

SureStart Children's Centres Planning and Performance Management Guidance

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Every Child Matters
Change For Children



GUIDANCE

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1 Introduction and background

1.1 This guidance is designed to help local authorities together with key delivery partners in the statutory, private and voluntary sectors, set up and run 2,500 Sure Start Children's Centres by 2008, with the longer term aim of 3,500 children's centres by 2010, one for every community.

Vision for children 0-5 years old

1.2 Sure Start Children's Centres are a key delivery mechanism to achieve the objectives set out in the Government's *Every Child Matters* programme and our commitment to end child poverty. Our aim is to improve outcomes for all young children, and in particular to close the gap between the outcomes for the most disadvantaged children and others. Outcomes and options for children, their parents and communities will be enhanced by increasing the availability of high quality integrated childcare and early learning, health and family support services. We want to see services brought together at neighbourhood level supporting parents/carers, both in their parenting role and in their aspirations towards employment.

1.3 Consistent with the principles of the *Every Child Matters* Change for Children programme, we believe that universal services must include a specific focus on supporting those in most need, and should be tailored to meet particular needs of individual children, parents, their families, and the communities in which they are based.

Childcare Act 2006

1.4 For the first time there is legislation in place that emphasises the importance of the early years. From 2008 local authorities will be under a statutory duty, working together with their NHS

and Jobcentre Plus partners, to reduce inequalities and improve the five *Every Child Matters* outcomes for all young children in their area, through the planning and delivery of early childhood services which are integrated in order to maximise access and benefits to service users and involve parents and private, voluntary and independent childcare providers.

Sure Start Children's Centres

1.5 Sure Start Children's Centres form a key part of the delivery of early years services by local authorities, increasingly as a major element in the planning and delivery of children's trusts arrangements. They are crucial to the implementation of the Government's ten year childcare strategy, *Choices for Parents, the Best Start for Children*, and contribute to improving the child outcomes set out in *Every Child Matters*: being safe; healthy; enjoying and achieving; economic wellbeing; and making a positive contribution. The Government wants to see more co-located, multi disciplinary services that provide personalised support to children and their families. Children's centres are a key building block towards this goal.

1.6 Sure Start Children's Centres will provide a range of services depending on local need and parental choice. The aim is for a network of centres across the country, offering information, advice and support to fathers and mothers /carers, as well as early years provision (i.e. integrated childcare and early learning), health services, family support, parental outreach and employment advice for disadvantaged families. Services offered will not be the same everywhere, because needs and communities vary greatly, but the greatest resource for children's centres will go to those children most in need.

The intention is that children's centre services become permanent mainstream community services, which are developed and delivered with the active involvement of parents/carers and the local community.

1.7 In phase 1 (2004-06) children's centres were developed to serve families living in the 20% most disadvantaged wards (based on the Index of Multiple Deprivation (IMD) 2000). In phase 2 (2006-08) local authorities are planning to ensure all of the most disadvantaged families will have access to children's centre services i.e. families in the 30% most disadvantaged areas (as defined by Super Output Areas – see glossary at page 38 for explanation). Centres will also be developed to serve families outside the most disadvantaged areas bringing the total number of centres to 2,500 by March 2008. In the longer term, there will be a Sure Start Children's Centre for every community – with 3,500 centres planned by 2010. It is expected that on average a children's centre will serve a community with about 800 children under five years old, although in rural areas with a more dispersed population numbers may be smaller. Centres will be developed from a variety of provision including Sure Start Local Programmes, neighbourhood nurseries, existing early excellence centres, maintained nursery schools, schools, family centres, community centres, health centres, and voluntary and private provision (see pages 6-9 for more details).

1.8 Sure Start Children's Centres also provide a crucial opportunity to drive forward a preventative approach to health problems and ensure that the foundations of good health are laid early. The importance of good physical and mental health as the foundation for children's learning and development cannot be overestimated. In particular Sure Start Children's Centres can help facilitate partnership working with health services to meet the delivery of commitments set out in the Public Health White Paper *Choosing Health*, the *Choosing Health* Delivery Plan and the *National Service*

Framework for Children, Young People and Maternity Services. For example, when health visitors and midwives are located in children's centres, they can be more visible and accessible to the community. It is therefore essential that health colleagues work with local authorities to plan and commission services in line with the planning of wider children's trust arrangements.

Reaching the most excluded groups

1.9 Past research has generally shown that a small group of children and their families are frequently excluded from mainstream services and that these families are often the ones who are at most risk of achieving poor outcomes and of living in poverty. It is particularly important that family support and outreach services reach all children and their families, including those who have not normally accessed services. Although many children's centres will be based in disadvantaged areas, it is important that local authorities when planning centres consider access to services by the *most* disadvantaged families. It is also important that engagement with Social Services Departments and other children's services within children's trust arrangements takes place to ensure effective linkages are made with support for vulnerable adults, for children in need and strategies for prevention and early intervention.

1.10 Local authorities must ensure that centres offer strong outreach and home visiting services as part of their core business – taking services to families, rather than expecting families to come to the centre, will be, in some cases, the only way children will benefit.

1.11 Centres must take a proactive approach to increasing the number of families that access services, especially those in the priority groups, and to monitoring their effectiveness in doing so. This guidance has identified key groups that research has shown have found it particularly difficult to access services offered by Sure Start local programmes. Local authorities will need to help centres to identify their own hard to reach groups using local data sources and put in place

methods of monitoring take up. The Together for Children (TfC) consortium has been appointed by DfES to support local authorities with the delivery of children's centres. TfC are developing a toolkit to help authorities in their work to monitor the performance of their centres in delivering services to hard to reach families in their areas. Centres will need to retain information on reach and access as the Department is planning a programme of research and validation which will rely on this data.

1.12 Additionally, all centres must ensure that families with new babies are contacted within 2 months of the birth and made aware of the services available to them through the children's centre.

Safeguarding Children

1.13 Local authorities, children's centres and school governing bodies providing services directly are responsible for taking up references and ensuring required checks are carried out on all staff. Where third parties are involved in delivery, written agreements must be clear about their obligation to check their own staff and to keep records in accordance with best practice.

1.14 Standard vetting procedures with the Criminal Records Bureau apply to all staff working in children's centres who have contact with children.

1.15 Local authorities should ensure that centres have a clear child protection policy and all staff demonstrate an understanding of child protection and how this relates to their role. All staff must be made aware of guidance, such as what to do if they are concerned a child is being abused, and know correct procedures for reporting and recording issues.

1.16 Guidance aimed at schools, local authorities and further education colleges, *Safeguarding Children and Safer Recruitment in Education*, is available on the Teachernet website, www.teachernet.gov.uk/wholeschool/familyandcommunity/childprotection/goodpractice/saferrecruitment. Wider issues of accountability and liability will be covered in the Governance and Management Guidance due to be issued in early 2007.

2 The planning and approvals process

Strategic planning

2.1 As an important instrument in achieving the five outcomes for children and young people as set out in *Every Child Matters*, Sure Start Children's Centres should feature in the local authority Children and Young People's Plan (CYPP). Through children's trust arrangements, local authorities should discuss and agree their strategic plans for children's centres with local partners in the health, private and voluntary sectors.

2.2 The targets we have set for each local authority on the number of children's centres and the number of children to be reached will be monitored as part of the wider *Every Child Matters* Improvement Cycle for children's services. Chief Executives and Directors of Children's Services will need to ensure that there are robust and achievable local plans for the delivery of the targets set for the 2006-08 period.

2.3 If a local authority has delivered additional centres to those planned in phase 1 and exceeded its target reach for 2006, then the extra centres will count towards the 2006-08 centre target. However if an authority's target reach is not exceeded, but simply served by more centres than originally planned, then the extra centres will not count towards the new target as services are not reaching any additional families.

2.4 In the strategic planning of services and children's trust development, local authorities should join up their planning for extended schools and children's centres.

2.5 When local authorities are planning children's centres and before decisions are taken they must:

- ▶ ensure the views of children, fathers and mothers, carers, and families are valued and taken into account in the planning, delivery and evaluation of services. Particular action will need to be paid to their views on how to ensure these services will be accessible, and culturally appropriate, for the communities they serve; and
- ▶ ensure the engagement of key partners such as schools, other early years providers including private and voluntary organisations, Job Centre Plus and health services. This should include where necessary reaching agreement on reshaping services to deliver integrated services through children's centres in line with the delivery of children's trusts.

2.6 The services provided by the Together for Children (TfC) consortium will include building local authority capacity to plan, commission and project manage the roll out of children's centres, identifying and promoting good practice, and supporting the development of multi-agency working. The nature and intensity of support that TfC provide will be tailored according to needs agreed with local authorities, with specialist input where required.

Project planning

2.7 The precise format of project plans is a matter for local decision and they will **not** need to be approved by DfES. However, TfC will be in regular contact with local authorities to discuss programme delivery including:

- ▶ progress on engaging key partners and reshaping services, including links with extended schools, private and voluntary providers, health services and Job Centre Plus;

- ▶ the use of existing provision, including Sure Start settings that did not become children's centres in phase 1;
- ▶ the effectiveness of mechanisms for consulting parents/carers, community groups and other interested local partners; and
- ▶ developing more flexible models of service delivery in the less disadvantaged areas.

2.8 It is essential that local authorities record progress on the development of individual centres on the web-based portal managed by TfC. From January 2007 data can be added to the TfC website, www.childrens-centres.org. Information on capital projects will be entered on the existing web system but access will be via the TfC portal. Before this date local authorities should enter capital project information using the EC Harris web based system. If local authorities wish to enter further data on phase 2 services before January 2007, they should contact their TfC lead via the website above.

2.9 TfC are responsible for designating children's centres and will work closely with local authorities to ensure that the levels of service are appropriate to the type of area they serve (see page 15 for more details about designations).

Reach

2.10 The targets set for the number of children to be reached relate to the number of children under five years old living within the children's centre area, i.e. those who potentially can access the health, family support and outreach services provided. Local authorities should ensure that all families are aware of the services that the children's centre can provide for them.

2.11 Where possible children's centre's services should be easily accessible to their local communities. Generally this is expressed as within pram-pushing distance. Using additional settings linked to main children's centre sites may be necessary to facilitate outreach and easy access to services, particularly in larger geographical areas.

2.12 When planning Sure Start Children's Centres consideration should be given to ensuring access by those communities whose take up of services in the past has been low. Teenage fathers and mothers, lone parents, parents of disabled children, fathers and mothers from minority ethnic families, parents with a learning disability or mental health problems, those experiencing domestic violence or misusing drugs, families of offenders, and families in temporary accommodation can be among those most in need who are often excluded from mainstream services.

2.13 Local authorities should plan with other agencies through children's trust arrangements which services would best be provided from centres as part of effective multi-agency partnership working. For example, disabled children will often need support from a range of statutory agencies, including health, social care, childcare and education. Some voluntary sector organisations, such as Contact a Family (www.cafamily.org.uk) which represent families with disabled children, will often be interested in providing services from Sure Start Children's Centres or can offer specialist information and guidance for planning strategies.

2.14 Local authorities will need to ensure children's centres liaise with the local Teenage Pregnancy Co-ordinator, who strategically leads the implementation of the local teenage pregnancy strategy. Children's centre plans should be consistent with the local strategy and centres should provide appropriate support for local teenage parents. (Details of local Teenage Pregnancy Co-ordinators can be found on the Teenage Pregnancy Unit's website: www.teenagepregnancyunit.gov.uk)

Existing provision which can develop into Sure Start Children's Centres

2.15 It is both more cost effective and better for managing the children's services market for children's centres to be designed around existing provision. In phase 1 of the children's centres programme (2004 – 2006) the majority of Sure

Start Children's Centres were developed from Sure Start Local Programmes, neighbourhood nurseries, early excellence centres and maintained nursery schools, clinics or health centres. In phase 2 local authorities should ensure that Sure Start Local Programmes, Sure Start mini programmes and early excellence centres that are not already designated are supported to become children's centres. We also strongly encourage the continuing use of maintained nursery schools as bases for the development of Sure Start Children's Centres.

2.16 Local authorities should also consider building on neighbourhood nurseries which are often located in disadvantaged areas and are therefore ideal settings from which to develop children's centres. However, we recognise that some neighbourhood nurseries will be in areas that already have Sure Start Local Programmes or early excellence centres with high quality integrated provision. In such cases the neighbourhood nursery should be given an opportunity to help deliver children's centre services where this makes sense on the ground. The aim is to ensure a service package for areas, avoid duplication and support the quality and sustainability of existing services.

Health services and promoting opportunities for healthy lifestyles

2.17 Sure Start Children's Centres offer significant opportunities for improving children's health. They can provide:

- ▶ a means of delivering integrated, multi-agency services;
- ▶ a means of improving choice;
- ▶ access to services for those groups who are often excluded from mainstream services and therefore a means of reducing health inequalities;
- ▶ a means of delivering key components of the Children's National Service Framework such as the Child Health Promotion Programme; and

- ▶ a means of achieving *Choosing Health* objectives (eg reducing smoking in pregnancy; increasing breast feeding rates; improving diet and nutrition; reducing levels of childhood obesity; promoting positive mental health and emotional wellbeing).

2.18 Locating health services such as health visiting and antenatal advice in Sure Start Children's Centres can be very important to improving take-up of services and help make them more visible and accessible to local communities. However, this may not make sense in all children's centres e.g. where there is a purpose built health service very close to the children's centre or where services are located in an area which suits the local community. Some specialist health services might only be available in one of the local authority's children's centres, but open to users of other local centres. In these circumstances we would expect to see strong joint planning and working with the children's centre. It is important, therefore, that Primary Care Trusts, midwifery and health visiting services and other local health practitioners are involved as fully and as early as possible in the planning and commissioning of services for children's centres. This will help to ensure that opportunities for developing integrated and holistic services for children and their families are fully explored. Planning should include addressing processes for agreeing shared values and objectives, joint training and the sharing of information.

2.19 *Choosing Health* recognises that children's centres provide an ideal opportunity to deliver public health outcomes and support the preventative approach to health, on both the physical and mental health front. When planning centres, local authorities should discuss with their health partners how best to ensure that the development of children's centres can help implement local *Choosing Health* strategies and promote opportunities for practising healthy lifestyles. Examples of activities that should be discussed in the planning process include: providing parents with tips on cooking and

eating healthy food on a budget; promoting breastfeeding; providing opportunities for physical activity; supporting pregnant women and their partners to give up smoking; and parenting workshops to enable parents to better understand their children's development and behaviour.

2.20 Health centres can also be suitable sites for children's centres as they already provide a network of services and advice that is accessed by a broad section of the local community. Local authorities should also explore with local PCTs, through children's trust arrangements, options for developing children's centres on other health facilities such as GP surgeries and family health centres. In many areas the health service is upgrading or building health facilities and opportunities will exist to join up funding to provide centres which would provide high quality integrated services for families.

2.21 Some children's centres are being developed from Sure Start Local Programmes currently led by PCTs. When new children's centres are developed on health sites, it will often make sense for PCTs to lead the children's centre. Local authorities should promote such arrangements through children's trust arrangements.

Private and voluntary providers

2.22 Private and voluntary childcare providers are a vital resource to be considered when developing plans for children's centres. Many day nurseries are in disadvantaged areas and over 60% of all neighbourhood nurseries are successfully run by the private and voluntary sectors. Local authorities should fully involve private and voluntary providers and offer opportunities for them to participate in the process of identifying needs and developing plans. Existing providers are a good source of information on the state of the local childcare market. Building children's centres on good quality provision run by the private and voluntary sector can ensure this is maintained and the skills and expertise of the statutory, private and voluntary sectors embraced. Around 80%

of full day care provision is in the private and voluntary sector and so the role of that sector in delivering childcare is vital to the Government's childcare strategy.

2.23 From 1 October 2007, provisions in section 8 (3) of the Childcare Act 2006 will restrict local authorities from providing childcare where there are alternative and appropriate means of delivery available in the market. They will have to determine, before providing childcare themselves, whether a childcare provider from the private or voluntary sector is willing to do so and whether, in all the circumstances, it is appropriate for the local authority to provide the childcare itself. See also Chapter 4 of this guidance on 'Involving the Private, Voluntary and Independent Sectors'.

Maintained nursery schools

2.24 Nursery schools, of which there are well over 400, many in the most disadvantaged areas, have a strong tradition of high quality nursery education provision and can often easily be developed into children's centres. Becoming a children's centre does not affect the status of a maintained nursery school or the position of the school's head teacher and governing body. Headteachers should be given the opportunity to take on the role of children's centre manager if they are willing and wish to do so. Where, for example, responsibility for the school's budget is delegated to the governing body, it is for the governing body to make decisions about the running and staffing of the nursery school, including the position of head teacher.

2.25 The overall responsibility for the children's centre and the delivery of integrated services, however, rests with the local authority. In consultation with the school's governing body and other service providers, the local authority will need to agree a management structure to oversee the delivery of children's centre services. This could involve expanding the membership of the existing governing body to include other service providers or a separate management committee could be established where the governing body and key partners are

represented. The local authority may appoint the head teacher of the nursery school to oversee the running of the centre, providing the head teacher is willing and has the appropriate skills. Where the head teacher does not take on the additional role of centre manager, he or she will need to work closely with the appointed manager.

2.26 We are planning to issue guidance on the governance and management of children's centres and extended schools in early 2007.

Links to extended schools and healthy schools

2.27 The Government wants to see strong links between extended schools and Sure Start Children's Centres. Extended schools will provide a range of services and activities, often beyond the school day, to help meet the needs of children, their families and the wider community. The extended services offer includes: childcare offered from 8am-6pm year round and integrated with a range of activities; study support; parenting support; family learning; referral to specialist services including social care and health care services (such as speech therapy; child and adolescent mental health services; family support services; intensive behaviour support; and sexual health services for young people).

2.28 When planning children's centres, local authorities should consider the opportunities for children's centres to co-locate with primary schools and offer integrated care and learning from one setting. It is important to note, however, that young children should receive their integrated care and learning in one place and should not be moved between different settings during the day. Primary schools provide a natural focus for local communities and parents are already familiar with them. Co-location could result in improved transition arrangements for children starting formal education, both for the children and their families.

2.29 Some primary schools face consistently falling numbers of pupils. Linking local strategies on improving the long term future of a school with children's centre plans can make sense e.g. using primary schools can help make savings and overcome practical issues such as sharing equipment and office support, or having the same outreach support team who would often be delivering services to the same families. In some areas of the country local authorities have found it difficult to recruit teachers for children's centres. Co-location with primary schools could lead to better ways of using existing teachers. To help facilitate partnership arrangements between schools and children's centres, funding for children's centres, including capital funds, can be linked with that available for extended school services.

2.30 Local authorities should also consider how children's centres will work with local Healthy Schools, including maintained nurseries. The Government's vision is that half of all schools will be Healthy Schools by December 2006, with all schools working towards Healthy School status by 2009. (We are on course to meet the December 2006 target.) Children's centres have a key role in supporting this through using their contact with children and parents to improve health as a basis for improving other outcomes so that they too are a focus for improving health and promoting healthy choices.

Other provision

2.31 There is a whole range of other provision that could be developed into Sure Start Children's Centres, e.g. family support centres, day nurseries, pre-schools and playgroups. Other local provision e.g. libraries and colleges should also be considered. The strong community base and local support for many of these groups would provide an excellent basis for development into children's centres or to be part of an outreach service.

Financial accountability

2.32 Local authorities have been given strategic responsibility for the planning and delivery of children's centre services in their communities. Local authorities will need to ensure funding is available to provider organisations, monitor expenditure and provide DfES with financial information as outlined in the conditions of funding documentation issued annually. This information comprises quarterly returns detailing expenditure to date and an annual return which details the total spend for the year which is subsequently audited.

Financial management

2.33 Local authorities also have an important role to play in relation to financial management at centre level. Local authorities should decide the level of delegated authority they will give to others, for example, a third party organisation which provides services or is under contract to run a centre, and the level of administrative and finance support they can provide each centre. This should then be set out clearly in writing. Where contracted arrangements are drawn up these should clearly state the budgetary responsibilities of all parties. Local authorities will want to agree the contributions they can expect from delivery partners within the children's trust, such as PCTs, and consider carefully the method of resource allocation between centres to ensure resources reflect what each centre should be achieving.

2.34 Local authorities have an important role in ensuring centres operate efficiently. There will be economies of scale possible across centres in an area, through sharing of expert staff such as financial, IT, legal and HR services and the sharing of staff and facilities between children's centres and schools which are co-located. Local authorities are also well placed to generate efficiencies through procuring products and services on behalf of centres collectively.

Charging rent or accommodation cost

2.35 Integrated services are central to the delivery of better outcomes for children and their families. Key to this is a wider range of services being delivered from one building.

2.36 Capital funding has been made available to support the delivery of buildings that will accommodate a range of services. In most instances, buildings will be extensions and refurbishments to existing buildings in the private, voluntary or statutory sector with services re-shaped and redesigned around the children's centre model of integrated early years services and support.

2.37 One of the barriers to multi-agency partnership working in children's centres is charging others rent for the rooms/space they use to provide services. We are aware of local arrangements about such issues and agree that they are for local partners to decide through children's trust arrangements. However, we do not generally expect children's centres to charge service providers, other than childcare providers, for the use of space or general wear and tear.

2.38 We accept that there might be cause in some instances to levy a specific charge i.e. to accommodate out of office hours or if specific specialist equipment is required but such charges should be kept to a minimum. Services and buildings should be developed and funded with detailed consideration given to the type and range of services they need to accommodate.

2.39 Childcare services should be self-financing and as such it is legitimate to expect childcare providers to pay for the use of space, associated wear and tear and other amenities cost. The level of such charges should be determined locally. However, as we have made capital grant available for new or refurbished buildings, accommodation charges should not automatically be levied at a commercial rate and should not include an element of profit.

3 Sure Start Children's Centre models

3.1 Sure Start Children's Centres will offer integrated services for young children and families. If local authorities are to achieve their targets in phase 2 (2006-08) they will need to engage a range of local partners in the strategic planning of these services. See below for more detail on models for children's centres.

3.2 In phase 1, the Government gave local authorities a target number of children to reach, plus a target of new childcare places to create. In phase 2 we have set targets for local authorities to develop a minimum number of centres to reach a minimum number of children by 2008, as a step towards universal coverage of 3,500 centres by 2010.

3.3 However, in line with the Government's wider public sector reform to devolve power and responsibility to local authorities, there is more flexibility in the model outside the most disadvantaged areas.

What must children's centres offer in the 30% most disadvantaged areas?

3.4 These following services **must** be offered in the 30% most disadvantaged areas (super output areas):

Early years provision

- ▶ Integrated early learning and childcare for babies and children until they are five years old;
- ▶ Integrated learning and care suitable for working mothers & fathers/carers for a minimum of 5 days a week, 48 weeks a year, 10 hours a day;

- ▶ Childcare places will be open to all, with a priority for disadvantaged families, but not just families in the immediate area (admission and fee policies will be determined locally);
- ▶ Support for childminders, including a network;
- ▶ Early identification of children with special needs and disabilities with inclusive services and support for their families; and
- ▶ Links to local schools (extended schools and Healthy Schools) and out-of-school activities (holiday play schemes, before/after-school play and learning).

Outreach

- ▶ Visits to all families in the catchment area within two months of the child's birth (through the Child Health Promotion Programme or agreed local arrangements);
- ▶ Activities to raise community awareness, particularly among disadvantaged groups;
- ▶ Co-ordinated programme of home visits;
- ▶ Systems for referring/signposting families to further services;
- ▶ Systems for monitoring services usage by particular families or groups; and
- ▶ Where possible keyworker system.

Family support

- ▶ Information for parents/carers about the range of family support services and activities available in the area;
- ▶ Support and advice on parenting including support at significant transition points for the family (e.g. pre birth, early days, settling into childcare);

- ▶ Access to specialist, targeted services for those families which need them eg support for parents/carers of disabled children;
- ▶ Activities which increase parents/carers' understanding of their child's development; and
- ▶ Specific strategies and activities which increase the involvement of fathers.

Child and family health services

- ▶ Antenatal advice and support for mothers & fathers/carers;
- ▶ Child Health Promotion Programme;
- ▶ Information and guidance on breast feeding, hygiene, nutrition and safety;
- ▶ Promoting positive mental health and emotional wellbeing, including identification, support and care for those suffering from maternal depression, antenatally and post-natally;
- ▶ Speech and language and other specialist support;
- ▶ Support for healthy lifestyles; and
- ▶ Help in stopping smoking.

Parental involvement

- ▶ Consultation and information sharing with mothers & fathers/carers, on what services are needed, and systems to get user feedback on services; and
- ▶ Ongoing arrangements in place to ensure mothers & fathers/carers have a voice e.g. parents' forums, including fathers.

Links with Jobcentre Plus

- ▶ Centres will link with Jobcentre Plus to encourage and support parents/carers who wish to consider training and employment.

Other services which may be provided

3.5 Sure Start Children's Centres may also offer fathers and mothers/carers help with accessing training, work, advice and information and may

well offer a range of other services, although funding for these services may need to be accessed from other sources. Services could include:

- ▶ effective links with further and higher education institutions, and local training providers;
- ▶ training for fathers and mothers/carers, including English as an Additional Language where relevant, Basic Skills, or parenting classes;
- ▶ benefits advice, including maternity benefits;
- ▶ childcare and other services for older children e.g. siblings of families receiving services;
- ▶ adult relationship support;
- ▶ contact centres;
- ▶ toy libraries; and
- ▶ support for delivery of Bookstart baby bags, toddler bags and 'My Treasure Boxes'.

Campus models

3.6 In some cases it may not be possible to site all services in one building. It is acceptable for a centre to consist of two or three buildings on the same site or next door to each other. In addition, where it is not possible to provide all services in one location or where it is decided to build on good quality private, voluntary and independent provision, integrated care and learning can be located in a separate building up to half a mile away. Outreach services (e.g. health and family support) can also be provided in linked settings in locations that are convenient for children and families.

What must children's centres in the 70% more advantaged areas offer?

3.7 In the main, these children's centres should be developed from existing maintained, private, voluntary or community provision with additional services being added to meet identified local needs.

3.8 Centres will provide a range of other services to meet local need and parental choice. Priority must be given to identifying and reaching out to disadvantaged or vulnerable families. All children and families who are disadvantaged, vulnerable or who have special needs should have access to the full range of integrated services they need. This will often be on site, but may also include signposting to appropriate or specialist support. In some areas this might require the provision of local outreach services near to small pockets of disadvantaged areas. The intensity of services offered by children's centres in the 70% more advantaged areas should vary according to the level of disadvantage in that area. For example, children's centres in areas close in terms of deprivation to the 30% most deprived areas would be expected to deliver a similar range and intensity of services as centres in disadvantaged areas.

3.9 Although local authorities will have flexibility in which services they need to provide to meet local need, all centres will have to provide a minimum range of services including:

- ▶ the offer of appropriate support and outreach services to parents/carers and children who have been identified as in need of them;
- ▶ information and advice to fathers and mothers /carers on a range of subjects including: local childcare, looking after babies and young children and local early years provision (childcare and early learning) education services for three and four-year olds;
- ▶ support to childminders via a coordinated network, but also to other childminders in the area, for example by providing training, loan of toys and equipment and drop-in sessions;
- ▶ drop-in sessions and other activities for children and mothers & fathers/carers at the centre, including: parent groups, play groups, adult education;

- ▶ links to Jobcentre Plus services, to support and encourage labour market participation, in order to help combat poverty. The nature of these will, however, be negotiated locally in light of circumstances and community requirements;
- ▶ community health services including local midwives and health visitors based in the centre or operating from it, that:
 - ▶ visit families with new born babies in the area within the first two months of their baby's life with information about services and support;
 - ▶ provide access to the Child Health Promotion Programme;
 - ▶ provide information and guidance on breastfeeding, nutrition, hygiene and safety, thus reducing the number of children aged 0-3 admitted to hospital;
 - ▶ provide antenatal advice and support to all pregnant women and their families in the area;
 - ▶ encourage parents who smoke to attend smoking cessation clinics;
 - ▶ promote opportunities for physical activity from an early age;
 - ▶ identify children with special needs and disabilities and address their needs; and
 - ▶ identify particularly disadvantaged families so that the centre can offer appropriate support.

3.10 It is important that through children's trust arrangements local agreement is reached on the provision of health services to meet local needs which avoids duplication of services.

3.11 All children's centres providing early years provision are expected to be open for a minimum of 10 hours a day, 5 days a week, 48 weeks a year. They also have flexibility to open at other times such as evenings or weekends to meet local need. Centres in the 70% more advantaged areas that are not providing early years provision have greater flexibility to open at times that meet local demands and needs.

Sure Start Children's Centres in all rural areas

3.12 The Government recognises that children's centres operating in rural areas are likely to need greater flexibility than those that operate in urban areas. Given the nature of rural areas – dispersed communities often with small numbers of children under five years old – the same services may need to be replicated for small groups of families in convenient local venues. Full use should be made of community facilities such as school premises, parish churches and community centres.

3.13 Local authorities will be expected to develop more flexible models of childcare for centres in rural areas which meet the needs of local communities. A supported network of childminders may offer a suitable alternative to centre based care, but the centre should provide access to training for childminders, a base where they can share experience and a supply of age-appropriate learning materials and opportunities for children to interact in groups, especially in the Foundation Stage.

3.14 Other issues local authorities may take into account include:

- ▶ using mobile facilities to take both services and equipment to more remote communities e.g. health visitors and family support workers could travel with a play bus to offer drop-in advice to parents/carers;
- ▶ using technology such as internet or videophone communication to provide advice and consultancy support by various specialists;
- ▶ focusing on delivering a few services well rather than attempting to deliver a wide range of services and spread resources thinly e.g. prioritising:
 - ▶ antenatal and post-natal care for mothers and babies;
 - ▶ special needs support;
 - ▶ parenting advice; and

- ▶ linking services for under-fives and their families with services provided for older children; this may involve the dual use of both premises and of staff.

General issues for all Sure Start Children's Centres

Staff training and development

3.15 Local authorities, when planning centres which will provide early years provision (integrated early learning and care), will need to take into account that the minimum requirement is the employment of an early years teacher on a half-time basis. Where centres in the 70% more advantaged areas do have early years provision they must also meet this requirement. However, we would also expect that this would be a minimum which most centres would exceed and that centres offering this minimum will build up to a full-time teacher within 12-18 months of designation.

3.16 By 2010 all centres offering early years provision are expected to employ someone with Early Years Professional Status (EYPS). There are four pathways to achieving EYPS. These are available to qualified teachers and others at Level 5 and above in children's centres with the aim of having someone with EYPS in every children's centre offering early years provision by 2010. However, for now, the current requirement to have an early years teacher remains.

3.17 We expect all children's centre managers will follow the National Professional Qualification for Integrated Centre Leadership (NPQICL). We expect that all staff working through children's centres will be qualified to NVQ level 3 and that volunteers will be trained or mentored by qualified staff.

3.18 When planning centres, local authorities should also look to strategies to encourage training and staff development across professional boundaries. Consulting with local partners about using the centre to train staff from other local providers and services are avenues which should be explored.

Governance

3.19 Governance arrangements for children's centres will vary from centre to centre. There is no single model that will suit all circumstances. In most centres it is likely that a number of pre-existing structures will come together to deliver services, for example, Sure Start Local Programmes, schools, private day nurseries and health centres. But a number of key principles must apply. In consultation with all local partners, including their statutory partners in health and Jobcentre Plus, local authorities will want to ensure that all Sure Start Children's Centres have streamlined and effective arrangements for planning and decision making. Community and user involvement has been a major strength of Sure Start Local Programmes and must be built firmly into new arrangements.

3.20 Local authorities must ensure that there are effective mechanisms for the involvement of fathers and mothers and carers in the planning and delivery and governance of services. Structures should include significant parental representation (for example, by building on a school's parent governors). In Sure Start Local Programmes, parent/carer (fathers groups) forums have also been very successful in providing parents/carers with a voice, enabling less confident parents/carers to contribute without having to stand as Board members or chairs of partnerships. We are planning to issue guidance on the governance and management of children's centres and extended schools in early 2007.

Designation of Sure Start Children's Centres

3.21 It is recognised that children's centres will take some time to develop a range of services. However children's centres can be designated as soon as the following are in place:

In the 30% most disadvantaged areas

- ▶ the centre is open a minimum of 5 days a week, 10 hours a day, 48 weeks a year;
- ▶ plans are in place to provide health and outreach services to families in need within an agreed geographical area;
- ▶ integrated care and learning for children from birth to five is being provided with 0.5 teacher appointed;
- ▶ links with Jobcentre Plus have been agreed.

In the remaining 70% areas

- ▶ plans are in place to provide health and outreach services to families in need within an agreed geographical area;
- ▶ integrated care and learning for children from birth to five is being provided with 0.5 teacher appointed and the centre is open a minimum of 5 days a week, 10 hours a day, 48 weeks a year

or

- ▶ drop-in activity sessions for children such as stay and play sessions take place; and
- ▶ links with Jobcentre Plus agreed.

3.22 Together for Children (TfC) are responsible for designating children's centres. Local authorities should update the web-based system as services come on line and notify their local TfC contact when centres meet the relevant criteria as set out above.

3.23 Designation is not an end in itself but just the first step in providing the full range of services to children and families. All other required services must be in place within two years of designation and recorded as such on the web-based system.

4 Involving the private, voluntary and independent sectors

4.1 '*Choice for Parents, the best start for children: making it happen*' makes it clear that the best way to deliver choice for families and to drive up quality standards throughout all sectors is through close working between the statutory, voluntary, private and independent sectors. Providers of services in all sectors have relevant and valuable expertise to contribute to an integrated system of support for families with young children.

4.2 The Childcare Act 2006 creates several duties which involve providers in the private, voluntary and independent sectors (PVI), including social enterprises. Under the outcomes duty, local authorities must take all reasonable steps to encourage and facilitate the involvement of all early years providers in the planning and delivery of integrated early childhood services. This duty includes any people engaged in activities which may improve the well-being of young children, in particular providers in the PVI sectors. Local authorities should already be fully involving PVI providers in planning and developing children's centres services – both as potential providers of early years settings within the centre, and as organisations who may want to take on responsibility for management of the centre overall.

4.3 Section 8 of the Childcare Act 2006 which restricts local authorities from providing childcare where there are alternative and appropriate means of delivery available in the market comes into force from 1 October 2007. Local authorities will have to determine, before providing childcare themselves, whether a PVI provider is willing to do so and whether, in all the circumstances, it is

appropriate for the local authority to provide the childcare itself. The Childcare Act 2006 also provides that in preparing their assessments of the sufficiency of childcare in their areas local authorities consult childcare providers. This will, of course, include PVI providers.

Developing children's centres for 2007 onwards

4.4 Local authorities should consult with local providers at an early stage in their planning before decisions are taken, including listening to the views of providers on where centres should be built, who should run them and what services should be provided. It is a condition of the General Sure Start Grant that local authorities keep evidence to show that they have consulted and considered all local providers and how they can work in partnership with local authorities in delivering Sure Start Children's Centres from 2007-08 onwards.

Children's centres designated prior to 2007

4.5 An early survey of Phase 1 children's centres shows 58 per cent of childcare provision in children's centres is provided by the private, voluntary and independent sector, and that 82 per cent of children's centres have contracts with the voluntary sector. Local authorities must review, in 2008, all centres developed in 2003-06 to ensure that maximum use has been made of good quality local private, voluntary and community sector suppliers.

4.6 A similar review should be conducted every two years thereafter.

4.7 To support local authorities in meeting this requirement the National Day Nurseries Association (NDNA), in partnership with a small number of local authorities and DfES, have devised a recommended 'contestability check' process. A checklist to enable local authorities to record their evidence is at Annex A at the end of this booklet.

4.8 Together for Children (TfC) are supporting local authorities with their ongoing delivery of Sure Start Children's Centres and will also discuss how best to maximise the use of private, voluntary and community sector organisations.

5 Monitoring and managing performance

5.1 This chapter sets out our recommendations for how local authorities should manage the performance of children's centres, from April 2007, to ensure they deliver the best possible outcomes. It falls into two main parts: the national and local context in which children's centre performance management will sit and the children's centre performance management process.

5.2 Our aim is to help local authorities to monitor the performance of their children's centres and to challenge poor performance where necessary. As authorities are responsible for children's centre funding they will need to be able to make judgements about value for money on the services provided by their centres. Similarly, centres will need to understand the basis of their allocations.

Overview and aims of children's centre performance management

5.3 Local authorities are financially accountable for children's centres. From 2008 they will, as a result of the Childcare Act 2006, have statutory responsibilities for the provision of integrated early childhood services in their area and for improving the outcomes of young children and reducing inequalities.

5.4 The aim of performance management of children's centres by local authorities is to support improvement in the quality of services and use of resources. It will allow local authorities to monitor impact, by:

- ▶ *Ensuring that all stakeholders have a clear, shared national picture of priorities – signalled through a common self-evaluation and performance indicators.*

- ▶ *Monitoring impact against these priorities.* Local authorities will monitor children's centre outcomes, using both data from performance indicators and supporting information from self-evaluation.
- ▶ *Equipping local authorities and children's centres better to identify and plan to increase centres services to families who have previously been excluded, by using monitoring information in a systematic way.*

5.5 Local authorities should find these arrangements a helpful tool in improving the performance of individual children's centres. We are considering whether to include any part of them in statutory guidance on the early years outcomes duty, due to be published in the autumn of 2007.

Performance management – the wider context

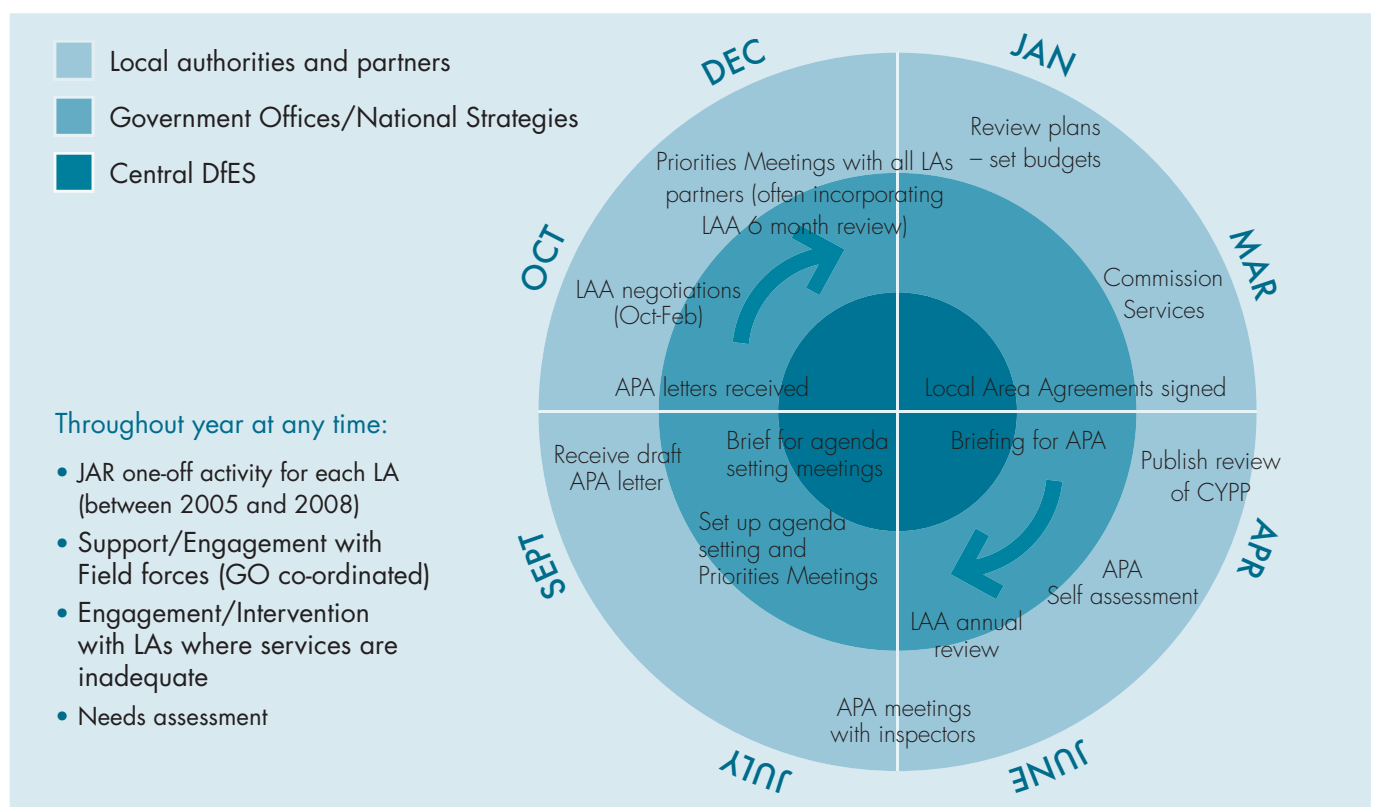
National performance monitoring

5.6 Local performance management arrangements sit within a national framework of performance monitoring and support for quality improvement. It is important that the priorities children's centres work to locally align with those that central government sets nationally, so that at every level it is clear where they should aim to have most impact and that resources are targeted effectively. At a strategic level, central government monitors performance against its priorities using Public Service Agreement (PSA) targets. Current PSA targets include those in relation to Foundation Stage Profile (FSP) outcomes, childhood obesity, children in relative low-income households, and reducing health inequalities.

Performance management of local authorities

5.7 The performance management of local authorities in securing high quality early childhood services will fall within existing processes (see diagram). *Strong and prosperous communities*, the Local Government White Paper published in October 2006, sets out the Government's proposals for a more streamlined and proportionate performance management regime which commits the Government to a radical simplification of the existing system, including a revised national framework for setting targets and expectations. National indicators relating to children's centres and extended schools will remain.

Improvement cycle for children's services



5.8 The network of Directors for Children and Learners (DCLs) and Children's Services Advisers (CSAs) and the Early Years Childcare and Policy (EYCP) Teams, based in Government Offices will be the main point of contact with local authorities in relation to their early childhood services. The CSAs will lead the annual Priorities Meeting with each local authority. DCLs and their teams will support and challenge local authorities and other agencies (including health) to improve outcomes. This will include embedding integrated services for young children in their Children and Young People's Plan. The EYCP teams will co-ordinate and monitor support to authorities and work closely with Together for Children (TfC).

Local Area Agreements

5.9 Local Area Agreements (LAA) are an important element of delivering the *Every Child Matters* outcomes. The LAA performance management arrangements have been brought together with the ECM improvement cycle. LAAs are one of the mechanisms through which authorities meet the objectives of their Children and Young People's Plan.

5.10 Where General Sure Start Grant is included within an LAA, local authorities are required to include, within their screening, the mandatory indicators listed in the LAA guidance issued by the Department for Communities and Local Government.

Early years outcomes targets for local authorities

5.11 Under the Childcare Act 2006, the Secretary of State (represented by the National Strategies) and local authorities, with their delivery partners, will negotiate and agree statutory targets for the improvement of outcomes for young children and the reduction of inequalities between them. Targets will be based initially on the outcomes recorded in the FSP (this will be superseded by the Early Years Foundation Stage Profile (EYFSP) from the 2008/09 academic year). Targets will be negotiated by the National Strategies from September, and proposed targets will be recorded in the Schools and Local Authority Target Setting (SaLATS) workbook returned to the DfES by 31 January each year.

Performance management of children's centres

5.12 Working together, local authorities and their partners should follow an annual cycle in which they review performance on an ongoing basis, with an annual formal review. Children's centre self evaluation is at the heart of the process.

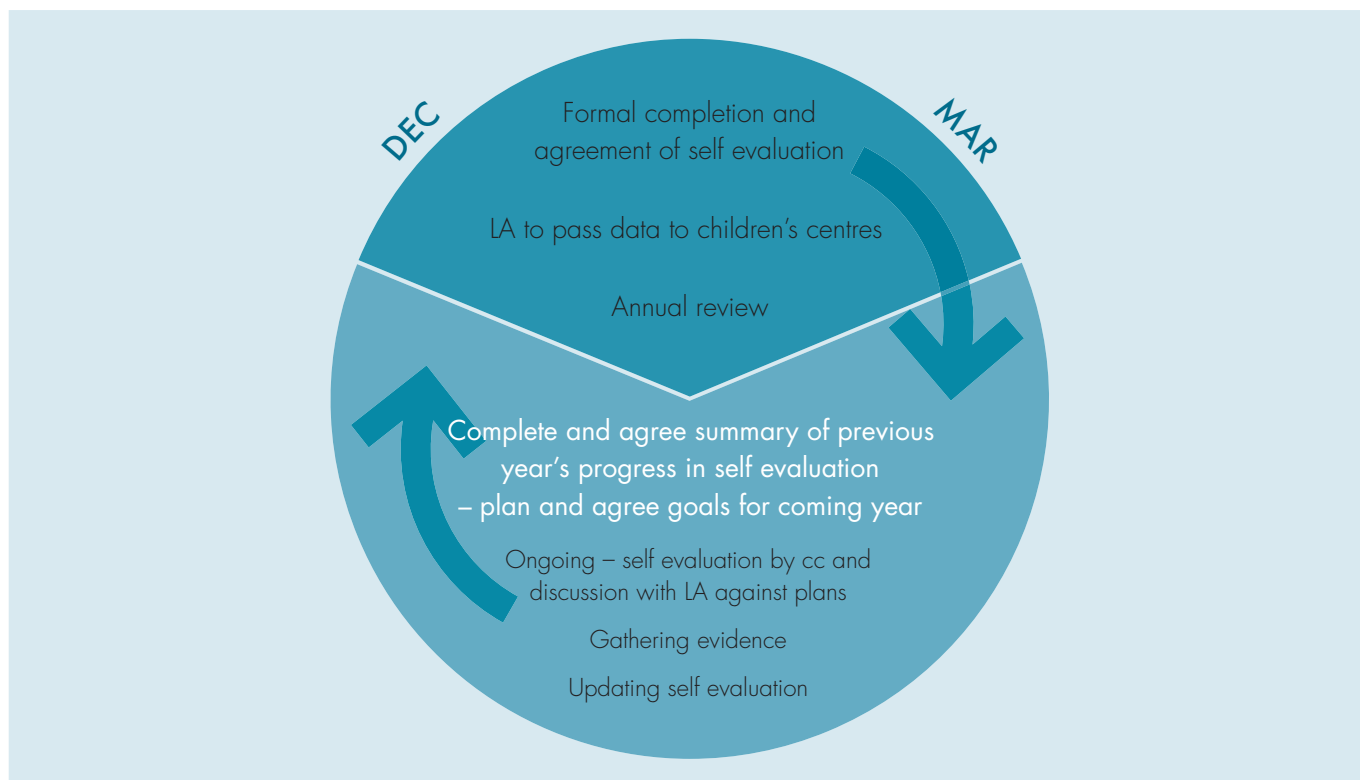
Timing

5.13 Where possible, all Sure Start Children's Centres within each local authority should follow the same timetable to allow for effective benchmarking between centres. The self-evaluation form should be formally reviewed to fit with the local authority's cycle of review and planning.

5.14 Our discussions with authorities suggest that it would be sensible to focus on gathering evidence and reviewing progress from April to December, and to agree and formally update the self-evaluation form from January to March, ahead of the end of the financial year and the Annual Performance Assessment.

5.15 We suggest local authorities and Sure Start Children's Centres should start this process from April 2007. For the first year, they should agree the qualitative elements of the self evaluation in draft by the end of June 2007, to support ongoing review and challenge through the rest of the year. The first quantitative data should be available from January 2008, and the self-evaluation finalised and formally agreed by March 2008.

Performance management of Sure Start Children's Centres



Who should do what

5.16 The fundamental principle is that the local authority should have clear mechanisms to support and challenge their centres. Specific arrangements should be agreed locally as authorities see fit. These should allow sufficient distance between the management of the children's centre and the local authority for genuine challenge to take place.

5.17 We recommend that **local authorities** identify a named individual to work with each children's centre. This individual should be able to take a strategic view, and draw in other relevant partners where necessary.

5.18 We also recommend that the **children's centre** should have a clear agreement on who should speak for it in performance management reviews and who should be responsible for completing the self-evaluation form.

Flexibility

5.19 Children's centres in the 30% most deprived areas will offer the full range of core services, while others will offer a narrower range. These arrangements are appropriate to a children's centre providing the full range. Local authorities will need to adapt this approach where less than the full range is being delivered.

Children's centre self-evaluation

5.20 All Sure Start Children's Centres should complete a common self-evaluation form and discuss this with their local authority. An example of the form, together with guidance on its completion, is in a separate downloadable word document published alongside this guidance. The aim of the self-evaluation will be to give a rounded and rich picture of a children's centre's outcomes, use of resources, good practice and progress over the previous year, together with goals and plans for the future. It covers:

- ▶ data about children's centre performance, to benchmark progress and to review impact. This is drawn from outcomes against performance indicators and from any recent Ofsted or other e.g. Community Cohesion and Social Inclusion (CCSI) inspection evidence;
- ▶ an analysis giving a rounded picture of practice and the local context against which progress should be judged. This will cover self evaluation against the ECM outcomes and in other specific areas such as access for excluded groups, parental and community involvement, leadership and financial management and partnership working; and
- ▶ main objectives and planned outcomes for the following year for the local authority as a whole (in line with the Children and Young People's Plan) and the children's centre.

5.21 A good self evaluation should convey a clear picture of how well the children's centre is doing against a range of outcomes; provide evidence to support this; and show what is being done to build on successes and remedy weaknesses. Research from Ofsted suggests the following good practice in self-evaluation:

- ▶ the focus should be on the impact of provision on children's outcomes;
- ▶ the identification of priorities, planning and strategies for improvement should be based on a rigorous analysis of strengths and weaknesses;
- ▶ the views of those who receive services should be actively sought and should influence decision making; and
- ▶ it should be clearly built into management systems, integral to the culture of the organisation, and people at all levels should be committed to it and fully involved.

5.22 It should be a continuous process and children's centres will want to work with key partners, e.g. PCTs.

Annual review

5.23 Local authorities are likely to meet with centres during the year to track progress, for example on increasing service delivery to the most excluded families and to intervene at an early stage in the event of difficulties. The local authority should also hold an annual review which will form the focal point when all performance information is brought together. The centre's self evaluation will form the basis of the discussion.

Financial Performance

5.24 In most cases, local authorities will have allocated the majority of a centre's funding and are responsible for monitoring and reporting on expenditure. The local authority should make clear to centres the basis of their allocation and what centres are expected to deliver and achieve. In assessing the financial performance of centres, the local authority will want to check that the centre has complied with any financial conditions; has sound financial controls and monitoring arrangements; and assess the extent to which the centre has used its resources, including contributions from other partners, effectively and efficiently.

5.25 Local authorities will want to compare expenditure between centres in their area, and with other local authorities, to identify particular examples of good value-for-money, which can be shared more widely. We have asked TfC to look at best practice in this area and produce practical tools and guidance to help improve all local authority/children's centres performance.

Common Performance indicators and data

5.26 Performance indicators help drive improvement. Data on outcomes, illuminated by qualitative analysis, will help children's centre managers and other practitioners know how well children and families are doing.

5.27 The indicators for authorities to use in these arrangements have a focus on outcomes, but they also reflect the key role of some processes in supporting improvement. They reflect the range of integrated early childhood services and aim to:

- ▶ signal clearly strategic priorities, reflecting ECM outcomes and national PSA targets;
- ▶ provide consistent benchmarks against which to judge local performance and to help focus performance management discussions; and
- ▶ support local improvement, by enabling authorities, their partners and settings to identify strengths and weaknesses and to plan services which will address these.

5.28 The proposed common indicators are set out at Annex B together with guidance on how and when data can be accessed. In the past, we have asked Sure Start Local Programmes to gather monitoring data and send it to us. We want to reduce the burden and plan to reverse this approach as far as possible by arranging to give local authorities most of the data they and children's centres need.

5.29 We cannot provide all the data, e.g. reach and parental satisfaction data will have to be collected locally. However, we plan to extract most of the data required from existing sources and work with local authorities to break it down to local level. Since children's centres do not have specific catchment areas, it is difficult to match precisely outcomes to individual centres. We have decided the best approach is to break the data down to super-output area (SOA), and for local authorities and children's centres to agree which SOAs they cover. We recognise that this will not be an exact match because not all children's centres map directly onto SOAs. But we believe that this outcome data at the SOA level, supported by qualitative information, will give a good picture of outcomes and progress over time.

5.30 We would encourage authorities to use the indicators to monitor the performance of centres. They may also wish to set additional locally relevant indicators for example in relation to excluded groups. Primary Care Trusts will have a particular interest in this work, as health services will make a key contribution towards achievement in some of the areas measured.

5.31 In addition to data from the performance indicators, children's centres, local authorities and their partners will need to draw on a range of sources of information in managing performance in children's centres and more widely:

- ▶ data from any additional performance indicators the authority and partners choose to set in line with locally identified priorities;
- ▶ relevant information from other local or national data sources, including area health profiles, census data, the Children and Young People's Plan;
- ▶ Ofsted inspection reports of individual early years and childcare settings, including those in children's centres;
- ▶ reports from Primary School Improvement Partners and link advisers in relation to nursery classes in maintained primary schools; and
- ▶ information from child health mapping.

5.32 Local authorities should encourage and facilitate the sharing of good practice with regard to monitoring systems, as many existing centres, particularly those that converted from Sure Start Local Programmes, will have experience of such systems and approaches. Our consultation showed that many of these propose to monitor their performance against a range of indicators they consider relevant to local circumstances.

5.33 One of the most important roles children's centres have to play is in relation to children of families who have, traditionally, found themselves excluded from services. Local authorities should be clear with Centre Managers that a key aim for every centre must be to increase the levels of engagement with any such groups living locally.

5.34 Local authorities should encourage Centre Managers

- ▶ to ensure that staff know where families with young children live;
- ▶ to establish a clear strategy for outreach and home visits to all families at risk of exclusion;
- ▶ to provide advice and information and further help as necessary; and
- ▶ to monitor the levels of service use by families so the centre can demonstrate the progress they are making.

5.35 To enable a comparison of progress in engaging with any excluded groups across the local authority area and benchmarking, local authorities should discuss and agree with all centre managers a range of measures that will apply to each group, e.g. all lone parents, from centre area to centre area and will be used consistently by all centres.

6 Inspection

The role of Ofsted – registration

6.1 Ofsted is required by law to register day care for children aged under eight in all settings, including schools. However, the requirement that Sure Start Children's Centres provide an integrated service for children and families necessitates a blurring of the distinction between early education and daycare. This can cause some anomalies and inconsistencies.

6.2 The Government is intending to resolve these anomalies and inconsistencies through the establishment, by 2008, of a new legal framework and a new quality framework for integrated education and childcare for the 0-5 age group using the provisions in the Childcare Act 2006.

6.3 In the meantime, we expect local authorities setting up children's centre provision to work within the current legal framework, and to work with Ofsted and the other interested parties to find appropriate solutions. The ratios of staff to children, the staff qualifications, and other such matters which are specified in national standards for day care, and in guidance for schools, should be regarded as the minimum required to produce acceptable quality. When planning children's centres, local authorities should be seeking to provide a high quality environment and outcomes for children. Systems and processes to monitor quality should be agreed with local partners. Consideration should be given to how many staff should be employed, and what level and type of staff qualifications would be appropriate to secure better outcomes.

The role of Ofsted – inspection

6.4 Regular inspections are carried out by Ofsted. Where a children's centre is colocated with a school, the inspection of; integrated day care and early education will normally take place at the same time as the school inspection. There will be two separate reports, but they will be issued together. There may be occasions when it is necessary to inspect elements of provision separately – for example, if an inspector is investigating a particular complaint about the registered day care or the school is subject to special measures.

6.5 Ofsted will report on the quality of early education and childcare, but not on the quality of other specific services such as children's health services or parent support services provided by a children's centre. Inspectors may comment on how these other services fit with the centre's services of integrated education and childcare and contribute to the children's wellbeing. They may also comment on other aspects such as leadership and management which affect all of a centre's activities.

Annex A – Contestability checklist

There are four key stages to the contestability process:

- ▶ Plan;
- ▶ Advertise;
- ▶ Consult; and
- ▶ Update.

Plan – establish your Information Strategy

Support from the Director of Children's Services will provide credibility to the work of the Early Years Team, demonstrating the strategic importance of the work and creating a bigger impact on schools and day care providers.

Clearly defined details of how the delivery strategy will be communicated and a statement of activities that the public, voluntary and independent (PVI) service providers can expect, will outline the clear and transparent ways of working. It is also recommended that the strategy is published on the local authority website.

A mix of communication methods, from direct mail shots and newsletters through to adverts in the local press and high profile events. Sharing information at the first available opportunity allows local authorities to build up a trusting and honest relationship with the sector.

Advertise – inform all providers

Make sure that you have written to **all providers** in your area and that they are aware of the following:

- ▶ A basic understanding of the children's centre initiative.

- ▶ How this agenda will be delivered in line with Government guidance;
- ▶ That all early communications are initial pre-contract, pre-tender discussions;
- ▶ The process that will take place when contracting for providers and how they can get involved;
- ▶ The areas in which you are planning to develop children's centres;
- ▶ That two-way communication is encouraged - ensure that providers are given a named contact to get in touch with if they have any questions; and
- ▶ Although not all providers will be able to be involved you will be keeping everyone regularly informed.

Local authorities should write to all registered providers using the Children's Information Services (CIS) database as a source of information.

Consult – formal information and consultation events

Events are an excellent opportunity to outline exactly which parts of the process are already predetermined and used to supply **information** – (e.g. areas where children's centres will be located and the amount of revenue and capital funding available) and for which parts of the process you are seeking ideas from providers **consultation** (e.g. locations of centres, creative ideas around how the childcare element can be delivered, and how the skills, expertise and experience of each sector can be combined effectively to ensure that the local authority delivers its children's centre targets).

Timing of events should be considered carefully as many providers find events delivered in the daytime difficult to attend due to staffing issues. Every event should be **evaluated** and all providers given an opportunity to register their interest.

Ensure all providers receive information – send copies of the presentation slides to those that could not attend. Provision must also be made for providers to feed their views into the consultation process outside of these events, with acceptance of verbal, written and face to face responses. It may also be useful to have a section on the local authority website from which comments can be gathered to feed into the consultation process.

A less formal follow-up session in about six months would be useful to give providers an overall update on where the local authority is with its Sure Start Children's Centre delivery. The consultation process could be rounded up with a conference, where all partners, including schools, are invited and providers have the opportunity to showcase the services that they can offer.

A clear record of how many people were invited to these events as well as which organisations, numbers of events held and actual attendees, together with summary details of consultation responses should be maintained. This information will form part of the evidence you need to keep to show how you have met the condition in the 2006/07 and future General Sure Start Memorandum of Grant to consult and consider using all private, voluntary and community sector providers in your area when planning the development of new Sure Start Children's Centres. **Further information on how to collate your evidence can be found in the checklist at the end of this annex.**

Use existing networks and mechanisms – in many areas there are networks already set up, where childcare managers/owners meet in an informal way to discuss practice and business issues. These are ideal forums to meet a number of providers face to face to explain the impact and opportunities of children's centres. However, it is important to remember the following:

- ▶ **Don't impose yourself** – make contact and stress the importance of speaking to them about how they can become involved in the children's centres planning process and delivery of services, but wait to be invited to attend; and
- ▶ **Be totally open and transparent** and try to dispel some fears.

Where there are Local Authority Early Years Forums, allow providers to contribute to the agenda, so issues they wish to raise can be discussed. Make use of the CIS mailing list as an up to date source of information on all registered provision in your area.

Update – feedback on consultation

Keep providers regularly updated with the current situation on children's centres in your area, and try to share new information and details regarding consultations at the first available opportunity. Useful ways of informing providers on a regular basis include:

- ▶ Early Years newsletter;
- ▶ Local authority website;
- ▶ Network meetings; and
- ▶ Early Years staff, including Business Support Officers and Childcare Development Workers.

Explain next steps – let providers know how and when tender exercises will happen, give local authority contact names and numbers.

Contestability check	Action	Example of evidence	✓
1. Plan – establish your Information Strategy	Have you developed a strategy?	Attach copy of your Information Strategy	
	Have you secured support from the Director of Children’s Services?	Attach notes of meetings showing Director’s involvement	
		Attach record of regular information sent to the Director	
	Have you redrafted your children’s centre strategy?	Attach copy of children’s centre strategy	
	Which of the following methods did you use to communicate/consult on the strategy? <ul style="list-style-type: none"> ▶ Attend meetings; ▶ Direct mail-shots; ▶ Newsletters; ▶ Adverts in the local press; and ▶ Events. 	Attach notes of meetings	
Attach copy of mail-shots and dates disseminated			
Attach copy of newsletters and dates disseminated			
Attach copy of adverts and dates posted			
	Attach notes of meetings		
How is the Information Strategy accessible to all?	Attach print out of local authority webpage where the strategy is posted		
2. Advertise – inform all providers	Did you write to <u>all</u> providers in your area and make sure that they are aware of the Authority’s Sure Start Children’s Centre plans?	Attach copy of letter and information sent	
		Attach copy of mailing lists of providers used and where the mailing lists were sourced	
		Attach record/audit trail of any correspondence developed between the local authority and providers as a result of the letter sent out	
3. Consult – formal information and consultation events	Have you held formal information and consultation events for all providers who could potentially be involved in Phase 2 children’s centres?	Attach list of all providers invited to attend	
		Attach agenda clearly showing:	
	Were events held at times to suit providers and encourage a good level of attendance?	▶ date and time of each event held;	
		▶ Question and Answer session; and	
	Did you explain how the sector can become involved?	▶ what is for information purposes and what is for consultation with providers.	
		Attach attendance list of providers	
Did you fully explain which elements of the children’s centre strategy have been decided upon and which elements you were seeking providers’ views upon?	Attach notes of meeting with a full record of questions and concerns raised with responses		
	Attach record/audit trail of any correspondence developed between the local authority and providers as a result of events		
	Attach copy of all information disseminated to all providers that could not attend events, i.e. notes of meeting, presentation slides from events, etc		
	Attach list of providers that this information was disseminated to		

Contestability check	Action	Example of evidence	✓
	<p>Which of the following methods did you use to promote the events?</p> <ul style="list-style-type: none"> ▶ Written invitations ▶ Newsletters ▶ Local authority website ▶ Early Years staff 	<p>Attach copy of written invitation and the mailing lists sent to</p> <p>Attach copy of newsletters and the mailing lists sent to</p> <p>Attach print out of webpage where invites were posted</p> <p>Attach a record of when and where Early Years staff promoted the events, i.e. network meetings, early years forums, etc</p>	
	<p>Were providers encouraged to feed their views into the consultation process with acceptance of verbal, written and face to face responses?</p>	<p>Attach copy of any other mechanisms used to collate views as part of the consultation process</p>	
	<p>Were the sessions followed up by a less formal update session with feedback on the consultation process?</p>	<p>Attach list of all providers invited to attend</p> <p>Attach agenda clearly showing:</p> <ul style="list-style-type: none"> ▶ date and time of session held ▶ feedback from consultation exercise ▶ Q&A session allocation <p>Attach attendance list of providers</p> <p>Attach notes of session with a full record of questions and concerns raised with responses</p> <p>Attach record / audit trail of any correspondence developed between the local authority and providers as a result of the session</p>	
	<p>Did you hold a conference bringing together all providers across all sectors?</p>	<p>Attach list of all providers invited to attend</p> <p>Attach agenda clearly showing:</p> <ul style="list-style-type: none"> ▶ date and time ▶ director of children's services' address ▶ Q&A session allocation <p>Attach copy of delegate pack</p> <p>Attach attendance list of providers</p> <p>Attach transcript of conference with a full record of questions and concerns raised with responses</p> <p>Attach record/audit trail of any correspondence developed between the local authority and providers as a result of the conference</p>	

Contestability check	Action	Example of evidence	✓
		<p>Attach copy of information disseminated to all providers that could not attend the conference, i.e. conference notes, presentation slides, etc</p> <p>Attach list of providers that this information was disseminated to</p>	
	How did you provide thorough feedback to all those involved in the consultation process once complete?	Attach a record of mechanisms used to feedback	
	Were events followed up with face to face visits with providers requiring further detailed information on how they can get involved?	<p>Attach list of networks/meetings undertaken with:</p> <ul style="list-style-type: none"> ▶ dates ▶ attendance list ▶ discussion points ▶ nature of queries raised <p>Attach record/audit trail of any feedback and/or correspondence developed between the local authority and networks/providers as a result of these visits</p>	
	Which of the following mechanisms did you use to keep providers regularly updated on Sure Start Children's Centres in your area?	<p>Attach copies of Early Years Newsletters</p> <p>Attach print outs of webpage showing regular updates</p> <p>Attach list of network meetings attended to give updates and answer questions (All should show details of the named contact for providers with queries)</p> <p>Attach copy of annual survey, results and analysis of results</p>	
	<ul style="list-style-type: none"> ▶ Early Years Newsletter ▶ Local authority website ▶ Network meetings ▶ Early Years staff 		
	Who is/are the named person(s) within the local authority for providers to contact if they have any queries and has this been publicised?		
	How have you made plans to evaluate your delivery?		
	Have you considered the following:		
	What worked well?		
	Has the involvement of private, voluntary and independent providers increased?		
	Is maximum use being made of private, voluntary and independent sector providers in the delivery of Sure Start Children's Centres?		
	What changes will be made as a result of your evaluation?		
	Were any communication/consultation mechanisms more effective than others?		

Annex B – Performance indicators

Learning and development outcomes

Indicator	% of children who achieve a total of at least 78 points across the Foundation Stage Profile (FSP) with at least 6 points scored in each of the personal, social and emotional development (PSED) and communication, language and literacy (CLL) scales.
Rationale	This is an important indicator of Sure Start Children's Centre's contribution to children's learning and wider development and reflects the current PSA target and local authority early years outcomes targets under the statutory powers in the Childcare Act 2006. The outcomes duty under the Act is focused on reducing inequality while raising standards for all. Children's centres will be the primary means of fulfilling the new duties and it is important that local authorities consider the specific contribution that each children's centre will make to narrowing gaps in achievement.
Definition	<p>The Foundation Stage (FS) is a statutory stage of the national curriculum, alongside key stages 1-4. Achievement is assessed against each of the 13 assessment scales, which measure the physical, intellectual, emotional and social development of the children. Each scale has nine points. Points 1-3 are the 'stepping stones' that describe a child's <i>progress towards</i> the FS early learning goals and points 4-8 represent the early learning goals. Point 9 describes achievement significantly beyond what is expected at the end of the FS. The number of points achieved is used to provide a broad description of a child's progress. Children achieving 6 or more of the points can be said to be <i>working securely within</i> the goals and are deemed to have achieved a good level of development.</p> <p>This indicator is defined as the number of children who achieve a total of at least 78 points across the Foundation Stage Profile and at least 6 points in each of the personal, social and emotional development (PSED) and communication, language and literacy (CLL) scales, as a proportion of the total number of children for whom there is Profile data. Data for each super output area (SOA).</p>
Source	FSP data is collected by maintained and private, voluntary and independent sector (PVI) early years settings and schools at the end of the Foundation Stage. Currently, as well as submitting aggregated results for their area, local authorities also send the DfES a 10% sample of individual child level data. However, from 2007, local authorities will submit FSP data on each individual child from settings and send it to the DfES.
Format	Data is collected for each child and submitted to the local authority. Once 100% individual level data is received by the Department in August 2007, the Department will explore what data and analysis can be passed back to authorities. It is likely this will include SOA level data so that children's centre performance can be assessed.
Timing	Local authorities have this data now.
Links	PSA target on FSP outcomes (to 2008); local authorities' early years outcomes duties and targets; ECM indicator
Additional Information	By summer 2007, local authorities will have a target to improve the FSP results of children at risk of falling in the lowest 20% of scores. Children's centres will have a clear role in contributing to this target: local authorities will have agreed with each centre the contribution it is expected to make to the authority's target and how the centre features in the authority's action plan to reduce inequalities. The specific actions, and therefore the means of monitoring progress, will depend on local circumstances and the nature of local challenges to tackle obstacles to development and learning; these might, for example, focus on working with children and parents from a particular Black and Minority Ethnic group.

Health outcomes

Indicator	% of children in reception year who are obese
Rationale	To monitor levels of obesity in the children's centre area, supporting each children's centre work to help children and families become more aware of how to lead healthy and active lifestyles.
Definition	Children are defined as overweight and obese if their BMI falls above the 85th and 95th centile, respectively, of the reference curve for their age and gender. This cut-off is derived from the UK National BMI classification which uses 1990 reference population from TJ Cole et al ¹ .
Source	PCTs are required to collect data on children in reception year (and Year 6). However, there is no requirement to collate the data to SOA level. Therefore, local authorities will have to decide which primary school, or collection of primary schools, would be the best proxy area for the children's centre area. DfES will continue to work with DH to improve data coverage, quality and availability. Authorities will be informed of any changes to the situation.
Format	PCTs should hold aggregated school-year level data and may be able to share this with local authorities. Issues such as the quality of the data, confidentiality and risks of identification of individuals will determine whether PCTs can share the data with local authorities. Local authorities should therefore make a judgement on the appropriateness of the PCT's data as other, more meaningful sources could be used as an alternative, for example, centres or authorities may chose to undertake their own data collection or local initiatives on healthy eating may generate data.
Timing	Data collected during 2005-06 is available now. 2006-07 data is likely to be available in September 2007.
Links	Joint DfES/ DH/ DCMS PSA target to halt the rise in obesity in children aged 2-10 by 2010.

¹ Cole, T., Freeman, J., & Preece, M. (1995). Body mass index reference curves for the UK 1990. *Archives of Disease in Childhood*, 73, 25-29).

Title	% of mothers initiating breastfeeding
Rationale	To monitor the extent to which children have the best start at birth, and to monitor children's centre ante-natal activity. Although this indicator covers breastfeeding initiation only – as this data is routinely collected by health professionals – we recommend that in addition, children's centres should also promote continued breastfeeding, and monitor this. However, there is no requirement on PCTs to collect this data and therefore, local authorities will need to identify alternative sources of information such as accessing health visitor records or collecting data directly from mothers themselves.
Definition	The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk. This data is compared to the number of maternities, that is, the number of women in the relevant PCT population who give birth to one or more live or still born babies of at least 24 weeks gestation where the baby is delivered by either midwife or a doctor and the place of delivery is either at home or in an NHS hospital (including GP units). Maternities that occur in either psychiatric or private beds/hospitals are not included in this data.
	<i>continued...</i>

Title <i>continued...</i>	% of mothers initiating breastfeeding <i>continued...</i>
Source	<p>Most hospital or maternity administration systems collect data on breastfeeding initiation although this is not a nationally defined data item and therefore it is not currently collected on the Maternity Health Episode Statistics (HES) record. However, locally defined data is collected from providers by PCTs and is published on the DH website at the PCT level. At present, there is no requirement to break this down to other levels, e.g. LA or SOA level. However, the position will vary across PCTs and therefore LAs should approach their PCT to assess whether lower level data is available. Other sources of data should also be explored, including children's centres collecting data themselves</p> <p>DfES will continue to work with DH to improve the situation with the aim of securing lower level data nationally for dissemination to LAs. LAs will be informed when the situation changes.</p>
Format	PCTs collate the data from providers, aggregate it and send DH a PCT level figure via the Local Delivery Plan return. This PCT level data is available on the DH website. ² Lower level data may be available from PCTs.
Timing	2005/06 data is available now. 2006/07 data should be available from PCTs in June 2007 and on the DH website by August 2007.
Links	DH Performance and Planning Framework Target – breastfeeding initiation rates should increase by 2% each year.

2 http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/MaternalAndInfantNutrition/MaternalAndInfantNutritionGeneralArticle/fs/en?CONTENT_ID=4137279&chk=dvn841

Child Poverty outcomes

Indicator	% of children aged 0-4 living in households dependent on workless benefits
Rationale	To monitor outcomes related to reducing child poverty in the children's centre area. This indicator will also signal the contribution made by JobCentre Plus services to children and families in the children's centre area.
Definition	Number of children aged 0-4 (up to but not including the 5th birthday) who are living in households dependent on workless benefits ³ compared to the total number of children aged 0-4 in the area (SOA). Data is taken from a fixed point in April and reported the following October.
Source	DWP collect this data using benefit records and collate it at local authority and SOA level for the DfES.
Format	DfES will pass SOA level data back to local authorities via the 'Key to Success' website.
Timing	November each year, beginning 2007. 2006 data can be accessed from January 2007
Links	Current DWP PSA (to 2008) to which DfES contributes
Additional Information /data sources	Children's centres and local authorities may also find it useful to take account of the Index of Deprivation affecting Children (IDAC) when they are considering levels of child poverty in their area. IDAC is a sub index of the IMD2004 (which is based on the deprivation affecting the whole population of an area). The IDAC focuses on the levels of deprivation affecting just children and therefore, it is a more appropriate measure of child poverty. The IDAC is available at SOA level and is accessed via the IMD 2004.

3 Households in receipt of Income Support, Jobseekers Allowance, Incapacity Benefit, Severe Disablement Allowance or Pension Credit

Outcomes for teenage mothers

Indicator	% of teenage mothers aged 16-19 in education, employment or training (EET)
Rationale	Being in employment, education and training is the best way to prevent social exclusion in the future, for both the mother and the child. This indicator will help monitor the effectiveness of the children's centre in supporting teenage mothers to make an informed choice on the options available to them. The indicator includes part-time learning and employment. Similar robust data on teenage fathers is not widely available but children's centres should also support them to enter employment, education and training. We recommend that this issue is monitored locally.
Definition	The number of teenage mothers in the SOA aged 16-19 (inclusive) in education, employment or training (full or part time) according to Connexions's Client Caseload Information Systems (CCIS) database, as a proportion of teenage mothers in the area. Data on the number of teenage mothers at SOA level is not yet available from national sources, although local authority level is (available to Connexions services and Teenage Pregnancy Co-ordinators). Health visitor records on new babies born in the area, should, when viewed over time, provide an accurate picture of the number of teenage mothers in the children's centres area.
Source	EET data on teenage mothers aged 16 to 19 (i.e. all teenage mothers except those of compulsory school age) known to Connexions is available from the CCIS database which Connexions services, or local authorities in receipt of the Connexions grant, maintain. From 2007/08, DfES plans to collate data on teenage mothers in education, employment or training centrally and send local authorities SOA level data. Authorities will be notified of the format and timing and details of how to access the data in due course. The Department is also currently exploring ways to secure data on the total number of teenage mothers at SOA level.
Format	Local authorities should interrogate the CCIS data and break it down to SOA level. Where they are not in receipt of the Connexions grant they should ask their local Connexions service to do this.
Timing	This data is available throughout the year and reported quarterly. In order to fit with the self evaluation form assessment and the local authority's performance cycle it is recommended to use annual January – December data reported at the end of the following January.
Links	DfES PSA target to reduce the proportion of young people not in education, employment or training (NEET) by 2% points by 2010, as teenage mothers are at a disproportionate risk of being NEET. It also supports the Teenage Pregnancy Strategy's target of increasing the participation of teenage mothers aged 16 -19 in education, training or employment to 60% by 2010 to reduce their risk of long-term social exclusion.

Access for the most excluded groups

Indicator	<p>% of members of the following groups in the children's centre reach area, with whom the children's centre establishes contact</p> <ul style="list-style-type: none"> ▶ Teenage mothers and pregnant teenagers ▶ Lone parents ▶ Children in workless households ▶ Children in Black and Minority Ethnic groups ▶ Disabled children and children of disabled parents ▶ Other groups which are priority vulnerable groups in the children's centre area. 															
Rationale	<p>To monitor how well the children's centre is reaching those in the community who could benefit most from its services. First contact is crucial to ensuring local families are aware of the services on offer to them but ongoing engagement is also key and therefore use of services should also be monitored, as local authorities and children's centres see fit. Children's centres should also assess how well they engage with fathers⁴ within all of these groups. Local authorities should use consistent measures across all of the children's centres in the area to facilitate comparisons and benchmarking.</p>															
Definition	<p>Number of members of priority groups with whom the children's centre establishes contact, as a proportion of the total number of members of the group in the children's centre area.</p>															
Source	<p>First contact by a children's centre must involve some kind of face to face encounter with the parent and a staff member (or related staff e.g. midwife, health visitor). For example:</p> <ul style="list-style-type: none"> ▶ A visit to the parent's house ▶ Staff member talking to the parent about the services on offer ▶ Parent or child using a service <p>Contact should be recorded by the children's centre. Local authorities have access to a range of data about the make up of the population of their area, including data sources such as local child health systems held by PCTs; Community Health Profile data (www.communityhealthprofiles.info); Director of Public Health Annual Reports (available from the PCT); Neighbourhood Statistics (www. www.neighbourhood.statistics.gov.uk/) or census data (www.ons.gov.uk). The following data is available from national sources at SOA level.:</p> <table border="1"> <thead> <tr> <th>Data</th> <th>Source</th> <th>Access</th> </tr> </thead> <tbody> <tr> <td>Number of children under 5 in each SOA</td> <td>DWP child benefit records</td> <td>Neighbourhood Statistics Website (go to Economic Deprivation/ Child Benefit Statistics 2004-2006)</td> </tr> <tr> <td>Number of teenage mothers in the children's centre area</td> <td>Health visitor records</td> <td>Health visitors; PCT</td> </tr> <tr> <td>Number of lone parents in each SOA</td> <td>The number of lone parents claiming Income Support, using DWP claimant counts. NB – this data refers to lone parents of children under 16 (not just parents of children 0-5)</td> <td>Available from the DWP's website each quarter. http://www.dwp.gov.uk/asd/tabtool.asp Go to the <u>Ward and Super Output Area/Data Zone</u> link; then <u>Individual Benefits</u>, then <u>Income Support</u>.</td> </tr> <tr> <td>Number of children in workless households in each SOA</td> <td>DWP benefit records provided by DfES at SOA level.</td> <td>These data will be available on the 'Key to Success' website from January 2007.</td> </tr> </tbody> </table>	Data	Source	Access	Number of children under 5 in each SOA	DWP child benefit records	Neighbourhood Statistics Website (go to Economic Deprivation/ Child Benefit Statistics 2004-2006)	Number of teenage mothers in the children's centre area	Health visitor records	Health visitors; PCT	Number of lone parents in each SOA	The number of lone parents claiming Income Support, using DWP claimant counts. NB – this data refers to lone parents of children under 16 (not just parents of children 0-5)	Available from the DWP's website each quarter. http://www.dwp.gov.uk/asd/tabtool.asp Go to the <u>Ward and Super Output Area/Data Zone</u> link; then <u>Individual Benefits</u> , then <u>Income Support</u> .	Number of children in workless households in each SOA	DWP benefit records provided by DfES at SOA level.	These data will be available on the 'Key to Success' website from January 2007.
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continued...

⁴ Fathers are defined throughout to include biological fathers (whether resident or not) and non-biological (e.g. stepfathers) who are significant in a child's life. This also includes fathers who do, and do not, have parental responsibility

continued...

Format	Data on contact with members of priority groups should be recorded by the children's centre and compared to the total population of that group in the children's centre area. Additional data on both initial and ongoing access is also recorded on the children's centre self-evaluation form.
Timing	Data should be collected throughout the year. Assessment of performance in relation to the proportion of parents reached should fit with the self evaluation form assessment and the local authority's performance cycle (recommended between January – March each year). An annual assessment of performance would be the minimum requirement but local authorities and children's centres may chose to look at their data on a more regular basis to drive continuous improvement.
Links	No formal links to targets although increasing access for vulnerable groups is a core function of children's centre activity.

Parental satisfaction

Indicator	% of parents of children aged 0-5 in the children's centre area satisfied with services
Rationale	To measure the extent to which parents and children are satisfied with services.
Definition	Proportion of parents of children aged 0-5 in the children's centre area who say they are satisfied with the services they have received, as a proportion of parents of children aged 0-5 in the children's centre area who have used services. However, it is likely that centres/local authorities will take a sample of parents using services and therefore the denominator is parents in the sample, rather than all parents who have used services. Centres (and / or local authorities) may wish to focus on key service areas such as childcare, health services, outreach and parenting support as it may not be feasible to cover the full range of services offered by the centre.
Source	Children's centres or the local authorities should conduct an appropriate exercise to collect this data. A range of methods could be adopted, for example, surveys or focus groups.
Format	Appropriate data collection exercise such as interviews, questionnaires or focus group. The ideal would be to survey a random sample of parents with children under five in the children's centre area but local authorities should explore other options such as undertaking an authority-wide survey of all their children's centres areas or joining up with other exercises, such as existing household surveys and including additional questions on children's centre services. It is important that the views of fathers as well as mothers are collected and local authorities should also consider how best to include the views of children. It is also crucial that the views of parents from minority ethnic groups are included. The data should be used to illuminate the views of these distinct groups. The views of non users would also be very useful in order to understand why parents do not use services. DfES is planning to include a national level assessment of satisfaction using the Parent's Demand Survey, from 2008. However, this data will not be available at the local authority level.
Timing	To fit with the self evaluation form assessment and the local authority's performance cycle. Recommended period between January – March each year.
Links	No formal links to targets although local authorities will need to carry out assessments of parent's need for, and views of, childcare for the new Sufficiency Duty in the Childcare Act 2006.

Annex C – VAT

1. Local authorities should seek the advice of their local HM Revenue and Customs office as necessary regarding VAT.
2. VAT will be recoverable on purchases made with the Sure Start grant – Sure Start Children's Centre capital funding – in accordance with the purchasing body's normal ability to recover VAT. VAT will be irrecoverable where the purchasing body cannot normally recover VAT. DfES expects local authorities, as the lead body for children's centres, to commission capital projects and recover VAT under Section 33 of the VAT Act 1994 or under the measures announced by the Chancellor of the Exchequer in the 2005 budget. Where new children's centres buildings are developed by Voluntary or Charitable bodies, DfES expects the buildings to be zero rated for VAT purposes (HM Revenue and Customs Business Brief 02/05 which can be found at <http://www.hmrc.gov.uk>).
3. If ownership of a zero rated children's centre building constructed using Sure Start grant is passed to a local authority, but the charity remains in occupation providing the children's centre services as before, and the charity or voluntary body is subsequently required to repay the VAT to HM Revenue and Customs, DfES will be prepared to reimburse the VAT paid by the body. However, this is on the condition that there is no change whatsoever to the use of the building and the building continues to be used to provide children's centre services as before.
4. The Section 33 VAT Act 1994 is a special refund scheme introduced in 1973, to fulfil a pledge that VAT would not, as far as possible, fall as a burden on the council tax and revenue support grant. The scheme is regarded by central government as an important means of financing the non-business activities of local government. Membership to the scheme is strictly limited to those local government bodies which are entitled to raise money directly via council tax and carry out local government activities.
5. DfES accepts that there may be occasions when it may not be possible for a local authority to commission specific capital projects (for example, where there is joint funding involved; and the condition of funding requires another body to commission the capital work). In these instances, DfES will consider an application to fund irrecoverable VAT on the merit of the case presented.
6. The total amount of irrecoverable VAT being claimed from DfES must not exceed 17.5% of the total Sure Start funding contribution. Any irrecoverable VAT payment approved by DfES is only payable on Sure Start funded elements, and cannot be claimed for any other funding source elements.
7. Where any irrecoverable VAT claim is approved by DfES and subsequently the full amount approved on this project is not incurred, then you must notify DfES immediately so that the amount of approved funding for irrecoverable VAT can be adjusted. Furthermore, copies of invoices relating to irrecoverable VAT that are reimbursed by DfES must be retained. As part of quality assurance, DfES may from time to time ask to see these invoices. The invoices must be made available to DfES officials when requested.

Annex D – Glossary

Childcare – in Sure Start Children’s Centres this means provision that is available for a minimum of ten hours a day, five days a week and 48 weeks a year.

Designation – local authorities will inform Together for Children when settings meet the minimum requirements for designation as children’s centres. Designation is not an end in itself but the first step in providing the full range of services to children and families. It is not a statutory process.

Early Years Professionals – are graduate-level professionals who have skills, knowledge and practice experience to cover the learning and development of young children, from birth to 5. Early Years Professional status is awarded to people who can demonstrate that they meet a set of national, graduate-level standards.

Early Years Foundation Stage – The Childcare Act 2006 provides for a new single framework for learning and development for children under 5 – the Early Years Foundation Stage (EYFS) – to ensure consistently high standards and promote achievement. This will bring together Birth to Three Matters Framework, the Foundation Stage and the national standards for day-care and childminding. All settings will be required to deliver the EYFS, which will incorporate the Foundation Stage, by 2008.

Early years provision – integrated care and learning for children from birth to the end of Foundation Stage.

The Foundation Stage – the first part of the National Curriculum focusing on the distinct needs of children aged three to the end of the reception year in primary school. The Foundation Stage has six areas of learning, each containing a number of Early Learning Goals setting out what most children are expected to achieve by the end.

NSF – National Service Frameworks are long term strategies for improving specific areas of care. They set measurable goals within set time frames. The National Service Framework for Children, Young People and Maternity (published Sept 2004) sets standards for children’s health and social services, and the interface of these services with education.

Reach – refers to the number of children under five years old living within the children’s centre area, i.e., those who potentially can access the health, family support and outreach services provided.

Contact – First contact by a children’s centre must involve some kind of face to face encounter with the parent and a staff member (or related staff e.g. midwife, health visitor). For example: a visit to the parent’s house; staff member talking to the parent about the services on offer or a parent or child using a service.

Super Output Area – Super Output Areas (SOAs) are geographical units developed by the Office of National Statistics (ONS). Each SOA has approximately the same number of households and population. The Office of the Deputy Prime Minister looked at the characteristics of the households living in each SOA and used these characteristics to make up the Index of Multiple Deprivation (IMD). Each SOA is then ranked on how deprived it is. The IMD for 2004 is presented at a SOA level, rather than ward level as with previous Indices. There are 32,482 SOAs compared with 8,414 wards. This means that wards have been broken down into much smaller components, and the pockets of deprivation contained within wards have been captured in the latest index.

Annex E – Further information

The Sure Start website

The Sure Start website lists details of all Sure Start Children's Centres:

www.surestart.gov.uk/surestartservices

If any of your centre's details are listed incorrectly, or if your centre's details change, please email info@dfes.gsi.gov.uk

As well as a wealth of information about Sure Start, the website also includes a listing of sector events and conferences

(www.surestart.gov.uk/events/)

and the Marketplace

(www.surestart.gov.uk/communications/general/marketplace/)

where you'll find details of organisations who offer a range of services to Sure Start settings.

Every Child Matters website

Further information on the *Every Child Matters*:

Change for Children programme can be accessed on the *Every Child Matters* website

at the following address:

www.everychildmatters.gov.uk

Contact points

Together for Children (TfC)

A list of local contacts is available on the TfC website, www.childrens-centres.org

Queries can also be directed to the TfC helpline: 0870 990 8945, available 7am-7pm Monday-Friday; or to mail@togetherforchildren.co.uk

Sure Start Children's Centres

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Sure Start Children's Centres Planning and Performance Management Guidance

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