned monthly data for each of two or three sites. One EEC did not have a site (or sites) with specific EEC designation; instead, the EEC used the programme to establish three early years

officers, attached to existing services, each covering all the early years services within a part of a city, with the remit to encourage integrated working in all services. The National Evaluation Team therefore received monthly quantitative data from thirty eight sites, but the data has been aggregated and reported here for the twenty nine EECs.

Tables 5 to 7 show how many Centres provided each of the children's, adults' and training services during this period, and this demonstrates both the large number and the wide range of children's services provided. These figures show the importance of training and health services in the activities of many EECs, in addition to the expected range of day care and early education services and family support services.

Table 5: Number of EECs Providing Each Type of Children's Service During the Period April - July 2001

Service	Definitions	Number of EECs providing service
After school care	Service separate from day care and takes place after school	15
Before school care	Service separate from day care and takes place before school	13
Day care	Provision for children aged 0-5 (can include wrap-around care before and after school)	16
Nursery education	Service aimed at children aged 3-4	27
Holiday playschemes	Services held during school holidays for children aged up to 12 years	16
Language support	For example, a service with teachers of English as a second language.	10
Libraries (toys, books, jigsaws etc)	This includes toy libraries, story sacks and any similar service	17
Lunchtime club	Lunchtime activity groups, not just meal provision in all-day services	10
Nurture group	For intensive development work with small groups of children.	4
Overnight care	A service to accommodate overnight - usually from 8pm - 8am	1
Playgroup	Pre-school group usually affiliated to Preschool Learning Alliance.	8
Special needs provision	This is a service exclusively for children with SEN requirements	20
Health	Services providing checks and advice and preventative services	11
Therapeutic	These are services such as music or massage therapy.	13
Other Child Services	Miscellaneous	19
Base = 29		

The two Centres shown as not providing nursery education do not provide this within the EEC but are working in close association with organisations that do.

Table 6: Number of EECs Providing Each Type of Adult Service during the period April - July 2001

Service	Definitions	Number of EECs providing service
Crèche	This is where the parents and children stay together.	20
Drop in	Open provision where adults or families can call in for reasons that are social or educational. Frequently these operate as a first point of entry into the centre.	18
Family room	An area that can be used to engage in communicative activities	6
Family support/counselling - at home	Counselling type service provided by a professional via the Centre at the adult/families' own premises. For example, portage – a service for children with special needs (e.g. speech needs) and their parents who are supported entirely in the home by portage staff.	16
Family support/counselling - on site	Counselling/support type services provided by professionals at the Centre for example, a Makaton service for parents and children with speech and language delay.	18
Financial	Information provided on debt management, financial entitlements and other financial queries.	2
Health	Services providing checks and advice and preventative services.	12
Holiday play schemes	Families (with children aged up to 12 years) attending together for activities during school holidays.	8
Legal	Advice from a legal professional on site.	5
Other adult support services	For example, a bereavement group	14
Other agency support (eg police)	Support such as an Educational Welfare Officer.	7
Other outreach	Including services to adults of children with SEN, other than Portage, for example, a service for children and their families at home or on-site who are on the autistic spectrum	6
Parent and baby support	A supportive and informative service, for example, a postnatal support group.	13
Parent and toddler group(s)	A service for children aged between 18 mths to 2 years and their parent/s.	20

Respite care	Service is mainly for a parent/carer's benefit, providing respite where the child is taken into the centre from their residence	4
Therapeutic	Services such as baby massage	7
Base = 29		

Table 7: Number of EECs Providing Each Type of Training Service during the period April - July 2001

Service	Definitions	Number of EECs providing service
Adult literacy	For example, a starter English course or pre-GCSE courses. This can usually include community education classes.	12
Adult numeracy	For example, a starter Mathematics course	12
Education and training	Usually accredited courses such as GCSEs, First Aid, Childcare - often affiliated to a local college	19
Family learning	Community education sessions, such as child development through play and music	18
Health/nutrition training	Courses such as aerobics and yoga and information on diet	10
Information technology	IT courses run during term time, for all levels and ages.	16
Offsite training	Training which may occur at offsite, for example, an FE college, but is offered primarily through the EEC	7
Teenage parents/support groups	Sessions to support and inform teenage parents both pre and post birth and to prevent exclusion.	2
Other adult training services	More vocational courses such as garden design and pottery	11
Base = 29		

Table 8 shows how many Centres were providing services for children under the age of two and how many had services used by children aged five or more. In both cases a majority of Centres provided for children in these age groups. Some Centres are developing their links with childminders (three are noted later as having done that this year), and this may result in an increase in the number of Centres providing for this age group.

Table 8: Number of EECs Providing Services for Children Under 2 Years and 5 Years or more

Age group	Number of centres with services for this age group
Under 2	17
Five or more	16
Base = 29	

A count of how many services Centres provided in addition to integrated day care and early education (as shown by their entries for day care, nursery education, before and after school and holiday playschemes in their statistical return) resulted in figures 1 to 3. The average number of other children's services provided was four per EEC and Figure 1 shows range: these were services which could not be categorised under general headings. There was an average of 6.5 adult services (including those, like parent and toddler, where adult and child attend together) and Figure 2 shows the range. The average number of training services was 4.7, and Figure 3 shows the range. These show the large number, but also substantial variation between EECs in the number of services provided within the pilot programme.

Figure 1: Number of Child Services Provided (Other than day care, nursery education, before or after school care or holiday play schemes)

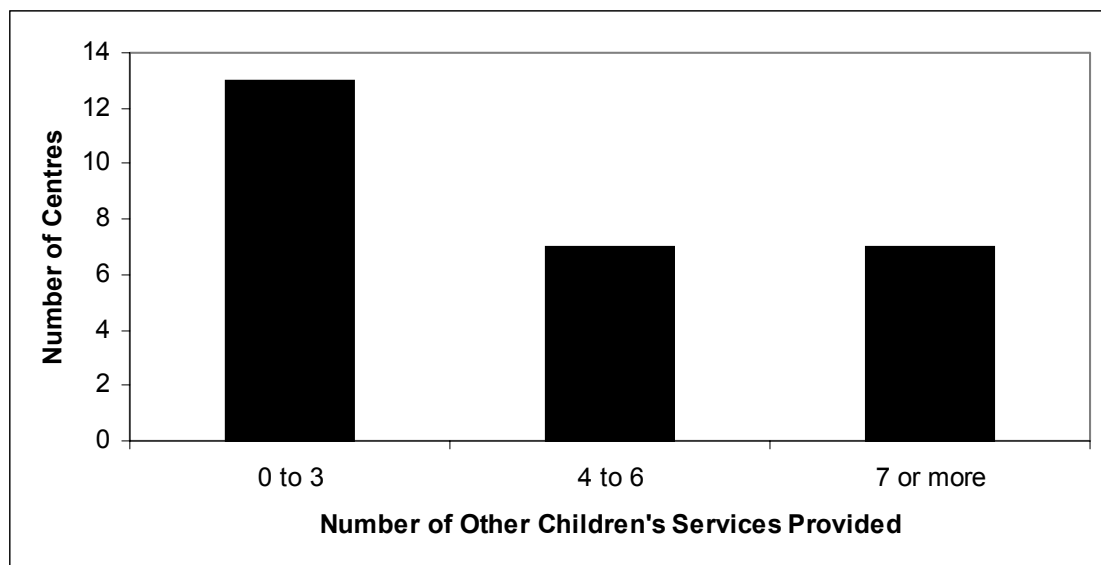


Figure 2: Number of Adult Services Provided

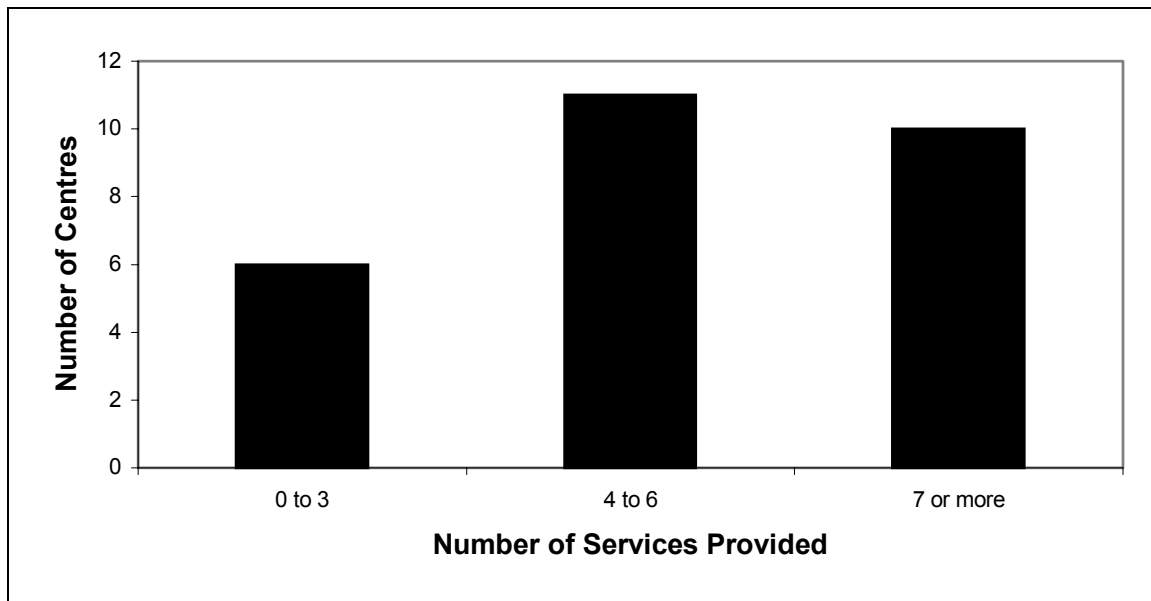
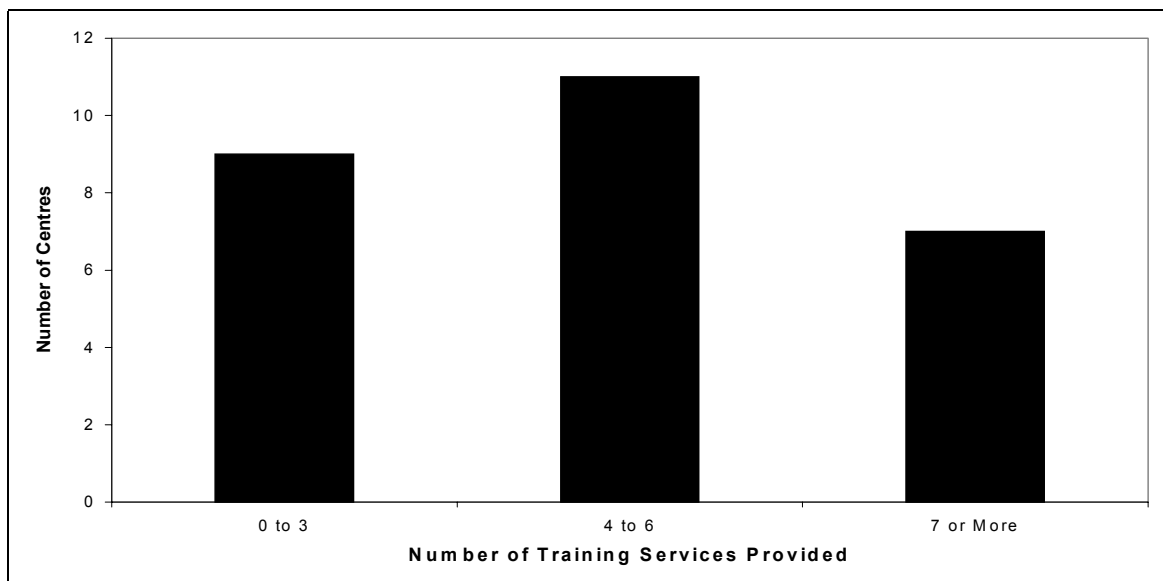


Figure 3: Number of Adult/Parent Training Services Provided



Note: Two of the twenty nine pilot EECs were excluded from these charts because they had returned incomplete data.

3.5.3 Training of Practitioners

The quantitative returns asked for the number of practitioners who were receiving training at the EEC. This showed that twenty one Centres were providing this kind of training. Nearly 70 per cent of the practitioners came from the state sector, 19 per cent from the private sector and 11 per cent from the voluntary sector.

One EEC provided with its annual report a detailed breakdown of its practitioner

training activities from September 2000 to June 2001. Figures 4 and 5 show the type of practitioners attending the various training activities. The largest groups of attendances were by teaching assistants and childcare providers. The number of attendances ranged from ten by special needs staff to nearly seven hundred by teaching assistants.

Figure 4: Early Years Training Attendances in one EEC

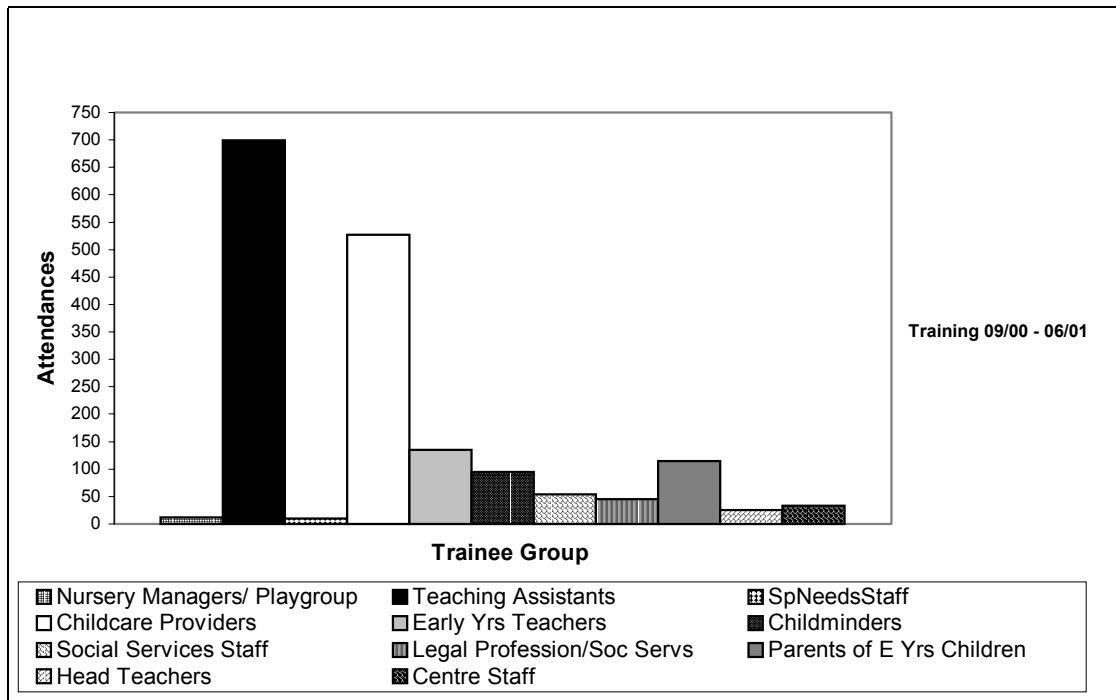
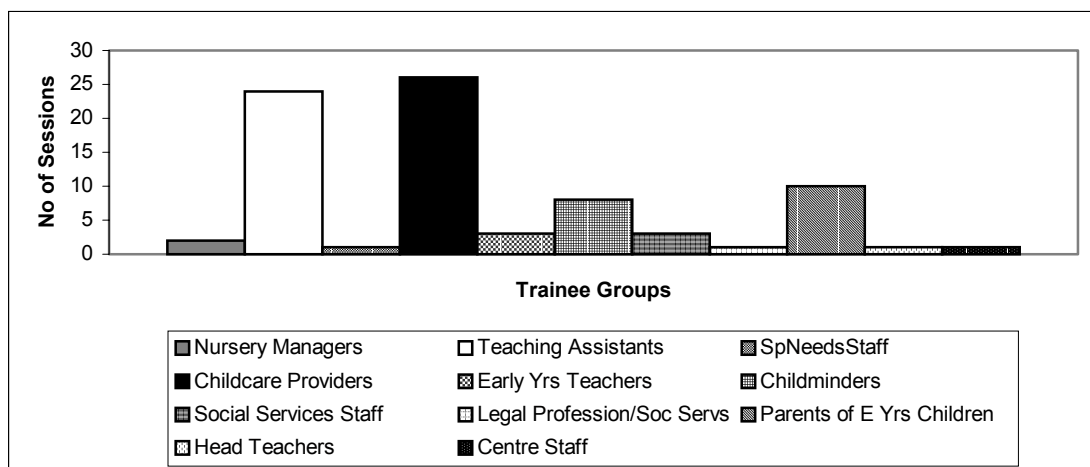


Figure 5 shows the numbers of training sessions per month for various types of practitioner in this Centre. The range of sessions per month varied from 2 to 28 with March 2001 being the busiest month. The highest number of training sessions was also for teaching assistant and childcare providers.

Figure 5: The Number of Training Sessions for each type of practitioner



It is also of interest that EEC staff did not deliver all these sessions themselves but facilitated provision of them by other agencies. A total of eighty one sessions were provided by:

- Early Excellence Centre 10
- EYDCP/Local Education Authority 64
- Local Authority Social Services Dept 4
- Health 2
- Careers Service 1

With an increasing emphasis on national training strategies for early years practitioners involving EYDCPs and others, development of training by a variety of agencies in cooperation can be expected to continue to be a growth area in EEC activity.

Another way in which practitioners learn from EEC working is through people from other organisations visiting the Centres, and this is also one of the ways in which EECs carry out their role of dissemination of good practice. Centres receive a large number of visitors. In the four-month period from April to July 2001 they recorded a total of 8,130 visitors coming for professional purposes, an average of two hundred and eighty per EEC during the four months, or seventy per month. Of this total, 82 per cent were local, 15 per cent were from elsewhere in the UK and 3 per cent were from overseas.

3.5.6 EEC Staffing

Finally, the staff who work at the EECs, and are vital to the functioning of the Centres, are considered. This year, only two questions were asked about the Centre staff in the monthly quantitative data returns: the total number of staff paid by the Centre and the number of professional staff paid by other organisations (both in full time equivalents). Centres were also asked about the number of volunteers (including students) working in the centre (also full time equivalents). The returns for the months from April to July 2001 show that the average monthly number of workers at the Centres during that four month period was twenty eight paid staff per centre, nine professional staff paid by other agencies, and 14 volunteers. There is a large variation in the number of staff and volunteers working at the Centres.

Table 9: Staffing of the EECs, From April to July 2001, in full-time equivalents

	Average per centre	Range Min-max
Average monthly number of staff paid by the centre	28	3-64
Average monthly number of professional staff paid by other organisations	9	0-16
Average monthly number of staff paid by the Centre plus professional staff paid by other organisations	37	3 - 112
Average monthly number of volunteers (including students)	14	0-82
Base = 29		

3.6 Levels of Service Provision and User Characteristics

Subsection 3.5.2 showed what services EECs are providing. The monthly quantitative returns recorded the number of attendances by children and adults in each month, and this can be used to show the *amount* of each service provided in the EECs. This section is based on returns for the months March to June inclusive. It includes data from all EECs, but incomplete data was returned by some.

3.6.1 Children's Services

Centres were asked for a breakdown of child attendances by age and by whether they had special needs. The main findings are:

- Nursery education is the largest service, in terms of total number of attendances, and nursery education and day care together account for 61 per cent of all child attendances.
- The highest proportion of attendances are by children aged four (37 per cent of all attendances), followed by three year olds (35 per cent), under threes (17 per cent) and children aged five or more (11 per cent).
- A higher proportion of the attendances by children with special needs are among the older children (46 per cent aged five or over, 26 per cent age three and 24 per cent aged four).

3.6.2 Services for Adults and Training Services

The statistical returns also asked for a breakdown of adult attendances by age and gender, and by some personal characteristics, including employment situation and ethnicity. The main findings are:

- The largest adult service, in terms of total attendances, is the drop-in service (17 per cent), followed by parent and toddler groups (15 per cent). Other popular services include use of the family room (13 per cent), on and off site family support and counselling (both 11 per cent) and use of the crèche facility enabling adult access to services (10 per cent).
- The largest training services are adult education and training - not specifically focused on adult literacy or numeracy. These accounted for 22 per cent of attendances, and the next largest category was health/nutrition (16 per cent) and information technology (12 per cent).
- Most adult attendances for both genders are for the age range eighteen to forty. The twenty five to thirty year olds are the largest group, followed by those aged thirty one to forty and eighteen to twenty four.
- Most adults attending are female. The ratio of females to males in the largest age category of adult attendances (aged twenty five to thirty) was 11 to 1.
- The largest group of adult attendances are by those not in paid employment (69 per cent of the total). This data was not provided by eight Centres.
- Among attendances where ethnic group was recorded 82 per cent were by white groups and 18 per cent by ethnic minority groups. Data on ethnicity was not provided by six Centres, and examination of the non-responses indicates that this has probably resulted in attendance by ethnic minority

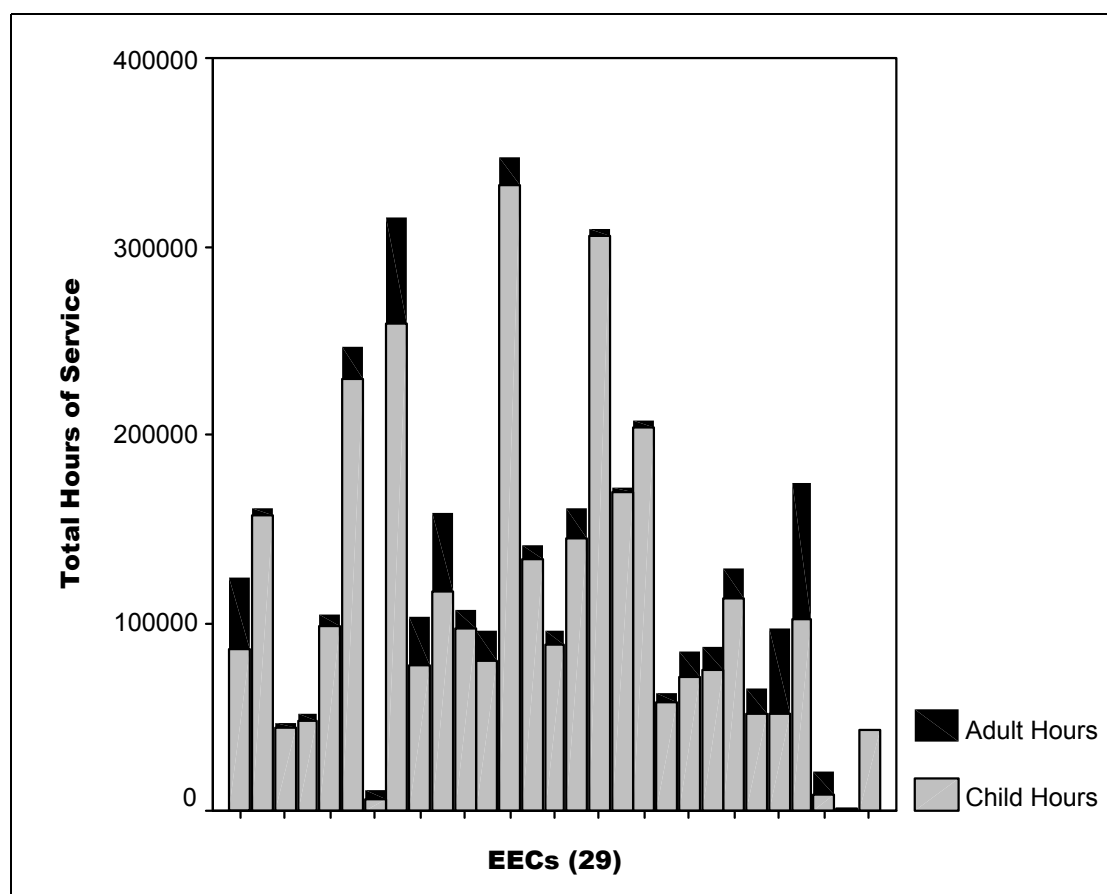
groups being under-recorded disproportionately. A number of Centres with large ethnic minority populations, including two that did not include this breakdown in their monthly statistical return, report successful engagement with these groups. 18 per cent is above the proportion in the population as a whole, indicating that Centres are being successful in reaching people from ethnic minority groups.

3.6.3 Total Child and Adult Hours of Service in Each EEC

The preceding sub-sections have reported on attendances - where an attendance is a child or an adult present for a session - but this takes no account of the lengths of sessions, which varies between services and between Centres. A better measure of Centre size is given by total child and adult service hours. So the total number of child hours and adult hours have been estimated by multiplying the number of attendances at each service by the average length a session in the service and then aggregating over all services.

Figure 6 shows the total number of child and adult service hours in each EEC. These are estimates of the annual totals based on those months for which Centres made returns. It covers all twenty nine EECs, but two Centres gave no data for adult services, so adult hours are under-estimated. The variation is wide, with child hours ranging from a minimum of 1718 to a maximum of 332579, and adult hours ranging from 1973 to 72030. In all cases the child hours are greater, and usually considerably greater, than the adult hours.

Figure 6: Total Number of Child and Adult Hours of Service in Each EEC



3.7 Development of EEC Service Provision During the Year

One aim of the national evaluation is to monitor the growth and development of services in Centres taking part in the EEC pilot programme. In this section we look at the extent to which new services have been introduced, expanded or changed since last year. We have used the information provided in the EECs' annual evaluation reports, where Centres were asked for details on expansion and change in the provision of services and service users over the year.

Their replies have been analysed under three headings:

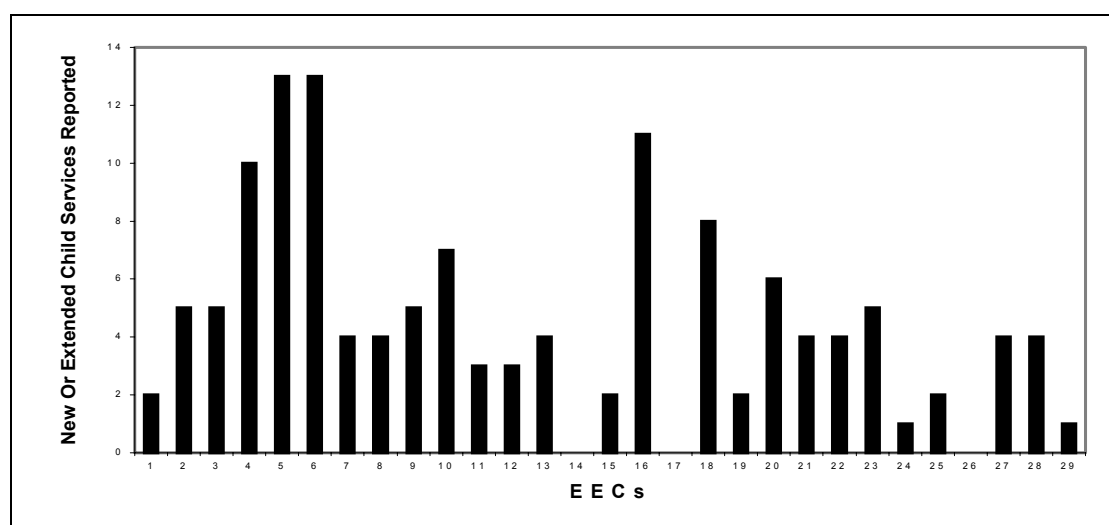
- Expansion of the range of services offered.
- Expansion of the numbers of adults and children using the EECs' services
- Extension of hours.

Twenty-six of the twenty nine pilot EECs reported in detail a large amount of development under all three headings. A further two EECs showed only a small amount of expansion or improvement of services during the year, due to difficult conditions arising from substantial delays and complications with their building and refurbishment programme. The remaining EEC had not yet established a sufficiently detailed baseline to provide strong quantitative evidence. The evidence of service development is, however, overwhelmingly positive, and we now look in more detail.

3.7.1 Development of Children's Services

All but five Centres reported at least two new or extended children's services during the year. Figure 7 shows that the number of children's services begun or expanded during the course of this reporting year ranged from thirteen (in two EECs) to none (in three EECs) with an average of 4.3. The Centres with the largest increases had all undergone rebuilding programmes that had extended their physical space and enabled expanded provision.

Figure 7: Number of New or Extended Children's Services Provided by EECs During the Year

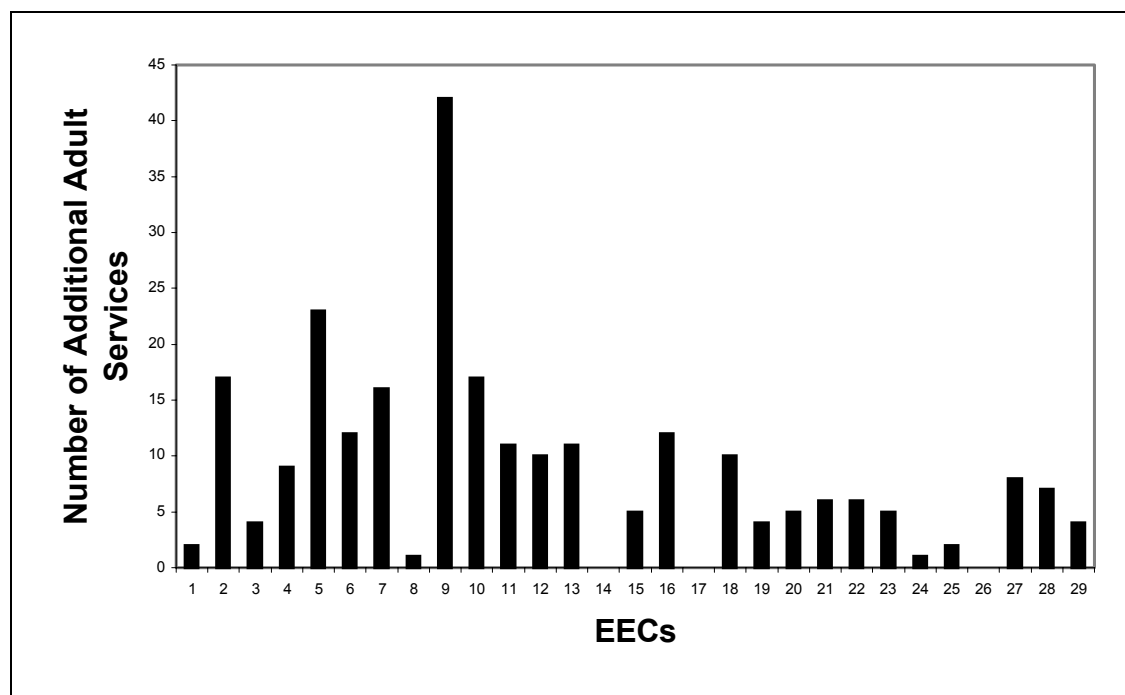


As well as starting new services, many EECs increased the number of places within established services and extended the length of time these services were available. Additional places within existing child services were reported by thirteen EECs, and the same number (thirteen EECs) said they had extended the length of their sessions.

3.7.2 Development of Adult Services

As indicated earlier, adult services include a wide range of different groups and courses for parents and other adults in the wider community. New or extended adult activities reported ranged from three EECs who recorded no additions, to one that recorded forty two. This Centre had improved physical facilities, which enabled an expansion of existing services and the start of new ones. The Centre also noted increased working with other professionals through the EYDCP. Figure 8 shows the range. The average number of additional or extended adult services was six.

Figure 8: Number of New or Extended Adult Services Provided by EECs



Twenty one EECs mentioned increased outreach services and eighteen of these had outreach services specifically targeted at "hard to reach" families or groups. Sixteen EECs provided new services exclusively for either men or women. Altogether, these Centres provided twenty seven new services, eleven just for men, eleven just for women and five for both men and women. One Centre cited four separate initiatives for men/fathers. Further details of attendances are given in Appendix B.

3.7.3 Developments in Practitioner Training

Centres' annual reports describe a large increase in training for early years practitioners, with twenty four mentioning new practitioner training programmes or initiatives. Some of the new activity has been focused on Centre staff, but many EECs were providing training across the whole early years sector locally, including

staff from the private and voluntary sectors. Sometimes this training is offered in partnership with other agencies, and in many cases as part of the local EYDCP training programme. Three Centres mention the introduction of training for childminders and eleven refer to EECs becoming established as local venues for professional conferences, training and courses. Twenty EECs recorded significant increases in visitors compared with the previous year, including an increase in visitors from overseas and contacts with international organisations, as illustrated in the extracts from reports below:

‘Acoustic Arts, Lion Dance group for Chinese New Year...

...links with Europe...

...sustained European links despite pressures of EEC expanding, including visit to Denmark...

...activities have been organised to enable staff from the local schools to visit other educational establishments and broaden their experience e.g. visits to London, Newcastle, Manchester and Gateshead...

...two conferences have been undertaken for local early years practitioners... visitors, local, regional, national and international including dignitaries such as Mayors, MPs and education leaders’

An indication of the growing profile and status of EECs within the early childhood field was given by the number of Centres reporting involvement in research projects or programmes. For example, three Centres were involved in national research on childcare for teenage mothers, five Centres were involved in the Effective Provision of Preschool Education (EPPE) research and one Centre had helped write a publication in partnership with their local authority.

SECTION 4. THE PROGRAMME IMPLEMENTATION STUDY

4.1 Methodology of Implementation Study

This section of the report examines the functioning of the pilot EECs. It highlights and describes the approach to, and models of, integration currently operating within the pilot programme. Evidence is also provided on:

- the nature and origin of the EECs' integration,
- their contributing partners, and
- the extent of their local embeddedness.

Detailed evidence on successful practice in integrated service delivery is not presented here but will be published later in a series of guides. However, this section does identify where successful practice exists and describes in some detail some of the contextual, enabling and environmental factors which facilitate it. These data were compiled from the EEC annual reports and from the quantitative monitoring of EEC service delivery and use.

4.2 Understanding How Integration Works

4.2.1 Conceptualising Integration

Supporting the development of integrated early childhood services is a stated aim of current Government policy and a central intention of the EEC pilot programme. Transforming the existing system of fragmented and patchy early childhood services within England into integrated, accessible provision for all children and families is a major undertaking requiring innovatory and exemplary action at all levels. It also requires the dissemination of a clear understanding of what is meant by 'integration' and how this might be implemented in different social and geographical contexts.

Last year's evaluation report (Pascal and Bertram, 2000) indicated that the conceptualisation of integration at both policy and operational levels needed clarification. Over the last year progress has been made through the evaluation process in developing a deeper understanding of the concept of integration that can inform both policy and practice. This conceptual work was supported through a series of international seminars in February and June 2001, funded by the British Council and the DfES, which brought together UK, European and Australian experts with a professional and academic interest in the development of integrated early childhood services. This group is working with the EEC national evaluators and colleagues from the pilot programme at policy and centre level to develop a conceptualisation of integration which will be used to inform the evaluation and further development of the EEC programme and the further development of integrated services within the UK and internationally. The early meetings of this group have identified four key features which lie at the heart of an integrated service and should underpin an EEC's structural or functional characteristics:

- A shared philosophy, vision and principles of working with children and families at all levels and by all partners;

- A perception by EEC users of cohesive and comprehensive services;
- A perception by all members of the EEC staff team of a shared identity, purpose and common working practices;
- A commitment by partner providers of EECs to fund and facilitate the development and delivery of integrated services.

The management structures and systems that enable an integrated service to be realised should flow from these conceptual features and also reflect responsiveness to particular community contexts. There is an acknowledgement that this conceptualisation can underpin a range of different models of integrated practice and that one universal model of integration may not be appropriate or desirable.

During the third year of the evaluation this conceptualisation will be further developed and its four constituent features exemplified using evidence from the pilot EECs. It will also be used to inform the final evaluation of the success of the pilot programme in developing a range of exemplary, integrated early childhood services.

The evidence from the second year evaluation indicates that the pilot EECs are currently at very different stages in the development of these four defining characteristics of integration. For some EECs at an early stage of designation, much energy is currently being committed to enhance these core aspects of integration within their professional identity. Several are devoting much needed staff development time to developing their shared philosophy and vision, and to agreeing a common set of working principles. Other EECs at a more mature stage in their evolution indicate that the maintenance and evolution of these four features continues to provide a key element of their ongoing professional development activity. Many are continuing to struggle with achieving the fourth defining feature, which requires a shared commitment from their providers to fully funding and facilitating the delivery of their integrated services. There is evidence from the pilot EECs that work on their understanding and implementation of integration at all levels is an important, dynamic and continuous feature of their professional and institutional development. The construction of a dissemination strategy for the EEC programme will need to take into account the different stages of development of the pilot EECs at this conceptual level.

4.2.2 Types and Models of Integration

The pilot EECs are based in very different geographical and social contexts across England (see section 3), yet, as Table 10 shows, there remain two broad types of EEC within the pilot programme.

Table 10: Types of EEC Within the Pilot Programme

Type of EEC	Number of Pilot EECs
Single site	22
Network	7
Base = 29	

The majority of EECs, (twenty two out of twenty nine) are centres occupying a single site, and seven are networks occupying multiple site centres but this simple classification, in reality, is more complex.

Single Site EEC

Single sites can be single buildings with a variety of functions or several buildings offering multiple but discrete functions within a 'campus'. In both kinds of single site EEC, some spaces have multiple functions but availability of rooms inevitably places limits on their use for any particular purpose. So, single sites of the campus variety *tend* to be larger, to have multiple and more complex funding and to offer a wider range of services to adults and children.

The smaller, single site, single buildings with less complex and diverse funding sources, *tend* not to be able to offer as great a range of services. This is not an absolute correlation, however, and appears to relate to a number of factors.

- Firstly, the size of the accommodation in the single site EEC's building can be an enabling factor. For example, some single site EECs are located in former secondary, middle or large primary school buildings offering the advantage of substantial space for varied activities over a comparatively small nursery school.
- Secondly, the single building EEC's ability to make links with other collaborating institutions can be a limiting factor. For example, some single building EECs have made links to local further education colleges, to overcome the space/function limitations of their accommodation for training adults, indeed, one single site Centre is located within an FE college. Another single site EEC has reached out to support the voluntary and private sector in its rural location using their sites to impact locally.
- Thirdly, the limitations of function within the single site can be overcome where the Local Authority or EYDC Partnership are clearly making full use of the EEC as an agent for change within its training and improvement strategy. For example, the LEA may encourage senior staff in the EEC to develop courses for practitioners in LEA development centres.
- Finally, the range of funding streams sometimes seems to be related to variety of activity.

Where a single site EEC has not:

- space or complexity in its buildings, nor
- good links with other service collaborators, nor
- a recognised and supported function within local policy development and
- has a relatively simplistic pattern in their funding,

then their role as an innovator for the improvement, transformation or integration of early childhood education and care services at a wider level is necessarily curtailed. As the pilot EECs develop, the number limited by these criteria has fallen as

additional building work has been completed, cross sector links have been made, EYDCPs have become more actively engaged with their local EEC and various funding sources have been accessed.

EEC Networks

The seven EEC networks are predominately urban based but two are in rural or less populated areas. The network EEC can be differentiated by other characteristics.

Two of the urban networks have settings geographically close enough to be thought of as 'neighbourhood' networks, where cooperation is facilitated by ease of access and close geographical location, for example, where the components of the network are based on the same public housing estate. Five EEC networks are operating settings on discrete and separate sites some distance apart.

Settings within EEC networks can also be characterised by function. Some use their separate sites to offer a broadly similar range of services in each separate setting within their network. We could term these kinds of networks as 'generalist site' networks. Other networks have settings offering different kinds of specialised services in each of its settings and might be termed 'specialist site' networks. For example, one setting in the network might focus on supporting children with special needs and another setting might offer adult training. These kinds of collaborating networks, with separate elements offering discrete activities, then seek to integrate by coordinating services across a geographical area rather than unifying services in a single site.

Some networks have faced particular difficulties in developing integration of their services. Perhaps because of their complexity, networks seem particularly vulnerable to changes in management. Some of these difficulties have arisen from local factors and some from national factors. An example of the former would be where the inspirational leader or crucial initiator of the project has a career move, leaving the network with a less powerful replacement to managerially hold the elements of the network together. An example of the latter would be urban networks which have suffered from the impact of a critical OfSTED report on their Local Education Authority. The evidence suggests that in such cases staff in the non-statutory preschool services are likely to feel vulnerable and threatened, when services previously delivered by the local authority are administered by private companies who have no statutory responsibility for their sector.

The integration of services in the rural networks can also sometimes involve particular difficulties. In some cases these relate to the added complication of perceived cultural and community differences between settings of the designated EEC, the difficulties of geographical distance and the possibility of isolation. Some reported evidence suggests that overall managerial vision may be more difficult to implement in rural networks compared to established single site rural EECs. An example of a successful single site EEC in a rural area reveals a lead setting reaching out to offer support to an extended community of other, cross sector, early years providers. From their unified location, managerial decision making in the single site EEC is centralised and with local authority and EYDCP support they coordinate and develop provision across a

wide rural area. Currently, this model seems less problematic than more independently organised rural networks. The model of 'hub and spokes' with a central lead outreaching to support others seems to be a more efficient network practice than the 'islands and ferry' model where each setting enjoys equality of status and managers attempt to coordinate services based in different communities.

All EECs, of course, have external bodies to whom they are responsible. It is possible, however, to identify variability in the location of strategic decision making. Networks may sometimes have a strategic director located within one of their EEC settings driving forward the outreach function of the EEC across the LEA catchment area. A 'hub and spokes' model would lend itself to that type of EEC. More usually, EECs, especially networks, have managers located on each site with the strategic director located outside the setting, often in the offices of the LEA. EEC networks can thus be further distinguished as 'internally or externally directed'. In parallel, some LEAs are looking to create 'zones of excellence' using an EEC as the hub for the dissemination of integrative and effective education and care in the early years across the LEA. These 'zones' are not part of the national EEC evaluation but their development is worth noting here.

Whatever the characteristics of the EEC, it is clear that strategic effectiveness is linked to strong, embedded and clear managerial structures, and this will be discussed in later sections of this report.

The year two analysis suggests that currently the range of pilot EECs can be represented by the following typology, which it is anticipated may provide a useful framework for further analysis:

Table 11a: Typology of Network EECs

Network EEC:		
	Neighbourhood Sites	Distanced Sites
	Specialist Sites	Generalist Sites
	Hub and Spoke	Islands and Ferry
	Internally Directed	Externally Directed
Single Site EEC:		
	Single Building	Campus

These categories are not discrete. For example, a network may be 'distanced', 'specialist' and 'externally directed' or another could be both 'neighbourhood' and 'generalist'. This typology will undoubtedly continue to evolve as the programme develops.

Models of Integration

Within the pilot programme we can identify a range of different approaches or models of integration in practice across these different types of EEC, and the evaluation evidence reveals that these models have increased in complexity and maturity over the last year. Last year's national evaluation report, (Bertram and Pascal, 2000), delineated three basic models of integration:

- *A Unified Model*: with amalgamated management, training and staffing structures for its services, which may be delivered by different sectors but they are closely united in their operation. An example of this model within the EEC programme is a centre operating out of one site and offering fully integrated early education, child care, family support, adult education and health services organised under one cohesive management structure.
- *A Coordinated Model*: where the management, training and staffing structures are synchronised so that the various services work in harmony but remain individually distinct. An example of this model within the EEC programme is a centre operating out of one site comprising of a relocated nursery school and day care centre working collaboratively with health professionals and adult trainers coordinated by a senior management team with equal status for their respective fields of expertise.
- *A Coalition Model*: where management, training and staffing structures of the services work in a federated partnership. There is an association and alliance of the various elements but they operate discretely. An example of this model within the EEC programme is a network of providers of early education and care within a local area cooperating together and with others, such as a further education college and a Health Centre, linked by an LEA appointed network facilitator.

It should be noted that these are not always discrete models. In practice, EECs generally have a dominant model of integration, but for some smaller part of their services, they may adopt other forms of integration. All these models represent integrated service delivery to families and children, but they differ in the nature of their integration. Although we asked Centres to identify the dominant model of integration in operation within their centre, a number indicated that they were in a transitional state and moving between one model and another, and so could not currently identify a dominant model of integration. We have therefore added a fourth category into the typology this year, which is summarised as a '*Hybrid Model*'.

- *A Hybrid Model*: This model indicates that the EEC is strategically operating with a mixture of the above models to achieve its full range of services, with no one model dominating. It is our intention to track how these hybrid models develop over the next twelve months of the evaluation.

This year has seen a considerable development in the conceptualisation, development and application of integration by managers and others within the programme, allowing more of them to see integration in ways in which they feel are appropriate to their local context and condition. Many EECs and their sponsors previously had thought integration must involve a 'unified' approach, characterised by such things as a single line management structure, the resolution of differential terms and conditions of employment across different kinds of staff, and a single site, one stop shop for children and families. The delineation in last year's evaluation report of three different models of integration, and hybrids within those three models, was acknowledged as accurate by the EECs, particularly by those who saw it as beneficial to continue with a coordinated or coalition partnership with elements of their services. However, Table 11b demonstrates that EECs have gone through a development process over the last year in their approach to integrated service delivery.

Table 11b: Models of Integration Within the Pilot Programme

Model of Integration	1999 - 2000	2000 - 2001
Unified Model	4	14
Coordinated Model	5	6
Coalition Model	16	6
Hybrid Model		3
	Base = 25	Base = 29

The evaluation evidence reveals that this year many more EECs (fourteen) have seen themselves adopting a 'unified' approach to integration, and fewer EECs have seen themselves adopting a 'coordinated' approach (six) or a looser federated 'coalition' approach (six). The fourteen EECs who identified themselves as 'unified' were all operating predominantly on one site with a range of partners. The six EECs who identified themselves as 'coordinated' included some networks but were also mainly single site centres with a range of different service partners or a large campus with separate buildings housing the various services. The six EECs who identified themselves as 'coalition' were all network or multiple site centres, who by their nature had to function across larger geographical distances and so had developed a looser kind of relationship and management structure in order to function effectively. There were also three EECs who defined themselves as hybrids or transforming from one model to another, unified/coalition (one), unified/coordinated (one) and the remaining EEC saw itself as an amalgamation of coordinated and coalition.

The evidence of the year one National Evaluation had clearly identified the development of management structures and systems as a key feature in establishing effective integration. The reported evidence in year two shows that many EECs and their LEAs have acknowledged this and have responded by introducing new management organisation, roles and configurations. These changes have made EECs more confident in affirming they are now more 'unified' in their approach to integration.

The analysis of organisational types indicates that some network or multiple site EECs work effectively within coordinated or coalition models but the unified model of integration is more difficult for them to adopt without a strong and sustained external lead. Where this overarching lead has been undermined in networks, for example through the effects of management promotion or a critical LEA OfSTED, or where the strategic lead has never existed or developed, then networks tend to be less effective.

There is emerging evidence that integrated services may be realised through all three models, or a hybrid of these models, but it is clearly easier where a unified or coordinated approach is possible. The evidence also shows that there is a developmental process in the realisation of all four models, and the pilot EECs are continuing to refine and evolve their approach to integration.

Our early analysis of management structures also indicates that certain kinds of management structure appear to lend themselves to each of the types of EEC and each

of the models of integration. However, this year, half of the pilot EECs have been undertaking substantial revisions to their management teams, structures and systems. The evidence on management structures and systems provided by the EECs was therefore assessed as being too dynamic and fluid for any definitive analysis to be carried out at programme level at this point in the evaluation process. However, the evolving relationship between types of EEC, models of integration adopted and management structures will be more fully explored in next year's evaluation report.

4.3 Organisational Origins of Pilot EECs

Analysis of the organisational origin of the twenty nine pilot EECs, and their constituent parts (forty two) at designation shows that these Centres grew out of, or were amalgamations of, the types of institution set out in Table 12.

Table 12: Origins of EECs and their Constituent Parts

Maintained Nursery Schools (LEA)	23
Maintained Family Day Care Centres (LA Social Services)	8
Maintained Infant Schools (LEA)	2
Maintained Primary Schools (LEA)	3
Maintained Community / Family Services	3
Charitable Community / Family Services	3
Base = 38	

The evidence reveals that most of the pilot EECs (twenty three out of twenty nine) grew largely out of pre-existing nursery schools, with other forms of originating provision being much less common. This has implications for authorities where there is not a tradition of maintained nursery schools and, as the programme expands, the DfES may need to consider developing EECs in other forms of provision. For example, the pilot programme has shown that primary schools, which have a strong commitment to community building and high quality early years practice, may provide suitable alternative locations.

4.4. Major Funders and EECs' Partners

4.4.1 Main Funding Partners

Centres were asked to outline in their annual evaluation report their main sources of funding and the bodies to whom the majority of staff were responsible. These data show the main funding partners in the EEC pilot programme at the end of the second year evaluation. Table 13 reveals that predominantly, the pilot EECs funding is located within Local Education Authorities (LEAs) but two EECs do not see their LEA as their main partner, with one identifying a Health Authority and the other a Further Education College. Local Authority Social Services are not as well represented as might be expected in an integrated programme. There is evidence from two EECs this year, that Social Service departments within local authorities are under increasing pressure of financial stringencies, and may be unable to sustain their commitment to the programme at a local level. On the other hand, there is evidence of growing and deeper involvement of the Early Years Development and Childcare

Partnerships (EYDCPs), especially for training purposes, and of other partners, including a childminders' network. This wider involvement is bringing a substantial broadening of the EECs' role and activities at little additional direct cost to the programme budget.

Table 13: Main EEC Partners

Main Partners	Number of EECs
DfES Early Excellence	29
Local Education Authority and Leisure	27
Local Authority Social Services	3
Charitable Bodies	3
FE/Learning Skills Council	3
EYDCP	3
Health Trust	1
Culture/Library Services	1
NCMA networks	1
Base = 29	

4.4.2 Collaborating Bodies in EECs

The information that centres have provided in their annual evaluation reports and their quantitative data shows that most EECs have a wide variety of collaborating partners. These partners may help in a number of ways in the realisation of the integrated services that EECs are offering. For example, they may provide personnel, alternative accommodation, additional complementary services, resources, support, advice, information or financial help.

The degree of involvement of these collaborators varies. Some of these collaborators may be classed as primary or main partners, who were, for example, directly involved in the establishment of the EEC and continue to be primary funders. In these cases, the collaborator is an essential partner in the integrative work of the EEC. For example, where Social Services and Education Services combined to offer integrated services. In other cases, the collaborators are simply allowing the EEC to extend or improve its integrated services. For example, a local library may be developed on the EEC site by the leisure department of an LEA when it realises that the EEC is now offering adult courses. One EEC has located European Union funds to enable it to develop its information technology. Other EECs are making use of Health Visitors who now based at or regularly attend the Centre. Such collaborations are operating in a relatively minor, but important, role in the realisation of the range of service delivery. The number and range of additional collaborators at this level has increased over the last year. They are now drawn from many quarters, including state, private and voluntary bodies. Their funding may originate from a wide range of national, European or even international locations. One EEC, for example, collaborates with colleagues in Pakistan.

Many EECs have been effective in finding collaborators who bring with them opportunities to expand and integrate their services and activities. Diversity of collaboration and the associated direct or indirect funding, thus allows some EECs to

provide a wider range of services even when these collaborations are on a relatively small scale. For example, one EEC bought a mini-bus with parental donations and hired a driver with money from other sources. This enabled it to develop its outreach functions.

The variety of reported collaborations reflects the wide range of funding opportunities and links open to EECs. Their growth within the programme reflects the integrated nature of EECs and their incorporation can be related to the range and variety of activities an EEC can provide. Centres with several collaborations and funding sources tend to be able to offer a greater array of services to a wider group. EECs with fewer collaborations or funders tend to be more focused on meeting particular areas of need within a localised context. Both of these models can be effective Table 14 summarises the reported number of EECs with additional participants and funders and the table illustrates the variety and width of collaborations within the EEC programme.

Table 14: Additional Collaborations

Additional Collaborations and Participations	Number of EECs
EYDCP	12
Sure Start	14
Single Regeneration Budget	11
Health Trusts	8
SEN Funds	8
Charitable Trusts	8
Parent Support Groups	6
Childminder Network	5
Education Action Zone	5
New Opportunities Fund	5
Health Action Zones	5
Private Sector	5
Space for Sports & Arts	5
Learning and Skills Council/FE/WEA/Life Long learning	5
European Social Funding	4
Children in Need	2
Leonardo (European Commission)	2
Neighbourhood Nurseries	2
Preschool Learning Alliance	4
Millennium Commission	1
Base = 29	

This extensive range of collaborations shows that many EEC managers continue to be very successful as social entrepreneurs, locating and linking to additional partners and funds to extend their services to their communities. The obverse of this is that some managers can spend a great deal of time locating and applying for funds from a multitude of grant making bodies and much of this funding is of a temporary nature. A balance needs to be drawn between the benefits of looking for additional collaborations to expand services and the possible time-consuming and stress bearing nature of continual searching for additional funds.

This issue is particularly relevant where some major collaborators seem to be coming under pressure to reduce or reorganise services. For example, where a major rural funding body withdraws from the programme or where a Social Service Department retrenches. Such major shifts, or even the threat of them, creates real tensions within staff and parents of EECs. Service sustainability and the high level of managers' anxiety about continuity of their funding remain major issues within the programme.

4.4.3 EECs and Charging Policy

This year's evaluation evidence reveals that ten of the twenty nine pilot EECs are charging for the use of some of their services or are allowing their collaborators, when using EEC premises, to charge. These charges may be to parents for extended care provision, but they also include rent for rooms, fees for training and courses, guided visits or conferences, fees for consultancy or contractual agreements for doing research. One Centre now raises almost a third of its overall income in this way. A small minority of EECs have ethical objections to charges for parents, even for holiday trips, and feel strongly that all their services should be free to their communities. In other EECs, local authority policy determines whether charges are made and what should be the level of these charges. Whilst being aware of these local variations, charging for the use of their premises is one way in which EECs can raise their income by making better use of their physical capital.

Another way in which EECs can use their buildings is by encouraging other sectors to access their accommodation at minimal or no cost, enabling a wider range of services to be provided at the centre by other collaborators. Again different LEAs have different policies but several EECs are allowing playgroups and voluntary services to make use of their settings. These collaborations mix public, voluntary and private sectors to the benefit of the community. Responses from parents in these mixed public/private services indicate they appreciate the greater range of integrated services being provided within one place. There is also some evidence that parents may give greater credibility to providers outside the state education sector when these providers operate within the EEC, reasoning that if they are part of the school they must be trustworthy and of good quality. The impact of a recent loosening of the regulations on charging in schools by Government may affect charging practice in the EECs over the next year. It is already clear from the evidence in the centres' annual evaluation reports that New Opportunities Fund, EYDC Partnerships and Neighbourhood Nursery initiatives are beginning to change charging policy and practice in some centres.

4.5 Management, Leadership and Staffing

The major achievements of the Heads or Managers of Centres and their staff in carrying forward the EEC programme is detailed throughout this report. The expansion of services and development of new ways of meeting early childhood and family needs have not been established without difficulties. This section seeks to highlight, frankly, some of the issues surrounding the management of these dynamic settings. This section hopes to highlight some critical management issues which need to be addressed and that show where EEC managers need support within the

programme. In concentrating on these issues, however, we should not lose sight of the substantial achievement of the EEC management and staff.

4.5.1 Management and Leadership Issues

Issues around the development of management and leadership dominated this year's local evaluation reports. The expansion in the size and complexity of the work the EECs are now doing, detailed elsewhere within this report, is putting increasing pressure on those who manage the Centres. Table 15 summarises data collated from the annual evaluation reports on management issues.

Table 15: Management Issues for EECs

Issue	Number of EECs mentioning this issue
Financial management	25
New senior management structure established	14
Building development	14
New manager/director, Head of Centre or Deputy	12
Staff recruitment	8
Base = 29	

It must be remembered that most pilot EECs (79 per cent) originated in the state nursery school sector and the first Heads of Centres tended to be former nursery head teachers. The impact of EEC designation meant that some had to quickly adjust their role from being hands-on carers and educators of young children, families and communities to a more removed role as managers of rapidly expanding services, roles which in some cases were outside their previous professional experience. Since designation, these relatively small settings have expanded and diversified and in terms of size and complexity now have more in common with small secondary schools, several with over fifty staff. Many EEC managers are seeking to adjust to these new demands but although the change and expansion have brought promotion for some, they have also brought stress and uncertainty for others. During this second year evaluation, twelve out of twenty nine EECs have gone through a major change in their senior management team. In this restructuring some EECs have been able to create additional management posts which has alleviated some of the pressure. Some strategic posts have also been created at LEA and EYDCP level recognising the role EECs can play in delivering policy. Three leadership changes over the last year were due to retirement. The turnover in senior EEC managers noted in last year's evaluation has therefore continued.

In addition to managing the rapid development of their services and staff, some EEC managers were also dealing with practical institutional and professional development issues. The need for staff development in the use of information technology, only recently arrived in some settings, was seen as crucial. Training in data collection and the use of data systems was also mentioned as the national evaluation strategy made greater demands. Twenty-five EEC managers reported an increased emphasis by

main funders on assessment and monitoring, and on achieving 'value for money' or 'best value'. The heavy demands of managing an increasing financial budget were also highlighted.

4.5.2 Staffing

Staffing issues were less dominant in the year two evaluation. Continuing issues over staffing the centres were mentioned by only eight of the twenty-nine EEC managers. Mostly, this referred to uncertainties about the continuity of staff employment given the fixed term nature of much of the funding. In addition to senior management appointments, twenty-two EECs have appointed extra staff over the last year and these personnel have needed induction and supervision. Continuing issues over disparity and incongruities in staff terms and conditions of employment were also evident and seen to be impacting on staff motivation and commitment in some cases.

Other managers mentioned what one called the 'toothache syndrome' of constantly having to work under pressure whilst buildings were demolished or erected around them. This almost inevitable consequence of inclusion in the EEC programme was still affecting some centres two and a half years after their designation. Out of twenty-nine pilot EECs, all designated by December 1999, fourteen had undergone major rebuilding or refurbishment during this year, and for six EECs building works will continue into the next year. The impact of the upheaval entailed by building works should not be underestimated in terms of stress and in terms of limiting the ability of EECs to realise their full capacity this year.

The programme needs to recognise that a fairly lengthy period is needed for the transition to full EEC operation. This period allows for the process of rebuilding, staffing adjustments, capacity building, liaising with additional partners, the development of management structure and systems, data collection systems and evaluation strategies. EECs clearly do not reach full operation instantly and the process of their development needs to be supported. The recognition this year at programme level of the unique demands that are placed on EEC managers, and the subsequent increased access to training and advisors to help EEC managers meet these demands, is to be applauded. That most EECs have been able to expand the services and activities they offer during a period of dynamic growth and management change within their Centre implies that the development of management organisation and strength has already begun. It also says much for the dedication of staff and managers. This year's evaluation evidence highlights again the disparities in salaries and terms and conditions of employment of EEC managers. There continues to be a need for a serious consideration at national level of the salaries and terms and conditions of employment of the EEC managers.

4.5.3 Management Training Needs

Many managers suggested that the National Primary Headteachers' Qualification was not geared to their needs and that they would like to have access to more focused professional development in: financial management, multi-professional work, management of integration, team building, data management, evaluation, the management of change, and training in training and dissemination. The establishment

of a 'leadership and management' course associated with the programme was highly appreciated by EEC managers.

4.5.4 Illustrations of Management and Staffing Issues

Three examples from the data can illustrate the points raised above and provide detailed exemplification of the complexity of the management and leadership challenges facing the EEC managers. The examples were selected because they reflected a range of issues which were found in many EECs across the programme. They also illustrate the kinds of strategies and processes that EEC management teams were using to address the issues in action.

Example 1: Management of Change

This example illustrates:

- the complex reality of creating EECs by joining existing separate services;
- the significant challenges addressed by EEC managers in coping with this process while maintaining high standards of service delivery;
- issues connected with building design, staff morale, time management, organisational and negotiating skills, flexibility and persistence.

Two other pilot EECs have had similar experiences. The skill levels required to deal successfully with these kinds of issues are considerable and evidence a need for advanced management training at programme level.

'Our model of integration may best be described as co-ordinated, with separate but complimentary services with common aims and purpose and shared philosophy. There are many aspects of the work that are integrated e.g. group activities such as parent and child play sessions.

Although staff teams from (name) Family Centre and (name) Nursery School came together to form the Early Years Centre in March 1999 it still feels relatively 'new' in terms of working together. The two staff teams were brought together from very different backgrounds. Limited opportunity was available prior to amalgamation for the teams to work together to plan for the future.

The team of staff based at the nursery school lived through terrific upheaval during prolonged building work. Prior to reorganisation the nursery had operated as two nursery units within one building, the layout of the premises doing little to facilitate whole centre working. Each year the School Development Plan had acknowledged the need for an increase in cross centre working, with initiatives being taken to strengthen a whole school approach. As part of the re-organisation, nursery staff were having to work together as one large team. This affected team dynamics and was just one of the challenges facing an established team of staff.

Prior to amalgamation nursery provision had occupied the whole building. Two separate large play areas had facilitated child-initiated

play with ample space for floor play, ease of access to resources and the opportunity to extend children's play allowing equipment and resources to be left out, added to and extended over substantial periods of time.

As the nursery teams faced the challenges of working together as one larger team they also had to rethink how to organise and present opportunities for children. A reduction in floor space brought challenges including how to ensure children could access resources and where to find appropriate space for small group activities etc.

At the same time the nursery team had to adapt to being part of the Early Years Centre team, working with colleagues from Social Services and a new Head Of Centre.

The family support team prior to amalgamation had been housed in a family centre, about one mile from the nursery school. The family centre building was quite large with space for play sessions, groups and family support work. The team faced closure of their building and a move to occupy space that had previously been used by the nursery school. Not only was there a reduction in floor space but also a lack of storage space making it difficult to store resources and equipment that staff had worked hard to accumulate. The room designated as a staff room at the centre was the original albeit slightly extended staff room used by nursery staff. The staff room was not ready for use at the time of staff teams coming together as it had been the space used to store equipment and furniture from elsewhere in the building work. In the early days of amalgamation the family support team established a staff room base in the family room whilst the nursery staff continued to use the original staff room.

During the two years prior to amalgamation, the work of the family support team had been moving away from day care to more direct family support work. Staff had expressed concerns about the move away from the work they had originally been employed to do i.e. day care. The move to the Early Years Centre was another key point in the move away from sessional care.

The building design did little to facilitate integrated working. The building is a single storey 1950s building that is long and thin. Nursery provision is housed at one end, reception and administrative space at the centre, and family support and family learning opportunities at the other end. Deliberate and concerted effort has to be made for staff to make contact with each other. The staff room was not large enough to accommodate all staff resulting in staff meetings being held in the training room. This, together with a lack of feeling of ownership of all staff for the designated staff room, created tensions.

In the early days there were also tensions around the fact that the nursery staff 'felt squashed' into part of the building whilst other space that they had been forced to vacate remained 'under used' with perhaps only small groups or sometimes individuals using large spaces, or indeed with

nothing happening at all.

Indeed these feelings that some staff were “rushed off their feet” whilst others were in discussion, writing reports or seemingly less busy all created underlying tensions.

There was also an underlying difference in attitude to the amalgamation amongst staff. The nursery staff had been encouraged to think that they were “excellent” having achieved excellence status as an acknowledgement of exceptional practice. The family support staff had, on the other hand, been told that their practice “wasn’t appropriate” and therefore would have to change and if they didn’t amalgamate with the nursery school the Family Centre would close.

The two teams therefore approached the amalgamation with very different attitudes, expectations and understandings. Much of the early work of staff development was therefore to establish a common understanding of purpose and aim to sort out very practical issues around amalgamation.

Over the past two and a half years there has been a growth in understanding of and respect for different roles and responsibilities within the centre. Much has still to be done. September 2001 will see changes to the team/ staffing structure, which will necessarily require further consideration to organisation including team dynamics and management responsibilities. It has been a real achievement that despite the difficulties that adjusting to the Centre structure has required, staff have progressed in both their attitudes and perceptions about working together. There is a clearer recognition for respect for their roles and responsibilities and the different but sometimes complimentary skills that staff have.

Building work was ongoing through Autumn 2000 and early Spring 2001 to provide much needed space for extended care facilities. This new space has increased the central area and has greatly improved the entrance area. The new area is bright and attractive and indeed provides a more apparent and obvious entrance to the Centre.

The Centre has strong links with health. A health visitor spends the equivalent of 1 day per week on Centre related business. This link Health Visitor helps to facilitate ‘parenting’ courses and our Women’s Opportunity group. Continuing (Adult) Education provide courses and tutors for a range of subjects. Play Development workers have been very supportive in the establishment of wrap-around care opportunities. The centre is linked to the Pilot Programme for childcare for the children of 16-17 year olds returning to education.’

Example 2: Management Issues About Integrating the Work of Different Agencies and Establishing Structures

Management of EECs involves negotiation and integration of different agencies, often with different perspectives. The example below indicates the variety of agencies which one EEC manager is responsible for coordinating:

'From a management point of view, there are significant challenges in operating the new Centre, both in the initial and preparatory stages and in the longer term. This is acknowledged by interviewees and in writing and confirmed by observations. A key paper on 'Management Arrangements' prepared by the Director of Children's Services for the Health Trust states:

There are a significant number of separate service elements in the building, some run jointly between agencies and some the sole responsibility of a single agency. The responsibility for the line management of sole responsibility services remains with the particular agency through their manager within the centre. These managers are:

*The Head Teacher of the Nursery [i.e. School]
The Head of Day Care
Head of Paediatric Physiotherapy
Head of Paediatric Occupational Therapy
Head of Paediatric Speech and Language Therapy
Consultant Community Paediatrician
Head Teacher of the Opportunity Class
Head of Orthoptic Services*

*Each agency retains responsibility for resourcing and managing these services. However, the unusual set-up of the Centre will mean that there is considerable overlap between 'service only' issues and those which affect all other services. This will be a test for all levels of management. What is proposed is a 'Centre Management Team', comprising the managers listed above, and chaired by the Partnership Manager ...
...under the general direction of a 'Project Board'...*

There is still work to be completed on important details that arise from bringing together a range of different services with different origins and working practices. Terms and conditions of working have been addressed by managers and discussed with and amongst all the staff and have been included in 'away day' discussions.'

Clearly the overall coordination of such a diverse and complex group will be a major undertaking.

Example 3: The Management of Networks

The management of networks presents similar challenges in terms of diverse perspectives and complexity. Developing a common vision is a key to positive motivation and shared aims. The following extract from one network's reports indicates a successful start to a positive, shared ethos:

'At the time of writing this report a successful network meeting has just taken place (July 10th.), which was aimed at establishing the

pattern and ethos of future meetings. Centre staff, variously described aspirations for the network as:

“Like a ticket to the metro, we will be able to go anywhere with in the network and benefit from each others help, but all stations are vital, without one the network breaks down.”

“It will be like an orchestra – there is the wind, brass, string section, all beautiful in their own right. Then when played together – its something else!”

“ It will feel like a football team, and we will no longer be one nil down against Man U. Each player gets a touch of the ball, some more than others according to the goal, one will “defend”, one will “attack”, the roles will change, but we are all aiming at the same goal. We will have to remember that it is our aim to “score” – not to fell members of the opposite team!”

An agreed network statement is being drawn up which talks about being inspired to be creative, and caring for members. A pattern of meetings has been set for the coming year, with various sub groups developing to tackle various tasks.’

The report goes on to explain some of the challenges the newly appointed coordinator will have to address:

‘The role of project co-ordinator is an interesting one in terms of the training and development of ‘integrated practitioners’. The present incumbent of the post is a head of an LEA nursery and is now on a steep learning curve to develop an understanding of Management, (through the DfES EEC Leadership and Management course), and to develop the skills and knowledge base necessary to lead a network of EEC centres where there is an enormous range in the types of services on offer.

Whilst it is true to say that a value for the integration of services is central to the network’s beliefs about our work, the process of exploring what this idea means in practice is giving rise to some challenges. The idea that services can be provided for young children within their families in a seamless way that serves the interests of children and families simultaneously is sometimes problematic. Whilst child-centred and parent-centred goals may sometimes complement each other they may often be in competition.’

4.6 Local Embeddedness

In order to realise fully their potential as a catalyst for change and development of early years services locally, EECs need to be very closely involved with or ‘embedded’ in local authority and local EYDCP strategic planning. Overall, this year EEC managers spoke of improved relations with their local external authorities. The increased extent of ‘embeddedness’ of the EECs within local authorities and EYDCPs

strategic planning was identified as a significant success in last year's national evaluation and the evidence indicates that this has further improved over the last year. EEC managers reported that generally they were more aware of the importance of developing strong local links with the key local strategic bodies.

Out of the twenty nine pilot EECs, ten said they were very positive about working more closely with their LEA. However, there were two EECs that felt that their LEA continued to have little commitment to the EEC programme and another three said there was improvement but still difficulties. One EEC mentioned the lack of interest of their local Social Services department.

It should be noted that this year has seen the impact of external factors outside the EEC programme which have sometimes complicated the relationship between an EEC and its local authority. The impact of the current OfSTED national inspection of Local Education Authorities has been felt in three of the pilot EEC, two of which were networked EECs, involving a total of five sites. The position of the lead officer for the EECs in both of these cases has been affected and this had diminished the ability of these EECs to disseminate and improve practice locally over the last twelve months.

A further development this year in the notion of embeddedness of EECs at local level has been the development of a zonal view of Early Excellence in some local authorities. At least four urban EECs, two of which are networks, have appointed senior managerial staff outside the EEC to oversee developments in services for families and young children across a wider area or 'zone' and to direct EEC strategy. One rural EEC did this in-house and has a newly appointed senior member of staff funded by the EYDC Partnership to take initiatives in developing EEC practice in early childhood settings particularly, in this case, focusing on PLA settings in small rural communities. This zonal movement is being given momentum by Government initiatives on locally led quality assessment and accreditation systems.

A further positive development has been the position of the EYDC Partnerships in relation to the EECs. In areas where the local Partnership has a clear and autonomous role from its Local Authority, connections have developed on many levels but particularly in the area of training. Most EYDCPs with an EEC are using their EEC strategically by involving them in cross sector training and dissemination and three Partnerships are actually paying for extra staff within the EEC. Out of twenty nine EECs, ten said they had developed closer working relations with their EYDCP this year and a further eighteen EECs said they saw Partnerships as additional participants in delivering services and were working more closely with them. However for some EECs, there remains work to be done to ensure the full potential of the EECs are realised through the support of the EYDCPs. For example, EYDCPs could:

- allow representation of the EEC management on its partnership committees;
- describe the role of the EEC in its strategic plan;
- give visibility to the EEC and make sure it is viewed as an important resource for the delivery of its early years policy.

4.7 Quality of Service Provision and Successful Practice Themes

It should be noted that the evaluation has documented much detailed evidence on the quality of service provision and successful practice in the EECs. However, this detailed evidence will be presented later in a series of forthcoming guides, which are to be disseminated by the programme Dissemination and Training Group. Here the intention is simply to identify where successful practice may be located within the programme. These areas have been identified through careful scrutiny of the evidence reported by EEC staff and local evaluators.

A central element in the EEC programme is the ability of the EECs to act as exemplars of successful practice, particularly in the delivery of integrated early childhood and family services. One aim of the programme is that the EECs act as 'change agents' within the early years and family support sectors, operating to both improve the quality and transform the service delivery of other service providers. The role and effectiveness of the EECs in developing and promoting high quality early childhood services internally, locally and nationally will therefore be a key measure of the success of the programme.

Given these objectives, there is a major focus in the EECs' activity on training and the dissemination of good practice and all pilot EECs are rapidly expanding their activity in these domains, as Section 3 of this report reveals. The identification of quality in integrated service delivery, and the promotion of the successful practice found within the EECs, is central to the wider impact of the programme. The national evaluation has encouraged the scrutiny of both of these aspects of EEC performance.

4.7.1 OfSTED Inspection Evidence

During the present reporting period, three of the pilot EECs have undergone a full OfSTED inspection which has scrutinised the whole range of service provision in the centres. It should be recognised that the recent OfSTED inspections of EECs have been piloting a new approach to the inspection of integrated early years provision. In total four of the twenty nine EECs were inspected by July 2001. These rigorous inspections have affirmed the high quality of service provision in those EECs and acknowledged the professionalism and benefits of integrated services for the children and families who benefit. This provides the programme with confidence that the pilot EECs, although innovative and developmental organisations, are able to meet stringent national quality control systems.

As one Inspection Report stated,

"This is a very effective centre. Families have easy access to social care, education and health services in one location. Children and adults receive high quality support from dedicated workers who have the best interests of families firmly at the centre of all their work. Effective outreach support for other early years colleagues is offered through the research, development and training base and involvement with the local EYDCP.

- *The support for families is outstanding.*
- *There is excellent partnership with parents.*

- *The staff are very skilful in listening, planning and assessing what children do.*
- *There is very effective teaching and learning in all 'areas of learning'.*
- *The opportunities for staff development and training are excellent, within the centre and beyond."*

(OfSTED October 2000)

4.7.2 Successful Practice Themes

One section of the local annual report encouraged EECs to focus their evaluation evidence on aspects of their provision where they believed they exemplified particularly successful practice, and where they were actively disseminating this practice. Over the last year the EEC programme has begun to encourage Centres to identify and promote aspects of their practice where they have a particular strength. This strategy has enabled EECs to play to their strengths and also taken a certain amount of pressure off them to excel at everything. It should be noted that the identification of a limited number of themes by an EEC does mean that they are not providing good practice in other areas but rather that they are gathering detailed evaluative evidence of their practice in these areas which they are actively disseminating more widely.

Analysis of the successful practice themes, and the frequency of their identification in the pilot EECs, is presented in Table 16. This table demonstrates that the EEC programme provides a rich source of successful practice which covers a wide spectrum of professional issues and a wide range of professional contexts. This year's annual reports provided extensive evidence of innovative and effective strategies in each of these areas of professional practice. These themes therefore provide a useful starting point for the development of the successful practice publications which are planned as part of the EEC programme dissemination strategy. As stated previously, this report does not present the detailed evaluative evidence on these themes as this evidence will be disseminated in other EEC publications. The analysis does however provide an indication of where this successful practice lies and what the strengths of the current programme are.

Table 16: Successful Practice Themes

Theme	Number of EECs
Quality Early Education and Care - 0 – 3s - 3 – 5s - Special Needs	9
Integrated service delivery	8
Men's Involvement in Services	6
Effective Training Strategies	6
Literacy (Family and EAL)	5
Outdoor Provision	4
Multi-Professional Team Building	3
ICT	3

Parental Involvement	2
Supporting Young Parents	2
Quality Extended Day and Holiday Care	2
Continuity with Primary Schools	2
Preventative Health Strategies	2
Art and Creativity	2
Base=29	

EECs were also asked to identify the strategies they were currently employing, locally and nationally, to disseminate their practice. This evidence revealed a whole range of dissemination mechanisms and forums including:

- Training and professional development;
- Quality development work
- Outreach work
- EYDCP and local authority working groups
- Publications
- Videos and CD ROMs
- Communications media, including newspapers, TV and Radio
- Internet
- Conferences
- Open days
- Consultancy
- Local early years forums
- National professional organisations
- Networks
- Research projects

This wide range of strategies demonstrates that the EECs are taking their role as disseminators of good practice very seriously and devoting considerable time and energy to this activity. At programme level these strategies are being usefully coordinated and incorporated into a national dissemination strategy for the EEC programme. This year's evaluation evidence has also indicated that some EECs may be more ready than others to participate fully in a national dissemination programme due to the early stage of their own development. The national programme should develop a staged process of participation in the national dissemination strategy as new EECs enter the programme.

SECTION 5. THE PROGRAMME STRATEGIES AND BENEFITS STUDY

5.1 Methodology of Strategies and Benefits Evaluation

This section of the report presents qualitative case study evidence on the perceived short and medium term benefits of the EEC services for children, parents, families and practitioners, and the professional strategies that have contributed to these benefits. The term ‘benefits’ rather than ‘impact’ or ‘outcomes’ is used in this evaluation to emphasise the developmental nature of the EECs’ work and also to acknowledge the fact that this evaluation design does not allow the identification of direct causes and effects or ‘impact’. To provide objective evidence of the impact of the EEC services on the families would require a more complex research design involving matched samples of control/comparison families in non-EEC areas, the involvement of local Early Years Development and Childcare Partnerships and the collection of baseline measurements of identified outcomes. It would also demand a methodology for separating out the impact of the EEC programme from other government programmes operating within the same local area with the same families. These features were not built into the evaluation brief.

The strength of the case study evidence is the generation of rich, illuminative portraits of the processes of multi-sector services in action and their benefits for children, families and practitioners in need of support. They also identify the range of family and practitioner types who are accessing the EEC services, the range of stress factors which these families are experiencing and their different patterns of service use. It should be noted that the identification of longer term benefits for service users would require a longitudinal study carried out over at least five years and is therefore not within the remit of a three year evaluation design. However, longitudinal studies carried out elsewhere have indicated that some of the most profound benefits, particularly to children, can take many years to materialise (Schweinhart and Weikart, 1997) Thus, this evaluation is limited to identifying the short and medium term benefits of EEC service use.

The evidence on strategies and benefits has been primarily achieved through the collection of qualitative case studies by EEC practitioners and users, with additional evidence provided by some EECs on the performance and progress of the children, families and practitioners who use their services. A case study approach was chosen to provide rich, detailed illustrations of the EEC programme in action, describing how it affects a wide range of children, family and practitioner users. Rather than a definitive outcomes study of the causes and effects of the EEC pilot programme, we aimed, through the use of case studies, to illuminate the way cycles of poverty, underachievement, social exclusion and family stress can be changed through the delivery of an integrated programme of support services for children and families. We also aimed to demonstrate how early years practitioners have benefited from the training and dissemination work of the EECs. Although we are not able to claim that these changes would not have happened without the EEC, it would seem to be unlikely that the range and extent of improvement in the quality of family life or practitioner competence documented in the case studies would have happened without the access to such services.

It was not feasible to study the cohort of EEC children, families and practitioners in its entirety due to the large numbers of individuals involved. The overall approach to identifying the case studies to be used in the evaluation was one of ‘purposeful’ or ‘selective’ sampling, rather than an attempt to obtain a large, random and statistically representative sample. This approach involves identifying the critical contextual factors which are likely to affect the phenomenon or programme under investigation and those affected by it, selecting the case studies to specifically include a range of these factors in operation (Guba and Lincoln, 1981). Patton (1990) usefully explores the merits of utilising a purposeful sample,

“The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about the issues of central importance to the purpose of the research.”
Patton, 1990, p169.

The purpose of the strategies and benefits study was to identify the impact of the EEC services on those who used them and the professional processes that were involved. Child and family case studies for documentation were therefore selected according to a number of contextual factors which we felt would capture the wide range of family types who accessed and who benefited from the services in a variety of different ways. Two sets of three contextual criteria were therefore specified by the national evaluators, against which EECs were asked to select their sample of family case studies:

1. Level of Family Stress

This first set of criteria aimed to capture the range of stress factors that a family might be experiencing at a particular point in time. These are not factors which families may hypothetically develop, but rather stresses that families were actually experiencing during the time of compiling the case study and which might put the family at risk of breakdown or contribute to a significant worsening of the quality of family life. These stress factors within the family included low income, unemployment, asylum seeking, isolation, special needs, mental health problems, drug or alcohol dependency, child protection registration and criminality. EECs were asked to select a range of families at three different levels of stress within their case study sample.

- High Stress Families (3+ factors)
- Medium Stress Families (1 or 2 factors)
- Low Stress Families (no factors)

Families exhibiting three or more of the identified stress factors were classified as being at high risk of breakdown, families with one or two of these stress factors were classified as being at medium risk of breakdown, and families with none of these stress factors were classified as being at low risk of breakdown.

2. Level of Service Use

The second set of criteria aimed to capture the level of use of the EECs' services by families. The three main types of services provided by the EECs are child services, adult (including family support) services and practitioner training services. EECs were asked to select a range of families for their case studies who used their services at three different levels of intensity.

- High Use
- Medium Use
- Low Use

A high use family would access a range of both children and adult services, a medium use family would access a limited range of child and adult services and a low use family would access just child or adult services.

EECs were asked to compile a 5% sample of their families using the above framework to select their case studies (see Appendix A for more details of sampling guidance). They then collected data on each of their case study families according to four key headings:

1. Characteristics of the family;
2. Stress factors within the family;
3. Pattern of EEC service use by the family;
4. Benefits of EEC services for family members.

It should be pointed out that the use of purposeful sampling in this evaluation means that the case study evidence cannot claim to statistically represent the whole cohort of EEC service users. Rather, it illustrates how the EEC services may benefit families who exemplify important variations in the use and need of the EEC services.

This year twenty four of the twenty nine pilot EECs returned case study evidence. The total of case studies returned was 204, an average return of nine case studies per EEC, with a range from two to thirty one. This represents an average sample of 4.5% families per EEC. The spread of returns is detailed in Table 17.

Table 17 : Range of Case Studies Returned

	High Stress	Medium Stress	Low Stress	Total
High Use	40	22	14	76
Medium Use	13	44	30	87
Low Use	5	10	26	41
Total	58	76	70	204

Base = 204

The 204 case studies were then analysed by the National Evaluators using a coding system for:

1. Family Type
2. Stress Factors within the Family
3. Pattern of Service Use
4. Benefits

Further analysis of the case studies was then carried out to identify the professional strategies that appeared to contribute towards the perceived benefits.

In addition, a limited number of case studies of practitioners (ten) who had worked in the EECs, or benefited from training provided by the EECs were also submitted by three EECs. One EEC also carried out an innovative and in depth study of its volunteers which included several case studies. These case studies, and other evidence provided in the EEC annual reports on EEC service user outcomes, were analysed by the national evaluators to ascertain the benefits to early years practitioners of the EEC programme.

5.2 Family Type

Table 18 demonstrates the range of family types included within the evaluation sample.

Table 18: Family Types

Couple	Lone Mother	Lone Father	Young Parent	Grandparents
119	72	13	12	9

Base = 204

This spread of family type is broadly reflective of the range of family types identified by the quantitative monitoring data on service users collected by the EECs (see section 3). This triangulation supports the validity of the case study data. The following extracts from case studies are illustrative of the spread of family type in the sample.

Case Study 1: Couple

M is new to the area having moved from California ten months ago with her partner who is a student, and a baby boy. The family live in student accommodation. As father is out most days at university, M was keen to meet new people and provide herself and her child with stimulation and the opportunity to socialise within the new area.

Case Study 2: Female Lone Parent

S is a single parent of five children. She was born on the local estate where she lived until the age of eleven years with her mother and sisters. S had an unsettled childhood and was eventually taken into Social Services care and placed with foster carers. After her first child was adopted she moved back to the local estate. Her mother, with whom she has no contact, and one of her sisters still lives in the area.

Case Study 3: Male Lone Parent

J is the father of six children who were aged between three and twenty when we first became involved with the family. His partner died when the youngest child was eighteen months old after a swift terminal illness. J and his family were in crisis when they were referred to the EEC. The two middle children were rarely attending school, J's landscape business had been abandoned and neither J nor the children had received any bereavement counselling.

Case Study 4: Young Parent

L is sixteen and a single parent. She was born and brought up locally and now lives with her mother, who is unwell, in temporary accommodation. She left school when she was fifteen, early in her pregnancy, but is now considering returning to education because her daughter is one year old.

Case Study 5: Grandparents

T is the great grandmother of S, who is now four years old and about to go into primary school. She took responsibility for the care of S when she was eighteen months old. Both parents were drug addicts and had not been caring for their baby properly. The child's grandmother initially took care of her but this soon broke down as she was an alcoholic.

Two parent families form the largest category in the sample, but four in ten are lone parents, which is above the national average. However, in the sample there is an above average proportion of lone fathers among the lone parents, and also significant numbers of young, lone parents (under 18 years), and grand parents with responsibility for young children. The case study narratives also reveal the changing nature of many family situations, with relationships and partnerships within families changing over the relatively short life course documented by the narratives. The range of family types found in the sample suggests that the universal access to services that characterises the EEC programme, combined with a clear intention to remove stigma is being successful in attracting all types of families within a local community. However, the range of family types also reveals the challenge for EECs to be responsive to the particular needs of each.

5.3 Stress Factors Within the Family

Table 19 demonstrates the major elements in the range of stress factors, which put the case study families at risk of breakdown, that were found across the sample. These factors include unemployment, poverty, special needs, mental health, child protection, asylum seeking, drug and alcohol dependency and criminality.

Table 19: Stress Factors Within the Family

Unemployment	Poverty	Special Needs	Mental Health	Child Protection	Asylum Seeker	Drug or Alcohol Dependency	Criminality
79	76	73	63	26	23	21	14

Base = 204

These stress factors have not been highlighted to over dramatise the work of the EECs, and it must be pointed out that many families who access EEC services do not present the centres with these issues. Analysis of the case studies reveals that one in three of the sample families were not facing such stress (seventy), and a further one in three families (seventy six) were coping quite well with more than one of the stress factors identified. However, even the low and medium stress case study families reported significant benefits to the quality of their family life through accessing the EEC services. The following three case studies reveal the range of stress levels in the case study families.

Case Study 6: Low Stress

K is three years old and lives with his mother, father and elder brother, who is five. Both parents work full time in their shop and have the support of K's grandparents. K attends the nursery on a full time basis and uses the extended day facility. He is making good progress. The parents indicate that the centre takes pressure off them during their long working day.

Case Study 7: Medium Stress

P lives with her partner and two children S, a girl aged four and T, a boy aged three. P was born on the estate and has lived most of her life there. She used to have her family living on the estate as well but they have now moved out of the area and so there is less help available to look after the two children, although her partner's family do provide some support. S is on the SEN register and receiving input from a Portage Worker.

Case Study 8: High Stress

E is of Arabic/Irish heritage and has two children. They were referred to the centre by the NSPCC following investigation. The children were placed on an increased risk category on the Child Protection Register. E displayed mental health problems and both girls had sustained sexual abuse by a stranger as they were left to care for themselves. The eldest child was suffering morbid obesity and the youngest refused to speak to anyone at the centre.

Although the EEC programme is not targeted at highly stressed families, the case studies reveal that large numbers of families in the EEC communities do, at some point, face such challenges, and many can face multiples of these stresses at any one time. As Table 17 reveals, fifty eight of the two hundred and four case study families were classified as having high stress, meaning that they had multiple stress factors within them, and a further seventy six case study families were classified as being at medium stress, meaning that they had at least one of the risk factors. EECs are therefore dealing with these issues very much in the course of their normal daily functioning. Addressing these stress factors within families has been very much a central part of the work of the EECs over the past year and demonstrates the need for them to adopt a multifaceted approach to their programmes of services if they are to be effective in changing family prospects. The following discussion looks in more detail at the impact of these stress factors on family life and the range of professional strategies used by the EECs to alleviate them.

5.3.1 Unemployment and Poverty

Table 19 reveals that for over one in three of the case study families the predominant stress factors were unemployment and the resulting issues of poverty. This proportion is echoed in the picture presented by the ward data from the Social Disadvantage Research Centre at Oxford University, which indicated that seventeen of the EECs were located in the twenty per cent of wards with the highest percentage nationally of families receiving Income Support and income based Job Seekers Allowance.

However, it should also be noted that the majority of case study families did have employment and were often struggling to balance their work and family life responsibilities in order to maintain their standard of living. This often introduced a level of stress into the daily lives of families. The need for EECs to be responsive to the needs of working families was also highlighted in the case studies.

Case Study 9: Unemployment and Poverty

P is of white British heritage and has four children of dual heritage (Pakistani/White British). Three of the children are below school age and have been allocated nursery placements. As a lone parent she found material life a struggle and wanted desperately to improve her children's life chances. She came to the centre to access NVQ courses as a means of getting off benefits in order to get a job and she chose to focus on childcare and Education NVQs. Through her contact with the centre she came to a realisation of her worth as a mother and individual and has completed her qualification. She is now working in a full time, permanent job in a Women's Refuge as a children's support worker and her children attend the centres after school and homework clubs.

Further analysis of the case studies identified a range of professional strategies used by the EECs to alleviate the impact of unemployment and poverty. These strategies include:

- Providing affordable, flexible, extended day and year childcare;
- Building confidence, self esteem and aspirations in parents;
- Providing money and debt management advice;
- Supporting access to benefit entitlement;
- Providing regular routines, purpose and an organised structure to the day;
- Giving advice on affordable, healthy eating and nutrition;
- Helping to facilitate charitable donations for clothing, household equipment;
- Offering basic skills training in literacy, numeracy, computers and other job related training opportunities;
- Offering advice on job opportunities, personal presentation, preparing CVs;
- Giving access to career, financial and business advice;
- Providing work experience through volunteer and paid activity within the centre;
- Offering job opportunities within the centre on community projects, Sure Start, home visitor schemes;
- Making links with local employment agencies.

Some of these strategies are directed towards providing the families with emotional and social support, to reduce isolation and give them a sense of inclusion, participation and value within a caring community. Other strategies offer very practical help with the day-to-day struggles of living and managing on a restricted income. However, the majority of strategies are developmental and forward looking, giving the family a sense of future possibilities, wider aspirations and supporting the adults involved in accessing educational and employment opportunities.

5.3.2 Special Needs

The incidence of special needs within one in three of the case study families also demonstrates the importance of this strand of the EECs' work. The special needs were usually identified for children, but in some cases the EECs were supporting adult family members with special needs.

Case Study 10: Child with Special Needs

P and D are mature parents, and for P, this is his second marriage. He has two children from his previous marriage and P and D have one son, S. D had concerns about her son's development and these were supported by Health Visitor assessment. Following early assessment referral was made to the Portage Service and D and her son were encouraged to access the parent and child play sessions at the centre. Liaison between the centre, Portage and D helped to ease D's separation anxieties and 'transition' arrangements were made to facilitate S's start in the nursery. S does not need a lot of sleep and D has chronic asthma and general ill health and this leaves her feeling exhausted. Over the time the family has been accessing the centre D as participated in the Parents Group, Positive Parenting, and Parenting Survival Groups as well as the Women's Opportunity Group. D and P have been amazed by S's progress.

Case Study 11: Adult with Special Needs

Mum, dad and two children, aged four and nine years, live in a small semi-rural village approximately three miles from the centre. Mum does not work as she has multiple sclerosis, which flares up intermittently and this results in periods of immobility. Dad is a Police Inspector. Mum finds the youngest child very difficult to handle and her parenting skills are inconsistent and sometimes inappropriate. During periods when her illness is progressive, her four year old son takes full advantage and his behaviour deteriorates. Mum is supported by the centre in a variety of ways. Advice is given on behaviour management and parenting skills, help is given in a very practical way with day-to-day routines and offers of other services have been given. The youngest child also attends Tea Club one evening a week that extends the nursery day for the family.

Further analysis of the case studies identified a wide range of professional strategies used by the EECs to support children and adults with special needs. These strategies include:

- Providing regular and flexible respite care for the child to provide the parent with time to manage the wider family and also to have some personal relief from the demand of caring;

- Giving access on site to a ‘package’ of specialist professional support which is geared to the child’s particular needs;
- Offering responsive, sympathetic and individualised advice to parents on how to support the child’s special needs;
- Developing ‘befriending’ schemes for parents and siblings of children with special needs, which offer holidays, outings, visits and home environments;
- Supporting the child’s transition to other settings, including school;
- Offering parent groups (sometimes self-help and self-run) and counselling sessions which facilitate self esteem, confidence and the eradication of guilt feelings;
- Providing specialist toys, books and equipment for home use;
- Supporting access to specialist equipment and services;
- Supporting access to relevant benefits e.g. disability, mobility and caring allowances, and support in the appeals procedure;
- Acting as an advocate and joint partner for the child and family in accessing their service rights and in progressing the statementing process;
- Supporting the child and family at home where greater privacy and confidence can be developed;
- Providing escort and transport for children and families to increase access to support services;
- Providing translation and interpretation support for children and families;
- Offering bereavement and terminal illness counselling, and ‘life story’ compilation, including the production of videos.

These strategies reflect the responsiveness of the EECs to the need for social and emotional support for these families, who may be suffering with feelings of guilt, inadequacy and confusion in dealing effectively with their child’s or parent’s particular needs. They provide regular, individualised and very practical support, both within the centre and at home. There is also an emphasis on responding to the emotional impact of living with children and adults with special needs, in order to ensure that the individuals involved are able to enjoy their family life and have quality time both within and outside the family environment. We can also see the EEC professionals actively working in an advocacy capacity to ensure that all families receive their entitlement and are able to participate fully in decisions which may affect their future.

5.3.3 Mental Health

The relatively high incidence of mental ill health amongst the case study families (nearly one in three of the case studies) was also notable, with families often under extreme stress as they dealt with this. Professional staff within the EECs were playing a key part in the recognition of mental health as an issue which needed to be addressed within the family context, and ensuring that appropriate professional support, which was not stigmatising or disempowering, was forthcoming.

Case Study 12: Parent with Mental Health Needs

R is a young married woman who lives with her husband, D and two children, who are four and three years old. She is pregnant with her third child. R has long-term mental health problems. She describes an abusive childhood, both physically and emotionally, although she still has regular contact with both parents. From an early age R self harmed as a release from internal distress and says that she still feels the need to do this, although she has managed to control it for the past year or two. Just before the birth of her second child the family were re-housed on the local estate. After the birth, R suffered post-natal depression and Health Service support was provided for the family. Through this R was encouraged to attend the centre's parent and child group. It was obvious that R could not meet her children's emotional needs at this time, although they were cared for physically, so a nursery place was offered to her son. R continued to attend the parent and child groups with both her children. A strong supportive relationship has been built between R and the centre staff. As R's confidence has grown she has become involved in several adult groups at the centre and she has started to build relationships with other mothers.

Further analysis of the case studies identified a range of professional strategies used by the EECs to support families with mental health needs. These strategies include:

- Providing flexible and responsive care arrangements for children both regularly and when there is a bout of mental illness;
- Ensuring each family has a key worker with whom they can relate with trust and confidence;
- Taking a positive stand to reduce the stigma attached to mental illness;
- Coordinating the work of different professionals working with the family, including GPs, social workers, psychologists and teachers;
- Acting as an advocate for the family to ensure their access to community and health support services;
- Undertaking home visits to monitor, support and improve the care of children;
- Providing extended respite care for children;
- Offering visits and holiday experiences for adults and children;
- Offering specialised counselling for adults and children;
- Reducing isolation through adult groups, including therapeutic activities, some run by professionals, others working through self help;
- Offering advice and mediation with housing and environmental officers to improve the living conditions of the family;
- Providing transport and an escort to medical and other appointments;
- Giving practical help in managing and organizing family life, particularly during bouts of illness.

These strategies were aimed to ensure a serious, professional and non-stigmatised response to mental illness and the promotion of a supportive environment around the family to minimise the impact of mental ill health. There was also a preventative aspect to the strategies which aimed for an early diagnosis and coordinated action to meet mental health needs for both adults and children.

5.3.4 Child Protection

A significant number of children within the case study families (more than one in ten families) were on the Child Protection Register. EECs were offering high levels of family support in such cases to ensure that the children's well being was ensured and to improve the quality of parenting and family relationships. Issues of domestic violence, sexual abuse and child abuse are requiring very specialised training to enable EECs to identify and remediate. Staff were also often fully involved in the legal process of adding or removing a child's name from this register. The case studies reveal that EEC staff were playing a critical role in supporting families and children through these difficult issues and having some success in removing the need for a Child Protection order.

Case Study 13: A Baby on the Child Protection Register

A and M are a married couple with one child, aged four years. Both parents have learning difficulties and attended special schools. They met locally and moved near the centre when the baby was two months old. At this point Social Services became involved with the family. M had a previous short marriage to a woman with three children. During the six months the couple were together, allegations of sexual abuse and physical abuse towards two of his stepchildren were made against M. Although he was not convicted of any offence, the marriage broke up. The baby's birth raised serious concerns with Social Services and M was asked to leave the family home while assessments were carried out. At this point the centre became involved with the family. A was living as a single parent with a very young baby. She had learning needs of her own and there were concerns about her ability to cope. Centre staff did some outreach to A and gradually she became involved in some of the parent and child groups at the centre. The baby remained on the Child Protection Register throughout the assessments and also, as he grew, concerns were raised about the level of parenting A was able to offer. The centre continued to offer support and a nursery place was offered to the child to give A some respite.

When the child was 20 months, M was gradually rehabilitated into the home, although the family remained under supervision. Both parents attended a Positive Parenting course at the centre. Currently, the child has a full time nursery place at the centre. He is no longer on the Child Protection Register due to the high level of support still offered to the family by the centre. M remains at home to look after the child, while A has part time work at a nursing home. The couple continue to experience many difficulties, including quite serious debt problems and a degree of social isolation. It is clear that both parents see the centre as a lifeline.

Further analysis of the case studies identified a range of professional strategies used by the EECs to support families with children on the Child Protection Register. These strategies include:

- Providing intensive family support and nurture groups for children;
- Providing parenting courses and home based support to enhance parenting skills;
- Monitoring the well being of children both within the centre and through home visits;

- Offering counselling and therapeutic support for parents and children;
- Advising on anger and behaviour management;
- Providing accompanied access to children for parents;
- Acting as a mediator and advocate for the family between social workers and other professionals when trust and confidence has broken down;
- Ensuring the parent is informed about, and understands, the legal and professional process around child protection;
- Providing support to develop the parent's self esteem, confidence and relationships with their children;
- Coordinating the work of the different agencies to ensure a coherent plan of action is implemented and communicated to all involved.

These strategies focus primarily on ensuring the well being and protection of the child, but then extend to ensure that the family is given every opportunity and practical support to remain together and improve the home environment. The establishment of trusting relationships on all sides is viewed as critical and the key to encouraging parents to acknowledge their problems, to take responsibility and to work at improving their parental care. There is also a genuine commitment to working on behalf of the family with the various involved agencies.

5.3.5 Seeking Asylum

There were a number of EECs that had high numbers of asylum seekers within their community whom they were beginning to successfully engage in their services. The particular needs of these families were evident in the cases studies and EECs were providing much needed support at a time of extreme crisis and trauma for these adults and children and working hard to reduce these families' feelings of social exclusion.

Case Study 14: A Refugee Family

A is eighteen and a refugee from Rwanda, where her parents and many members of her family were killed in the genocide. Her first languages are Kinyarwanda and French but she is now learning English. She lives in a hostel with her daughter, who is one year old. A was very isolated and unsupported at the time of her referral to the centre and the teenage parents project. She had no relatives or friends in this country. Since being referred, A has used many of the centre's services. She started bringing her daughter to the drop in, which she loves, and then enrolled in the English class and the computer class, leaving her daughter in the crèche. She is starting a nutrition class now so she will be at the centre five days a week. Both of them love being at the centre and she has made some friends with other teenage parents. She also receives help and advice on ongoing problems – housing, health, benefits, travel costs and is being advised on educational options. She hopes to enrol on a college course in September and get to University.

Further analysis of the case studies identified a range of professional strategies used by the EECs to support refugee and asylum seeker families. These strategies include:

- Providing translation and interpreter support;

- Providing family support and day care services;
- Providing a meeting place for the parent and child to make contacts and friendships within the local community;
- Providing counselling for post-traumatic disorders;
- Giving access to English classes;
- Advising on health, housing, financial and benefit rights;
- Offering legal and practical advice on immigration and travel protocols;
- Helping with setting up a new home;
- Organising ‘befriending’ schemes to enhance sense of belonging;
- Organising visits and outings to familiarise family with their new location.

These strategies reflect an open and inclusive policy within the EEC and their aim to ensure that refugee or asylum seeker families do not feel alienated within the local community. The EEC often becomes the first and primary point of contact for the family and can be decisive in shaping the families’ future and sense of well being. Again, some of the support offered is at an emotional and social level but accompanied with very practical support to ease the transition of these families into a new culture and community.

5.3.6 Drug or Alcohol Dependency

A small but significant number of case studies (one in ten) revealed the incidence of drug and alcohol dependency amongst some families served by the EECs. Staff within the EEC were developing specialist skills to deal with these issues and to provide families with support and professional encouragement to break their dependency.

Case Study 15: An Addicted Parent

S is a heroin addict living in rented council accommodation with her partner, D, who also has a history of drug dependency. S and D have five children ranging in age from three to eleven years. Social Services have been involved with the family for many years because of drug misuse, parental discord and attendant concerns that the parents are not meeting the children’s needs. Up until recently the youngest child, P, has attended the Centre irregularly. P is diagnosed as having pervasive developmental delay. S and D have not turned up for scheduled medical and assessment meetings. Consequently staff have been unable to complete the statutory assessment. P was offered an afternoon place at the nursery but she often became upset and clung to D. After some encouragement D began to stay with P on a family placement three afternoons a week.

Further analysis of the case studies identified a range of professional strategies used by the EECs to address issues of drug or alcohol dependency within families. These strategies include:

- Monitoring and providing intensive support for the care and well being of children at home and in the centre;

- Counselling parents to acknowledge their addiction and its causes;
- Working with parents to enhance their self esteem and sense of agency;
- Acting as an advocate and supporting the parents in accessing rehabilitation treatment;
- Providing childcare whilst rehabilitation is in progress;
- Offering professional advice on drug and alcohol dependency and how to move on from this;
- Offering financial advice to help them pay their bills;
- Organising and hosting self help groups;
- Acting as mediator and coordinator of the various agencies involved with the family;
- Offering supervised contact sessions between addicted parents and children;
- Providing overnight and weekend respite care for the children.

These specialised skills were being offered both by trained professionals working within the EEC and sometimes by EEC staff developing their professional skills to deal with these issues. Some of the strategies were aimed directly on ensuring the well being of the child, but many were also aimed to change attitudes and life chances of the parents over time and to give them a sense of care and belonging within the EEC community. The EECs were increasingly addressing issues of drug and alcohol dependency in a preventative and very open way, attempting to identify vulnerable families early and providing intensive support to prevent a deterioration or escalation in the dependency cycle.

5.3.7 Criminality

A small number of case study families were involved directly or indirectly with criminal activity and this was clearly affecting the well being and functioning of the family. EEC staff were therefore having to deal with these issues in an ethical and non-judgemental way but clearly this was involving some EECs in legal procedures for which they were needing additional professional advice.

Case Study 16: Criminality Within a Family

Mum, dad and two children aged three years and eighteen months live locally. Mum is only twenty one and dad has recently been charged with drug dealing and is on remand awaiting sentence. Dad's parents are very involved in the day-to-day lives of the family and tend to dominate mum, who is intimidated by them. On occasions mum has arrived at the centre showing signs of physical abuse and has broken down when spoken to. She has also found it hard to find the 50p charged for Tea Club. Mum has recently stopped bringing the nursery child to Tea Club because of her visits to the prison in the next city several days a week. Once dad has been sentenced this should get easier as visiting will be restricted because of distance. Centre staff have supported mum emotionally through this time.

Further analysis of the case studies identified a number of support strategies EECs were using in cases where criminality was impacting on family life. These strategies include:

- Acting as an advocate for the family with the Criminal Justice Services and sometimes when the parent is in legal custody;
- Ensuring and overseeing the care of the child while the parent is in prison, linking with foster parents or care institutions;
- Providing counselling support for adults and children affected by the criminality;
- Helping with relocation and supporting families practically and emotionally in starting a new life;
- Provision of legal advice on rights;
- Provision of transport to enable continued contact with a family member who is in prison.

These strategies are aimed at preventing family breakdown and, in particular, aimed at supporting children to cope with the knock on effects of criminal behaviour by other family members. They also reflect the commitment of the EEC staff to all families in their community and their ability to act as a mediator between other involved agencies. Some EEC staff are developing their specialist skills and knowledge in dealing with the criminal justice system and mediating its impact on family life.

In summary, the case study analysis reveals a wide range of professional strategies being implemented in the EECs to address the diverse and multiple kinds of stress that are impacting on the quality of life of children and families. It is precisely this diversity in the nature of the professional response to family need that is a particular feature of the EEC programme. The integration enables a multi-professional and multi-faceted response to be crafted around an individual family and this in turn enhances responsiveness, flexibility and, ultimately, effectiveness. Further analysis of the professional strategies employed in the case studies reveals three core characteristics of integrated EEC services:

1. *their specialised, coordinated and planned application* to professionally identified need;
2. *their individualised nature*, being shaped and created in response to the particular needs of a family or individual;
3. *their non-judgemental, respectful and empowering character*, acknowledging cultural and social diversity, and encouraging agency and responsibility within the family.

What these case studies show is that EECs have the ability to channel the broad policy aims of the programme to meet the individual needs of families in flexible and diverse ways.

5.4 Pattern of Service Use

The case study evidence on the way families access the EEC services and their pattern of service use reflects sharply the dynamic nature of modern life and the shifting demands this makes on families over time. Some case study families were intensive

users of EEC services over an extended period of time, while others used the services intensively for a much shorter period, to see them through a crisis. Other families were very light or even casual users of EEC services, accessing only one or two of the range of services available or accessing them intermittently, taking advantage of something particular the EEC was offering at a particular point in time. There were also many families who used the EECs over an extended period of time but used only the mainstream services, such as nursery education.

Table 17 reveals that amongst the case study families, seventy six of the two hundred and four families were identified by Centres as high users of services, meaning they were accessing a range of education, care, family support and other adult services, eighty seven families were medium users of services, meaning they were accessing two or three services for children and parents, and forty one families were low users of services, meaning they were accessing only the services provided for either children or adults.

All users were valued by the EECs whatever their pattern of service use, and EECs were very much aiming to provide open access for all families in their communities, but clearly some users needed much more support and resources than others. The complexity of service use in the EECs is very difficult to describe accurately, as it is dynamic and subject to rapid change. The case study narratives, which provide a picture of service use over time, therefore provide important evidence on how individual families access and use services differently according to their changing needs.

Table 20: Pattern of Service Use by Case Study Families

Child Care	Family Support	Early Education	Adult Groups	Parent Child Groups	Adult Education	Health Advice	Legal Advice	Housing Advice	Financial Advice
177	148	146	100	74	63	29	22	19	22

Base = 204

Table 20 reveals the patterns of service use amongst case study families. While it should be emphasised that each family's pattern of service use is individual and responsive to their particular needs at a point in time, the case studies do indicate some emerging patterns of service access and use within the cohort of EEC families. The table shows that although large numbers of adults were accessing services, the most used services are those that are focused on children: childcare, early education and family support. Further analysis of the pattern of service use by EEC families reveals four key lessons for service providers:

1. *Adult family members often access support services for their own needs only after, and often through, an acknowledgement of their children's needs;*

In most cases the case studies indicate that the parent first comes to the EEC for a child focused group, where there appears to be less perceived threat and stigma. If the child is very young, this initial service might be a parent and child group, a baby care group or a baby massage group. If the child is older it may be an extended day care

place or a nursery education place. Family support often accompanies this early focus on accessing children's services. However, the case studies reveal that this initial access often subsequently leads to additional help for the adults within the family. Through this first point of contact with the children, a parent may be encouraged to come to the centre for some of the other adult focused activities that are available in the centres, for example, parenting groups, nutrition classes or therapeutic groups. From this, the parent often gains further confidence and trust and may go on to some of the adult education opportunities that are offered within the centre, for example, adult literacy, computer courses, accredited NVQ childcare or GCSE classes. In a significant number of cases the parent may go on to gain employment experience within the EEC, as a volunteer or paid member of the EEC staff.

This common progression suggests that many adults within families are reluctant to express their own needs in the early stages of their involvement in the centres, or may not acknowledge their own need for support. It is through the joint work with the child that Centre staff have helped the parent to identify where adult support was also needed. The child focused introduction also allows the parents to gain confidence so that they feel able to take up any additional offers of support. This conclusion is important in helping us to understand how to reach out to some of the most vulnerable and excluded adults within a community, who will often recognise the needs of their child but not their own. The children's services appear to provide an important vehicle for addressing the whole family's needs. Children are therefore often the gateway to the adults. The need for provision of services for children and adults alongside each other in one location is clearly underlined.

Case Study 17: Children First

S is in her late 20s and is a member of the local Bangladeshi community. She was brought up in a small town in Sylhet and came to England at the age of 16 for an arranged marriage. She is married to a restaurant worker and is the mother of three children, aged 11, 7 and 4 years. She is now both a user of services and a sessional employee at the centre. She first became involved with the Centre when another parent at her son's school told her there was a Bengali class at the After School Club. Through bringing her son, and subsequently her daughter, to the class, she became aware of the other services offered to families and, though shy, she was persuaded by the parent education coordinator to come to the drop in and to start learning English and attending other courses. She has since been involved successively in a wide variety of groups within the centre, including the completion of a three-month Sessional Crèche Worker course. She is currently employed at the centre as a sessional crèche worker, five days a week, and all three children continue to use centre facilities.

- 2. The nature of the first contact with a family is critical in determining how a family will access and benefit from the EEC services;*

The case studies reveal that the nature of the first point of contact with the EEC was critical in determining subsequent use. Families could be referred, sometimes by a social worker or health visitor or the local employment service, or many self refer, finding out about the EEC services through word of mouth, local information services or advertisements. It is evident that many parents find the act of making initial

contact with a centre a daunting and worrying prospect. Having someone who comes into their community or provides outreach into their home is often less threatening. This person can then accompany the parent on their first visit to the centre and facilitate their inclusion into the centre based activities.

Case Study 18: First Contacts Count

X is an asylum seeker from Turkey. A referral was received by the centre from the Asylum Seeker Social Worker. The referral was for outreach support, mainly focused towards enabling X and her child, who had socialisation issues, to become familiar with the local community. The first impressions of X were that of low self esteem and lack of confidence, due to the big change in her family's life and their search for asylum. It took a few weeks to get the trust of X and to develop a professional relationship. However, it became evident very soon that X was very appreciative of this contact and began to understand that people do care and there are friendly faces around. After becoming familiar with places to access in the local community for herself and her child, X was gradually introduced to available services within the centre, such as group work and crèche provision. It was not long after this that X enrolled onto the First Aid course, and with the aid of an interpreter, she successfully completed the course, while her child benefited from the crèche which provided valuable play and stimulation. Since this time the outreach support has ceased and X has made friendships and is now quite confident and independent, commencing English courses to improve her language.

- 3. The wide range of services provided through the EECs, particularly those which might be perceived as being of a more unusual or specialist nature for an early years service e.g. legal, financial or housing advice, can provide much needed support a critical point in a families' history.*

The case study evidence reveals families at the EECs being offered services which may seem to be of a more unusual or specialist nature for a centre of this kind, but which provide much needed, locally accessible support for parents at a critical point in their family lives. For example, legal advice was often urgently needed for a family to take them out of crisis or to prevent family separation and breakdown.

Case Study 19: Legal Advice

T is four. Her family are of African ethnicity and are refugees. During the war and conflict in her home country T was subject to a severe abuse by opposition soldiers. The centre accessed medical treatment for T, provided a nursery place and therapeutic and language support for her and her father. The centre provides home maker support for them and a support worker helps them with appointments and paper work. The centre's legal staff are currently aiding the family in respect of Immigration Advice.

Financial advice could also be crucial in supporting parents through extreme debt crises.

Case Study 20: Financial Advice

Z is a lone parent, isolated and not very fluent in English. She was experiencing problems claiming housing benefits. The Family Support Worker was able to help her complete the necessary forms and contact relevant agencies to clarify information for the completion of her application. She also liaised with the Water Board who was threatening to prosecute Z due to a small misunderstanding about her chosen method of paying of her bill.

Providing advice over housing, and support to relocate families to alternative accommodation, were also part of many EECs work with a family.

Case Study 21: Housing Advice

Mr and Mrs M have three children, aged 6, 5 and 4 years. Mrs M approached the Head of the EEC regarding the families move into temporary accommodation. This housing had been allocated with no consideration of the distance from the two older girls' school or the strong connection the family had to the local area. This situation had resulted in Mrs M and the girls having to leave for school very early in the morning and taking three buses to get to school and back. The Head agreed to support the family's request to be moved into alternative accommodation in the local area. The Head had to warn Mrs M of the local housing crisis in order not to raise false hopes but sent letters of support to the Homelessness Service and the Nominations and Mobility Service. She also coordinated letters of support from Mrs M's college tutor, as evidence of her studying while supporting Mrs M through this very stressful period. Advice was also given on the practicalities of moving, for example, an affordable removal company, gas and electricity connections. The family eventually moved into a three bedroom house with a garden, and only one short bus ride to the school. This remains temporary accommodation and the family continues to live with uncertainty about their home.

- 4. The pattern of use of EEC services varies as a family history develops, with families needing and accessing services more or less intensively at different points in their life cycle. Centres needed to be able to respond flexibly to this dynamic of need.*

The case study narratives reveal that families use the EEC services in a dynamic and, often, unpredictable way. At some points in a family history, service use may be casual or erratic, and at other times, it may be intensive and consistent. Families also need a wide range of different kinds of support during their life histories. The pilot EECs are trying to meet these changing and extensive demands in a flexible and responsive way. The case studies provide clear evidence of the multi-faceted nature of the needs of families and the multi-professional responses that EECs are managing effectively to integrate into their work with families.

5.5 Programme Benefits

As stated previously, this evaluation was not designed to provide definitive, objective evidence of the outcomes of the EEC programme. However, the case studies do

provide substantial and convincing evidence of the perceived benefits of the EEC programme for children, parents and practitioners. Although this evidence is individually subjective, it has validity when considered in the context of the wider sample of family narratives. We believe it provides important and robust confirmation of the potential of the EEC programme to have an impact in key areas of Government policy. The case study evidence demonstrates how, in a relatively short time scale, the quality of family life, the prospects of individuals and their ability to participate more productively within their community, can be improved by the delivery of an integrated and multi-professional response to their needs. However, it should also be noted that not every piece of work carried out by an EEC is a success story. The evidence also shows that in some cases the services are not able to turn a family's fortunes around in the short or medium term (2 –3 years).

The evidence on the perceived benefits of the EEC programme will be presented in three parts:

1. Benefits to children;
2. Benefits to parents and families;
3. Benefits to practitioners.

We also provide some analysis of the particular features of the integrated EEC services that appear to have generated the identified benefits.

5.5.1 Benefits to Children

The case studies provide many illustrations of the short and medium term benefits to the children who access their services, as perceived by the staff and families involved. Some of the children may begin their first experience of EEC life as a very young baby, for example in a baby care nursery or a stay and play group, and continue through other child services as they grow. Other children may receive intensive one to one support in a nurture group or a special needs support group for a period of time, while other children may join the nursery class at three years of age and access the extended day sessions. Thus, the input from the EEC staff into the child's experience may be short or longer term, intensive or intermittent. This should be borne in mind when trying to assess the possible impact of the EECs on children's progress and development. Nevertheless, the case studies provide a strong indication of the benefits of EEC services to children, particularly for those who enter the services with a limited or low baseline of development.

Table 21 reports the number of case studies in the sample where identified developmental progress in children was reported as a direct benefit of accessing the EEC services. These benefits included:

- enhanced social and emotional competence;
- enhanced cognitive development, particularly in language skills;
- early remediation of special needs and improved rates of inclusion in mainstream settings;
- a reduction in the rates of Child Protection orders and 'looked after' children;
- improved physical well being.

Table 21: Benefits to Children

Enhanced Social Competence	Enhanced Cognitive Development	Early Remediation of Special Needs and Increased Inclusion	Reduction in Child Protection and Children in Care	Improved Physical Well Being
147	87	60	12	4

Base = 204

However, it should also be acknowledged that the longer-term benefits of the EEC experience may not be expressing themselves in children’s progress fully at this early stage in their lives, particularly with regard to their educational progress. It should also be noted that there were some submitted case studies where the EEC professional input had been unable to counteract the negative impact of other factors in a child’s life at this point in the family history.

1. Enhanced Social and Emotional Competence

The most commonly reported benefit for children in the case studies was enhanced social and emotional competence (nearly three out of four case studies). For EEC parents and practitioners, this was commonly a priority in their goals for the children, many of whom were using an EEC service because of the child’s need for social experience and to combat emotional stress of various kinds. The emphasis placed on this area of children’s development within the Foundation Stage Curriculum also provided practitioners with further encouragement for this emphasis in their service support for young children throughout their time at the EEC.

Case Study 22: Social and Emotional Benefits
R came to the centre from a refuge and sheltered housing after leaving a violent relationship. S is the younger of two children, the older being at school. S found it difficult to settle in the nursery and did not speak for several months. There were also family bereavements during this period which caused S great distress. Two years on, S has become confident and socially mature, ready to move with her sibling to school.

Further analysis of the case studies reveals the features of EEC services that particularly promoted social and emotional development in young children. These included:

- A secure, consistent and caring environment;
- Continuity and consistency of routines and expectations;
- A climate of openness, tolerance and respect for all;
- Generating an open, participatory, civic culture in which children have rights and are encouraged to actively participate;
- Significant attention given to enhancing children’s self esteem, social competence, emotional well being and sense of agency within the educational programme;
- Regular access to well planned and supported peer group interaction;
- A key worker who gives the child particular attention;
- Joint work with parents;

- Support for parent/child relationship.

2. Enhanced Cognitive Development, Particularly Language Skills

The benefits of high quality early education experiences within a familiar and secure environment, particularly for disadvantaged children who may enter services with a low or limited baseline of development, is well documented in the literature. The case studies and evidence from the annual reports provided a clear indication that children who had experienced the high quality, integrated early education experiences within the EECs were demonstrating enhanced cognitive development and making better than expected educational progress, particularly in language skills.

Case Study 23: Cognitive and Linguistic Benefits

S has attended the centre for two and a half years since she was an emergency referral in the under threes room. Her great grandmother had taken responsibility for her care, both parents being drug addicts who had been leaving her alone in her cot for hours in the same clothes and without proper food. She was described by her great grandmother as “a sad little baby, very withdrawn like.” She went on to state that, “The nursery helped her to come out of herself and play with the other children.” S is now just about to go into primary school and her transition record shows her to be a bright and capable learner who has achieved well and is now able to take full advantage of all aspects of the nursery provision. Her key worker envisages no problems with her transition to school.

Further analysis of the case studies reveals the features of EEC services that particularly promoted cognitive and linguistic development in young children. These included:

- A well planned, rich and stimulating experiences across all areas of learning offered from birth;
- Regular and extended access to centre sessions from an early age;
- A well resourced, attractive and accessible environment;
- Home loans of toys, story sacks and books;
- Attention paid to cultural and developmental diversity;
- Access to specialist trained staff;
- Emphasis on nurturing positive attitudes and dispositions to learning;
- Encouragement for children to become independent, self organizing, self motivating learners;
- Promotion of continuity between local community, home and centre;
- Joint work with parents on children’s learning;
- Priority given to raising levels of family literacy.

Early Identification of Special Needs and Improved Rates of Inclusion in Mainstream Settings

The ability of the EECs to identify children’s special needs at an early stage and provide specialist support for them, often within the mainstream of the centre

provision, was clearly benefiting children with special needs as they progressed through to compulsory school age. The case study data demonstrates vividly and powerfully how such children progress rapidly with this early and specialist support, and how far this may improve the child's chance of inclusion into mainstream provision as they get older. The benefits to parents in terms of their peace of mind and emotional well being are also very notable in the case studies.

Case Study 24: Benefits for Children with Special Needs

T is an only child and started at the centre at 4 years old. He had already been assessed for special educational needs and it was suspected that he had autism. He had attended a nursery previously which had felt unable to meet his needs. T's mother had a terminal illness and was in and out of hospital. The family had little support and were living in temporary accommodation. The ill health and frequent absence of his mother meant that T was a confused and rather angry little boy. It was anticipated that he would need special schooling. T was offered a core day place at the nursery. As his mother's health deteriorated he was taken into the care of the local authority. The centre became a key feature in his life as a secure base in a changing world. His hours were extended to enable him to travel to the centre from the various foster carers he was placed with. When his mother came home she attended meetings to plan for T's future. T made good progress with the support of a sympathetic and skilled key worker. It was decided that he did not have autism and he was able to transfer to a mainstream school.

Further analysis of the case studies reveals the features of EEC services that particularly benefited children with special needs. These included:

- Early diagnosis and action;
- Regular access to specialist professional support which is coordinated centrally;
- Regular reviews and assessment, with parental participation at all stages;
- Advocacy to ensure child and family receive entitlement;
- Practical, social and emotional support given to parents;
- Access to respite care;
- Good liaison with feeder settings and schools;
- A pro-active policy on inclusion and equality of opportunity;
- A climate of tolerance, respect and openness.

3. Avoidance of Inclusion on and Early Withdrawal from Child Protection and Children in Care Registers

As indicated earlier, there were significant numbers of case study children who were on the Child Protection Register or close to being taken into care due to family breakdown. The case studies provide evidence of how the multi-professional, integrated response of the EECs, addressing the parents and other family members needs, as well as the vulnerable child, was often critical in preventing these steps from being taken or often in removing an order that had been made.

Case Study 25: Child Protection Benefits

B is a lone parent with two children, a four year old boy and a 6 year old girl. She has mental and physical health problems. The children were on the Child Protection Register for eighteen months for emotional abuse and neglect. The relationship between B and a series of social workers had broken down and B also had financial problems. Home life was chaotic. The Centre provided respite care for the youngest child from the age of 18 months to three years old when he was given an extended early education place, and then a full time place at four years old. A toilet programme was initiated with B and behaviour management strategies shared. The older child was also offered a full time nursery and then reception place from four years of age. B constantly accessed support from the centre staff, her Health Visitor, the Nurse Practitioner and the head of the Primary School. Key centre staff were aware of B's needs and able to cushion and support her on a daily basis. The Social Service Review meetings were held in the centre. During the holidays both children attended centre Play Schemes. B accessed therapeutic courses within the centre and at a later stage joined a Family Literacy course. She also attended counselling sessions through her local GP, arranged by her Health Visitor. This mix of support was successful and B developed trust in a range of professionals within the centre. Both children were removed from the Child Protection Register.

Further analysis of the case studies reveals the features of EEC services that particularly benefited children on the Child Protection Register or Children in Care. These included:

- Access to intensive nurture groups for children;
- A willingness to support and monitor the quality of parental care, and confidence to act when required;
- Easy access to a range of family support groups e.g. parenting, nutrition, behaviour management, anger management, with flexible modes of delivery;
- A non-judgemental, respectful attitude;
- Trusting relationships in which confidence and self esteem are promoted;
- A willingness to act as an advocate for the child and parent.

4. Improved Physical Well Being

There was evidence in the case studies that the increasing input of health professionals into EEC services, and their preventative work with families, was operating to improve the physical health and well being of some of the children. This was often in terms of nutritional enhancement as parents were supported in providing a healthier diet for their children. In other cases it was in facilitation of increased access to primary health care which had a direct impact on the health of the child.

Case Study 26: Health Benefits

M has two children aged four and two years and has recently moved into the area. She suffers from rheumatoid arthritis and there are grave concerns about her lack of parenting skills and mobility. M has numerous hospital appointments to keep both for herself and the youngest child, which she finds difficult to manage. The family is involved with many services within the centre, including health and nutrition groups. The children have extended day places which ensure they are provided with nutritious meals. The centre ensures that both M and her children receive the medical help they need and this has enhanced their physical well being.

Further analysis of the case studies reveals the features of EEC services that particularly promoted health benefits for young children. These included:

- Regular and easy access to health professionals;
- Good links with local GPs;
- Regular monitoring of children’s health;
- Early diagnosis and treatment of health issues;
- An emphasis on preventative health action with parents e.g. during pregnancy, nutrition, exercise, stress reduction, smoking;
- Support to access required treatments.

5.5.2 Benefits to Parents and Families

The benefits of participation in EEC services for parents and other family members, identified in the case studies, were wide-ranging and impressive. Table 22 shows the extent to which the case study families reported these benefits (in order of frequency):

Table 22: Benefits to Parents and Families

Benefit	Number of Case Studies
Improved Family Relationships and Well Being	178
Reduction in Isolation and Increased Participation in Social Activities	169
Improved Parenting Skills	99
Less Stress and Improved Mental Health	93
Higher Self Esteem and Confidence	71
Higher Aspirations	70
Increased Access to Adult Training	66
Increased Employment and Reduction in Benefit Dependency	63
Reduction in Family Breakdown	34
Increased Involvement of Fathers	23
Reduction in Debt and Poverty	21
Improved Language and Literacy Levels	14
Increased Education for Teenage Parents	12
Improved Physical Health	10
Reduction in Alcohol or Drug Dependency	10

Base = 204

The implications of these improvements for the quality of life and enhanced security of EEC families over time are clear. However, we should also note that there were some cases where, despite intensive efforts from the EEC, the quality of family life did not appear to be improving at this time and where the family would continue to be at high risk and very vulnerable. A case study which illustrates the failure of some services to meet a family’s needs, and the lessons to be learned from such experience, is provided at the end of this section.

1. Improved Family Relationships and Well Being

Nearly nine out of ten case studies (178) reported that the support of the EEC had resulted in improved relationships between family members, both adults and children, and that this had significantly enhanced the quality of family life. The family support and individual counselling for family members provided by EEC staff had directly impacted on parents' ability to relate to each other more effectively and also to a greater understanding of their children's needs.

Case Study 27: Improved Family Relationships

J is of African-Caribbean origin. His parents are both professionals working in the Social Care field. He has a younger female sibling and both children attend the centre nursery full time, five days a week. J displayed no difficulties until he was involved in a car crash on the way to the centre. J developed anxiety attacks and as a result his education and development deteriorated. The centre allocated an increased staffing ratio for J during his day to mitigate his anxiety that he would be without adult support. In addition he was designated a programme of art therapy sessions. During this process his parent's relationship became fractured due to the stresses of dealing with J's anxiety. The centre allocated in house support so that the parents could have a break from the intensive care J needed for his anxiety attacks. The family have no relatives nearby. J is now through the worst of the attacks and only refers to the car crash infrequently. The family remain together and the centre has withdrawn support as they no longer need the intensive input.

Further analysis of the case studies reveals the features of EEC services that particularly promoted improvements in family relationships and well being. These included:

- Creation of trusting, confident, respectful, relationships between EEC staff and family members;
- A key family worker system;
- Priority given to family support work;
- Access to specialised staff who can offer family therapy, marriage guidance, relationship counselling and psychotherapy;
- Availability of stress reduction strategies for parents;
- Access to regular, accessible child care and respite opportunities;
- Access to supportive groups and other social networks for parents and siblings;
- Practical support on a range of domestic issues e.g. housing, equipment, finance, travel;
- Emphasis on enhancing the quality of family life.

2. Reduction in Isolation and Increased Participation in Social Activities

Many of the case study families were living away from their immediate family and were experiencing a sense of isolation and social exclusion. They had few friends and were not participating or accessing social activities. They reported little sense of belonging to their local community. More than two out of three case study families

reported that their participation in EEC activities had reduced their sense of isolation, helped them to make friends and feel a sense of belonging somewhere. This in turn enabled them to function more effectively as a family unit as they knew they would be supported when in need.

Case Study 28: Reduced Isolation

H found herself as a lone parent at the age of twenty one. Her partner returned to the north of England leaving H and her two year old living near to, and being supported by, H's parents. After a few months of living apart, H decided to move to the north of England to be near her partner again. Her reasoning was that she wanted her daughter to have regular contact with her father. H was able to get a house and was successful in getting a part time place for her daughter in the centre. H's mental health deteriorated rapidly. Her feelings of isolation being exacerbated by the fact that she was no longer living near her supportive family and friends. H was able to seek help from her GP who offered some psychiatric counselling. Unfortunately the appointments did not fit with the nursery part time place. She successfully requested a full time place which gave H some respite care to help her through. H was able to benefit from her counselling knowing that her daughter was well cared for. Through the counselling she felt able to participate more actively in the centre groups and has now made some good friends.

Further analysis of the case studies reveals the features of EEC services that reduced the isolation of parents. These strategies included:

- Access to regular, informal, supportive group activities;
- An open door policy at the centre;
- Strong local community links;
- A responsive, caring, community culture;
- A link worker system;
- Outreach activity within the community;
- Translation and interpretation facilities.

3. Improved Parenting Skills

Many of the case study parents (ninety nine) reported that, through their participation in the EEC parenting groups or by receiving family support, their parenting skills had been improved. They also reported that linking with other parents with whom they could share their experiences had also been enormously reassuring and helpful. However, in some cases the EEC staff had found it hard to help parents break cycles of poor parenting practice and therefore had to continue a close monitoring role for the vulnerable children involved.

Case Study 29: Improved Parenting Skills

G is a single parent living in rented accommodation with her child, J, aged four. She has virtually no contact with her older daughter, who is in long term foster care. She has no extended family support and until this year relied on income support She is separated from her partner, who abused alcohol. G recently had an operation to

rectify a heart disorder and became very depressed after surgery. She was finding her young son very difficult to control at home and their relationship was beginning to suffer. The centre offered J an emergency placement to start immediately once G had explained her situation to the centre staff. J attended the nursery five days a week. During the first year the relationship improved as G had some time to herself and was able to focus more on J when he was at home. In January she started attending a Parenting Skills course at the centre which really helped her to work with J at home and understand how he operated. G achieved accreditation for this course.

Further analysis of the case studies reveals the features of EEC services that particularly promoted improved parenting skills. These included:

- A trusting, respectful climate in which worries, guilt, mistakes and problems can be shared between parents and practitioners;
- Easy access and support to participate in parenting courses;
- Access to informal, parent led, self help groups;
- Access to counselling to improve parent/child relationships;
- A willingness and ability to undertake home visits;
- Acknowledgement of cultural diversity in child rearing practices;
- Access to toys, books, story sacks for home use.

Less Stress and Improved Mental Health

The stressful nature of modern life and its impact on family life was clear in the case study families. The practical and emotional support provided by the EEC staff had clearly reduced the pressures on parents and had led directly to improved mental health for some adults. Nearly half (ninety three) the case study parents reported reductions in their stress levels and indicated that this enabled them to respond to their children more appropriately.

Case Study 30: Improved Mental Health

B is a lone parent with a history of various care placements that were arranged because of her own parent's mistreatment of her. Several times when she was a child, adoption was arranged and broke down on each occasion. Now B lives in a high rise flat with her two young children, aged eight and four years. The accommodation has only two bedrooms and there is no outdoor play area for her children. This means that the children have to play often in the flat with little access to other children in the vicinity. This has meant that B has become more isolated in her home, as have the two children. B is suspicious of official agencies because of her own childhood experience. She also suffers periods of clinical depression. Her youngest boy was given a nursery place at the centre and this has given B more space and time for herself. Staff at the centre have provided her with support and this has made an impact on her depressive illness, while helping her to maintain a sense of positive self esteem and confidence.

Further analysis of the case studies reveals the features of EEC services that reduced stress and promoted mental health in parents. These included:

- A positive, proactive approach to mental health issues;
- Trusting, respectful, non-stigmatising relationships;
- Specialised staff offering a range of counselling and therapeutic support;
- Access to respite care on a regular basis;
- Flexible support to relieve pressures of juggling home, work and life demands;
- Access to a range of informal, self help and more formal, guided group activities to relieve stress and support mental health;
- Access to ‘befriending’ systems.

4. Higher Self Esteem and Confidence

The case studies reveal the low levels of self esteem and confidence exhibited by many parents, particularly the young and isolated, which were resulting in their inability to make use of opportunities for support and personal development. The EEC staff indicate the importance of this aspect of their work with parents and, justifiably, see the improved levels of confidence and self esteem which results from their work, as an indication of their success. More than two out of three case study parents (seventy one) identify this as a key benefit of their involvement in the EEC, with the concomitant opening up of opportunities they would not have considered previously.

Case Study 31: Improved Self Esteem and Confidence

D is a single parent of four boys. She is married but the father is never around. Her Health Visitor introduced her to the centre when the eldest child was about two years old because of postnatal depression. The centre provided her with a high level of support for herself and her children. The oldest boy was given a place in the nursery and D brought the other children to parent and child groups. As her confidence grew she joined some groups for herself, using the centre intensively. She believes, “my family has benefited from the centre because I am more confident and less stressed, they taught me to believe in myself and they have always praised me. When I thought I wasn’t doing anything they helped me to stop and look at what I was doing, and still am doing.” D has recently applied to be a childminder.

Further analysis of the case studies reveals the features of EEC services that particularly enhanced self esteem and confidence in parents. These included:

- A culture which engenders confidence, respect and valuing of individuals;
- Access to groups aimed at improving self confidence and well being;
- Consistent raising of aspirations and expectations;
- Opportunities for all to make a contribution to the life of the centre;
- Recognition, celebration and utilisation of people’s competencies and abilities.

5. Higher Aspirations

The increased self esteem and confidence reported above was also linked to a raising of parental aspirations, both for themselves and their children. A number of parents

reported that they had moved on from just surviving to considering carefully what they might do next. In more than two out of three case studies (seventy), the EECs had successfully motivated parents to look optimistically to the future and to begin to take steps towards realising their aspirations.

Case Study 32: Raising Aspirations

S lives in the family home with her two sons. She separated from her husband a year ago. She was depressed and feeling angry and guilty over the care of her children. She was also finding it difficult to cope with her children's behaviour. She has attended a range of courses in the centre, including support groups, Parenting 2000 classes, counselling, computers, basic literacy and personal development and confidence building. Her self esteem has benefited enormously from the group work, she is more confident and this is reflected in the way she now cares for her children. She is now intending to do a School Secretary's course and dreams of being a teacher.

Further analysis of the case studies reveals the features of EEC services that particularly promoted higher aspirations within a family. These included:

- Consistent raising of aspirations and expectations;
- Identification, celebration and utilisation of people's competencies and abilities;
- Promotion of educational and career opportunities;
- Encouragement and support in accessing new opportunities.

6. Increased Access to Adult Training

Increased access to adult training opportunities at the EECs had a positive effect on parents. The reassurance that their child was being well cared for, and the practical logistics of having on site adult training meant nearly two out of three (sixty six) case study parents had taken advantage of the training offered at the EECs. Much of this training was accredited and therefore was valued for improving the parents' employment potential.

Case Study 33: Adult Training Opportunities

M and S were both born locally to the centre. M works in a local factory on rotating shifts. S worked in a factory before having children. They have two daughters aged three and one year. They have supportive grandparents who live locally and will baby-sit. After the birth of her baby S gave up work and lost all her friends and felt very isolated. She also suffered postnatal depression. She attended the Baby Massage Group but felt very isolated, she didn't know anybody and didn't go back. A few months later she found her neighbour's relative was a helper in the Group so she tried again and made new friends. After that she attended a variety of different groups at the centre, including an Open University Parenting Course. After the birth of her second child she has started a CLAIT course to improve her computing skills. Her husband decided to join her as the flexibility of the computer course suited his shift work patterns. S is now looking for a follow on course to take her computer skills further.

Further analysis of the case studies reveals the features of EEC services that increased

access to adult training opportunities. These included:

- Open access to on-site, accredited training;
- Access to an on-site crèche;
- Availability of a range of attractive vocational and academic courses at a range of levels;
- Advice on financial support to access courses;
- Clearly articulated links to employment opportunities;
- Generation of a 'can do', motivating climate;
- Awareness of equal opportunities issues.

7. Increased Employment and Reduction in Benefit Dependency

The profiles of the case study families indicated that many were living in poverty and were dependent on state benefits to survive. The impact of poverty and being trapped in welfare dependency has been well documented elsewhere and a key element in current Government policy is to provide parents with improved employment opportunities in order to end this dependency cycle. The success of the EECs in this respect is illustrated well in the case study families. Nearly two out of three of the case study families (sixty three) reported that they had been able to enter employment and come off state benefits as a direct result of the support of the EEC.

An interesting aspect of this benefit is that many EECs have the advantage of high levels of voluntary support provided by parents, particularly when they have been involved with the EEC for a while and have grown in confidence and experience because of this. These volunteers may also be benefiting from the child care focused training offered at the EEC and then going on to become paid employees of the centre. One EEC has carried out an intensive evaluation of their volunteers this year which substantiates the claim that for some parents, their first employment experience after having their child may be within the EEC itself.

Case Study 34: Increased Employment Opportunities

N is twenty nine years old and a member of the local Bangladeshi community. She is a divorced, single parent with a two year old daughter. She lives on benefits and struggles to make ends meet week after week but her family have not encouraged her to seek employment. Her daughter was given a part time place at the nursery and N started to attend some of the group activities. Through these she was offered a part time job in an Asian Women's Project which she is about to begin.

Further analysis of the case studies reveals the features of EEC services that increased employment opportunities and reduced benefit dependency: These included:

- Extended day and year childcare provision;
- Access to on-site employment related training;
- Access to work experience at the centre through volunteer work;
- Access to paid employment at the centre;

- An encouraging, supportive environment to balance work/life demands;
- Knowledge and advice on financial incentives e.g. New Deal, Working Families Tax Credits.

8. Reduction in Family Breakdown

A significant number of the case study families were reported to be at high risk of family breakdown (seventy six), dealing with multiple stress factors in their lives. The narratives indicate that the EECs successfully prevented this breakdown in nearly half of these cases (thirty four).

Case Study 35: Reduction In Family Breakdown

C is of African-Caribbean heritage and has sole care of his granddaughter L, aged two, following the death (through drug overdose) of his son. L previously had attended the centre for a short while whilst her parents were in rehabilitation. Having this link C approached the centre to ask for help to keep his grand daughter. The centre advocated on behalf of C. Social Services felt his age was against him and the centre tracked other relatives in the family willing and able to share the care of L with C. L was designated a full time nursery placement and play therapy to help her come to terms with the loss of her father. L remains with her birth family and has avoided being placed for adoption. She and C are doing well in all areas of their lives.

However, there were instances also provided when the EEC, despite their efforts, had been unable to prevent the breakdown and this indicates that some families will need continuous, intensive support by EECs over extended periods of time with little immediate benefit evident. In other cases the EECs have had to provide intensive counselling support to remaining family members when an irretrievable breakdown has occurred and this too demands considerable resources and experience. This work with the most vulnerable families is often the hardest to sustain because there may be little reward for the professionals involved and little to show for their enormous efforts to those who demand them to be accountable. It is important that the seriousness and significance of this work for all involved is acknowledged and recognised at Programme level as it provides a critical marker of faith and hope for the wider community.

Case Study 36: Family Breakdown

N and B are of white British ethnicity. They are the paternal grandparents of three siblings under the age of five years. The children were placed in separate foster care placements as both parents were heroin addicts. The centre provided nursery placements for all the children so they could interact together. Additionally, the centre provided supervised contact with the parents and other relatives, included N and B. The children's father then died through an overdose and Social Services took action to place the children for adoption. N and B sought the chance to care for the children but were deemed unsuitable. Consequently the children were moved to permanency and the centre assisted them with life story work and transition. Unfortunately, the children could not be placed together as a sibling group and were separated. The centre provided counselling to N and B in regard of their myriad of losses.

Further analysis of the case studies reveals the features of EEC services that helped to prevent family breakdown. These included:

- A trusting, supportive, respectful climate;
- A willingness and ability to act in a mediating role between family members and outside agencies;
- A willingness to act as an advocate for the family in legal proceedings;
- An open, welcoming place of security and respite from family pressures;
- Access to respite and practical support to relieve family pressures;
- Access to professional and specialised family support and counselling;
- A neutral place at which family members can meet.

9. Increased Involvement of Fathers

Some of the EECs are working very hard at making opportunities in their services more equal for men and women, both in terms of the staff they employ and the support they provide (see section 4). The case studies reflect the success that some EECs are having in facilitating the increased involvement of fathers in the care and upbringing of their children. Over one in ten of the case studies reveal an increase in the participation of fathers in their child's upbringing. They also demonstrate the great value that fathers can bring to the EEC community and the sense of purpose and well being that many fathers feel from their active involvement. The benefits of this involvement to their children are also evident in the case studies.

Case Study 37: Greater Involvement of Father

S and T have been married for six years and have one child, J, who is four years old. J has multiple special needs. T works full time and S works part time at the centre. Both parents have family living locally who are close and supportive. S and T heard about the centre through their Health Visitor. The family started by attending the baby massage group and then joined the parent and child group. They were also introduced to the special needs support group for parents who have children with special needs. When they started to come to this group T was the first father to attend. Through him, and in discussion with other group members, other fathers started to attend the group. Another male worker now co-leads the group and this helps encourage other fathers to become involved.

Further analysis of the case studies reveals the features of EEC services that encouraged greater involvement by fathers in the life of the centre and in the care of their children. These included:

- Access to groups led by, and geared towards, men;
- The recruitment of male staff members;
- The development of centre literature for parents which was non-gender specific;
- An open, welcoming culture for males;
- Staff development sessions aimed to increase inclusiveness towards males;
- Flexibility in timing and location of meetings;
- Practical and financial support to enable access between fathers and children.

10. Reduced Debt and Benefit Dependency

A life of poverty and debt characterised many of the case study families (seventy six). A number of the EECs were providing families with financial management advice and debt counselling and a sizeable number of the case studies (twenty one) demonstrate the success of the EECs in reducing debt and poverty levels.

Case Study 38: Reduction in Benefit Dependency

E is a single parent of two boys. She started using the parent and toddler groups regularly and found these very reassuring. She then began to join in local community groups and the centre supported with crèche provision. It was through one of these groups that E heard about the Parent Home Link Worker Project that was being started at the centre. She responded to the advert for parents to get involved in the scheme and was offered training at the centre. She was able to access the New Deal for Lone Parents and come off benefits. She has also started her NVQ and is currently working toward level 3 and would like to work full time in the future.

Further analysis of the case studies reveals the features of EEC services that helped to reduce debt and benefit dependency. These included:

- Providing advice on finance and debt management;
- Promoting information about work related training and employment opportunities and encouraging take up;
- Providing support and advice about benefit entitlement;
- Encouraging higher aspirations and building self esteem and confidence.

11. Improved Adult Language and Literacy Levels

The case study narratives reveal a continued significant incidence of parents with poor levels of adult literacy or English language competence. This may be because English is not their first language and they may be recently arrived in England, or it may be that their previous educational experience has failed to provide adequate literacy levels. Most EECs are providing high levels of support for family and adult literacy and sometimes specific language groups for those whose first language is not English. The importance of these groups for such families is evident in the reported benefits in fourteen of the 20 case studies.

Case Study 39: Improved Language Skills

F is of Pakistani origin and has two children aged three years and four years. She is a lone parent. She came to the centre's attention following admittance to a Women's Refuge. The centre provided her with language support and also a full time nursery place for both her children. The family have stayed together against the odds. F has acquired a high level of conversational English from attending the centre workshops and has for the last year been attending a catering course at the local college.

Further analysis of the case studies reveals the features of EEC services that helped to improve language and literacy skills within the family. These included:

- Easy access to on-site language and literacy groups;
- An emphasis on the importance of Family Literacy and plenty of support to enhance this;

- A non-stigmatising attitude to adult literacy;
- Access to adult oriented language and literacy resources which are culturally appropriate.

12. Increased Education for Teenage Parents

The increased number of teenage parents in England is well documented and the EECs are working hard to provide appropriate support to these parents. Two of the EECs are participating in a Government pilot programme to provide childcare for teenage parents. The EECs are facilitating not only the provision of the child care but also providing practical opportunities, generally on site, for the young parent to access education for themselves, in a supportive and non-judgemental environment. The effectiveness of this process was documented in twelve of the case studies.

Case Study 40: Education for Teenage Parents

G is fourteen years old and has a young baby. Before the birth of the baby she was encouraged to become part of a young mother's group at the centre. She learned about caring for her child and for herself. The Centre also provided her with legal advice and counselling after her partner was prosecuted for having sexual relations with a minor. Her mentor also took on the role of being a birth partner for G. After the birth, the centre helped G to buy all the necessary resources for the baby and they both now attend the centre to be together and for G to receive educational lessons. G is planning to go to college to study A levels and has avoided further trouble. Her dream is to be a nurse in a special care unit for babies. G's baby is thriving.

Further analysis of the case studies reveals the features of EEC services that helped to promote the continued involvement of teenage parents in education. These included:

- Providing attractive on-site courses for young parents;
- Providing on-site crèche facilities for the child and opportunities through the day for the young parent to be with their child;
- Creating a non-stigmatising, non-judgemental attitude towards young parents;
- Inclusion of young parents within the wider parent groups at the centre;
- Encouraging aspirations and supporting the parent in realising them.

13. Improved Physical Health

Over the last year the increase in health services and support within the EECs was notable (see section 3). The benefits of this additional health work can already be identified in the case studies where ten families reported identifiable benefits in their physical health and well being.

Case Study 41: Improving Physical Health

J is of Pakistani origin. He has cerebral palsy and his mother is a lone parent with six other children. J has attended the nursery and now benefits from the after school services and holiday play schemes. His mother, S, suffers from Crohns Disease and the centre provided her with a support worker to attend medical appointments and health support to ensure related treatments are given. Additionally, she takes advantage of the centre's complementary health service on a regular basis. J also sees the centre's Consultant Paediatrician every two weeks to assist his spasticity. The family remains together and whilst difficulties do occur at times due to illness and poverty the family are coping quite well.

Further analysis of the case studies reveals the features of EEC services that improved the physical health of family members. These included:

- Regular access to on-site health professionals;
- Good links with local GPs;
- Promoting preventative health action and living well;
- Supported access to medical treatments;
- Raising the awareness of the importance of health care in pregnancy and early life.

14. Reductions in Alcohol or Drug Dependency

A high incidence of alcohol or drug dependency was a feature of life in some communities supported by the EECs and was clearly a characteristic of some of the EECs' families. EECs were therefore sometimes in the front line of dealing with the consequences of this on parents and children's lives. Ten of the case studies reveal that EECs were successful in combating the factors which lead to dependency and helping parents off their addiction.

Case Study 42: Reducing Drug Dependency

R and S were referred to the centre by Social Services due to their mother, L's, substance abuse. She had taken Class A drugs over a number of years and concern was expressed at the risks involved for the children. The centre provided a full time place for S and an after school and holiday place for R. In the course of their work with the family the centre staff felt an intensive drug rehabilitation programme was necessary for L and advocated for this to the Community Health Service. Strong lobbying was needed but a place was allowed. The family transferred to the drug rehabilitation unit and the centre continued to provide childcare support to the children. The family have now been relocated home and L has found a job in the Social Welfare Substance Support field and both children are now thriving.

Further analysis of the case studies reveals the features of EEC services that helped to combat drug and alcohol dependency. These included:

- A proactive approach to drug and alcohol dependency;
- A trusting and respectful relationship with families;
- A willingness to advocate for, and support access to, rehabilitation;
- Providing access to specialist professional advice and support;
- Providing support for other family members, particularly children.

15. Service Failures

As indicated earlier, the EECs are working in an innovatory way with families who are often in extreme need and receiving disparate levels of support from a wide range of professional quarters. The intention of the EEC programme is to bring together a range of support services for children and families to allow them to work in a more coordinated and effective way for the benefit of families to prevent family breakdown and enhance young children's development opportunities. However, this aspiration is

not always realised in practice and it is important to acknowledge where the integrated system breaks down and what lessons can be learned from this. A number of the EEC annual reports this year contained honestly documented case studies where the staff believed they had been unable to work effectively in an integrated manner to meet the needs of some of their families. The following case study is provided to illustrate these service failures. The lessons for practice are drawn out in the spirit of stimulating further development.

Case Study 43: Service Failure

The head of the EEC had referred E (mother) and her daughter, four year old daughter C, to the Family Support Worker on her second day of being in post. There were concerns about C's well being and her absence from the nursery. E, who is separated from her husband, lives on benefits in bed and breakfast accommodation. She has mental health problems and is diagnosed as being a schizophrenic. She had also been made homeless due to the family home being repossessed and her husband returning to live with his parents. E had an allocated Mental Health Worker who helped her with her resettlement, but she remained very isolated. Her family live in Nigeria and she had no contact with friends. Her only contact was her Mental Health Worker. C had not attended the nursery since her mother was moved to the bed and breakfast accommodation. She was still in nappies and there were concerns relating to her speech.

The Family Support Worker contacted E's Mental Health Worker to discuss ways in which they could work together to get C back into the nursery. She also contacted the other professionals who were working with E, including the Health Visitor, the Educational Psychologist and the family GP to pass on information about the situation and to see if they could work together. The Family Support Worker and Mental Health Worker succeeded in making some joint home visits to see the family and made Children in Need aware that C was at risk of neglect as E was increasingly unable to meet her need due to her mental health. After making numerous Child Protection referrals, a Child Protection Case Conference took place and C was placed on the Child Protection Register. E's mental health deteriorated and she was sectioned, resulting in C being placed with foster carers.

This process took five months and there was another two months delay before C could begin to attend the nursery again. A lot of important time had been lost in terms of C's development and learning at a critical time in her educational life.

The case study evidence which identified service failures provide a number of key lessons for practice:

- EECs may be inducting new staff at critical times in a family's life history and continuity of care is desirable.
- All professionals who work with the same families need a system which enables them to routinely and regularly share information about a family's changing needs, rather than this being left to chance or the efforts of one worker. Where professionals are able to work together support appears to be more appropriate and effective.
- A simple, single and easily accessed referral system is needed for all professionals who work with a family, which can guarantee a speedy response.

- Family situations can deteriorate rapidly and professional action therefore needs to be able to respond flexibly and quickly to these dynamic situations.
- Working in a collaborative way with a range of professionals takes time and professional skills but can provide benefits in terms of a more effective service for families.

5.5.3 Benefits for Practitioners

A small number of case studies (ten) submitted by the EECs focused on the benefits to practitioners of accessing training, professional development opportunities and employment experience within an EEC context. One EEC also submitted seven detailed case studies of the process and benefits of volunteer involvement in an EEC. These case studies, and the quantitative data on service provision outlined in section 3, reveal that the role of the EECs in training and professional/personal development is significant and increasing. The case study data also show the benefits of offering training and professional experience within the ‘real world’, multi-professional contexts of the EECs. There will be more detailed and comprehensive evidence provided on practitioner benefits in the final year evaluation report. However, the small number of case studies provided this year do indicate the potential benefits of the professional development opportunities offered by the EECs.

The perceived benefits identified in the case studies include:

- improvement in professional competence for early years workers, particularly from the private and voluntary sectors;
- increased integrated service experience for a range of practitioners;
- improved qualification levels for early years workers at all levels, from unqualified to graduate and beyond;
- enhanced opportunities for volunteer involvement for parents and other members of the local community.

There is also evidence that the outreach work provided by EEC practitioners to other early childhood providers within their local community and the extensive dissemination activity of the EECs have resulted in identifiable improvements to the quality of early childhood services locally and nationally.

1. Enhanced Professional Competence in Integrated Service Provision

The EECs were providing their own practitioners and the many practitioners and providers who visited them, or attended their training, with a strong model of quality and integrated early childhood education and care services. There was emerging evidence in the annual reports of this training providing practitioners with a stronger sense of their own professional competence and particularly in the development of their understanding of integrated provision and its management.

Case Study 44: Improved Professional Competence

R is a nursery nurse who has worked at the centre with children from two to four years old for over twenty years. In the early days of her employment there was little opportunity for personal development and little training offered. However, gradually she was given more responsibility for the under threes area in the centre. She gave up

her term time only contract to take on this responsibility. She also accessed a range of training opportunities that were being offered within the centre. With the designation of the Early Excellence Centre she was given the management post of Deputy for Family Support to cover provision across the centre and to support other senior managers, with different professional backgrounds from her own, with the increased responsibilities associated with the Programme.

Further analysis of the case studies reveals the features of EEC training and professional development that helped to increase professional competence. These included:

- An emphasis on raising aspirations and confidence of early years practitioners;
- Giving high status and value to practitioners experience and expertise;
- Providing opportunities for greater responsibility and career progression;
- Promoting new professional knowledge of effective early learning;
- Demonstrating integrated practice in action;
- Providing flexible and open access to professional development opportunities.

2. Improved Qualification Levels

The levels and range of accredited training provided within the EECs were impressive and have increased significantly over the last year (see section 3). The benefits of these courses in terms of the contribution they were beginning to make to training targets of local Early Years Development and Childcare Partnerships (EYDCP) were evident in some of the annual reports. A number of EECs are also making a contribution to postgraduate levels of qualification in the early years, which will support the development of the field at a more senior and strategic level.

Case Study 45: Increased Qualifications

D joined the centre six years ago as a Key Worker with an unrelated degree in economics and history, a nursing qualification and a Diploma in Preschool Practice. She was soon recognised as displaying outstanding skill with families and young children and was given day release for two years to gain the BTEC National Certificate in Nursery Nursing. With further support and guidance from the senior managers of the EEC, an application for her to train as a graduate teacher, based at the centre and for one day a week at a local primary school, was arranged. She began this training in September. This demonstrates the potential pathway and learning journey that an EEC can provide for its staff.

Case Study 46: Increased Training Opportunities

The centre continues to be the main training base for early years practitioners across the local authority and forms a key part of the EYDCP training strategy. Many practitioners who attend training enjoy the opportunity to spend time in the centre and take note of the environment and the resources. Following the training sessions the centre then receives requests for visits for support on specific issues relating to their setting. This year total attendances at courses was 3400, and 860 of these were on accredited courses. The majority of attendances were from practitioners from the private and voluntary sectors.

Further analysis of the case studies reveals the features of EEC services that helped to increase training opportunities and raise qualification levels. These included:

- Providing on-site, accessible and flexible accredited training;
- Developing strong links with an accrediting institution;
- Participating fully in EYDCP training strategy;
- Promoting the availability and support for early years training opportunities;
- Advising on financial support for training;
- Providing crèche facilities on-site for courses;
- Establishing a supportive, open and motivating climate for professional development.

3. Improved Quality of Early Childhood Provision Locally

There was evidence from the annual reports of the EECs directly contributing to the enhancement of the quality of early childhood provision locally through its outreach and development work, particularly in the private and voluntary sectors. This outreach was increasingly part of the local EYDCP quality improvement strategy.

Case Study 47: Improving Local Quality

The EYDCP sees the Centre as playing a critical role in the development of high quality, integrated early years services. Drawing on the centre model of integrated services offered in the EEC they have developed three nursery schools and have plans for integrated centres in two others. The Centre has also produced a video in conjunction with the EYDCP to disseminate models of good practice to schools across the area. The Deputy Head is also an Early Years Partnership Worker and links this in with her outreach role to other providers locally. There is evidence from OFSTED inspections of this work directly improving the quality of service provision locally.

Further analysis of the case studies reveals the features of EEC services that helped to improve the quality of local early years provision. These included:

- Actively working with local EYDCP in their quality improvement strategy;
- Establishing local credibility of the EEC expertise offered and promoting it in a developmental, empowering way;
- Promoting and supporting quality assurance schemes;
- Developing outreach support and development work for local early years settings.

4. Enhanced Opportunities for Volunteer Involvement

The extensive role of volunteers in the functioning of many of the EECs was evident in the cost analysis data, where EECs were asked to estimate the imputed costs (see section 6). In some cases the contribution of volunteers formed a minor element of the costs of running the service, but in most cases their support was significant. A study of volunteer involvement in one EEC identified four types of volunteer role: helper, organiser, researcher and advocate, and pointed out that the pattern of

involvement was very much defined by the volunteers need to be with their own children, and through this contact, a wider contribution to other children and families in the centre was made. Case studies showed that a volunteer could operate in any or all of these roles at any one time. The study also showed that volunteer involvement is a dynamic and flexible contribution, and can change very rapidly from extensive to casual involvement.

The costs of supporting this involvement were well documented in the study, including personal costs to the volunteer and costs to the centre in terms of coordination, training and accreditation. The study also revealed the cost savings of the voluntary involvement to the centre. However, the real benefits of the voluntary involvement were not monetary but personal and professional. For the individual they were impressive and included:

- “to watch my child”;
- “to be useful”;
- “to use the brain”;
- “to get qualifications”;
- “to have status”;
- “to get a notch on the CV”;
- “to have more social contacts”;
- “to have a new role with children”;
- “to underpin self awareness”.

These benefits were very important to those involved and form a key element in the personal and professional development opportunities offered by well supported volunteer involvement in the EECs.

Case Study 48: Volunteer Development

When J was two and a bit I was a working parent. I got transferred from another nursery. J is eight now, P is four and he's been here since he was one day old. I'm here every day from when I drop J off at school to when I pick P up from nursery. I've got to know everybody so it doesn't bother me doing anything for them. I do groups in the normal way, voluntary in the office, putting letters in envelopes for conferences, showing visitors round, showing new parents round to make them feel at home, Cookery Club, Family Room and doing lunch when the cook's away, Chair of Parents, answering questions about our child's file at conferences.

P's in the nursery. He knows I'm still about so it doesn't bother him. I'll miss it when P moves on. I'll most probably still come. Its easier for everybody to meet up here rather than at somebody's house. I'll probably do a lot more – P can be clingy. I'm in the Family Room every day. I only live five minutes round the corner. I do three evening shifts, Friday, Saturday and Sunday from 7 till late. It's all I need. The wage pays the mortgage. I started to use groups at first. I got to know everybody and then volunteered. I quite enjoy it. I'm more outgoing, more outspoken, I can use the photocopier and it's great for the kids.”

Further analysis of the case studies reveals the features of EEC services that helped to encourage volunteer involvement and development. These included:

- Strategic management and organization of volunteers;
- An open, empowering, participatory culture;
- An emphasis on enhancing self confidence and valuing contributions;
- Providing training opportunities for volunteers;
- A high status given to volunteer activity;
- Offering incentives for volunteer involvement.

SECTION 6. THE PROGRAMME COSTS AND FUNDING STUDY

6.1 The Cost of EECs

This section examines the costs of setting up and running the twenty nine pilot EECs, using data supplied by DfES and the centres. It also looks at the sources of income drawn on by the centres, and the contribution to the capital and running costs made by the DfES EEC programme budget.

6.1.1 The Cost of Running EECs

EECs provided data to the national evaluation team on the running costs of services during the twelve month reporting year from 1 August 2000 to 31 July 2001. The Centres were asked to provide the total running costs (ie revenue expenditure) for the year, divided into "outlay" and "imputed" costs. The outlay cost is the expenditure incurred in running the service, and the imputed cost is the value of voluntary and donated resources. The imputed costs include resources such as premises, and the time of people who work in the centres on a voluntary basis. The Centres were asked to value the imputed costs at what they would have had to pay for the resources (including on-costs for national insurance and so on) if they had not been provided free. Thus, in this innovative approach, the total cost recorded by the centres is a measure of the total monetary value of the resources used to provide the services. A few centres were unable to estimate their imputed costs. Most were able to provide their outlay costs, but some centres that did not have fully devolved budgets could not provide them.

Centres were asked to divide the costs into those arising largely from the provision of children's services, and those arising from the provision of services for adults (including training), and both child and adult costs were further subdivided. Appendix A reproduces the form centres were asked to complete. It was inevitably difficult for centres to apportion costs between child and adult services, especially where buildings and administration are shared, and centres had to use an element of judgement in making the allocation. The guideline they were offered was that they should include under child costs the proportion of spending thought to be primarily for the benefit of children (even if, as in the case of family support, the service was also attended by adults), and to include under adult costs the proportion mainly for the benefit of adults (even if, as in the case of the crèche, the service is attended by children).

Returns of cost data were made by twenty seven out of the thirty eight constituent elements of EECs, and these were aggregated to give figures for complete EECs. The main reason for not completing the return was that the centre did not have a fully delegated budget and could not obtain the required breakdowns from the budget holder (usually the LEA). When combined, the returns provided information from twenty of the twenty nine pilot EECs, but one of these was excluded from the analysis because it covered only part of the Centre's activities, and its inclusion would have biased the results. Table 23 shows the average costs of child and adult services among the nineteen EECs.

Table 23: Average Revenue Costs of Child and Adult Services in EECs in reporting year August 2000 to July 2001

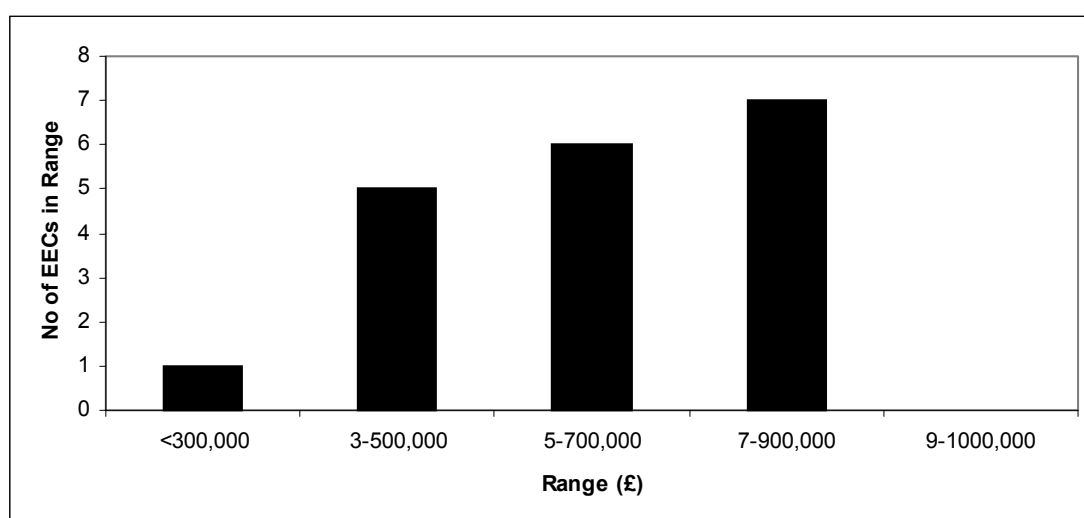
	Child services	Adult services	Child and adult services
Outlay costs	474,900	122,200	597,000
Imputed costs	52,400	34,700	87,100
Average total costs	527,300	156,900	684,100
Imputed costs as % of total costs	10	22	13
Base = 19			

The range of costs into which the EECs fall is shown in Table 24. Figure 9 shows the number of Centres in each band of total outlay costs, including both children's and adult's services. There is considerable variation, reflecting the wide variation in the size of centres, as noted in Section 3.

Table 24: Total Revenue Costs of Child and Adult Services in Reporting Year August 2000 to July 2001

Total outlay costs		Total imputed costs		Total costs	
Range	No EECs in range	Range	No of EECs in range	Range	No EECs in range
< £300,000	1	< £50,000	11	< £300,000	0
£3-500,000	5	£50-100,000	3	£3-500,000	5
£5-700,000	6	£1-200,000	3	£5-700,000	5
£7-900,000	7	£2-300,000	1	£7-900,000	5
£9-1000,000	0	> £300,000	1	£9-1000,000	4
Base = 19					

Figure 9: Number of EECs in Each Range of Total Outlay Costs



6.1.2 Cost Variations

Variations between EECs in their running costs can arise not just from differences in their size but also from the mix of services they provide, the type of children and families using their services, their location and variation in their management and service practices. Comparison of centres' costs should take these factors into account, but little of this type of analysis has been feasible this year. However, we have looked for differences between centres in deprived areas and those elsewhere, and also at differences between centres that were operating a "unified" model of integration and those with other models of integration.

As Table 25 shows, the centres in deprived areas, as indicated by being located in the 20 per cent of wards nationally with the highest proportion of children aged under five in families receiving IS or JSA (IB), had slightly higher average costs than centres elsewhere, and they were much larger (as indicated by the total service hours). The reason for this unexpected result is not clear. There was little difference between the average costs of centres with unified model of integration and the others, and also hardly any difference in their average size.

Table 25: Variation in Outlay Costs According to Location and Model of Integration

	Number of centres	Average outlay cost £	Imputed costs as % of total costs, average	Total service hours, average
Centres in 20% of wards with highest proportion of children 0-4 in families on IS/JSA(IB)	12	610,000	12	152,000
Centres outside this 20% of wards	8	527,000	13	92,000
Centres with unified model of integration	11	568,000	14	125,000
Centres with other types of integration	9	587,000	11	132,000
Base = 20				

6.1.3 Unit Costs of Services

For the nineteen EECs with complete cost returns we calculated the cost per child hour of a service (a child in a service for an hour) and the cost per adult hour. This was done by dividing the total cost of children's services by the total number of child hours, and the total cost of adult services by the total number of adult hours. The total child and adult hours were taken from questions on the cost return about attendances and hours. Unfortunately, for a large number of EECs, this gave rather different and usually higher figures from those estimated for a full year from the quantitative data returns. This discrepancy suggested that there had been some misunderstanding of what exactly should have been entered in the cost returns, and we are therefore only reporting results for the five centres where there was good agreement between the

quantitative and cost return data on child hours. In those centres, using the figures for child and adult hours shown on the cost returns, the average outlay cost on child services was £4.00 per child hour, and the average outlay cost on adult services was £10.40. In all EECs the cost per adult hour was higher than the cost per child hour, and this is likely to be because of smaller group sizes for adult and training services and higher salaries among those providing the adult services.

Even if there were no uncertainties about the data, there would be an issue about the interpretation of the unit cost figures, which varied quite widely between centres. The service hours come from adding together very different types of service. Some, such as day care for infants, require a high staff to child ratio, and will inevitably be more expensive per child hour than services such as out of school care for older children, which have lower staff to child ratios. Some adult services are one-to-one, some are groups. This means that the unit cost of a child or an adult hour will depend on the service mix within the EEC and the age mix of the children as well as factors such as location, and taking these into account was not feasible this year. Nevertheless, the unit cost, averaged over the five Centres mentioned, gives some indication of the magnitude of the cost of an hour of service.

6.2 Sources of Funding of EECs

The EECs draw on a wide range of sources of funding. The Annual Evaluation Report 2000 (Bertram and Pascal 2000) noted the complexity of the financial situation of EECs, with income often coming from a large number of different sources, and with only some of it assured long term funding. In this reporting year sixteen out of twenty nine centres provided information in their annual evaluation report on their sources of funding. Five centres reported receiving funding from eight or more sources, while five listed six or seven sources and six listed five or less. The centres frequently used broad headings such as "LEA" or "DfES", without distinguishing separate programmes within these institutions. If they had split these up then more sources - often each with its own application procedure and criteria - would have been identified. One centre, for example, reported receiving money from four different local authority schemes and nine DfES schemes.

Fifteen of these centres showed how much came from each source. The largest source was most commonly the Local Education Authority (12 centres) while Social Services funding was the largest source for one centre and fees were the largest source for two. The second largest source was most commonly the DfES (six centres). Together, LEA funding and the DfES accounted for approaching three quarters of income (the average in the thirteen centres that gave enough information for this calculation), with a range from 31 per cent to 94 per cent. Other sources of funding included the Single Regeneration Budget, Sure Start, a regional development agency, a private company, Children in Need and other charities, a health authority, the National Foundation for Youth Music, Access, European grants, the Employment Service, and parent donations.

6.2.1 EEC Programme Funding

Funding from the DfES EEC Programme Budget has supported EECs during the pilot phase, and included grants for capital expenditure as well as revenue expenditure.

DfES funding for the pilot EEC programme started in 1997-8, and increased each year over the next three years as more centres entered the programme. The DfES money was concentrated on the additional staff and improved premises that enabled centres to expand and develop new services, especially training and family services, to achieve integration and to fulfil the programme aims in disseminating good practice. Table 26 shows the DfES budget for the Early Excellence Centre programme since its inception.

Table 26: DfES Budget for EECs

	1997-98*	1998-99	1999-00	2000-01	2001-02**
Capital	£83,000	£5m	£5m	£5m	£5m
Revenue	£40,000	£4m	£5m	£5m	£8m
Total	£123,000	£9m	£10m	£10m	£13m

* There was no separate budget in 1997-8; these are actuals

** The figures for 2001-2 include the budget for newly designated centres as well as the pilot programme

Allocations to EECs were initially for a three-year period or up to 31 March 2002, the date to which the Government's 1998 Comprehensive Spending Review made money available. Funding has since been secured until March 2004. Table 27 shows actual disbursements to centres.

Table 27: Allocations to EECs from DfES £

	1997-98	1998-99	1999-00	2000-01
Capital	82,700	1,218,100	1,640,000	3,356,400
Revenue	39,900	500,400	1,872,500	2,654,500
Local evaluation		28,900	98,300	156,800
Special evaluation project Autumn 1999			57,200	
Total from DfES EEC budget	122,600	1,747,400	3,667,100	6,167,600

During this period a total of £6.3 million was granted by from the DfES EEC programme fund for capital works. This is an average of £214,000 per EEC, but four of the twenty nine EECs have had no capital grant, and the average award to those did was £252,000. Capital grants paid out during 2001-02 will increase these figures.

The average amount given from the EEC programme fund for revenue expenditure during these four years was £175,000 per EEC, and during 2000-1 the average revenue support given to EECs was £92,000, with a range from £6,000 to £208,000. The DfES revenue allocations to centres from the EEC programme budget in the financial year 2000-1 (from April 2000 to March 2001) were equal to 15 per cent of centre revenue spending in the 2000-1 reporting year (from August 2000 to July 2001, showing, even allowing for the different year base, that the DfES programme budget made a significant contribution to running costs.

6.3 Assessing the Costs and Benefits of the EEC Programme

It has not been possible to do a full economic evaluation of the EEC programme. Both a cost-effectiveness and cost-benefit analysis need data on how much it costs to set up and run an EEC in comparison with the costs of services used by similar families in localities with no EEC. They also need measurement of the amount of service use in the two types of area, and estimates of the effects on the well-being and circumstances of children, families, workers and the wider community of having access to an EEC in comparison with the outcomes when the services available do not have the EEC organisation or range or level of services.

Comparative cost and outcome data can be obtained from research studies that incorporate a systematic comparison of people in EEC areas and non-EEC areas. The brief for the national evaluation of the EEC pilot programme did not include a comparative element, so we are unable to produce rigorous quantitative estimates of the effects of EECs - on either costs or benefits. However, on the benefit side, the local evaluation case studies show how key groups in the community - children, parents, practitioners - fare when they use EEC services, and Section 5 has given striking illustrations of the way family circumstances change, generally for the better, with the support of EEC services. It cannot be said with certainty that these changes would not have happened without the EEC, though in many cases, a reading of the stories of the families gives a strong indication that not all the improvements would have come about without the use of the integrated and wide-ranging services that is the feature of the EEC programme.

Part of the benefit of EECs will be savings made in some other services that would have been used by families in the absence of successful support from EECs. The early report on the EEC Programme (Bertram and Pascal, 1999b, First Findings) featured a number of cases where the services that might have been used, plus savings in income support achieved by successfully supporting parents into employment, were considerably larger than the average cost of a family using the EEC services. However, a number of EECs expressed strong reservations about speculating on what might have happened to their service users, and so in this national report we have not reported centres' estimates of potential cost savings. If a comparative research were carried out, then it would be possible to make an objective comparison of services used by similar families in the two types of areas, and this would show the extent to which potential savings were actually realised. With this less intrusive approach some of the concerns of the centres might be met.

There is some scope within other studies for looking at the costs and benefits of EECs. Since EECs are frequently found in the same areas as Sure Start, the national evaluation of the Sure Start programme may in time produce some assessment of the costs and outcomes of EECs within that context. In addition, the research project Effective Provision of Preschool Education (EPPE) includes many children who have attended services in an EEC, and if this study were extended to include measurement of the costs of the various types of preschool, the EPPE data could be analysed to measure the costs and benefits of EEC services compared to other types of preschool services, though this would only cover children in a limited age range and would not cover adults at all.

SECTION 7. PROGRAMME DEVELOPMENT STUDY

An effective evaluation for the pilot programme should identify both the achievements and the remaining challenges for the EECs. The achievements will document the successes of the work that a centre has undertaken over the last reporting year. The challenges will document work that is on going and recognised as needing further development. Both aspects of the evaluation are important at both centre and programme level in development planning.

7.1 Programme Achievements

In a sense the whole of the evaluation evidence underlines the considerable achievements of the EECs over the last year. However, in addition the EECs were invited to highlight their main achievements over the last reporting year and provide evidence of this achievement, validated by their local evaluators. The significant progress made in the pilot EECs is very clear in this data. All EECs could report several areas of their work and activity for which they could provide evidence of achievement and for which they should be given acknowledgment. The impressive range of achievements across the programme this year is set out in Table 28. However, these items show that even within the pilot programme there remain EECs at very different stages of development in terms of their integrated work and identity, and that time must be given for them to work through this development process before further demands are made.

Table 28: EEC Achievements

Achievement	Number of EECs
Improving quality of services	13
Enhanced EYDCP/LA links	12
Increased training and outreach	12
Increased participation of parents	11
Development of management structures	10
Completion of building works	9
Increased range of services offered	9
Greater community awareness of EEC	9
Increased staff professional development	8
Progress towards integration	8
Improved data monitoring and IT	8
Increased links with other agencies	6
Progress with Sure Start links	6
Increased out of school provision	5
Increased funding	5
Increased public recognition	5
Increased SEN inclusion	3
Success in inspection	3
Increased participation in evaluation	3

Base = 29

Thus, for many EECs there continued to be a focus on the establishment of basic organisational and management structures, putting staff in place, getting buildings completed and ensuring that the full range of their services were up and running. Many EECs wanted to acknowledge the progress they had also made in developing their staff teams and the understanding of how integration would be implemented in their particular context. Other, more developed EECs were very much focused on further developing the range of services and partnerships e.g. Sure Start, Neighbourhood Nurseries, improving the quality of their services and increasing their role in training and dissemination. Many EECs acknowledged their increasing links with their local authority and local EYDCPs. Many also indicated the great progress that had been made this year in putting in place more robust and sophisticated systems for monitoring their service delivery and take up, including the enhancement of their IT skills and capacity, and using this information for institutional development purposes.

7.2 Programme Challenges

The EECs were invited to highlight their remaining challenges and priorities for further development, and to comment on how these might be tackled over the next year. The role of the local external evaluator in the identification of these development issues was acknowledged in the reports. The challenges again reflect the different stages of development of the EECs but also provide a useful indication of where future support for the EECs might usefully be targeted.

7.2.1. Funding Sustainability

At least a third of EECs suggested in their Annual Evaluation Reports that increasing and sustaining funding was their major challenge. Many managers were spending large amounts of their time looking and bidding for appropriate grants to expand their services and, mostly, these were for short-term grants carrying no opportunity for sustained planning. They were also expressing anxieties about what would happen when Early Excellence funding stopped or political changes meant there might be a change in local or national government involvement. Sometimes the ability to locate grants lead to an increase in a Centres ability to offer an additional service, but many expressed concerns about how they could ensure the service could continue if the budget was withdrawn. These concerns about funding were often related to the Centres' ability to retain staff on short term contracts, the emotional turmoil if some staff had to leave, the financial liabilities which might come with redundancy or the impossibility of professional development or strategic growth when they felt so much uncertainty about their ability to continue.

7.2.2. Management and Staffing

There were several interconnected challenges highlighted by EECs related to management and staffing. Many could celebrate their achievements in establishing new management structures and expanded staff teams. About a third of the Centres felt that progress could be seen but they also spoke of the continuing need for development and implementation. At a time of rapid expansion and evolution, the development of a coherent team vision and of an agreed conceptualisation of integration was still an issue for many EECs. They also spoke of the need to maintain

staff morale and to reduce stress during this process of change. Some urban EECs (4) said locating and inducting new staff had been a challenge for them. This went beyond the sector difficulties in the recruitment of teachers, which was part of the problem. The additional difficulties were in the requirement to work in different ways with co-professionals and not all recruits were ready or had any experience of integrated, multi-sector working.

7.2.3 EYDC Partnerships and Local Authority Links

There was a growing awareness of the importance of the EYDC Partnerships and the Local Authority to the Centres. A third of the Centres indicated that they felt there was room still to improve links with their EYDCP or LA Social Services or Education departments.

7.2.4 Building Completion

A third of the EECs suggested that the completion of building work was still hampering their ability to be fully operational. For some, buildings were still not fully operational two years after designation. It is clear that the programme must recognise that although communities will receive some benefits from designation almost immediately, there is an inevitable delay in an expansion programme such as EECs, before all are fully operational.

7.2.5 Network EECs

More than half of the network EECs (five) suggested that their network could develop more effective collaboration or coherence between its settings. Of these, three said some progress had been made this year but there were still challenges to be addressed and two said that they had felt connections between the settings had not improved or that they had got worse, identifying the changed position of the Local Authority following its negative OfSTED as the crucial factor.

7.2.6 Developing monitoring and evaluation systems

Four EECs said they recognised the challenge they faced in needing to develop adequate monitoring and evaluation systems. This was not only important for the national and local evaluation but was important to developing an effective management strategy.

7.2.7 Improving the quality of service

A half of the EECs described the development of some aspect of their service as one of their next challenges. These ranged from improving links to primary schools (four) developing SEN inclusion (two), increasing Health Authority involvement (three), enhancing their community responsiveness (three), increasing the involvement of men (two) and developing their training and dissemination role (one).

As highlighted in last year's evaluation report, funding issues remain a challenge for the EECs and some centres are preoccupied with issues of viability and the sustainability of some of their services. This has an important impact on staff morale and commitment and also on the perceptions of those who use the threatened services.

The pressures many of the EEC managers and staff work under are very evident. The pilot EECs are very visible and publicly accountable, both locally and nationally, and this puts enormous strain on the staff involved. The turn over in senior managers of the EECs has been highlighted earlier and increased support at programme level is clearly required. The challenges of making EEC networks function effectively was also documented in the evidence and these types of EEC may need some additional support in this respect. The challenges of the evaluation and the demand to provide detailed monitoring of service delivery and use, were also highlighted. Many EECs still have work to do in putting adequate monitoring and information management systems in place and would benefit from a universal system across the EEC programme.

7.3 Programme Development

The evaluation evidence has highlighted a series of issues which merit further consideration and action as the programme moves forward into a period of consolidation and further expansion. These issues have both policy and operational implications and include:

- **Sustaining the complex mix of funding to ensure the viability of the wide range of EEC services**

Issues of longer term viability and funding sustainability continue to be a major preoccupation for EECs. The uncertain, short term and narrowly focused nature of much of EEC funding limits EEC managers ability to work to a longer term strategic planning agenda for the full range of their services. It also impacts on staff security, morale and turnover. There is a case to be made for developing a more cohesive, longer term and secure system of funding for a wider range of EEC services than currently exists.

- **Developing access to support and training for leaders of complex, multi-disciplinary, and increasingly large, early years settings**

The limited availability of advanced level, appropriate and accessible training for leaders of integrated early years services continues to affect the supply of appropriately trained managers and senior staff in the EECs. The need for regular and ongoing support from sympathetic, experienced professionals once managers are in post is also evident. Exploring alternative strategies of meeting the increasing demands for support and training of EEC managers will become more important as the EEC, and other integrated early years programmes, expand.

- **Ensuring that local authorities and EYDCPs recognise and more fully utilise the EECs within their local strategic planning for early years services.**

The ability of the EECs to act as a catalyst for change is largely dependent on their recognition and utilisation within local authority and EYDCP strategic planning. Although the EECs themselves are working hard to make links, there is room for more proactive action from local authorities and EYDCPs.

The DfES could also usefully promote and encourage this relationship further at national level.

- **Developing further the national dissemination strategy to enhance the ability of the EEC programme to impact more widely and act as a catalyst for change across the early years sector.**

The EECs are rapidly developing their dissemination activity and their capacity to act as a catalyst for change locally. The impact of this work could be further enhanced by developing regional and national systems to coordinate, share and promote the dissemination activity of the individual EECs. The exploration of a wide range of national, and international forums, publications and conference venues, beyond the early childhood and educational field, to raise the visibility and awareness of the EEC programme and the wider potential of its achievements would also stimulate this activity and add to the impact of the programme as a whole.

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Appendix A

Early Excellence Centres Pilot Evaluation 2000 – 2001

Methodology

A1 EVALUATION METHODOLOGY

The national evaluation of the EEC pilot programme began in September 1999, and is currently planned to run for just over three years, until October 2002. The evaluation methodology followed in each of the participating EECs is based on the agreed evaluation framework of common indicators and accompanying methodology developed in the first phase of the EEC Programme by a group of eleven of the EECs and the national evaluators. This methodology is detailed fully in Bertram and Pascal's early report on the EECs (Bertram, Pascal et al 1999a). A summary of the methodology is presented below.

A1.1 Evaluation Aims

The evaluation of the EEC pilot programme has four aims:

- to document how different forms of integrated early childhood services work in different contexts;
- to identify and disseminate good practice in the delivery of quality early childhood services;
- to identify the benefits of integrated services for children and families;
- to identify the funding and value for money of the EEC Pilot Programme.

A1.2 Evaluation Principles

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

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

A1.3 Evaluation Design

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

The participants in the evaluation process all worked to an agreed Framework of Common Indicators, which has guided the collection of data. A summary of this framework is provided in Table A1.

Table A1: Framework of Common Indicators

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

(Pascal and Bertram 1999)

A1.4 Methods and Sources

The evaluation employed a range of methods and data sources to generate both quantitative and qualitative evidence at a local level. These methods gathered data from both primary and secondary sources and are outlined in Table A2

Table A2: Evaluation Methods and Sources

Primary Sources	Secondary Sources
Case Studies	National and Local Socio-Economic Data Sets
Interview	National and Local Education Data Sets
Questionnaire	Poverty Indices
Observation	Population Census Data, Childcare Information, Service and Childcare Audit
Narratives	Documentary Analysis
Professional Biographies	Documentary Analysis
Testimony	Documentary Analysis
Assessment Records	Inspection Reports, SEN Register, Disabled Child Register
Quantitative Monitoring Data (See below, Examples A4-A6)	Documentary Analysis
Funding and Cost Analysis (See below, Examples A7-A8)	Inspection Reports, Centre Accounts, Policy Documents

A1.5 Evaluation Process

The pilot EECs developed an annual evaluation plan in conjunction with their local and the national evaluators. This plan set out which of the Common Indicators would be covered in the data gathering process, what methodology would be employed during Phase 2 of the evaluation, the timing and cost. The plan covered the reporting year from August 2000 – July 2001. These data were collated into four base data sets

for each EEC, compiled using computerised software developed by the national evaluation team for use in the local evaluation process:

1. qualitative and quantitative performance and functioning data, presented in an annual evaluation report, including case studies of EEC service users;
2. quantitative monitoring data on service delivery and take up;
3. cost and funding data;
4. secondary data on local poverty, supplied by the Social Disadvantage Research Centre at Oxford University.

Validity and reliability of these data were strengthened in four ways:

1. the provision of a clear and common evaluation framework, supported with evaluation guidance, and annual training for EEC staff and local evaluators in its implementation;
2. the checking of data at centre level by centre managers and staff to ensure triangulation;
3. the employment of an independent local evaluator(s) in each EEC to validate and moderate data before submission;
4. the checking and moderation of data from the EECs by the national evaluation team.

These local data sets provided a rich and complex source of quantitative and qualitative evidence on the twenty nine pilot EECs for the year August 2000 – July 2001. The quantitative monitoring data on service delivery and use were submitted by the EECs to the national evaluation team for meta-evaluation on a monthly basis, from February 2001. The other data sets were submitted in July 2001. All data from the individual EECs were collated by the national evaluation team using EXCEL, SPSS and NUD.IST computer analysis software, and then subjected to further analysis at programme level.

A2 Sample Qualitative Report Sheets

A.2.1 The Qualitative Report was split into ten sections:

Section 1	Summary of Key Findings
Section 2	Local Context of the EEC
Section 3	Model of Integration and Management Structure
Section 4	Evaluation Methodology
Section 5	Quantitative Evidence of Performance
Section 6	EEC Outcomes and Impact
Section 7	EEC Funding, Costings and Cost Savings
Section 8	EEC Functioning: Good Practice in Integrated Service Delivery
Section 9	Achievements and Challenges
Section 10	Evaluation Assessment

Each section was sub-divided for more specific focus areas. The Report was sent in hard copy and electronic form with accompanying notes. (See Example A1 below for detail).

Example A1 Qualitative Report Format

Annual Evaluation Report

Section 1 Summary of Key Findings

Key performance and operational evidence, e.g. where has the evidence come from?

Monitoring and collating of all users of the Centre Parents / Children / Visitors / Training

Evidence of impact

Highlights of annual activity

Good practice themes

Challenges

Section 2 Local Context of the EEC

Date of designation

Type of EEC, e.g. single site, network

Geographical location

Partner providers and funders

Characteristics of the local community exemplified by the ward level data on population

Characteristics of users

Analysis of match of user group to overall community

Section 3 Model of Integration and Management Structure

The nature and mechanisms of integration (e.g. unified, coordinated, coalition) [see report for definitions]

The management structure

Section 4 Evaluation Methodology

Methods used for collecting data, with descriptions of sample size, cohort characteristics and selection criteria for each method use

Section 5 Quantitative Evidence of Performance

Evidence of additionality and change in the provision of services over the year

Evidence of additionality and change in the users of services over the year

Summary of findings and conclusions from the annual summary of data

Section 6 EEC Outcomes and Impact

Include qualitative and quantitative evidence of outcomes or impact. Ideally, illustrative evidence by case study and narrative can be supplemented by harder quantitative data. Consider outcomes and impact for each of the headings:

Children

Families

Local Communities

Practitioners

Local Authority/EYDCP

Section 7 EEC Funding, Costings and Cost Savings

Statement of full centre annual income

Sources of income and amount from each source

Amount of income attributed to each service

Statement of full costs

Costs incurred for each service

Results of costing data, i.e. cost per child hour, per adult hour, etc.

Cost savings case studies based (if possible) on 5% sample of Centre users (high, medium and low users, high, medium and low risk families)

Section 8 EEC Functioning: Good Practice in Integrated Service Delivery

The functioning, implementation and quality of integrated services. These may be presented under themed headings,

Section 9 Achievements and Challenges

Achievements

Challenges

Priorities for development next year

Section 10 Evaluation Assessment

How the evaluation process has worked for the Centre this year

Suggestions for further development of the evaluation process

A2.2 Case Studies

Example A2 shows the information EECs received initially, and Example A3 subsequently, setting out guidance for Case study collection and reporting.

Example A2

Case Studies

As part of the Annual Report we have asked for a 15% sample of users: 5% from 'low use of services', 5% from 'medium use of services' and 5% from 'high use of services', and these should be related to families that fall within the criteria for 'low risk', 'medium risk' and 'high risk' as defined by the Social Services 'Lilac Book' (see below).

In order to determine the actual number of case studies you will need to know the average service use, which you will have from the Quantitative Data monthly records, and the average figures for 'risk', which you may need to determine.

This data is extremely important to the overall picture and essential to the national evaluation.

U S A G E			
	High	Medium	Low
R I S K			High
			Medium
			Low

N.B. The structure for reporting each case study should be:

- 1. Characteristics of Family**
- 2. Risk factors of family**
- 3. Pattern of use of services**
- 4. Impact of Centre services an family members**
- 5. Any calculated cost savings**

Example A3 (additional guidance provided by letter)

Structure for Case Studies:

There have been a number of queries regarding the 15% Case Studies. We would like them to be structured to include:

1. Characteristics of the family
2. Risk factors of the family
3. Pattern of use of Services
4. Impact of Centre Services on family members
5. Any calculated cost savings (NB you will need the ‘Cost per Adult/Child Hour’ from the Cost Analysis Disk)

This is the ideal, as is the 15% target of users from High 5%, Medium 5% and Low 5% risk, set against High, Med and Low use. If you have already completed the Case Studies, please look to see what you have and how it matches with these areas and factors. We need as much of this data as possible, up to the 15%.

A3: Sample Quantitative Data Collection Sheets

Data was collated monthly by Centres from their records and entered in the appropriate matrix section (see Examples A4 to A6 below). Each Centre had a unique identifier enabling data sent to the national evaluators to be entered on a main database capable of being updated when fresh or revised data arrived. Cumulative records were linked to provide monthly summaries for each Centre and for the programme as a whole and the spreadsheets included graphing facilities for Centres to use. Considerable time was spent in arriving at shared understandings and definitions for categories and in training and supporting Centre staff.

Data was entered for Child and Adult *attendances* not attendees. The Excel spreadsheet produced an error symbol where particular data items from a required sequence were missed. Shaded sections of the spreadsheets provided automatic calculations based on the data entered. The third spreadsheet 'Practitioner Data' asked for details of staffing, visitors and links with other initiatives.

The Child Data sheet (Example A4) covers the main child services offered by EECs. An additional row for 'other services' provided an insight into services unique to individual EECs. Details of these were included in the Qualitative reports.

The Adult Data sheet (Examples A5a and A5b) provides rows for services, with specific training separated from other services, and columns for recording attendances and additional data such as employment, ethnicity, and age. The categories were designed to match those of Sure Start. The tables are presented here split over two pages.

The Practitioner Data sheet (Example A6) includes details of staffing, practitioner training, visitors and other initiatives in which the Centre was involved.

Example A4 – Child Data Sheet

January 2001																			
Child Services																			
	Total No. of Weeks this Month	Number of Sessions per Week						Average Length of Session (Hrs)	Total Number of Hours/Week	Total Number of Child Attendances this Month by Age						Total Number of Children Attending this Month	Average Child Use/Hour	Number of children requiring E2L Support	Children with Special Needs
		Early Morning	Morning	Lunchtime	Afternoon	Early Evening	Evening			Overnight	Under 1	Under 2	Under 3	Under 4	Under 5				
After School Care																			
Before School Care																			
Day Care																			
Health																			
Holiday Playschemes																			
Language Support (E2L)																			
Libraries (books, toys, jigsaws, etc)																			
Lunchtime Club(s)																			
Nursery Education																			
Nurture Group																			
Overnight Care																			
Playgroup																			
Special Needs Provision																			
Therapeutic																			
Other Child Services																			
TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Example A5b – Adult Data Sheet

Parent Characteristics														Ethnic Background of Adult Service Users																
														White			Mixed			Asian/Asian British			Black/Black British			Chinese/Other Ethnic Groups				
Employed Full Time	Employed Part Time	Unemployed	Self Employed	Student	Registered Disabled	Special Educational Needs	Lone Parent	Teenage Parent	WHE	WHI	WIR	WHO	WHN	MBLA	MBLC	MBOB	BAN	IND	PAK	WHAS	BLA	BLC	BLO	CHI	AOA	NS	PPP	Number of Families	Total Number of Grandparents	

Example A6

Practitioners

January 2001

Staff working at the Centre	No. staff paid by centre (FTE)	Professional Colleagues paid by other agencies	No. Volunteers	
Totals				0

Number of Practitioners Trained	Private	State	Voluntary	Total
Accredited				0
Other				0
	0	0	0	0

Visitors to the Centre	Local	UK	International	Total
Number of Visitors				0

Other Initiatives in which the Centre is Involved	Best Value Review	Education Action Zone	Health Action Zone	National Childcare Strategy	National Numeracy Strategy	National Literacy Strategy	Neighbourhood Nursery Initiative	Quality Protects	Single Regeneration	Sure Start	Young Parents	Other National Initiatives	Other Local Initiatives
Other Initiatives													

A4: Sample Cost Data Collection sheets

The instrument for collecting Cost Data for Child Costs (Example A7) and Adult Costs (Example A8) was derived from the work of Moran, Myers and Zymelman (1997) and involved basic information relating to average numbers of users, length of sessions and weeks of operation set against actual and imputable costs, to provide a figure of 'cost per child or adult hour' of service. The Basic figures related to the Quantitative Data. '*actual costs*' were those paid out by the Centre and '*imputable costs*' were those either paid by others, for example Health Visitors working as part of the Centre team but paid for by Health, or lowest estimates of donated time or services, for example by voluntary helpers, calculated at basic minimum wage. The cost data was completed once for the reporting year (August 2000 to July 2001).

The various dimensions provided by the data gathering instruments, together with the Qualitative Data and Case Studies, provided a means of triangulation in assessing the reliability of evidence when preparing the meta-evaluation for phase two of the programme.

Example A8 – Cost Data for Adult Costs

Adult Services Cost Analysis					
Basic Data:					
	Number of weeks per annum				
	Actual average Adult attendance				
	Number of Adult sessions per week				
	Number of hours per session				
	Total No. Adult Hours per week				
	Total No. Adult Sessions per annum				
	Total No. Adult Hours per annum				
			Cost per adult hour		
Service Costs:					
		Outlay Costs	Imputable Costs	Total Costs	Av. Cost/Adult Hour
Administration		£0.00	£0.00	£0.00	£0.00
	Personnel				
	Office Supplies				
	Utilities				
Staff Training and Development		£0.00	£0.00	£0.00	£0.00
	Personnel				
	Consumables				
Creche Facilities		£0.00	£0.00	£0.00	£0.00
	Personnel				
	Consumables				
Family Support		£0.00	£0.00	£0.00	£0.00
	Personnel				
	Consumables				
Adult Education		£0.00	£0.00	£0.00	£0.00
	Personnel				
	Consumables				
Food		£0.00	£0.00	£0.00	£0.00
Building and Facilities		£0.00	£0.00	£0.00	£0.00
	Maintenance				
	Personnel				
	Rent				
	Energy				
Transport				£0.00	£0.00
		Total Outlay Costs	Total Imputable Costs	Total Costs	
		£0.00	£0.00	£0.00	

A5: Social Deprivation Data provided by The Social Disadvantage Research Centre

Department of Social Policy and Social Work Oxford University

EECs were asked to provide Ward data for users of their centre services. The Social Disadvantage Research Centre (SDRC) then produced what was referred to within the EEC programme as the 'Oxford Data'. Benefit data from Income Support (IS) and Income Based Job Seekers Allowance (JSA-IB) was used to map the children from low income families and low income lone parents. Data used was supplied by DSS for 1999. Charts and equivalent data for 1998 were also produced for comparison. For the purposes of the EEC programme the Oxford Data for 2000 measured children in 1998 living in families in receipt of 'out of work' means tested benefits (IS and JSA-IB), and in work means tested benefits (Family Credit and Disability Working Allowance). The 2001 report focused on children living in families in receipt of 'out of work' means tested benefits, as information on 'in work' means tested benefits, in particular Working Families Tax Credit, were not available at small area level. The report used population estimates generated by the SDRC.

Maps for each EEC were produced dividing the wards into five equal groups showing the percentages of under fives living in low income families. The wards with the highest levels of deprivation (highest 20 per cent deprivation for 1999) were indicated. Comparisons were also provided with district, county and England comparisons.

The different charts allowed comparison of change over time for percentage change and claimant population change.

The Oxford Data was provided both for the EECs' own use and for the national evaluators, for example: EECs were encourage to begin comparing their user profile with ward level data to see if there were significant groups not being reached; the national evaluators were able to compare the distribution of EECs with levels of deprivation.

Appendix B

Early Excellence Centres Pilot Evaluation 2000 – 2001

Attendance at Services

B1 Data on attendances from monthly statistical returns

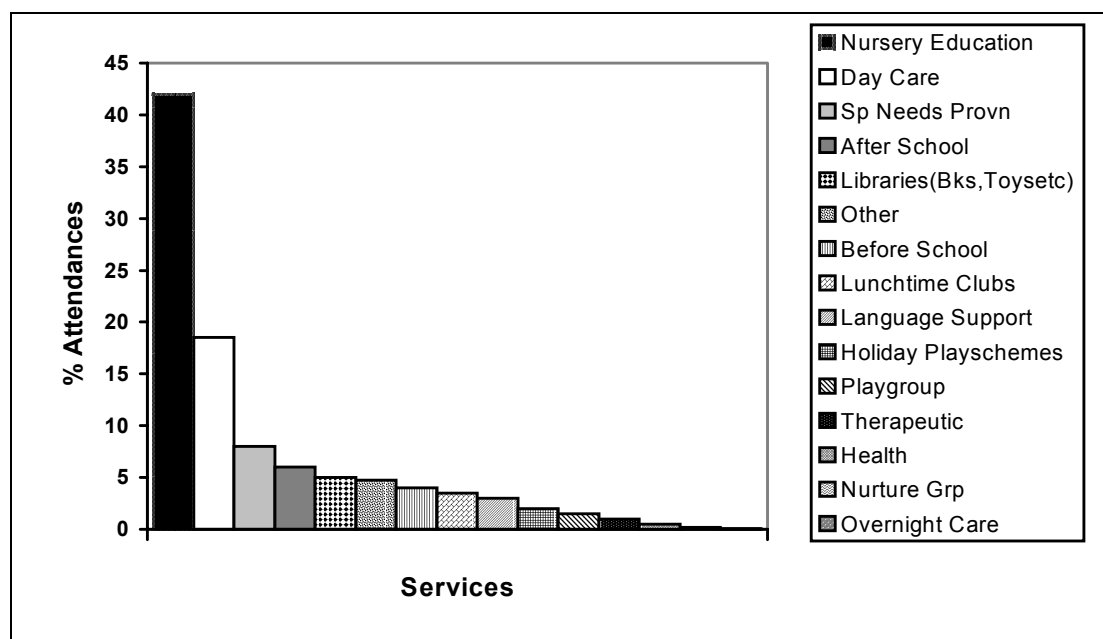
In the monthly quantitative monitoring returns the EECs provided information on the number of attendances by children and adults in each age group at each service during the month. They also showed the number of attendances by children requiring language support and attendances by children with special needs, including those assessed by centre staff as having special educational needs. (See Examples A4 to A6). These data were requested monthly from February to July 2001, by direct entry into an Excel spreadsheet, but some Centres did not start returning the data until March or April and some had not returned data for July at the time of doing this analysis. This Appendix reports the results for all attendances recorded from March to June (inclusive) and shows the average over these four months in the proportion in each of various categories, covering all attendances where a breakdown was given.

B1.1 Attendance at Children's Services

B1.1.1 Attendances at Each Service

Figure B1 shows the proportion of attendances in each of the services listed in the statistical return.

Figure B1: Proportion of Attendances Accounted for by Each Children's Service

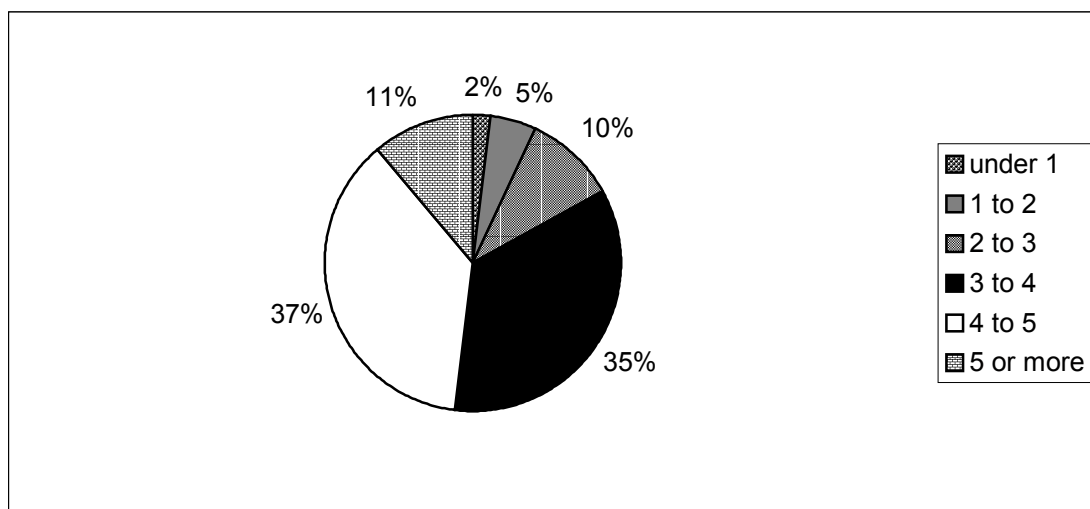


Nursery education and day care together account for 61 per cent of all child attendances. Because of the difficulties Centres have had with the data return we think that attendances at day care may have been under-reported this year. The next largest activity is in services provided exclusively for special needs children (8 per cent), followed by after school care (6 per cent).

B1.1.2 The Age Range of Children's Attendances

Figure B2 shows that most of the attendances are by children aged three (35 per cent) or four (37 per cent) with fewer of the attendances by children under three (17 per cent in all) and children aged five or more (11 per cent). This is consistent with the fact that the highest proportion of attendances is within nursery education and day care.

Figure B2: Percentage Attendances by Age

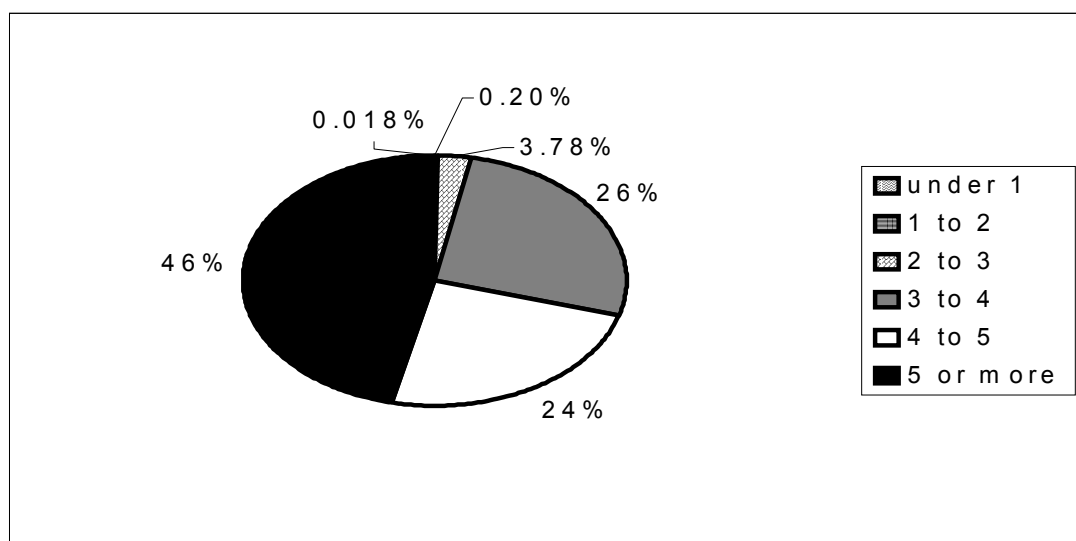


Differences in attendance by age group are related directly to the range and type of provision provided by EECs. For example, while six out of ten EECs provide some kind of service for the under twos, the number of these services, their capacity and frequency, are much less than those for older groups, and the attendances by under twos are therefore proportionately less.

B1.1.3 Children with Special Needs

Many EECs have services designated for children with special needs, three of them multi-site centres where one of the sites is specifically orientated to children with special needs. Figure B3 shows that the age profile of attendances by children at services for children with special needs is markedly older than that of attendances by children at other services. This may be because the formal designation of special need does not happen until the child is older. All EECs have some children with special needs attending ordinary services, but these are not included in the chart.

Figure B3: Proportion of Attendances by Children with Special Needs in each Age Group



B2. Attendances at Adult and Training Services

B2.1 Attendances at each Service

Figures B4 and B5 show the proportion of adult attendances at each type of adult and training service. The adult service with the highest number of attendances is the drop-in service (17 per cent), followed by parent and toddler groups (15 per cent). The next highest are use of the family room (13 per cent), on and off site family support and counselling (both 11 per cent) and use of the crèche facility enabling adult access to services (10 per cent).

The training services with the highest number of attendances are the category "adult education and training" (ie not specifically focused on adult literacy or numeracy) (22 per cent), followed by health/nutrition (16 per cent).

There was considerable variation from month to month in the total number of attendances at adult services, with March and May having far more activity than April and June.

Figure B4: Proportion of Attendances at each Adult Service

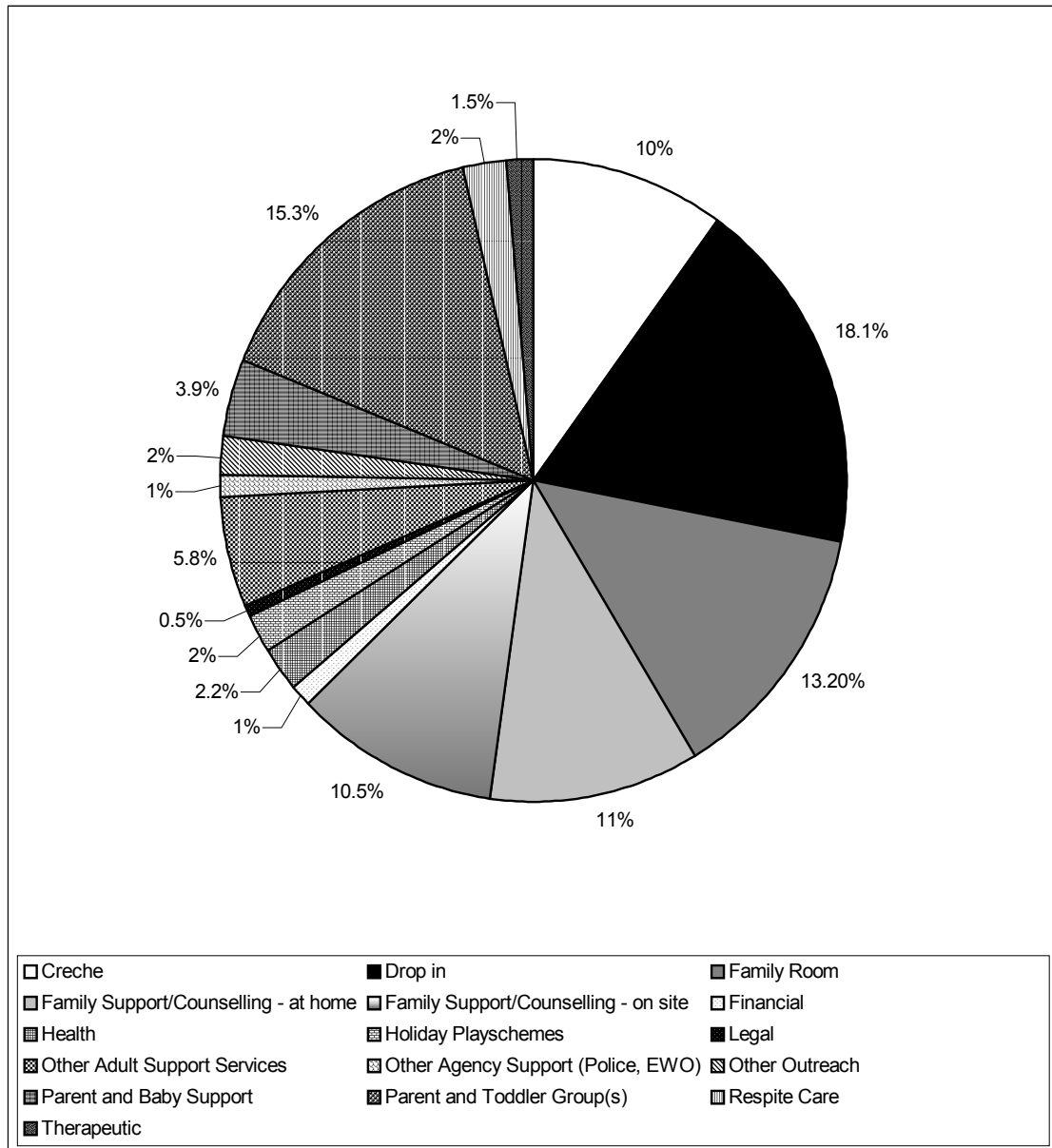
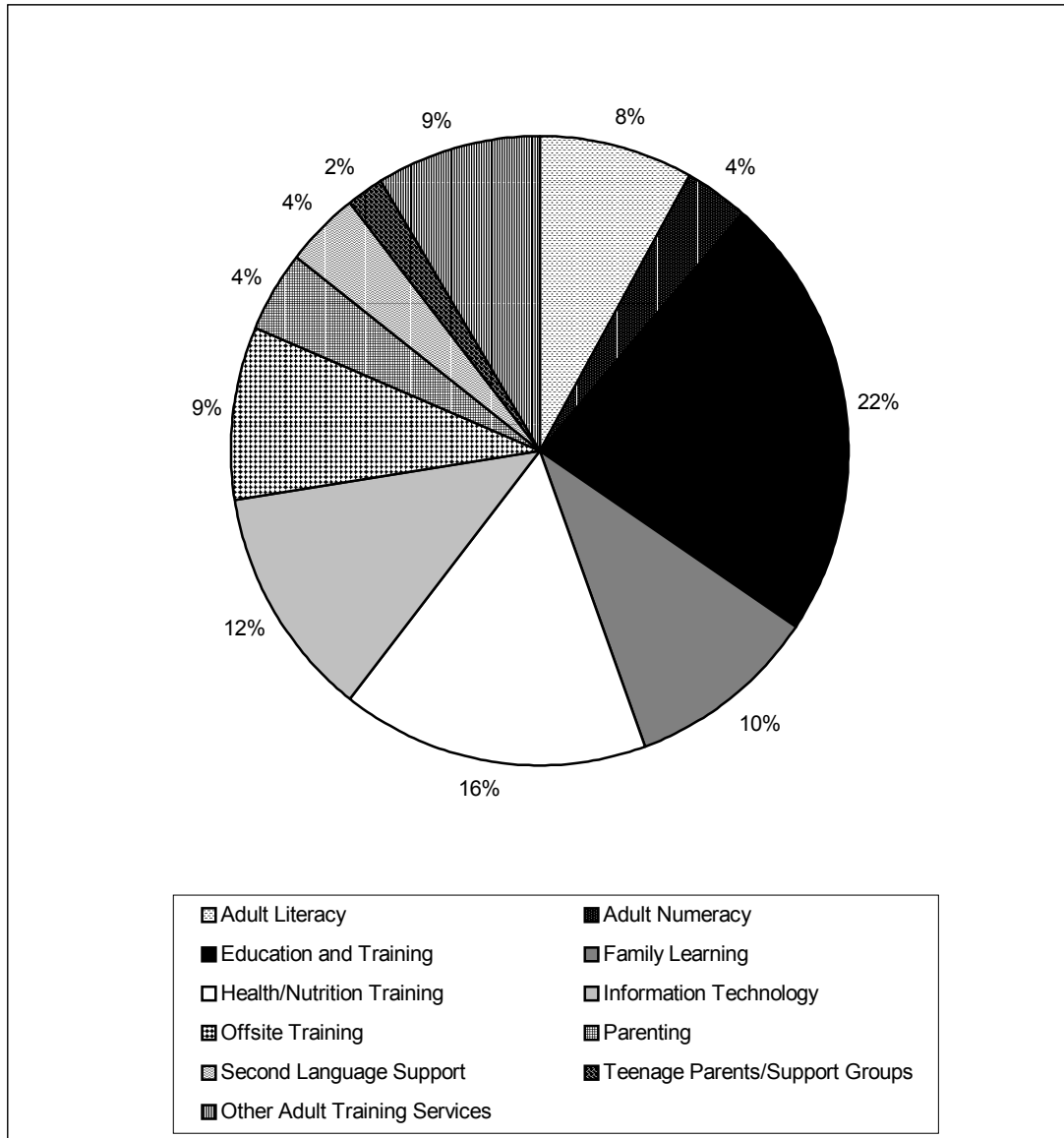


Figure B5: Proportion of Attendances at each Adult Training Service



B3: Service Attendances by Age and Gender

This section was also derived from quantitative data returns for March to June 2001 from those EECs that provided a full breakdown of attendances by age and gender. Sixteen of the thirty eight EECs reporting units did not complete this data, and it is not know whether this introduced a bias. These returns show that most adult attendances for both genders are for the age ranges eighteen to forty years. While there is some minor variation, the overall pattern is the same for all services, with attendances by twenty five to thirty year olds being the largest group, followed by thirty one to forty year olds, and eighteen to twenty four year olds. Given the nature of the services provided by the Centres and the demographic patterns of families of young children, this is what would be expected.

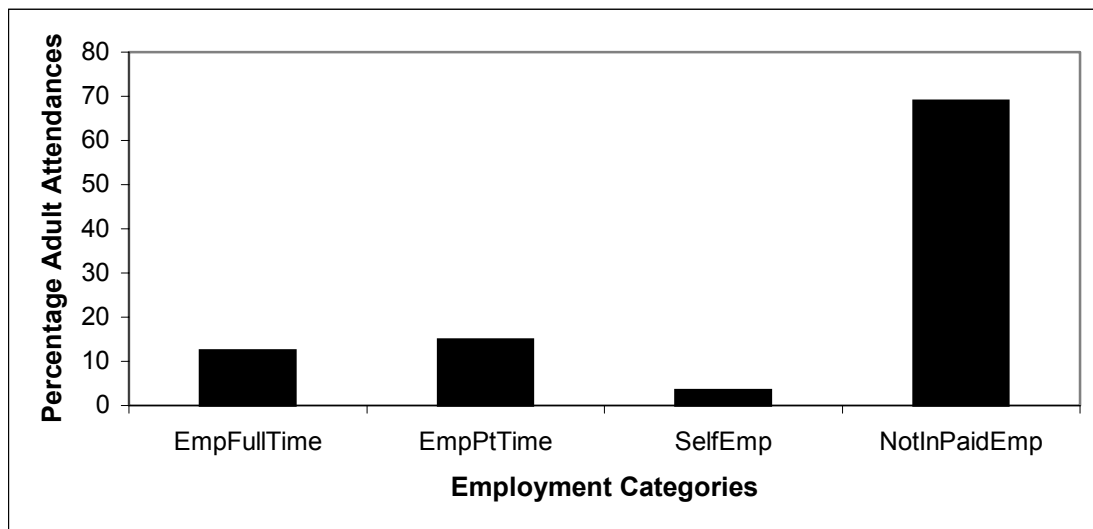
The ratio of females to males in the largest group of adult attendances (the twenty five to thirty age group) is 11.2 females to every male. Although the number of attendances by women is always higher than among men, in the youngest age group (under eighteen years) and in the over fiftys age group the average ratio is nearer 6 to 1, suggesting young fathers and grandparents are more likely to be using services than fathers in the twenty-fives age group.

B4 Service Attendance by Employment Status

Twenty one EECs gave a breakdown of attendances by employment status; eight centres did not. As with total attendances, the number of attendances for which the employment breakdown was given varied considerably from month to month, with again the most reported for March and May.

Figure B6 shows the proportion of attendances in each employment category among attendances where the employment breakdown was given, averaged over the four months March to June 2001. By far the largest proportion of attendances (69 per cent) is by those not in paid employment. This is consistent with the location of most Centres in areas of relatively high non-employment. The breakdown of attendances by hours of work shows that among the employed, attendances by people employed part time are slightly higher than by those employed full time.

Figure B6: Percentage Attendances by Employment Status

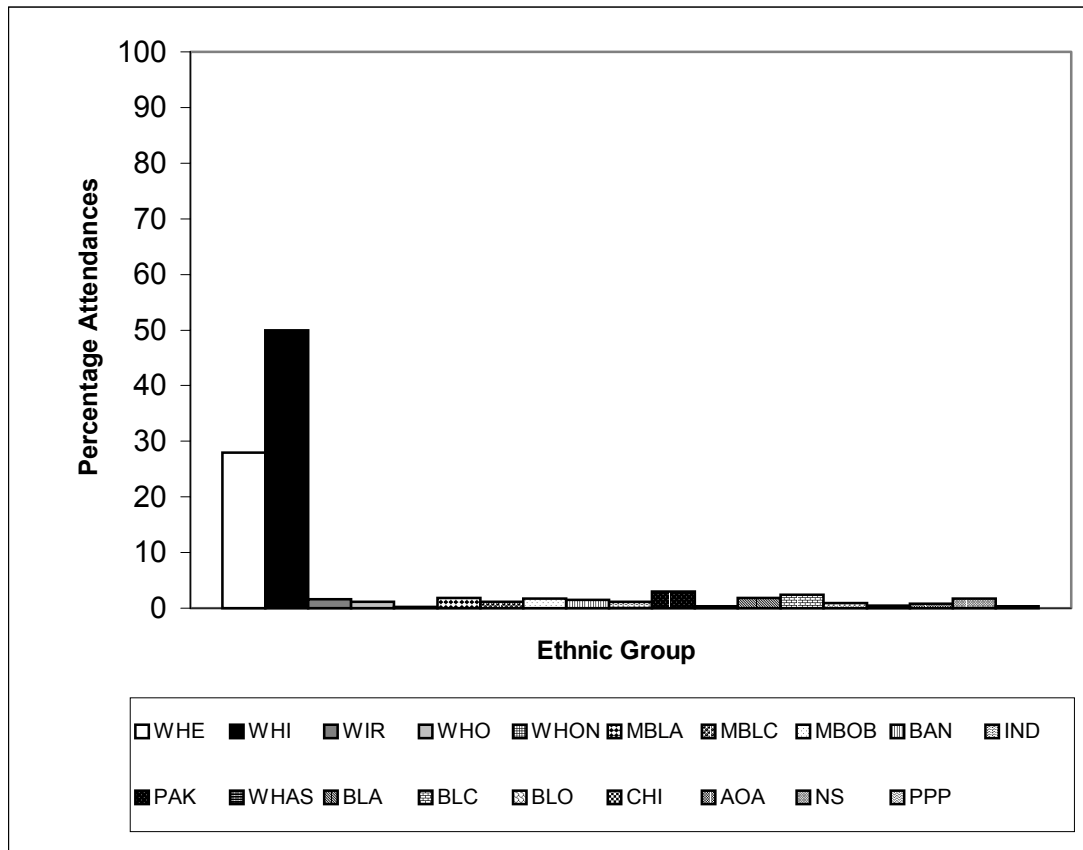


B5: Attendances by Ethnicity

Data on ethnicity of adults attending services were requested using the same categories as the Sure Start Evaluation. Some EECs objected to data on ethnicity being collected and six did not provide it. Examination of the non-responses indicates that this has probably resulted in attendance by ethnic minority groups being under-recorded disproportionately. Centres that did not provide this breakdown included two that were in areas with large ethnic minority populations, and they had described in their annual report successful engagement with these groups.

Figure B7 shows the ethnic breakdown. Five per cent of entries were in the categories "Not sought" or "Parent preferred not to say". Among the attendances where ethnic group was recorded 82 per cent were by people from white groups and 18 per cent by people from ethnic minority groups. Eighteen per cent is above the proportion of ethnic minorities in the population as a whole, even though the Midlands, where there are areas with large ethnic minority populations, are under-represented in the pilot programme. This indicates that Centres are being successful in reaching ethnic minorities.

Figure B7: Percentage Attendances by Ethnicity of Adult Users of EEC Services



Key:

WHE	White European	PAK	Pakistani
WHI	White British	WHAS	White Asian
WIR	White Irish	BLA	Black African
WHO	Other White Known	BLC	Black Caribbean
WHON	Other White Not Known	BLO	Other Black
MBLA	Mixed White/Black African	CHI	Chinese
MBLC	Mixed Black Caribbean	AOA	Any Other Asian Background
MBOB	Other Mixed Black	NS	Not sought
BAN	Bangladeshi	PPP	Parent preferred not to say
IND	Indian		