The role of *Action for Children* Children's Centres in the local service system for children and their families

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1. Introduction

The project described in this interim report has been commissioned by Action for Children to address the need for timely feedback on the existing work of its Children's Centres; and, as importantly, on their unique ability to meet the challenges outlined. The study design takes account of the specific goals set out by Action for Children, which it refers to as the **five pillars,** described fully in Action for Children's strategic plan[1]. Fundamental to these is the issue of inclusion, with a specific commitment to undertake work with fathers; work with children with disabilities; work with ethnic minorities; and work with hard to reach/engage parents; as well as facilitate parental participation and involvement in service design.

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[1] Action for Children (2010) *Supporting Families Priorities*- 2009-2011.

The Action for Children approach to families highlights a whole family approach, a focus on early intervention, and the determination to provide a continuum of support through service user involvement, relationships, and the delivery of Parenting programmes.
In the context of health focused work the Children's Centres seek to:

address local health targets and inequalities; early intervention & prevention; promotion of nutrition, hygiene, increasing service- user knowledge & choice regarding healthy eating/healthy lifestyles; joint work with health visitors and PCTs.

The present externally conducted evaluation has been designed to capture data which can:

a) be reliably linked with the experience of specific service episodes;
b) take account of the often under-estimated impact on service access of outreach work by staff; and
b) illuminate the nature and impact of family support work.

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What do we already know from an existing body of research based knowledge?

- **Longstanding research findings emphasise the value of a centre-based approach to delivering services for children and families which are effective and provide value for money.**
- **New developments in the configuration of community health services for children and their families put a premium on the contribution of Children's Centres to undertake the co-ordination of services, as well as to support workforce retention, and have a positive impact on recruitment.**
- **Children's Centres can 'host' a set of services delivered by a complex mix of other agencies, including those, such as employment-related services, who in stand-alone settings, may be seen as stigmatising, or struggle to access their intended recipients .**

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What are some of the emerging themes in this study of Action for Children Children's Centres?

- **Action for Children Children's Centres have evolved a sophisticated range of mechanisms to maximize "reach" in even the most challenging circumstances.**

- **The Action for Children agency *partnership style*, working with other local agencies, maximizes service responsiveness for families and can help protect local family support capacity by engaging with small/medium size agencies.**

- **Where an agency ensures that its recording and reporting formats are "worker friendly" and are perceived by staff as relevant to the measurement of their work with a family, then both the quality and quantity of the inputted data will be maximized.**

- **User-friendly referral forms maximize the possibility of access through referrals. There is a consistent pattern across Action for Children Children's Centres of managers having the confidence to design and implement forms that "will work for everyone". Managers reported having identified lengthy referral forms acting as a barrier to referrals from external agencies such as children's social care and took the initiative to explore alternative forms.**

- **In most cases, at the very least the families using, or potentially using, Action for Children Children's Centres, will be dealing with a mix of emotional, social and practical challenges. This means that the responses most likely to deliver better outcomes for the children will need to be similarly diverse and it is likely that a single service will be insufficient as a response.**

- **Early referral appears to be associated with a clear and concise record of assessed need.**

- **Action for Children's ability to assemble a skill mix, (including but not necessarily dependent on *formal* secondment), can ensure cohesive and responsive service design and delivery.**

- **Centre-based work with *adults who are parents* means that individuals can be supported in developing their capacity as *parents*; as well as *adults in the community*, including facilitating their engagement with and entry in to the labour market.**
- **Helping develop the confidence of adults to undertake good quality parenting is a key building block in the building of community capacity.**
- **Centre staff frequently build links and partnerships with other agencies, and by working in partnership with smaller organisations, as Action for Children does, they as a *large agency*, can both increase their own capacity, as well as complement the services delivered by smaller and or one-site agencies.**
- **There are no "silver bullets" with outreach - as one manager put it "you have to find everyone's carrot". Different Children's Centres have developed different approaches towards engaging parents.**
- **A key dimension of the work of Action for Children Children's Centres is their capacity to meet parents' needs which are not directly related to child care and yet have a clear impact on an individual's capacity to parent. That is access to employment and training opportunities not only enhances the economic capital of the family but also releases social and psychological "capital".**

2. The present study

This report presents the early findings of a project to evaluate the role of Action for Children Children's Centres in the local service system for children and their families. Action for Children attaches priority to ensuring that its services demonstrate impact on the lives of children, young people and their families. The charity produces an annual review of its effectiveness impact and each of its services is now beginning to complete report cards to demonstrate key messages clearly. Action for Children has decided to express its effectiveness in holistic terms and analyses both quantitative and qualitative

information available to it. It is therefore in a position to demonstrate the impact of a range of its services and this research is conducted to inform the understanding of impact as this understanding needs to be kept refreshed regularly.

Alongside these internal evaluation mechanisms, Action for Children commissioned this study in the context of what is a particularly challenging policy period. The allocation of public spending has been, and will continue to be, under very rigorous scrutiny within the Comprehensive Spending Review (CSR). The study has been designed to take account of this policy imperative and the interim report coincides with the publication of some early aspects of the Government's intended approach to the delivery of services for vulnerable and children and their families.

3. The current policy context for the study

High on the list of key social policy challenges which confront the Coalition Government is to agree the approach it should adopt in respect of existing Sure Start Children's Centres (SSCCs). SSCCs occupy a pivotal role in helping improve child outcomes; as well as in the evolving overall agenda for reducing social exclusion. This fact has been acknowledged by Coalition Ministers across a number of Departments including Department for Education; Department of Health in policy in respect of health visiting; as well as the Cabinet Office in the context of Frank Field's Independent Review of Poverty and Life Chances. The range of policy choices being debated are far from new, recurring as they do, throughout the empirical and theoretical literature on child and family policy. However, they have a considerable potential impact, on a day-to-day basis, for all the stakeholders in any SSCC, including staff, partner agencies, extended families, parents and children.

Key debates in process include:

- selectivity versus universality in respect of location/service eligibility;
- meeting locally expressed need versus centrally determined need;
- prioritising the needs and rights of children and/or the needs and rights of parents;
- evidence-based versus entitlement-based services;
- balancing outreach and centre-based activity;
- the prioritisation of some outcomes (e.g. health and education) over others (e.g. youth justice); and
- as commissioners, understanding the distinction to be made between the meeting of operational targets and short/medium/long-term outcomes.

However, whatever the resolution reached in these debates, there is an overall continuity in current framework for inspection and the focus of Ofsted requirements[2]. Under the previous government, the Education and Inspections Act of 2006 had charged Ofsted with the responsibility to assess annually the quality of children's services for each local authority, and in 2009 Ofsted provided this assessment as one element of its contribution to the joint inspectorate Comprehensive Area Assessment. In May 2010, as part of the Coalition's Programme for Government, the Comprehensive Area Assessment was abolished, but Ofsted's statutory duty to provide a children's services assessment remains.

Ofsted has a duty to inspect each Children's Centre at prescribed intervals and to provide a copy of the report to the local authority as the responsible authority for Children's Centres. Local authorities must produce a written statement or action plan in relation to the findings of the inspection. Inspections must address the Children's Centre's contribution to:

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[2] The judgments and grade descriptors are set out in the *Inspection of Children's Centres: evaluation schedule and grade descriptors* available at www.Ofsted.gov.uk/publications/100005.

- facilitating access to early childhood services by parents, prospective parents and young children;
- maximising the benefit of those services to parents, prospective parents and young children; and
- improving the well-being of young children.

There is also an important emphasis on **self-evaluation**, in that Ofsted has announced its desire to:

> *encourage Centres to evaluate their performance in line with the Centre's own review process, including the system for performance monitoring by the local authority. Local authorities may prescribe the format in which they expect centres to report on their performance, including completion of a particular self-evaluation or performance monitoring form. Ofsted will accept any evaluation completed as part of this process as the basis of the Centre's self-evaluation.*

While there is a considerable degree of continuity in many of the inspection dimensions, there have been a number of new developments of relevance to Children's Centres in respect of the Coalition Government's approach to public health policy. Complicating issues have long derived from workforce shortages, especially in respect of social care and community-based health professionals. The proposed increase in health visitor numbers has not yet been implemented, and the proposed changes to Primary Care Trusts may well further complicate the existing challenges around 'joined-up working' between health and social care. These have been a marked feature of Children's Centre experiences, in terms of engagement with the National Service Framework to maximize child outcomes. There are also potential changes in the pipeline as a result of the change agenda for health commissioning as outlined in the NHS White Paper (July 2010).

The Healthy Child Programme already envisages a key role for health professionals in SSCCs. The Healthy Child Programme[3] is delivered by a multi-disciplinary team based in SSCCs. Universal assessment and monitoring identifies those children and families at risk of poor cognitive, social and emotional development (or those already showing early signs of delay and difficulties). Then a range of 'progressive interventions' are used to identify and address the causes of developmental problems and delay (such as lack of child-parent attachment). They also aim to help develop the conditions (protective factors) that can build resilience and improve outcomes for the child and family.

Furthermore, the White Paper on the NHS (July 2010) potentially signals Government intentions to forge a closer relationship between children's social care and health services:

> *The Department will continue to work closely with the Department for Education on services for children, to ensure that the changes in this White Paper and the subsequent Public Health White Paper support local health, education and social care services to work together for children and families.[4]*

4. Report structure

The remainder of this briefing report is organised under the following headings:

(i) Existing research backdrop

A brief resume of the existing knowledge base in respect of the current contribution made by Children's Centres to outcomes for children and families.

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[3] The Healthy Child Programme, Department of Health 2009
[4] White Paper, *'Equity and Excellence: Liberating the NHS'*. Para 1.17. Department of Health 2010

(ii) The method for the present study

(iii) Interim findings

This section presents some very initial findings that have emerged across the three dimensions of the study:

(a) **An audit of <u>input</u>** - e.g. what are the organisational systems in place in Children's Centres; what services are being delivered; *how* are they being delivered; what are the workforce characteristic; and, how do centres interact with other statutory and/or voluntary sector agencies.

(b) **An overview of <u>output</u>** - e.g. an aggregate description of Children's Centre use, paying particular attention to reach within the Children's Centre areas, including the nature of need being presented; and the characteristics of those using services, and where possible the identification of those sections of the community who are distinguished by their " failure" to use the services on offer.

(c) **Child /family outcome measurement phase** - using a well tried method of file study and outcome ratings generated by the research team, on the basis of the relevant research literature on child outcomes, a researcher rating of outcomes will be made for a sample of children and their families.

(iv) Discussion and implications for policy and practice - this section will identify key implications for the debate about the role of Children's Centres in the future shape of children's services.

5. Existing research backdrop

Two consistent challenges, obvious in the research literature over at least two decades, have dominated debate as to the 'best' configuration and delivery mode for delivering effective children's services. One such challenge is to find a sensitive, yet cost-effective solution to the enduring problem of facilitating access to services at an appropriate and

early enough point. The second is the need to support the building of sound partnerships between agencies so they can ensure their respective services help improve outcomes for children and their parents in a local area. The current emphasis of the Coalition Government on *local* as opposed to *national* service responsiveness gives these enduring challenges a new urgency, and shines a particularly bright spotlight on the positive existing contribution and potential future role of Children's Centres.

The Audit Commission acknowledged as far back as 1994[5], that *centre-based services* occupy a unique place within a wider network of agencies, both inside and beyond their immediate communities, and are well placed to address and meet both of these challenges by acting as a gateway or one-stop shop for a wide range of services for children and their families .

> *Social Services support is focused too narrowly at present … an*
> *investment in more proactive services should improve the possibility of*
> *reducing the need for crisis intervention… the idea of a 'primary resource'*
> *or the one stop shop centre could act as a single point of entry to a range*
> *of multi-agency support services.*
>
> (Audit Commission 1994, p.46)

The Munro report requires a further re–acknowledgement of the crucial role of Children's Centres in helping agencies to remain vigilant in avoiding organisational models which can *narrow the gateway to entitlement* and result in a *destructive impact of high thresholds.*[6] A central theme emerges across all of Munro's initial conclusions around the importance of being able to operate on the front-line, not merely as identifiers and assessors of children's needs, but as workforce members engaged in service delivery. Indeed Munro singles out Children's Centres as an example of agencies currently not reaching their potential. She has argued that universal services,

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[5] Audit Commission (1994) *Seen But Not Heard: Developing and Co-ordinating Community Child Health Services for Children in Need* . London HMSO
[6] Munro, E (2010) *Safeguarding and Social Work Reform; a review of child protection.* London DFE

such as Children's Centres, do not currently offer comprehensive early specialist support to vulnerable children, young people and families because the professional and specialist family support capacity and expertise has not been developed in those services.

However, while this criticism may be true of *some* providers who have constructed Children's Centres in line with a very narrow early years brief (which, it could be argued, reflected initial New Labour guidance on Centres) many accounts of family support services indicate that this is *not a given.* Where agencies have made a conscious decision to incorporate the four levels of need in their centre-based provision there is evidence that they have the capacity to meet need across the continuum.[7] However, Munro does raise an important question as to how far the term "Children's Centres" has itself, unintentionally perhaps, precluded a wider commitment to meet the needs of the child within her or his own family. Research literature has captured several examples of centre-based services delivering a wide range of services through not necessarily badged as children's services. Conversely some centre-based services, such as Children's Centres have met the challenge.

In particular, given the focus of the Munro report, two very helpful key characteristics can be identified which distinguish Children's Centres from other bureau or office-based practice. Warren and Lightburn (2010[8]) argue that centre-based care can "deliver mixed services, melding the *informal* with the *formal* and inter-agency and inter-disciplinary practice".

Many studies have shown that Centres possess the potential to act as a *one stop shop*.[9] Their location within a complex matrix of community stakeholders, including individuals, services and other agencies, places them at the potential heart of any local service configuration. Even the most imaginative day care setting would not have the

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[7] Tunstill et al (2005) *Implementing Sure Start Local Programmes: An Integrated Overview of the First Four Years* http://www.ness.bbk.ac.uk/implementation/documents/1185.pdf
[8] Warren-Adamson, C & Lightburn, A (2010) 'Family Centres:protection and promotion at the heart of the Children act 1989' in Journal of Children's Services Vol 5 No 3 pp25-37.
[9] HILL, N. (2004) The one-stop family shop. Children Now, (24 Mar). pp20-21

potential to offer the same wide-ranging package of services as a children's or indeed sometimes, family centre. All research studies which have explored centre-based provision, (including Tunstill et al (2007); Cameron et al (2009); Warren-Adamson & Lightburn (2010)), have highlighted the necessity for making available a continuum of support, with the capacity to meet specific needs at a particular time. These researchers, as well as Anning et al (2006[10]), highlight the particular fact that the task of creating and sustaining such provision requires a high level of interagency collaboration, as well as good communication with families.

Children's Centres have been shown to possess the ability to combine different forms and styles of work in one Centre, such as nursery provision for children with intensive social work support for families; a range of groups and activities; adult education; schemes run by parents; family therapy; and community development approaches which seek to address the relationship between the Centre and its neighbourhood, and build social and economic capacity at the local level.[11] Then, as now, it is the location of Centres which can have a major positive or, indeed, negative impact on access to services. The task of facilitating accessibility depends on close liaison and co-operation between a range of community stakeholders, including individuals, services, agencies and projects.

Secondly Children's Centres have a vital role to play in ensuring the delivery of high quality child protection and safeguarding services in a way which avoids the *gate-keeping dangers* highlighted by Munro. As the National Evaluation of Sure Start showed [12], Sure Start Children's Centres were in a position to make a major contribution to the task of safeguarding, and enabled centre staff across a range of disciplines to see the concept of safeguarding as 'everyone's business' and develop new frameworks within

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[10] Anning, ACottrell, D, Frost, N, Green, J, Robinson, M (2006) *Developing Multiprofessional ream work for integrated children's services*. Maidenhead . Open University Press
[11] CAMERON, C. and others (2009)
Working together in extended schools and Children's Centres: a study of inter-professional activity in England and Sweden. London: Department for Children, Schools and Families. 7pp. (DCSF-RBX-09-10)
[12] Tunstill J , Allnock, D and the National Evaluation of Sure Start Team, Birbkeck College (2007) *Understanding the Contribution of Sure Start Local Programmes to the Task of Safeguarding Children's Welfare*. London. DCSF

which all the agencies could develop collaborations and overcome barriers. These findings have been consistently echoed in a number of other studies, all of which have highlighted the role of community based services in facilitating the early recognition of 'child protection problems'[13], which is inextricably linked to facilitating parental access to and usage of community-based services.[14]

In many ways therefore, the current knowledge base serves to *validate* the nature of the above challenges rather than to provide easy answers to any or all of them. Most of what we know has been derived from the evaluations of Sure Start Local Programmes (SSLPs) which were commissioned at national and local level, and developed into Children's Centres with expanded area coverage, numbers and extended service ranges from 2002. A feature of the large scale National Evaluation of Sure Start (NESS) study was the 'Sure Start-blind' nature of the standardised research instruments. The study design focussed on measuring a range of outcomes, but was designed to eliminate questions about specific service usage. As a result many of the 'why/how 'questions in relation to achieving improved outcomes remain unanswerable at other than an area level.

Evaluations of SSLPs /Children's Centres which have already been completed, at both national [15]and local level,[16] have pointed to the advantages of delivering services on a universal basis for children and families as well as for the optimum management of resources. Designing services on the basis of *boundaries* (i.e. geography or age) has been found to raise serious problems for children and families such as:

[13] Gilbert, R, Kemp, A, Thoburn, J, Sidebotham, P, Radford, L, Glaser, D, Macmillan, H (2009) Recognising and responding to child maltreatment. *The Lancet.* 373. (9658) 167-180

[14] Garbers, C, Tunstill J , Allnock, D, and others (2006)Facilitating access to services for children and families: lessons from Sure Start local programmes. Child & Family Social Work, vol.11, no.4 (Nov). pp287-296.

[15] Belsky, J Barnes,J, Melhuish, E (eds) *The National Evaluation of Sure Start :Does Area-based Early Intervention Work*? Bristol. Policy Press 2007; Melhuish, E, Belsky, J , Anning, et al Variation in Community Inytervention Programmes and Consequences for Children and Families: the exsmple of Sure Start Local Programmes. J Child Psychology & Psychaitry. 2007 48:543-51

[16]; Malin , N & Morrow, J (2008) *Evaluating Sure Start :inter-profesionalism and parental involvement in local programmes*. Wiley

- failing to meet the needs of children across their developmental life course, that is, beyond the age of 4;
- failing to maximise access to services; and
- increasing the risk of a sense of stigma, which can deter people who need services from using them.

As the last session (under the previous government) of the House of Commons Select Committee on Children, Schools and Families in March 2010, having focussed on Children's Centres and taken extensive evidence from researchers, the Committee concluded:

> *Sure Start has been one of the most ambitious government initiatives of recent decades and its aims and principles have commanded widespread support. Children's Centres have been based on research evidence and a sound rationale, but have not yet decisively shown the hoped for impact . ……*
> *The unambiguous belief of those who work in the sector is that Children's Centres are bearing fruit in a way that is demonstrated by the experiences of individual families who use them. However there is also a proper and necessary awareness that evidence about outcomes must be collected more systematically and rigorously , a process hampered in many areas by lack of data ……*

However, as the Committee itself stressed: '*this should not be a cause for panic'.* [17]

Its overall judgement represents an acknowledgement that, on the basis of the data collected, both quantitatively as well as qualitatively, a positive *direction of travel* in respect of outcomes can be identified in the contribution by Children's Centres to *better child outcomes*. However, at the same time, its comments serve to underline the

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[17] House of Commons Select Committee on Children, Schools and Families 'Fifth Report of Session 2009-10. Summary p9

research challenges which persist. In particular in the context of reduced public spending, it is frustrating that the sums invested in large scale national evaluations of Children's Centres, have as a number of commentators have indicated or implied, been rather limited in their ability to link individual child and family level outcomes to the input of specific services. [18]

Mindful of this "knowledge deficit", Action for Children has attached priority to ensuring that its services demonstrate impact on the lives of children, young people and their families. The charity produces an annual review of its effectiveness impact and each of its services is now beginning to complete report cards to demonstrate key messages clearly. Action for Children has decided to express its effectiveness in holistic terms and analyses both quantitative and qualitative information available to it. It is therefore in a position to demonstrate the impact of a range of its services and this research is conducted to inform the understanding of impact as this understanding needs to be kept refreshed regularly.

6. The design of the present study

The project we have described in this initial briefing report has been commissioned specifically to address the need for timely feedback on the existing work of Action for Children Children's Centres; and, as importantly, on their unique ability to meet the challenges outlined above.

The present externally conducted evaluation has been designed to capture data which can:

a) be reliably linked with the experience of specific service episodes;

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[18] Ridley-Moy, K (2007) Sure Start Children's Centre's Parental Satisfaction Survey Report. 2007. DCSF Research report RW108; Pawson, R (2006) *Evidence –based policy: a realistic perspective.*

b) take account of the often under-estimated impact on service access of outreach work by staff; and

c) illuminates the nature and impact of family support work.

In other words, the researchers have sought to identify those key service components which impact on children, in order to demonstrate the difference that they may make to the lives of children in terms of improved health, education and safeguarding outcomes.

6.1 Objectives

The overall aim of the evaluation is to investigate the impact that Action for Children SSCCs have on outcomes for vulnerable children:

- How good is Action for Children at co-ordinating different agencies within their SSCC and how does this improve outcomes for vulnerable children?
- What do Action for Children outreach services achieve for children (outcomes) and to comment on evidence behind the skills sets which are required to deliver outcomes for children?
- What do Action for Children family support services achieve for children (outcomes)?
- How good is Action for Children at achieving health outcomes (and how do our outreach and family support services support health staff in SSCC to achieve improved outcomes)?
- To draw conclusions on ideas as to future service developments that Action for Children can consider.

6.2 Method

The study incorporates both quantitative and qualitative components, and has three closely inter-related key elements:

a) **An *audit of _input_*** – e.g. what are the organisational systems in place in Children's Centres?; What services are being delivered?; What are the workforce characteristics?; and, how do centres interact with other statutory and/or voluntary sector agencies? Data will be collected from a range of sources including a documentary analysis of Self Evaluation Forms by the Children's Centres; supplemented by qualitative data gleaned in face-to-face interviews by the research team with Centre stakeholders.

   This data will underpin the collection of the following phases which seek to capture *output* and *outcome* (these are two concepts often confused with each other, and can helpfully be understood through the lens of ***service based**/output*; and ***client based** /outcome* (see for example Tunstill 2003, p39[19]).

b) **An *overview of _output_*** - e.g. an aggregate description of Children's Centre use, paying particular attention to reach within the Centre areas, including the nature of need being presented; and the characteristics of those using services, and where possible the identification of those sections of the community who are distinguished by their "failure" to use the services on offer.

c) **A child /family outcome measurement phase** - for this we are using a well tried method of file study and outcome ratings generated by the research team, on the basis of the relevant research literature on child outcomes. A researcher rating of outcomes will be made for children and their families, in respect of a purposive sample of ten cases which have been selected in each of six Children's Centres.

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[19] Tunstill, J (2003) 'Evaluating Family Support; political and technical issues' in *Evaluating Family Support: thinking internationally; thinking critically*. Wiley

7. Interim findings

7.1 Understanding the nature of service design and delivery: understanding the inputs

This section addresses the question of what are the range and nature of the inputs currently being provided by Action for Children Children's Centres and their stakeholders. We have sought to capture the identity, range and quality of services across the sample of centres in the study, and in order to do so, we have drawn on our knowledge of the extensive literature on what makes for 'good practice'.[20] This has enabled us to identify the following indicators of good practice; these six widely acknowledged indicators of Children's Centre quality and practice can be see in the research literature to be associated with maximum service reach; and with the demonstration of 'better' intermediate outcomes for children and families.

The final report will provide a quantitative overview of activity in the Children's Centres but an early reading of the qualitative self report data complemented by visits to an initial sample of sites has yielded some important insights into the operational decisions made by managers in respect of service configuration. While in reality many of the examples described below illuminate more than one dimension of quality we have organised them (to some extent artificially) to exemplify each of the six indicators.

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[20] Including: ANNING, A., and others (2010) *Developing multi-professional teamwork for integrated children's services.* 2nd ed. Maidenhead: Open University Press. 147pp; BROADHEAD, P., MELEADY, C. and DELGADO, M. (2008) *Children, families and communities: creating and sustaining integrated services.* Maidenhead: Open University Press. 120pp; CAPACITY (2009)
Outreach to children and families: a scoping study. London: Department for Children, Schools and Families. 136pp. (DCSF research report; RR116).; CUMMINGS, A. (2008) *Only connect: using a critical incident tool to develop multi-agency* collaboration in two Children's Centres. Nottingham: National College for School *Leadership.*
Allnock, D., Akhurst, S., Tunstill, J., and NESS Research Team (2006). *Constructing and sustaining Sure Start Local Programme partnerships: lessons for future inter-agency collaborations*'. Journal of Children's Services. 1(3), pp.29-39.

7.2 The six indicators of centre quality and practice (most likely to have a positive impact on outcomes for children)

These six dimensions have been chosen on the basis of both the extensive empirical literature, as well as reflecting the current requirements of Ofsted's inspection standards. There is within the existing body of research knowledge, a clear consensus as to the necessity for ensuring these components are taken account of in designing provision which is capable of being recognised by both inspection authorities, but more importantly by those who use services, as *high quality provision*:

In order to meet the specific aims of this study, and to address strategic and operational issues around co-ordination; networking; and, in particular, the challenge of reach, the following indicators have been selected:

Indicator 1 - Centres can and do act as a gateways to and from other services

One fundamental building block in establishing optimum linkages with other services and practitioners is the design, dissemination and use of referral mechanisms which are straightforward, not time consuming, take account of the time pressures on other agencies, yet simultaneously capture the essential information needed by the Centre to be of maximum relevance to *that* child and *that* family.

User-friendly referral forms

There is a consistent pattern across Action for Children Children's Centres of managers having the confidence to design and implement forms that "will work for everyone". Centre managers reported having identified lengthy referral forms as a barrier to referrals from external agencies such as children's social care and took the initiative to actively draw the attention of potential referrers to the advantages of using e-Aspire referral forms - these are much shorter than many local authority forms.

"We have a short referral form asking for basic info about what the referrer is hoping to achieve …it has led to more referrals and then the centre can do the needs assessment using ASPIRE. (Centre manager)

Sometimes it will be the employment and specific deployment of staff which "opens a gate".

Another gateway

A Children's Centre teacher is employed through the school and acts as a bridge between centre and school. This sends traffic both ways and "*we realise the school staff have become much more sensitive to indentifying needs in their children that they may not have recognised before*".

Many Centres are working in diverse communities. Sometimes this includes areas where there are small but significant populations for example Eastern European families who do not have English as a first language.

Stopping language being a barrier

Leaflets describing the services provided in the centre include a photograph of the key staff member responsible and in addition versions of the leaflets are available in a range of languages.

The role of the notice board

A common feature of *Action for Children* Centres is the welcoming and comfortable reception area within which a plethora of information is displayed for parents and indeed for other practitioners who are visiting the centre. At a stroke the notice-board acts as a potential gateway to both services, and indeed in some centres, as a means to employment opportunities, given that Job Centre Plus advertise vacancies on the board.

Indicator 2 – Children's Centres act as a co-ordinator and/or broker of service packages

The defining characteristic of all child and family circumstances is that need rarely takes a singular form. In most cases, at the very least the families using or potentially using Action for Children Centres, will be dealing with a mix of emotional, social and practical challenges. This means that the responses most likely to deliver better outcomes for the children will need to be similarly diverse and it is likely that a single service will be insufficient as a response. Children's Centres are in a prime position to act as coordinators of packages of services.

An example of a package of services

A single mother with a borderline learning disability was referred to the centre for a family support service by a children's social care worker. The worker was able to enable her to have access to speech and language therapy for her child, benefits advice, emotional support by the key-working relationship and advocacy with the housing association. She also started to regularly attend the drop in "stay and play"

Some service packages will carry particular risk of appearing to confer stigma on the recipients of the advice and support available. This is likely to be a particularly increasing danger in the periods following the Comprehensive Spending Review (CSR) when welfare benefits will be under particular scrutiny. Action for Children Children's Centres have considerable experience in undertaking strategic planning with other agencies to address these issues.

How to deliver services packages that address poverty and social exclusion

Links with a housing association have been established; and in addition to holding a weekly surgery at the Centre, their staff are able to provide "floating support" for tenants who are facing particular challenges. In the same centre there is on-going episodic input from Job Centre Plus; and because the work is undertaken in the centre, such employment advice takes on a non- stigmatising nature. Given the likely implications of the CSR for benefit levels and housing tenancies, this work is very timely.

Indicator 3 – Children's Centre staff build links and partnerships with other agencies

The research literature around family support highlights the value to children and their parents, of agencies establishing cross-agency partnerships in order to maximize the range and relevance of any 'centre service menu on offer'. It would be realistic to acknowledge that in a period of national financial retrenchment, this will be a simultaneously even more challenging task, but one which paradoxically can have even more impact on protecting service range. It is important to acknowledge the *diversity* within the voluntary sector, and especially the different sizes of organisations, with inevitable different degrees of agency vulnerability. By working in partnership with smaller organisations, as Action for Children does, they as a *large agency*, can both increase their own capacity, as well as complement the services delivered by smaller and/or one-site agencies.

Commissioning HomeStart

Commissioning work with Homestart to develop and support volunteers to provide their service. The Homestart contract is with the 5 Centres in the cluster that are therefore able to minimise the cost-per-Centre but establish area wide set of relationships.

Several Centres regretted either the absence or removal of link social workers from children social care. A consequence of this was that referrals often came in too late when problems were entrenched. Addressing this difficulty is not easy and required imaginative and resourceful responses on the part of Centre managers who persevered with 'courting' the engagement of local social workers. These statutory workers, through no fault of their own, were being corralled into working exclusively at tier 4. Whilst in the case of children who were subject of a child protection plan it might be expected that children's social care workers would engage with the Centre, Action for Children managers were good at working to engage social care on a more routine and ongoing basis. The challenge of building these relationships was of course aggregated by high staff turnover in children services.

> **Taking every opportunity to maximise informal partnerships with children's social care**
>
> Examples included:
>
> --Inviting social workers to informal lunches in the centre
>
> --Offering mentoring/ shadowing opportunities to social workers (often as part of their induction)
>
> --Providing practice placements for social work students

Indicator 4 - Centre staff seek to maximise access to services through imaginative, flexible and sustained outreach strategies.

There are no 'silver bullets' with outreach or indeed as one manager put it "you have to find everyone's carrot". Different Centres have developed different approaches towards engaging parents.

> **Speech and language therapist engaged in family support**
>
> A speech therapist seconded from the NHS (not initially welcomed by NHS) was nevertheless able, through her family support role, including outreach, to engage families who had been formerly hard to help in this respect

> **Antenatal groups**
>
> Midwives are on antenatal groups for young mothers having babies but consciously used the session to draw them in to using other services.
>
> Using the local surgery where the clinic helped to draw families into other services.

> **Running groups in schools**
>
> Children's Centres are invited by local schools to use the venue to run parenting and other groups, including those focused on skills and employability.

Indicator 5 – Children's Centre staff support health agency colleagues to maximize access to/usage of health provision.

Linking with health

Monthly targets are set at an integrated health meeting, involving members of Children's Centre staff and health professionals. Integrated health meetings are working on strategies with health partners to ensure it is on the health team's agenda to increase registrations within the locality.

Four FTE equivalent family support workers have been recruited in one Centre, two of which are allocated cases with pregnant women and parents with children under one year of age, in order to help address the local Infant Mortality rate in the local area.

It is important to note that this project is being undertaken in a particularly challenging period in respect of the configuration of community-based health provision. The plans for Primary Care Trusts (PCTs) within the White Paper - *Equity and excellence: Liberating the NHS -* may have far reaching consequences for inter-professional collaboration. At the present moment it was possible to identify a number of widely adopted strategies, which by capitalising on the presence of health staff in the Centres, ensured that health outcomes were central to the design of many of the individual services and activities in those Centres. This might be at a very explicit level such as the provision of support for mothers in breastfeeding routines or implicitly as a facet of more general parenting support.

One day's activity in a Centre

- **Tiny Tots** – a group for babies, toddlers and their carers.
- **The Joy of Food** - cook and eat session including cooking recipes, trying new foods and learning how to plan and shop for healthier, more sustainable choices.
- **Specialist ante natal clinic** - a specialist ante natal clinic for expectant parents in the local community.

- **Under 2/3 Baby Group** - a group for new parents and their babies aged 2/3 and under including baby massage, breast and bottle feeding, weaning, sleep routines and budgeting.
- **Up 2 Ones** - a group for first time parents with under 1's to have coffee and chat with other parents.
- **Bumps 2 Babies** - a teenage parent craft group with our midwife and young parent advisor explaining all you need to know before you have your baby and after.

Integrated health visiting teams

A dominant model that has been adopted widely across Action for Children Children's Centres has been the introduction of integrated health visiting teams in the Centres.

Midwifery services as a gateway to other services

- A Midwife is based in the Centre but runs other clinics in the wider area, and is able to disseminate information about the Centre more widely.
- Midwives running antenatal groups for young people who were having babies meant they were able to signpost the young people into a range of other services , some focused on parenting, but others, for example, ensured that teenage parents did not drop out of education and/or developed their ability to earn a wage.
- The Centre is part of the Teenage Parents Network, developed by the Teenage Parenting Midwife.

Indicator 6 - All Centre systems and the job specification for staff are aimed at building social and economic capacity in the local community

A key dimension of the work of Action for Children Children's Centres is their capacity to meet parents' needs which are not directly related to child care and yet have a clear impact on an individual's capacity to parent. That is access to employment and training opportunities not only enhances the economic capital of the family but also releases social and psychological capital. This operates at both the individual family, but also at community, level, and there were a number of direct examples of the Centres linking parents who might otherwise have felt intimidated or stigmatised by approaching agencies such as Job Centre Plus. There were also indirect examples whereby parents took on voluntary roles in the centre, such as members of parents forums and/or through volunteering in activities such as 'stay and play'. We interviewed parents who had moved from volunteer roles and in some cases via training programmes into paid roles in the centre and local community.

Lone parent advisor from Job Centre Plus

The lone parent advisor from Job Centre Plus attends the drop-in clinic on a monthly basis. She also attends the Children's Centre Advisory Board to participate in the review of local need and planning.

Accessing employment

Individuals are sign-posted to the electronic Job Points and telephone access line which is available at the local school. The Centre has the direct telephone number to the Job Centre Plus Personal Adviser which is given to families where appropriate.

7.3 Understanding Centre outputs

It is important to recognise that the Centres offer services and support to a considerable number of children, young people and their families. In this study we selected six sites to examine the profile of children and young people using the Centre. This includes their personal characteristics, types of needs, types of services offered as well as reported outcomes for some of them. The Centres are recording some of these cases on Action for Children's computerised database (e-Aspire), however, the records only reflect a small sample of the total cases serviced by the centres. During 2009-10, it is estimated that the six selected sites had offered service to over 8000 individual children. However, detailed information was electronically recorded on 1577 children in the e-Aspire system. In this section we provide some investigation of the characteristics of these cases as a sub sample of the total group of children receiving services from the six selected Centres. We also consider an analysis of self-reported outcomes of a sample of 'closed' cases during the last quarter (July-September 2010).

Figure 1 shows that during the period from March 2009 to April 2010; the six selected sites kept detailed information on 1577 individual children or young people. Out of these, 1041 are still current users, or 'open cases'; while 536 are 'closed cases' where an outcome was reached or the individual stopped receiving the services for other reasons such as opting out or moving. Focusing on 'open cases' we provide some exploration of the profile of this sample of children and young people who are still users of the six sites.

In terms of age and types of needs, Figure 2 shows that the majority of open cases are identified to be 'vulnerable with additional needs' and to be of the young age group (less than five years). The bias towards younger ages may be due to the way records are kept in the Centres as well as the initial focus on services to the under five groups. Just above a quarter of children/young people are identified to be vulnerable while an additional 50 per cent are thought to be vulnerable children with additional needs. The latter group can include cases where there is a specific health concern. One tenth of open cases relate to children in need and only five per cent concern child protection issues.

Figure 1 Total recorded cases in the six selected sites divided by whether they are still 'open' or 'closed'
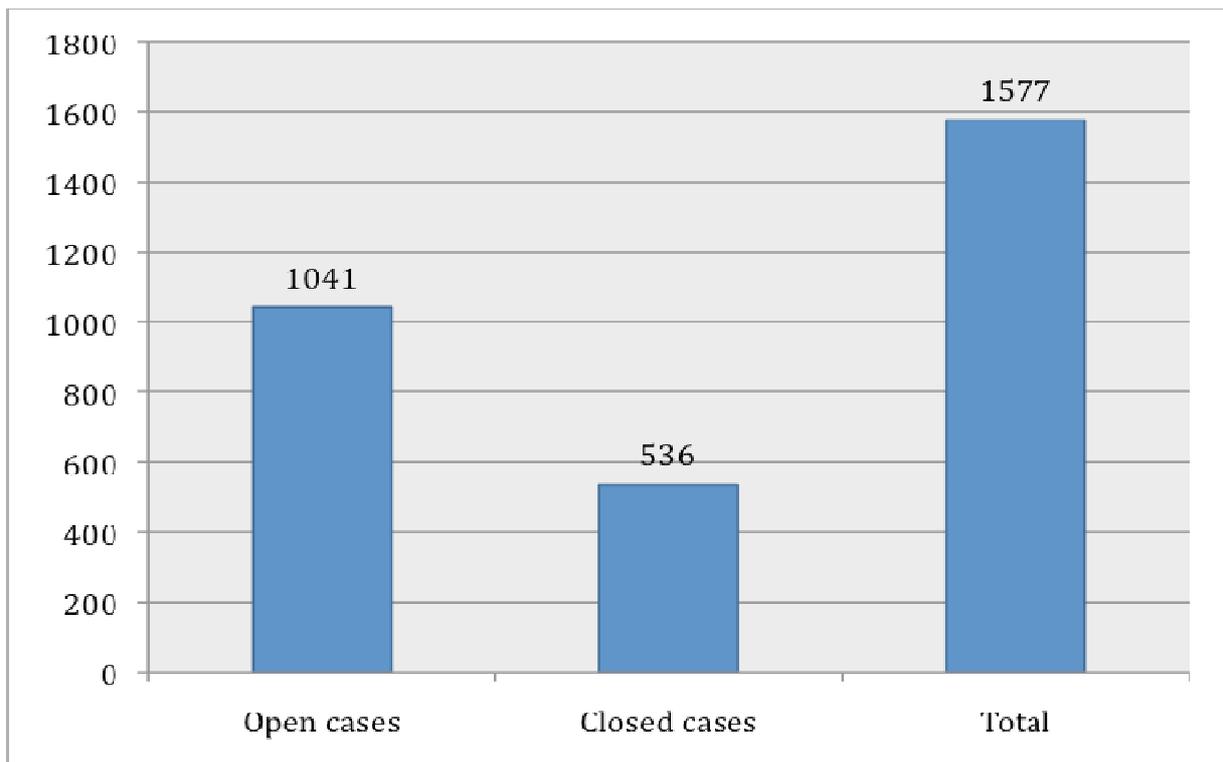
Action for Children Children's Centres service children and young people from different ethnic backgrounds. Just under three quarters, 72 per cent, of cases are identified to be of white British children/young people, 13 per cent are identified to be of Asian backgrounds and 5 per cent from mixed ethnicities.

Children identified to be vulnerable with additional needs continued to form the majority of cases among different groups. However, 'child protection' and 'child in need' were identified more among white British children/young people than those from black and minority ethnic groups (BME). For example, 6 per cent of white British children were considered to have child protection issues compared to 3 per cent among BME; and 11 per cent of white British children were considered to be 'in need' compared to only 2 per cent among the BME group.

Figure 2 Distribution of open cases by type of needs and age
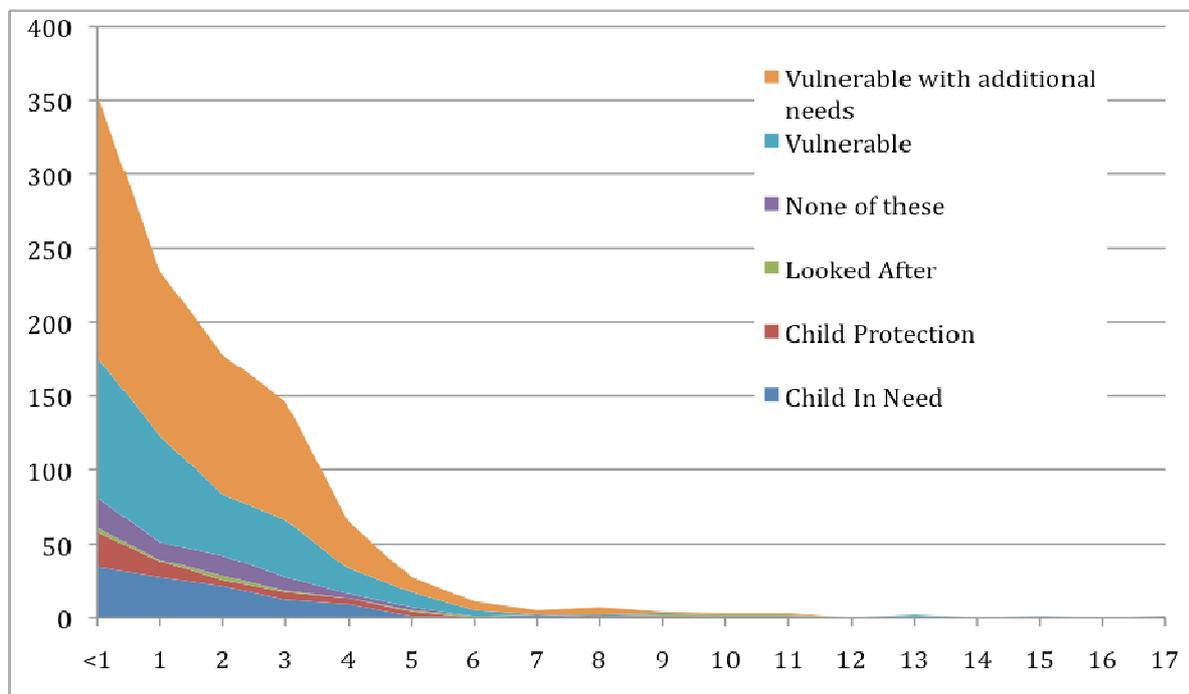
Looking at type of services on offer, specifically to a subgroup of open cases that has been 'authorised' for referrals, Figure 3 shows that a considerable proportion (78 per cent) relate to family support services, some of these are targeted to disadvantaged young children such as the 2gether pilots (the Department for Children, Schools and Families commissioned pilot programme of parent education classes for separating parents was picked up in the quantitative data). Others are more generic in nature and reach a wider group of users. Three per cent of the cases receive parenting support

(including teenage parents). Five per cent of cases (n=29) are recorded to receive individualised services to meet their specific needs.

Figure 3 Types of services to referred cases in the six selected sites
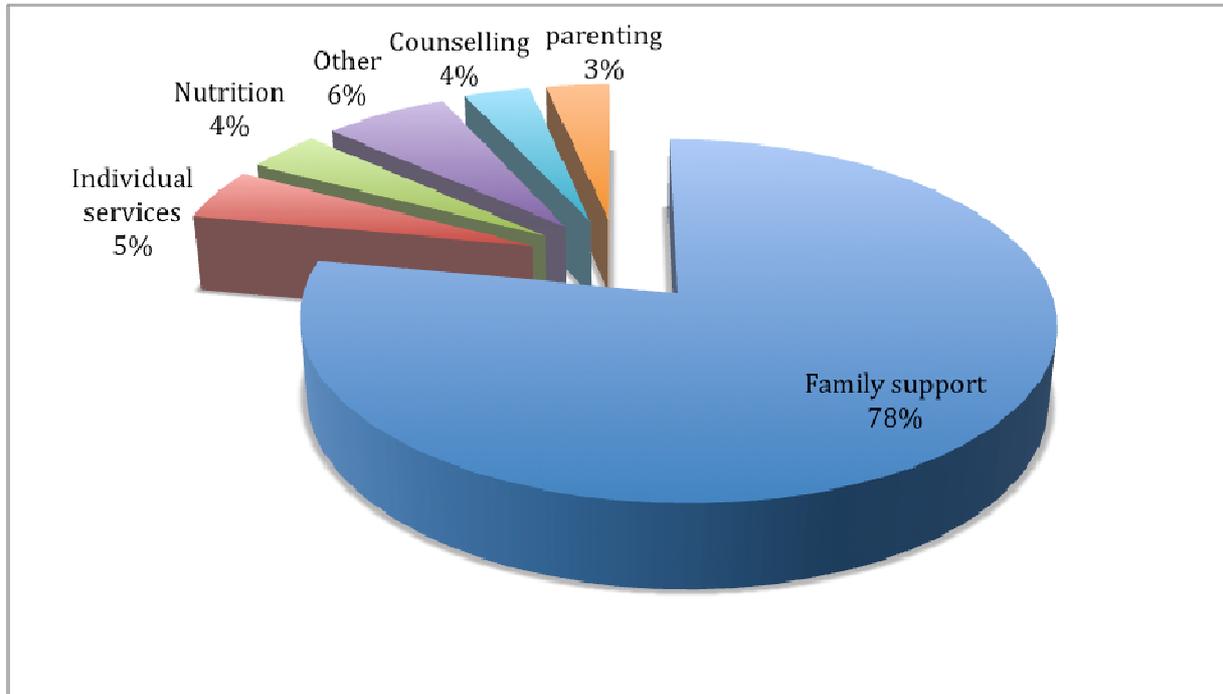
During the last quarter from July to September 2010, Action for Children started recoding self-reported outcomes of all closed cases during the quarter. Among the six selected sites a total of 202 cases were closed. Children and their carers were asked to identify 43 identified areas of *improvement*, *no change*; and *deterioration* at the time of closing the case. These indications related broadly to being healthy, staying safe, enjoy and achieve, making positive contributions and achieving economic well-being. Each individual can select more than one area of improvement; staying the same or deterioration. The 202 children/young people and their carers identified 156 areas of improvement, 85 areas where they felt that they maintained their initial level and only 5 areas were they felt that their position has deteriorated since they started. Areas of most improvement related to parent/carer's capacity to support their child's health; and their ability to cope with difficulties. Other major improvements related to a child's ability to contribute to the learning environment. In the very small number of cases where users

felt that they experienced deterioration, there were issues related to substance misuse and safety within the family.

7.4 An indicative sample of child outcomes

This section provides a limited qualitative insight in to the interim outcomes which have been achieved for children and families. In this interim report it is not possible to provide an analysis of the full data set, but seven '***service chronologies'*** have been selected, with a view to highlighting the contribution of Centre services to health outcomes, for this sample of seven children. The themes which recur across almost all of them include social deprivation; parental ambivalence; and, at the service level, an illustration of the value of inter-agency work with health colleagues.

1. John
Vulnerable with additional needs Age at referral: 2 years
Summary: one of twins, over-crowded, lack of space to play/develop; reconstituted/complex family; minor developmental delay. Has not had the triple injection, but other immunisations are up to date.
Services used: place in Early Years development play session x 1 a week, funded childminder place.
Potential difficulties: lack of opportunities to play and family stress from overcrowding could cause further delay and family breakdown.
Outcome after 9 months: has made progress in Early Days, his overall development has moved from 18-22 months stage of the Early Years Foundation stage to 22 to 36

months. Still needs support with his speech and language and social development.

Potential difficulties averted, developing at normal pace, but not yet caught up.

2. Tom

Second twin - Vulnerable with additional needs

Age at referral: 2 years

Summary: one of twins, over-crowded, lack of space to play/develop; reconstituted/complex family; minor developmental delay. Has not had the triple injection, but other immunisations are up-to-date.

Potential difficulties: lack of opportunities to play and family stress from overcrowding could cause further delay and family breakdown.

Outcome after 9 months: has made progress in Early Days, his overall development has moved from 18-22 months stage of the Early Years Foundation stage to 22 to 36 months. still needs support with his speech and language and social development:

Potential difficulties averted, developing at normal pace, but not yet caught up.

3. Pavel

Vulnerable with additional needs

Source and Age at referral: self-referral age 2½

Summary: physical health concern stemming from congenital abnormality, and surgery

to repair tracheo-oesophageal fistula. This has left a narrowed oesophagus, so care is needed with feeding. Speech delay (English is not first language of parents), needs more interaction with other children. Diagnosis of autism made 9 months after referral, i.e. age 3years.

Services used: Early Days Development Centre twice a week; day nursery three times a week; drops in to open sessions, e.g., playtime, musical mini's and walkers to talkers; specific speech therapy sessions re: speech and help with nutrition and feeding

Potential difficulties: hard to manage child, with physical and mental health problems that could have escalated. School entry needed managing.

Outcome after 18 months: (aged 4years), for child: timely diagnosis of autism, vocabulary increased, better able to concentrate on play, beginning to interact more with other children, potty trained, integrated with pre-school team; for parents/rest of family: respite, support help with understanding autism diagnosis, support with new baby (3 years younger).

Potential difficulties averted: timely diagnosis supported through access to appropriate services, school entry managed appropriately and parents supported to manage child's difficulties. Siblings/family life supported.

4. Narinder

Vulnerable with additional needs/ Child Protection

Source and Age at referral: Children's social care, 8 years old

Summary: educational attainment is low, attends special school. Global developmental delay & speech delay. Dad died February 2006 with cancer. Mum leads chaotic lifestyle.

Emotional and social needs to be developed, enabling him to participate in and enjoy a social group.

Services used: Children's services, Children's Food Group

Potential difficulties: bereavement/mental health problems developing in already vulnerable child, family breakdown and potential abuse, risk of criminal justice issues emerging.

Outcome after 4 years: attended the weekly after-school sports group on a regular basis, he enjoyed the group and began to join in the activities. Child moved to live with his brother and family in when aged 11, due to ongoing issues of neglect and mother being unable to provide safe parenting. Moved out of the area and is accessing local activities and groups.

Potential difficulties averted: long term positive reinforcement and support to avert mental health problems. Established positive role models for growing child.

5. Clarice

Child in need
Source and Age at referral: Health visitors, age 2 years

Summary: Third of four children. Mother used heroin during pregnancy, now on methadone programme. No apparent lasting effects, although needed special care at birth. Immunisations late but now up to date. Does not always receive a healthy and nutritious diet at home. Speech, language and communication skills are poor, limited opportunity to interact with other children, or play. Need for play, stimulation, family support.

Services used: outreach service as Mum felt unable to attend services in Centre, Early Days Development Centre offered twice a week but attendance erratic.

Potential difficulties: worsening delays to development, general care/diet etc needs monitoring; could lose contact with child due to parental non-engagement.

Outcome after 18 months: slow progress with development due to erratic attendance and non-engagement by parents. Outreach work and home visiting stepped up
Potential difficulties averted: despite continued difficulties, child(ren) still seen regularly and contact maintained through outreach work.

6. Ravi

Child In Need/ Vulnerable with additional needs
Source and Age at referral: health visitors, age 1 year

Summary: Fructose Intolerance, nystagmus, mother has post-natal depression, Urdu is first language, speech and social development is delayed, otherwise up-to-date.

Potential difficulties: mother's depression could lead to inability to notice physical difficulties arising from child's physical health problems, or to communicate his needs to other family members. Fructose intolerance is a rare genetic disorder that can lead to convulsions, liver disease and death if the correct diet is not given. Nystagmus is an eye problem that affects vision, which may in turn affect fine motor co-ordination and long-distance sight.

Services used: Outreach support. Support with hospital appointments, Early Days development centre and day nursery, with special care re: diet.

Outcome after 30 months: settled and ready to move on to day nursery, development progressing well, mother feels supported.

Potential difficulties averted: mother supported to cope with child's physical condition and hospital appointments. Nursery was able to cater for his special needs, so child was able to develop normally and safely.

7. Danny

Child in need

Source and Age at referral: Primary School, age (? 7 years – records incomplete)

Summary: ADHD on medication, behaviour problems with difficulties managing anger.

Services used: Team around the Child, after-school sessions, family fun sessions, support for parents and individual work with child re: anger management strategies and positive time through holiday play schemes, family fun session during the school holidays etc.

Potential difficulties: social isolation, mental health problems developing in a vulnerable child, risk of school exclusion and criminal justice issues emerging.

Outcome after 3 years +: (records pre-date system; reference to 10 years in mothers statement) Preparing to attend mainstream school. Attends local youth clubs and social activities, behaviour and anger issues appear to be under control.

Potential difficulties averted: social isolation and difficulties associated with unresolved anger management issues under control, smooth transition to mainstream school.

8. Conclusion and discussion

In the data presented above, on the inputs, outputs, and the (very early) outcomes achieved by a range of Action for Children delivered centre-based services, it is possible to identify an overlap/fit between services that meet the needs of children and their families, and services whose identity and mode of delivery can potentially be seen to reflect '*value for money*'. Examples of the former include the ability to ensure that the 'most vulnerable families' are encouraged and facilitated to access services, thereby maximising the range of developmental benefits for their children. Examples of the latter would include the brokering/co-ordination role played by Children's Centres, which can ensure that services are delivered in the '*right combination*' , for the appropriate period of time, and in a way which does not necessitate the construction of expensive and additional bureaucratic mechanisms. In addition the way in which Centre services are configured can promote capacity building within the local community, in that some service users progress to paid employment on the basis of the experience of using the Centre.

8.1 Inter-agency work with health
In specific respect of health services, the ability of Children's Centres to co-ordinate services is especially important, given the forthcoming demise of Primary Care Trusts. Given their (in many cases) sound track record in overcoming the challenges involved in engaging GPs, it is likely that Children's Centres can work to familiarise local GP practices with the nature and distribution of social and family specific need .
Initial findings indicate that Action for Children is able to demonstrate how family support provision contributes to helping achieve health outcomes for children and families (as presented in the case studies above). This will be explored further throughout the evaluation.

8.2 An integrated approach to safeguarding

In parallel with these developmental aspirations, there is a consistent integration by the Children's Centres of a robust commitment to undertaking, along with colleagues, responsibility for safeguarding children. It may well be argued that the sophistication demonstrated by centre staff in respect of maximizing reach; and minimizing barriers to centre-based parenting support, is a major building block in ensuring children are protected. The 'service flexibility' which centre-based provision can offer, and in particular its ability to engage parents in the "*public space*" is a protective device in its own right. By acknowledging the deterrent role of stigma, associated with the design of some services, Action for Children can anticipate this hazard, and in many cases succeed in overcoming parental reluctance, by means of multi-faceted parental engagement strategies. It is a very different approach from the exclusively targeted work of children's social care social work staff, which is heavily criticised in the Munro report. It might well also be argued that it would be likely to comprise a potentially far more effective one.

8.3 Balancing the focus of centre provision as between the needs of children and the needs of their parents/carers

An important element in the Action for Children approach is to embrace the dual role of 'adults as parents' and 'parents as adults'. Indeed it may be that the title 'Children's Centre' although a popular and familiar one, tells rather less than the whole story. The actual work which takes place reflects a very profound concern with the needs of all the members in the family, with a view to maximizing outcomes for the children. Indeed in many cases they could as accurately be called family centres, given that they succeed in balancing the focus of centre provision as between children and families, with a view to improving life chances across the life course.

8.4 Capacity building in the local community

In the last analysis the parents and their children who use the centre now and in the future, are members of the local community, with its attendant social strengths as well as, in many instances, economic weaknesses. The geographical location of Action for

Children Children's Centres means staff work disproportionately with families who face daily challenges from poverty, housing and social deprivation. In the context of the forthcoming changes to welfare payments, the work of the Centres in supporting parents, and especially young parents, into training and employment, is a crucial part of their work. It is also one that can potentially contribute towards the improvement of outcomes and life chances for the children in those families, and at the same time, ensure the locality will benefit from the transition of some community members into less disadvantaged and sometimes alienated families.