



Working with children,
for children

Partnerships for a Better Start: Perspectives on the role of children's centres



Celebrating **50** Years

Contents

Introduction	3
Biographies	5
Children's centres: What problem are we trying to solve? Naomi Eisenstadt Senior Research Fellow, University of Oxford	6
Sure Start and its evaluation Professor Edward Melhuish Director for the Study of Children, Families and Social Issues, Birkbeck, University of London, and Research Professor, University of Oxford	10
Children's centres: Where next? Lisa Harker Head of Strategy Unit, NSPCC	15
Strengthening children's centres through the universalism of healthcare Dr Ingrid Wolfe Programme Director, Evelina London Child Health Project	19
Igniting connectivity: The future of children's centres Dame Clare Tickell Chief Executive, Action for Children	24
Challenges and next steps	29

Acknowledgements

NCB would like to thank Naomi Eisenstadt, Professor Edward Melhuish, Lisa Harker, Dr Ingrid Wolfe and Dame Clare Tickell for their essay contributions.

The National Children's Bureau is a leading charity that for 50 years has been improving the lives of children and young people, especially the most vulnerable. We work with children and for children, to influence government policy, be a strong voice for young people and practitioners, and provide creative solutions on a range of social issues.

For more information visit www.ncb.org.uk

© National Children's Bureau 2013

ISBN: 978 1 909391 14 7

Published by NCB

NCB, 8 Wakley Street, London EC1V 7QE

Tel: 020 7843 6000

Website: www.ncb.org.uk

Registered charity number: 258825

Cover photograph taken at Broadwater Farm Children's Centre, Haringey and used with permission from NCB's Early Childhood Unit.

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form by any person without the written permission of the publisher.

Introduction

NCB has compiled this collection of essays to consider the future development of children's centres. Children's centres are now at the heart of most communities, providing a range of on site and outreach services to support young children and their families from pre-birth to age five. However, due to economic constraints, many children's centres are no longer able to operate at full strength, leading to a scaling down of services and the restructuring of children's centres into cluster or 'hub and spoke' models. Given this situation, this pamphlet intends to assist in the development of a more defined purpose and vision for children's centres.

Children's centres have evolved over the past 15 years. They began life in 1997 as Early Excellence Centres – nursery schools that integrated early education, childcare and multi-agency services. Early Excellence Centres formed a key component of the government's strategy to support families, by reducing social exclusion, improving health and addressing child poverty. In 1999, Sure Start Local Programmes were launched, which had similar aims to Early Excellence Centres but had a responsibility to meet the needs of every child within their reach area, which was achieved by increasing access to outreach services and family support. In 2004, Sure Start Local Programmes were transformed into 'Sure Start Children's Centres', with children's centres gaining legal status in 2006. By 2010 there were 3,631 children's centres, fulfilling the vision of a children's centre in every local community (Department for Education 2011). However, by April 2013 the number of children's centres had fallen to 3,116 (Hansard 2013).

In March 2013 NCB held a children's centre roundtable with early years and childcare specialists, after which five contributors were commissioned to write the following essays.

- **Children's centres: What problem are we trying to solve?**, in which Naomi Eisenstadt explores the original purpose of children's centres, and considers whether this needs to be reframed to better meet the needs of disadvantaged children and their families.
- **Sure Start and its evaluation**, in which Professor Edward Melhuish reviews the key outcomes and indicators of success from the national evaluation of Sure Start.
- **Children's centres: Where next?**, in which Lisa Harker argues that children's centre services should refocus their resources on supporting children under two and their families.
- **Strengthening children's centres through the universalism of healthcare**, in which Dr Ingrid Wolfe raises the importance of integrating primary and secondary health services within children's centres.
- **Igniting connectivity: The future of children's centres**, in which Dame Clare Tickell addresses five key components of effective children's centres – co-production, connectivity, citizenship, effective data sharing and evaluation, and leadership.

This series of essays will be of interest to policy-makers, parliamentarians, commissioners of children's centre services, early years and health practitioners, and the voluntary and community sector. Please see 'Challenges and Next Steps' on page 29 for more information on how you can engage in the debate NCB is starting on the future of children's centres.

References

Department for Education (2011) *Number of Children's Centres by Local Authority*. Available at: <https://www.gov.uk/government/news/number-of-childrens-centres-by-local-authority> (accessed 10 October 2013).

House of Commons Hansard Written Answers for 20 May 2013. Available at: http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm130520/text/130520w0007.htm#130520w0007.htm_wqn7 (accessed 10 October 2013).

Biographies

Naomi Eisenstadt, Senior Research Fellow, University of Oxford

Naomi Eisenstadt is currently a senior research fellow at University of Oxford. After a long career in the voluntary sector, Naomi was appointed as the first director of Sure Start in 1999. She held this post for seven years with additional policy responsibility for childcare, early education and family policy. Her last role in government was as Director of the Social Exclusion Task Force. Naomi was awarded an honorary doctorate from the Open University in 2002 and the CB in 2005.

Professor Edward Melhuish, Director for the Study of Children, Families and Social Issues, Birkbeck, University of London, and Research Professor, University of Oxford

Edward Melhuish is Professor of Human Development at Birkbeck, University of London, and Research Professor at the University of Oxford. He has undertaken research in 12 countries. His research in the 1980s influenced the 1989 Children Act, and later research has influenced the 2005 Children Act, 2006 Childcare Bill and policy on childcare, early education, child poverty and parental support in the UK and other countries. He has served as an expert witness to several House of Commons Select Committees and been a scientific advisor in Norway, Finland, Portugal, South Korea, Chile, Australia, Canada, the European Commission, OECD and WHO.

Lisa Harker, Head of Strategy Unit, NSPCC

Lisa Harker is Head of the Strategy Unit at the NSPCC, joining in 2011 from the Institute for Public Policy Research where she was Director. Lisa's career has spanned campaigning, journalism and policy-making. After working for several children's charities, she worked for the BBC as Social Affairs Advisor to BBC News. As Chair of Daycare Trust, Lisa was instrumental in transforming the organisation into one of the most influential childcare campaigns. Lisa has also held various senior advisory roles within government including child poverty 'tsar' at the Department for Work and Pensions and an advisor to HM Treasury on childcare policy.

Dr Ingrid Wolfe, Programme Director, Evelina London Child Health Project

Ingrid Wolfe is Programme Director of the Evelina London Child Health Project. She is a children's doctor qualified in both paediatrics and public health and is fortunate in having on-the-ground insight from clinical practice, and a population perspective from public health. These two aspects come together in her academic work, which focuses on children's health systems and policy. She is a Paediatric Public Health Consultant at Guy's and St Thomas's NHS Trust, a Consultant in Child Health Research to the European Paediatric Association, and is Co-Chair of the British Association for Child and Adolescent Public Health.

Dame Clare Tickell, Chief Executive, Action for Children

Since November 2004, Clare Tickell has been responsible for Action for Children, one of the UK's largest charities, which supports more than 250,000 children and families through 650 services across the UK. In July 2010, Clare was selected by the government to review the Early Years Foundation Stage Framework, which reported its findings in 2011. Clare sits on the Board of The Guinness Partnership and chairs the Commission into the Future of Hospice Care. Clare leaves Action for Children in December to take over as CEO of Hanover Housing Association.

Children's centres: What problem are we trying to solve?

Naomi Eisenstadt

Naomi Eisenstadt, Senior Research Fellow at the University of Oxford, explores the original purpose of children's centres, and considers whether this needs to be reframed.

Children's centres as a form of delivery for services for young children and their families can be traced back to the early 1970s. Mainly established by the major charities, centres in poor areas delivering a combination of formal and informal childcare, family support and community capacity building were fairly common. Indeed, for Norman Glass, the civil servant largely responsible for the development of Sure Start, it was visits to these centres that strongly influenced his thinking on the design of Sure Start. The initial design of Sure Start, announced in 1999, was for *programmes* based in very poor areas. While capital expenditure was generous, the first phase of Sure Start was not about buildings, it was about neighbourhoods. The next few years saw radical changes to that Sure Start vision, resulting in what is now the children's centre policy context.

In 2002 the Prime Minister's Strategy Unit carried out a review of all services for under-fives. The review found that within government there was fragmentation between policy activities across three separate areas – the Sure Start Unit, Early Education and Childcare. There was particular concern that the major capital funding for Sure Start was not being strategically used to aid the needed expansion of childcare. There was also concern that the notion of Sure Start Local Programmes was difficult to grasp, as it was not a particular building or indeed a standard set of services. The report made three recommendations that changed Sure Start.

- 1 Sure Start Local Programmes would be called Sure Start Children's Centres.
- 2 At central government level, policy responsibility for all early years services would be under one Whitehall unit based in the Department for Education and Skills (the DfES, as was).
- 3 This new, considerably bigger unit would be jointly owned across the DfES and the Department for Work and Pensions (DWP), reinforcing the need to ensure that more was done to link welfare to work programmes with childcare policy. It also marked an emphasis on the role Sure Start could play in encouraging parents into employment (HM Government 2002).

The next big shift in Sure Start policy, and the one that would have the most significant impact on children's centres as currently configured, occurred towards the end of 2004 with the publication of *Choice for Parents, The Best Start for Children* (HM Government 2004). This document, jointly developed across HM Treasury and the DfES, marked the end of Sure Start as a policy aimed particularly at poor areas. It promised a network of 3,500 Sure Start children's centres, one in every community, offering a range of parenting support services as well as directly provided childcare or easy access to childcare. What had originally been designed as a compensatory programme for children living in poor areas, became a support programme for all families with young children.

The coalition government came to power in 2010, promising ongoing support for children's centres. However, they moved back to a position that emphasised the importance of children's centres in reaching the neediest families, and downplayed their role as a universal service. The subtle difference between the earlier Sure Start vision and the post-2010 vision was the emphasis on individual families facing difficulties, downplaying poverty per se, and particularly moving from an area-based service design, open to all in the locality, to a more targeted approach. Moving away from what was a 'core offer', the government now defines the 'core purpose' for children's centres (Department for Education 2012).

'The core purpose of Sure Start Children's Centres is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged, so children are equipped for life and ready for school, no matter what their background or family circumstances.'

In keeping with the localism agenda, it would be up to individual local authorities to decide how to deliver the children's centre purpose. The popularity of children's centres has made closure controversial at local level. Hence, many local authorities took the decision to keep all their children's centres open, while significantly reducing the funding for centres, essentially thinning the range of services available. Many also moved to a cluster model of centre management, where the manager of a single centre takes on responsibility for two or more additional centres.

The brief history above illustrates the various incarnations of children's centres over the last 10 or more years. The purpose of this essay is not to suggest yet another variation on a theme, but to ask some difficult questions about the core purpose, and what a more clearly defined purpose would mean for policy and practice.

Are children's centres primarily about adults or children?

While the currently defined core purpose is clearly about child outcomes, there is still a presumption that many child outcomes can only be delivered by services aimed at adults/parents. Even if it is accepted that child outcomes will be improved by working with parents, the nature of the work also needs definition. If children's centres are about reducing the numbers of children currently living in poverty, the focus of work with adults should be mainly about the journey to employment, and ensuring adequate and affordable childcare. While the Department for Work and Pensions is still very interested in promoting employment, the Department for Education seems to be remote from this agenda. The requirement to deliver childcare on site has been removed by the government, as has the requirement to have on site a fully qualified early years teacher or early years professional. Much of the government's rhetoric on child poverty indicates a desire not to reduce the levels of poverty for this generation, but to ensure that this generation of poor young children is equipped to compete with their better off peers as they become adults. Hence, the policies are more about building the capacity and skills of parents that will ameliorate the impact of growing up in poverty rather than reducing poverty per se (see the reviews by Allen 2011 and Field 2010).

If the work with adults is about improving their *parenting*, to what extent is it about improving the home learning environment or, indeed, improving language and communication skills, or is it about managing problematic behaviour? The most popular programme, Incredible Years (<http://incredibleyears.com/>), comes with strong evidence about improving behaviours and relationships. Moreover, the studies have largely been on at risk populations. Evidence on improved academic outcomes is less strong than on improved behavioural and emotional outcomes. However, it is likely that improved behaviour not only improves the concentration abilities of the child, but makes

overall classroom management at school age less problematic, thereby improving the school experience for a wider group of children. Using children's centres as a delivery mechanism for such programmes is sensible, but they require well-trained staff to deliver them, and considerable persistence of effort to gain participation and continued programme attendance, particularly from those parents most likely to benefit.

But a much more widespread problem clearly demonstrated in the social class gradient is language and communication skills. The key period for language development is from birth to 24 months. Most parenting programmes are aimed at children over two, when behaviour problems begin to emerge. The importance of intense language exposure in the very early months is often missed and poor language skills are apparent in a large group of young children. Only the Family Nurse Partnership programme is specifically targeted at babies and, in part because of the expense of delivery, limited to first-time young mothers and fathers.

Finally, the emphasis on parents and parenting tends to ignore the needs of mothers and fathers who are in work. Increasing numbers of poor children who may have certain risk factors live in families where at least one adult is working. The timing and delivery arrangements for programmes run in children's centres rarely serve working mothers or fathers.

Shifting the curve or addressing the tail?

The question here is, are children's centres about 'shifting the curve' for a large group of poor children or 'addressing the tail' of difficulties facing the small number of families with complex and multi-faceted problems? The realities of this question are rarely discussed, in part because it is a very difficult issue. In a time of scarce resources, should children's centres concentrate on a few families with serious and seemingly intractable problems, or should they provide light touch support to ensure a larger group of families who are further along the continuum do not fall into the category of 'troubled families'? The government is increasingly asking children's centres to do the latter, but many are ill-equipped to work effectively with severely dysfunctional families. They often find it difficult to garner the specialist support – adult mental health, drug and alcohol services, and child and adolescent mental health services (CAMHS) – that is essential to working with families with complex needs. Concentrating on the families with the most complex problems will address the tail, but not have population impact on school readiness. Encouraging early language would be a strategy to shift the curve. The risk is that without the light touch support and community capacity building that centres are particularly good at, more and more families will fall into the tail end of the curve, creating huge and costly problems for families and communities in the future.

Where next?

My own view is that we need to see children's centres within an overall discussion on what the offer should be for children between birth and school. While the universal free offer of 15 hours per week of early education for all three and four year olds has very high uptake, there are still issues both with uptake in the poorest areas and patchy quality everywhere. Radically improving the quality of early care and education and the uptake among the poorest children will improve school readiness and do much to narrow the gap in outcomes between poor children and their better off peers. Children's centres could then concentrate specifically on pregnancy to three year olds, with an emphasis on language development for very young children and paths to employment for mothers and fathers.

The costs of childcare often means that work is uneconomical for families with very young children, but much can be done in terms of adult skills development that both enhances

employability and improves parenting. Employment by no means ensures a life free of poverty, but worklessness almost always means poverty, as well as social isolation. What is needed is clarity of purpose; precisely what problems are we trying to solve, and which activities and services are most likely to solve the problem?

References

Allen, G (2011) *Early Intervention: The Next Steps*. Norwich: HMSO. Available at: <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf> (accessed 10 October 2013).

Department for Education (2012) *Core Purpose of Sure Start Children's Centres*. Norwich: HMSO. Available at <http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/a00191780/core-purpose-of-sure-start-childrens-centres> (accessed 10 October 2013).

Field, F (2010) *The Foundation Years: Preventing Poor Children Becoming Poor Adults*. Norwich: HMSO. Available at: <http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf> (accessed 10 October 2013).

HM Government (2002) *Inter-departmental Childcare Review: Delivering for Children and Families*. Norwich: HMSO. Available at: <http://dera.ioe.ac.uk/8814/2/su%20children.pdf> (accessed 10 October 2013).

HM Government (2004) *Choice for Parents, the Best Start for Children: A Ten Year Strategy for Childcare*. Norwich: HMSO. Available at: <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/HMT-991151.pdf> (accessed 10 October 2013).

Sure Start and its evaluation

Professor Edward Melhuish

Professor Edward Melhuish, Director for the Study of Children, Families and Social Issues, Birkbeck, University of London, and Research Professor, University of Oxford, reviews the key outcomes and indicators of success from the national evaluation of Sure Start.

In 1998 a UK government review concluded that disadvantage among young children was increasing and early intervention could alleviate poor outcomes. It recommended a change in service design and delivery, integrating across all relevant agencies, to be area-based, and with all children under five and their families as clients. As outlined by Naomi Eisenstadt, the Sure Start Local Programmes (SSLPs) began in 1999 and focused on the 20 per cent most deprived areas; this included about half of children living below the official poverty line. Sure Start has evolved over time. Through the establishment of children's centres, it has become more coherent, with increasing emphasis on service integration. By 2002, 250 SSLPs had been planned, aiming to support 18 per cent of poor children under five in England. A typical programme would potentially serve 800 under-fives. Early SSLPs were allowed great latitude in providing:

- outreach and home visiting
- support for families and parents
- support for good quality play, learning and childcare experiences for children
- healthcare and advice about child health and development and family health, and
- support for people with special needs.

There was no specific guidance as to how to deliver services. The speed and amount of funding was often overwhelming in a sector previously starved of support, and only 6 per cent of the 1999 allocation was spent in that year. Despite this slow start, and without any information on progress, HM Treasury expanded SSLPs from 250 in 2002 to over 500 by 2004, and thus they became a cornerstone of the campaign to reduce child poverty.

National evaluation of Sure Start: Early findings

Evaluation began in 2001, and was challenged from the outset by the diversity of several hundred unique interventions.

Communities and change

SSLPs had the premise that children and families could be affected by the programme directly and indirectly via community changes. Community changes over five years could not be causally linked to SSLPs, but improvements were noted (Barnes and others 2007). Sure Start areas became home to more young children, while households dependent on benefits decreased markedly and burglary also declined. Child health improved with fewer hospitalisations, severe injuries and respiratory infections. For older children, aspects of school functioning improved, as did the identification of children with special educational needs or disability, due to improved health screening.

Early effects on children/families

A cross-sectional study of children and families in Sure Start and non-Sure Start areas in the periods 2000–2001 and 2004–2005 provided mixed findings (NESS Research Team 2005). There were some main effects of the local programme experienced by all children and families, but most effects varied by subgroup. Specifically, three year olds of non-teen mothers (86 per cent of sample) in Sure Start communities had fewer behaviour problems and greater social competence as compared with those in comparison communities. These effects for children appeared to be mediated by effects of less negative parenting for non-teen mothers. Adverse effects of SSLPs emerged, however, for children of teen mothers (14 per cent) in terms of lower verbal ability and social competence and higher behaviour problems. Also, children from workless households (40 per cent) and from lone-parent families (33 per cent) scored lower on verbal ability in SSLPs than in comparison communities.

Variability in programme effectiveness

The methodology allowed estimates of each local programme's effectiveness, and thus investigation of why some programmes were more effective. Qualitative and quantitative data on 150 programmes were used to rate each SSLP on 18 dimensions of implementation. Programmes rated high on one dimension tended to score high on others, and better implemented programmes appeared to yield greater benefits (Melhuish and others 2007). In particular, the most effective programmes were distinguished by the quality of their service integration across agencies, with better integration of health services being associated with improved outcomes.

From local programmes to children's centres

As early findings indicated that SSLPs were having mixed effects, and evidence from another project – the Effective Provision of Pre-school Education (Sylva and others 2004) – showed that integrated children's centres were particularly beneficial for children, the government decided to transform SSLPs into 'Sure Start Children's Centres'. The Childcare Act 2006 transferred control of local programme children's centres to local authorities. These measures ensured that children's centres became embedded within the welfare state by statute, making it difficult for any future government to eradicate. Thus from 2006, SSLPs became children's centres with more clearly specified and integrated services, and were controlled by local rather than central government.

Longitudinal study of children and families

Groups of children and families in Sure Start areas were compared with those in similar non-Sure Start areas at nine months, three, five and seven years. At three years, beneficial effects emerged on 7 of 14 research outcomes (Melhuish and others 2008). Local programme children showed better social development, exhibiting more positive social behaviour and greater independence/self-regulation, partially a consequence of parents in Sure Start areas manifesting less negative parenting, and offering a less chaotic and more cognitively stimulating home learning environment for their children. Also, families in Sure Start areas used more services. SSLP children had fewer accidents and were more likely to be immunised, but these two effects may not be directly related to the impact of local programmes.

By the time the child turned five, there were mixed effects of SSLPs and children's centres (NESS Research Team 2010). Mothers in Sure Start areas reported greater life satisfaction, while providing less harsh discipline and a less chaotic and more cognitively stimulating home learning environment for their children. Additionally, their children were less likely to be overweight and were physically healthier. Mothers in Sure Start areas, however, experienced more depressive

symptoms and were less likely to attend school meetings. The benefits of SSLPs and children's centres for child social development found at three years were not evident at five years of age.

Considering change from three to five years, 5 of 11 outcomes showed evidence of positive effects resulting from maternal participation in local programmes and children's centres. Mothers in Sure Start areas manifested greater improvement in life satisfaction, harsh discipline and home learning environment. They also experienced a greater decrease in worklessness when their children were between nine months and five years of age. There was virtually no evidence that the overall effects of SSLPs and children's centres varied across demographic subgroups.

While SSLPs and children's centres were associated with more positive parenting when children were three and five years old, the positive effects on child behaviour at three years disappeared by age five. This may have been because since 2004 all three and four-year-old children had access to free part-time pre-school education, and 97 per cent took advantage of this. Hence, almost all children would have attended pre-school education between the ages of three and five. Evidence links high quality pre-school education with improved cognitive and social development (Melhuish 2004; Sylva and others 2010). Therefore, it is possible that developmental advantages associated with SSLPs at age three were not detected at age five because by this time almost all children were exposed to pre-school education, which may have resulted in 'catch up' for non-SSLP children. Also, in Sure Start areas children's language development was better where children received higher quality pre-school education (Melhuish and others 2010).

When the children were seven years of age, several significant benefits of Sure Start emerged, two of which applied across the board and two of which applied to sub-populations (NESS Research Team 2012). For the whole population, mothers in Sure Start areas relative to their counterparts in non-Sure Start areas reported engaging in less harsh discipline and providing a more stimulating home learning environment for their children. Additionally for sub-populations, mothers in Sure Start areas reported providing a less chaotic home environment for boys (not significant for girls) and having better life satisfaction (lone-parent and workless households only).

Additional evidence of the beneficial effects of Sure Start emerged for three of eight outcomes when considering change between three and seven years of age. Mothers in Sure Start areas relative to those residing in comparison areas showed a greater improvement in the home learning environment and reported a greater decrease in harsh discipline. Additionally for sub-populations, mothers in Sure Start areas reported greater improvement in life satisfaction (lone-parent and workless households only).

The effects for lone-parent and workless households are evidence that programmes were being successful in affecting vulnerable groups, which earlier had been challenging. No consistent effects from Sure Start for child development emerged at seven years. There were no adverse effects associated with Sure Start programmes, and all the beneficial effects appeared to apply to families at all levels of disadvantage and for all areas regardless of level of deprivation.

Conclusions

The longitudinal research findings differ markedly from those of the earlier study. Whereas, previously, the most disadvantaged three-year-old children and their families (i.e. teen parents, lone parents, workless households) were doing less well in Sure Start areas than their more affluent peers (i.e. non-teen parents, dual-parent families, working households), the longitudinal evidence at age three indicated benefits for all sections of the population. At ages five and seven the benefits are less, but still exceed any disadvantages and they apply to all the population.

Why are there such differences between the early and later results? It seems likely that the contrasting results reflect contrasting experiences over time. Whereas the three year olds in the cross-sectional study were exposed to an 'immature' programme, and probably not for their entire lives, children and families in the longitudinal study were exposed to better developed programmes throughout children's entire lives.

Moreover, programmes most likely learned from the earlier phase of the evaluation, and made a greater effort to reach the most vulnerable households. Thus, differences in exposure to programmes and the quality of programmes may account for both the initial adverse effects for the most disadvantaged, and the subsequent more beneficial effects for almost all children and families in Sure Start areas. Also, in the change to children's centres there is a greater emphasis on multi-agency service integration, which was also a theme in other government work linked to the Every Child Matters agenda.

Sure Start has been evolving and ongoing research has influenced this process. Developments have clarified guidelines and service delivery, with increasing emphasis on service integration and cohesion. Plausibly, the improved evaluation results reflect actual changes in programme impact resulting from the increasing quality and integration of services – greater attention to vulnerable families; the move to children's centres; as well as greater exposure to services. The results are modest but suggest that the value of Sure Start programmes has improved. The identification of the factors associated with more effective programmes has informed improvements in Sure Start children's centres and may be part of the reason for the improved outcomes for children and families now found for Sure Start. Children's centres have made progress but need to develop integration across services, particularly integrating health services into the fuller range of services offered in children's centres.

References

Barnes, J and others (2007) *Changes in the Characteristics of Sure Start Local Programme Areas in Rounds 1 to 4 Between 2000/2001 and 2004/2005*. London: Department For Children, Schools and Families.

Melhuish, EC (2004) *A Literature Review of the Impact of Early Years Provision Upon Young Children, With Emphasis Given to Children from Disadvantaged Backgrounds: Report to the Comptroller and Auditor General*. London: National Audit Office.

Melhuish, EC and others (2007) 'Variation in Sure Start Local Programme implementation and its consequences for children and families', *Journal of Child Psychology and Psychiatry*, 48, 543–551.

Melhuish, EC and others (2008) 'Effects of fully-established Sure Start Local Programmes on 3-year-old children and their families living in England: A quasi-experimental observational study', *The Lancet*, 372, 1641–1647. Available at: <http://www.bbk.ac.uk/psychology/our-staff/academic/edward-melhuish/documents/lancet22oct08.pdf> (accessed 10 October 2013).

Melhuish, EC and others (2010) *The Quality of Group Childcare Settings Used by 3–4 Year Old Children in Sure Start Local Programme Areas and the Relationship with Child Outcomes: Research Report DFE-RR068*. London: Department for Education. Available at: <http://dera.ioe.ac.uk/1936/1/DFE-RR068.pdf> (accessed 10 October 2013).

NESS Research Team (2005) *Early Impacts of Sure Start Local Programmes on Children and Families: Report 13*. London: Department for Education and Skills. Available at: <http://www.ness.bbk.ac.uk/impact/documents/1183.pdf> (accessed 10 October 2013).

NESS Research Team (2010) *The Impact of Sure Start Local Programmes on Five Year Olds and their Families: Research Report DFE-RR067*. London: Department for Education. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182026/DFE-RR067.pdf (accessed 10 October 2013).

NESS Research Team (2012) *The Impact of Sure Start Local Programmes on Seven Year Olds and their Families: Research Report DFE-RR220*. London: Department for Education. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR220.pdf> (accessed 10 October 2013).

Sylva, K and others (2004) *Effective Pre-school Provision*. London: Institute of Education.

Sylva, K and others (eds) (2010) *Early Childhood Matters: Evidence from the Effective Pre-school and Primary Education Project*. London: Routledge.

Children's centres: Where next?

Lisa Harker

Lisa Harker, Head of Strategy Unit, NSPCC, calls for children's centres services to be refocused on supporting children under the age of two.

It is little wonder that it is hard to define the purpose of children's centres in anything but several sentences. In many ways they are the repository for all our hopes for children – the institutional expression of our commitment to better childhoods. Whether it is improving children's language skills, their health and resilience, or shaping children's emotional development and their appetite for learning, we look to children's centres to realise our hopes to change the course of children's development for the better.

Such bold ambitions should not be dismissed simply because they are hard to realise; quite the opposite. Children's centres have a better chance of transforming children's lives than any other government programme, because they bring services together under one roof so that parents do not have to navigate the labyrinth of provision for themselves. If children's centres were abolished tomorrow and we asked, 'What kind of programme could transform children's lives?', we would no doubt reinvent them.

But bold ambitions cannot be achieved in one step and to pretend otherwise is to risk undermining all attempts to meet them. The story of children's centres so far is one of high and ever expanding expectations only partially met. The search for evidence that children's centres make an unequivocal difference to the lives of children has had its ups and downs. As explained by Edward Melhuish in his essay, the very first national evaluation of Sure Start Local Programmes (SSLPs) cast doubt on this claim, but as SSLPs evolved into Sure Start Children's Centres, more promising evidence began to emerge. By 2008, the national evaluation of Sure Start found evidence of the positive impact of children's centres on children's social development. The gap in achievements and school readiness of children living in deprived and non-deprived areas began, and has continued, to narrow. More recently, children's centres have been shown to be effective in influencing parenting style leading to an improved home learning environment and less harsh discipline, but there is little evidence as yet to suggest an impact on children's cognitive, social and physical development at the age of seven (NESS Research Team 2012). In short, after more than a decade children's centres have shown considerable promise but the jury is still out on whether they will realise their potential to transform children's life chances.

In the current economic context, which requires hard spending choices to be made, there is a danger that children's centres could be written off unless they are able to demonstrate their worth. This requires some honesty about what is and is not working, not least to ensure that the effective practice in centres is not overlooked because less effective practice is limiting what can be achieved.

Where should children's centres go next?

Children's centres have evolved over the past decade and continue to do so. Although headlines focus on the number of children's centres that are closing as a result of public spending cuts, the vast majority have remained open (4Children 2012). Far more common is the pressure on children's centres to reduce their spending, which is limiting the range and depth of service provision within centres. The 'hollowing out' of children's centres will reduce their ability to transform children's lives, particularly if they continue to be required to make progress on so many fronts at once. Consolidating services, rather than spreading them so thin that they become ineffective, is therefore a priority.

Consolidation, or 'targeting' of services is often assumed to mean restricting provision to the families that need it most (normally assumed to be the poorest families). Yet there is plenty of evidence to show that limiting services to a sub-population is counter-productive. As soon as services are rationed in this way they become stigmatised and ostracised by the very population that they are aimed at. What is more, there is plenty of evidence to suggest that children's life chances are improved when there is a good social mix, so that parents and children are exposed to the behaviours of those who are thriving rather than only coming into contact with families in similar circumstances to themselves.

A better way to consolidate services in children's centres would be to ensure that there was a particular focus on providing high quality support during pregnancy and early infancy. The foundations for children's social, emotional and cognitive development are established during this period. A parent's capacity to provide a sensitive and nurturing environment for a child is critical during these formative years, and early infant experiences shape brain development, which affects a child's capacity to cope with life's challenges. At the same time this is also a period of increased vulnerability for children. Babies are seven times more likely to be killed than older children and they are the subject of more than a third of serious case reviews (NSPCC 2011). The importance of this period in a child's development is reason enough to focus services on this age group, but it is also key to building relationships with families that endure. Pregnancy is a time when engagement with public services is almost universal and prospective mothers and fathers are particularly receptive to advice and support. Children's centres have already demonstrated that it is possible to work very effectively with new parents. Fathers are more likely to attend antenatal classes in children's centres than other services (Maisey and others 2013). Midwife and health visitor drop-in sessions, where provided by children's centres, are already as popular as stay and play sessions (Maisey and others 2013).

In addition, there are tried and tested programmes that have been shown to make a difference to children's development. Programmes such as the Incredible Years, Triple P, Strengthening Families, Mellow Parenting, Family Nurse Partnerships and the Oxford Parent Infant Project provide a solid evidence base from which to build. Other programmes, such as Parents Under Pressure and Baby Steps, both being piloted in the UK by NSPCC, offer valuable insights too.

Rather than consolidate children's centres by restricting services to certain populations or reducing the number of centres, a shift towards a focus on pregnancy and early infancy would be a more effective use of resources. Others too have recognised the value of prioritising this period of development (All Party Parliamentary Group on Sure Start Children's Centres 2013).

At the same time, children's centres also need to consolidate provision based on what works. An obvious place to start is to question why 12 per cent of children's centres in the most disadvantaged areas offer no evidence-based programmes at all (Tanner and others 2012). But a strong focus on what works should not only rely on adopting tried and tested programmes. A prerequisite to localism is that local authorities are held accountable for outcomes. And yet many

children's centres are failing to assess their impact on children's development. The use of data is poor. Most children's centres do not have a comprehensive picture of the level and nature of need in their area. And measurement of impact is patchy: 7 per cent of children's centres are not using outcome data such as the Early Years Foundation Stage, 14 per cent are not using local authority data and 27 per cent are not using health data (Tanner and others 2012). There is a need for a national outcomes framework, that goes beyond the Early Years Foundation Stage framework, to incorporate a wider range of child and adult outcomes against which all children's centres could measure progress. The framework developed by University College London's Institute of Health Equity provides a useful model (UCL Institute of Health Equity 2012). Alongside this, children's centres would benefit from a single source of advice about the latest evidenced-based programmes, so they do not have to navigate multiple sources. The newly established Early Intervention Foundation could play this role.

Finally, the vision for children's centres will never be fully realised until there is better integration of resources. The level of public spending on families with children under five remains considerable, even in these cash-strapped times. Rather than providing services additional to those of midwives, health visitors, speech and language therapists, social workers, early education, drug and alcohol services, domestic violence services, mental health provision and others, children's centres could harness the collective efforts of a vast array of services and pool resources and expertise to transform children's life chances.

A 10-point plan for children's centres

Children's centres should:

- 1 focus their resources on supporting under twos and their families
 - 2 ensure that all parents make contact with the children's centres during pregnancy and early infancy – e.g. by co-locating midwifery services and ensuring that all births are registered with children's centres, and allocating one lead professional to remain in regular contact with the family from pregnancy to two years to provide consistency of support
 - 3 offer incentives or impose penalties to ensure that health, early years and social care share data
 - 4 ensure that more adult services are accessible through children's centres to support parents whose parenting is affected by domestic violence, mental ill health or substance misuse
 - 5 train staff in motivational interviewing and promotional interviewing techniques – used in FNP and other public health programmes – to improve parenting
 - 6 promote more use of peer-to-peer support that can be an effective way to support behaviour change
 - 7 pool commissioning budgets and increase joint commissioning – the children's centre should be seen as a hub around which services are coordinated
 - 8 increase 'user' commissioning. Put parents in the driving seat when commissioning services from pregnancy onwards by sharing information about which interventions have been found to be most effective and giving parents more of a say over which services are provided
 - 9 establish a national hub for evidence of what works, led by the Early Intervention Foundation.
- 10 In addition, government should adopt a clear outcomes frame for children's centres.

References

4Children (2012) *Sure Start Children's Centres Census 2012: Developments, Trends and Analysis of Sure Start Children's Centres Over the Last Year and the Implications for the Future*. London: 4Children. Available at: http://www.4children.org.uk/Files/5f1952b8-dd74-432f-a1f0-a0920139fe09/Children_Centre_Census_FINAL.pdf (accessed 10 October 2013).

All Party Parliamentary Group on Sure Start Children's Centres (2013) *Best Practice for a Sure Start: The Way Forward for Children's Centres*. Available at: <http://www.4children.org.uk/Files/cffc42fe-49eb-43e2-b330-a1fd00b8077b/Best-Practice-for-a-Sure-Start.pdf> (accessed 10 October 2013).

Maisey, R and others (2013) *Evaluation of Children's Centres in England (ECCE) Strand 2: Baseline Survey of Families Using Children's Centres in the Most Disadvantaged Areas*. London: Department for Education. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/191007/DFE-RR260.pdf (accessed 10 October 2013).

NESS Research Team (2012) *The Impact of Sure Start Local Programmes on Seven Year Olds and their Families: Research Report DFE-RR220*. London: Department for Education. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR220.pdf> (accessed 10 October 2013).

NSPCC (2011) *All Babies Count: Prevention and Protection for Vulnerable Babies*. London: NSPCC. Available at: http://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/all_babies_count_pdf_wdf85569.pdf (accessed 10 October 2013).

Tanner, E and others (2012) *Evaluation of Children's Centres in England (ECCE) Strand 1 – First Survey of Children's Centre Leaders in the Most Deprived Areas: Research Report DFE-RR230*. London: Department for Education. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184027/DFE-RR230.pdf (accessed 10 October 2013).

UCL Institute of Health Equity (2012) *An Equal Start: Improving Outcomes in Children's Centres*. Available at: <http://www.instituteoftheequity.org/projects/an-equal-start-improving-outcomes-in-childrens-centres> (accessed 10 October 2013).

Strengthening children's centres through the universalism of healthcare

Dr Ingrid Wolfe

Dr Ingrid Wolfe, Programme Director, Evelina London Child Health Project, makes the case for integrating primary and secondary health services within children's centres.

The elements of care that are necessary to help a child develop to their maximal potential are drawn from the full range of society: parental love and support, health, education and all the public services. Bringing these elements closely together to create a supportive blanket of care around a child helps provide the nurturing environment for families with children to grow and flourish.

Children's centres began in a period of idealism and plentiful resource, and their purpose is described eloquently by Lisa Harker in this collection of essays as an 'institutional expression of our commitment to better childhoods'. Evaluation of children's centres has shown mixed but promising results in a variety of measures, as described by Professor Edward Melhuish. Importantly, by demonstrating benefits that took several years to develop, evaluation has highlighted the importance of sustained investment. However, their early history reveals an unhelpful, albeit unintended, schism between sectors and services. This is demonstrated, for example, by a 2002 review of services for children under five years, by the Prime Minister's Strategy Unit (HM Government 2002). This review documented damaging fragmentation between services but ironically restricted its examination to childcare, early years services and Sure Start Local Programmes (SSLPs), and failed to consider the importance of health or the role of healthcare in the early years of life. Indeed, the term 'early years services' refers to education and social care and largely excludes health.

Children's centres have evolved over the years, incorporating SSLPs with varying degrees of clarity as to their purpose, as detailed by Naomi Eisenstadt. The most recent and ongoing changes that pose challenges, but also intriguing possibilities, began with the coalition government's policies that shifted children's centres away from aiming to be a universal and equitable service towards a targeted approach focusing on families at greatest disadvantage. The fragile economic climate together with the government's austerity policies, have placed children's centres under tremendous pressure. Many have closed, while others have reduced their services. How should children's centres respond to these pressures?

The tension between universal and targeted approaches to providing care is being played out in the ongoing debate about the future of children's centres. Should limited resources be restricted to those most in need? Would this risk marginalising already vulnerable communities? Would a more equitable distribution of resources do better in strengthening the fabric of society? Would it fit better with the ideal that 'we're all in it together'? But would we then spread scarce resources

so thinly that no one really benefits? How can we best balance the risks and benefits of an idealistic equitable universal model with a pragmatic targeted approach to services?

Children's centres incorporating primary care, and other health services, could offer a balanced way forward. All families need high quality healthcare. This means that from pregnancy onwards, health services could represent a portal to all other sources of care that a growing family may need. Everyone visits health centres; some may need more support than others, but everyone will be there at one time or another.

In my view, access to health services offers an ideal way-in to both universal and targeted support for families using children's centres. The distinctions between education, social care and health services are arbitrary and meaningless to parents. What is more, they are unhelpful. Children do not usually come pre-packaged with health problems that need health services alone to manage.

Take, for example, a three-year-old child with mild developmental delay. He does not speak as much as his older sister did at the same age, and seems clumsy at times. His mother may have asked the GP for advice, and he may be referred to a community paediatrician for assessment. But he will also need speech and language therapy, and physiotherapy. Moreover, his parents may benefit from support and encouragement in speaking and reading to their child; and if their housing problems are not sorted out, they are not likely to have the time or energy to devote to helping their son develop his language skills.

What this child really needs is early intervention. But this means different things to different people. To some, early intervention means ensuring children's social and emotional development is supported right from the start. When problems become apparent, they often manifest in a health complaint. Early intervention means detecting health and developmental problems as quickly as possible, and providing the necessary support. Ideally, it means preventing them from happening in the first place. There is no sense in separating the various elements of care and support that shape a child's life.

Primary care, public health and community health services should work closely together with children's centre services and other early years providers, to identify children and families who would benefit from additional support at the earliest opportunity.

Working together for children: Integration of services

Integration is a hugely popular concept; however, it is often not clearly defined. Most of the national debate around integration centres on the frail elderly. Children, whose needs are different, require a specific approach to integration. Families provide most care early in life, for most children, while social services provide support for a small number of children. Education and services that promote development are more important for the majority of children. Later in life things change, and social services provide the majority of care for elderly people. So the health and social care integration needs of children and the elderly are distinct.

The youngest children use health services a great deal, and social services usually much less. Indeed it is the level of cooperation and coordination between primary and secondary care that affect the most common services that families rely on. For those children with complex conditions and disabilities, the way these services interface with education becomes crucially important. Ensuring that children can participate in school to achieve their full developmental potential is an important outcome of healthcare.

Mixed progress in child health and well-being

There have been great successes in child health, but in many regards the responses of our health system to advances in knowledge, and to changing health and social needs, have not been adequate. There is increasing understanding that the roots of physical health, cognitive development, and social and emotional well-being are established early in life. However, there has been a systematic failure to fully translate this knowledge into practice. What is more, there has been a failure to anticipate the changes in children's health needs and in parental expectations of care, and too often a failure to respond adequately to evolving needs and demands. Services remain fragmented and piecemeal.

Our health system's response could be described as too little too late, or too much in the wrong place. We need a whole system solution rather than a temporary remedy. For too long we have focused on individual problems, such as out-of-hours access to primary care, thus inadvertently further fragmenting services, while paying inadequate attention to the underlying problems and preventing meaningful change. A system-wide transformation is required to secure the health of the UK's children.

Many families find that high quality, unplanned and urgent healthcare can be difficult to access. Moreover, planned, anticipatory and coordinated care to promote optimal development is not the everyday reality. These fragmented, inconvenient services inadequately support families, and helping children to fulfil their maximum potential development feels like an optional extra. Above all, change is needed as some of the UK's child health and well-being outcomes are among the poorest in Western Europe, and there are unacceptable variations in the quality of care (de Beaufort and others 2007; Gerstl and others 2008; Royal College of Paediatrics and Child Health 2013; Wolfe and others 2011; Wolfe and others 2013a; NHS 2012).

Why does our health system have these problems? Meta-level explanations can be considered in the three broad categories suggested below (adapted from Wolfe and others 2013b). However the underlying causes are political, cultural, and historical.

- *Mismatch between health needs and the services and systems that should meet those needs, and a failure to respond to progress in understanding child development.* The consequences are sub-optimal health and developmental outcomes, unnecessary variations in quality of care and inefficient, inconvenient services.
- *Missed opportunities to maximise children's health gain and development.* The consequences include high rates of preventable non-communicable diseases and sub-optimal outcomes, fragmented care, pervasive unmet needs among vulnerable children, and widening gaps between wealthy and poor families.
- *Failure to realise the rights-based approach to care described by the United Nations Convention on the Rights of the Child (UNCRC), to which the UK is a signatory.* The consequences are that children's health and developmental needs are not met adequately, their voices are not heard, and care is neither child-centred nor coordinated in their best interests. These failures sow the seeds of problems for generations to come.

A vision for children's centres focused on health, well-being and development

Putting health at the centre of a future vision for children's centres offers a way to bring support to the most vulnerable families from the earliest possible point, by protecting them within mainstream universal services for all children and families. All families use health services. All parents need support to help their babies develop and thrive, but some need more than others.

From before birth, parents start to engage with healthcare, so this period represents a window of opportunity to start things off right for children and families. No one is marginalised or stigmatised, no service is just for the most needy: all children have the spectrum of care available that they need – close to home and in a family-friendly environment.

Children and families deserve a value-based system for delivering care, rooted in the best available international child health services and systems research. Children's centres should be shaped by parents and public health experts, paediatric doctors, nurses, GPs and mental health workers, teachers and educationalists, local authority providers and commissioners, and children's services workers to ensure that child-centred care is at the core of design. As identified by Dame Clare Tickell in her essay, co-production and connectivity are key to effective children's centre working.

Parents and carers could use children's centres for their children's urgent problems, minor illnesses, chronic health conditions, and for health promotion, access to therapies and social care. Each centre could be designed around a core model of co-location and professional cooperation, but adapted specifically to local needs. Nurses, doctors, and others will work as a bespoke team to provide comprehensive children's healthcare in children's centres, managing all aspects of children and young people's health with the exception of conditions needing hospital facilities for planned investigation and treatment, or for treatment of severe, acute illness.

In children's centres, primary and secondary care labels could become redundant as everyone will be trained in first contact, planned and preventive care, and with complementary skills will work cooperatively as a team in the best interests of children and families. Care could be provided from pre-birth to adolescence, ensuring smooth transition between the life stages and from child to adult services. Essential services that are integral both to child health and development, such as support for language development, nutrition, and emotional health, would be an integral part of an holistic approach to care.

A comprehensive children's centre with health as a core component offers a progressive, equitable approach to care, balancing targeted and universal services for children.

References

de Beaufort, CE and others (2007) 'Continuing stability of center differences in pediatric diabetes care: Do advances in diabetes treatment improve outcome? The Hvidoere Study Group on Childhood Diabetes', *Diabetes Care*, 30(9), 2245–50.

Gerstl, EM and others (2008) 'Metabolic control as reflected by HbA1c in children, adolescents and young adults with type-1 diabetes mellitus: Combined longitudinal analysis including 27,035 patients from 207 centers in Germany and Austria during the last decade', *European Journal of Pediatrics*, 167(4), 447–53.

HM Government (2002) *Inter-departmental Childcare Review: Delivering for Children and Families*. Norwich: HMSO. Available at: <http://dera.ioe.ac.uk/8814/2/su%20children.pdf> (accessed 10 October 2013).

NHS (2012) *The NHS Atlas of Variation in Healthcare for Children and Young Adults*. Available at: <http://www.rightcare.nhs.uk/index.php/atlas/children-and-young-adults/> (accessed 10 October 2013).

Royal College of Paediatrics and Child Health (2013) *Epilepsy 12: A National Three-Year Audit to Help Improve Patient Outcomes and the Quality of Care and Service Provided*. Available at: <http://www.rcpch.ac.uk/epilepsy12> (accessed 10 October 2013).

Wolfe, I and others (2011) 'How can we improve child health services?'; *BMJ*, 342, 901–04.

Wolfe, I and others (2013a) 'Health services for children in Western Europe', *The Lancet*, 381, 1224–34.

Wolfe, I and others (2013b) 'Comprehensive strategies for improving child health services in Europe', in Wolfe, I and McKee, M (eds) (in press) *European Child Health Services and Systems: Lessons Without Borders*. Maidenhead: Open University Press.

Igniting connectivity: The future of children's centres

Dame Clare Tickell

Dame Clare Tickell, Chief Executive, Action for Children sets out the five key components of effective children's centre services.

Children's centres are not just services. They are the conduit for how, as a society, we protect children, support families and enable them to grow. Children's centres should be at the heart of localism, a part of devolution that does not stop at the Town Hall. We should be enabling children's centres to give families greater control over their lives. A source of support within a range of resources and networks that are designed with families, not thrust upon them. We want to see community participation and the citizenship with which it is aligned as a driver for the integration and connectivity that children's centres can provide. There are no quick fixes for this model. It requires the right information, skills and leadership. However, delivered effectively at a local level, it has the potential to allow all children, families and communities, but particularly the most disadvantaged, to achieve their full potential.

We believe that with high quality, evidence-based provision, outreach work, qualified professionals, a focus on effectiveness and efficiency, and the diverse voice of children and families at the centre, children's centres can be a force for urgently needed social change and the community, societal and economic benefits which that brings.

Regardless of the reduced resources available, we know that children's centres cannot and should not be all things to all people. However, that does not equate to a strip down by Whitehall. Rather, provision should always be shaped by the distinct needs of local communities, with the safety and well-being of children at its core. The role for a children's centre must resonate not only with budget-holders and decision-makers but with the families that every day pass by its door.

The most effective children's centres fulfil five key principles.

- 1 Co-production
- 2 Connectivity
- 3 Citizenship
- 4 Effective data sharing and evaluation
- 5 Leadership

Principle 1: Co-production

The principle of citizens as active 'co-producers' or 'co-creators' is critical. An investment in a reciprocal approach, which builds on citizens' interests, knowledge, experience, skills and support networks, is always fruitful. Co-production is more than a 'nice to do' approach that adds value to the core offer; it is about building on communities' strengths and harnessing their expertise.

Too often families feel incidental to decisions made in their own lives; research tells us that being 'done to' is less effective than 'working with' when seeking to deliver sustainable solutions. The incorporation of service users' expertise sits at the root of the whole system that children's centres are a part of.

We have an increasingly disjointed societal landscape within which children, families and communities exist. De-industrialisation, low pay, high unemployment, entrenched inequality and a massive decline in associational life are having huge impacts on family life. Our service users describe society as 'an exclusive club – you have to fight very hard to get in'. Within this context co-production is more important than ever. We need to deliver services in a way that gives families greater control over their lives. Service users want the opportunity to give something back.

Parents acting as advocates within their own communities are the catalyst to the engagement of other vulnerable families. Seeing peers engage with services and talking about the benefits of their involvement motivates others to participate. It helps us reach out to families that too often remain invisible to, and suspicious of, services. We facilitate a range of peer-to-peer programmes within our children's centres to engage families. This approach breaks down perceived stigma to transform the centre into a true community resource. Mentors and inter-generational projects also create new connections between peer groups and across generations, generating social capital.

Through reaching out to vulnerable children and families, we bring people together. It gives us the basis to offer practical support, such as through credit unions and employability programmes, as well as growing cohesive communities.

Principle 2: Connectivity

In the 21st century the state, communities and civil society need to work together. In our experience that is the key to sustained outcomes. An 'ecology' approach to public services that is focused on the relationships between social, economic and environmental factors is essential, although it has its challenges. Services and systems need to be joined up on the ground so that localities can work across the spectrum of need, from universal to targeted provision. In this way assets can be realised and problems identified early and acted upon.

Connectivity through children's centres is essential. We must resist drawing the net too tightly. We know that a socially mixed environment enables greater peer-to-peer skills transfer through the establishment of connections. It is particularly important for children to mix with other children at that early age.

The term 'children's centre' is shorthand for partnership working; the whole-area solution where family and early years support and preventative safeguarding are delivered. Children's centres are not singular projects or programmes – they are systems of delivery sensitive to local need. Children's centres were set up precisely because services were patchy, unresponsive and disconnected. That ambition must not be lost.

For Action for Children, the focus is both improving the life chances of disadvantaged children and, where there is risk, preventing harm. In order to connect with hidden need, parents and carers off the radar, such as those at home with mental health problems and the invisibly vulnerable, our centres focus on accessibility. Genuine outreach is crucial to make individual contact with families in the community, often in their own homes. Investing in effective outreach is not an optional extra, yet in the current climate it has been particularly vulnerable to cuts.

Once engaged we can deliver support using evidence-based programmes to those that need more help. This can bring with it difficult and complex issues around safeguarding, but we navigate our way through these with our colleagues in statutory agencies.

Principle 3: Citizenship

The replacement of isolated, cut off children and families with sustainably connected and supported ones is at the heart of the children's centre vision. We do that up and down the country with innovative peer-to-peer schemes and volunteer programmes. Our Cowgate and Blakelaw Children's Centre in Newcastle has, since 2010, recruited and trained people from local estates to support families with children aged 0–12 years through home visits, peer support and assisting them to access services. The scheme has provided 641 hours of volunteer time and supported over 100 children in their own homes. Through contributing their unique skills and experience, volunteers act as role models to the local community as well as benefiting themselves through increased confidence and self-worth, and routes to employment, education and training.

To achieve maximum efficiency and effectiveness, we have connected up and clustered our children's centres. The term 'clustering' has been used in different ways. For us, clustering is about sharing expertise and strong leadership across a locality. It avoids the duplication of effort and enables specialist interventions to be delivered across a broader catchment area. This is driven by an effective leader who has the ability to step back and design high quality, evidence-based responses to local need. From consultations carried out across a number of local authorities, we know that the cluster approach has brought about improved use of resources but also a greater consistency of approach, shared good practice, a greater capacity for strong leadership and improved outreach. Clustering aids connectivity across professionals and agencies. Each cluster has a designated lead for safeguarding who has a direct link to the local authority equivalent. All our early years support staff work closely with the Healthy Child programme and within the Early Years Foundation Stage (EYFS). They are in regular contact with the designated lead health visitor and the lead on early years across the cluster. Again connectivity is the key.

Protecting children is a collective responsibility and safeguarding is paramount. Children exist within families, so work with their parents and carers is crucial. Child care must be kept tightly connected to parental support. For families who are struggling, we work intensively as early as possible, for example through our Action for Children Family Partners model to prevent problems escalating and help provide the evidence to inform whether a formal child protection referral is needed. Above that, there is a role for children's centres to offer parents and carers training and skills in basic literacy and numeracy. We enable parents and carers to be informed citizens in their community. We have, for example, an extensive money skills programme across our centres. While focusing on the whole needs of the child, children's centres should be drawing together the information, skills and competencies that will enable parents and carers to thrive in their own right.

Principle 4: Effective data sharing and evaluation

Poor data sharing is preventing children's centres from fulfilling their potential. To intervene early and reach out to children and families we need to know where they are. Essentially, children's centres need data on live births and pregnancies, with other data requirements stripped back. This would provide the information on where children are living in their area and enable connections to be established beyond the most visible families. A recent survey of over 100 of our children's centres found that nearly 70 per cent are experiencing problems accessing this basic data. Age-old problems around confusion over data protection rules, poor data-sharing protocols, stretched resources for inter-agency working and clashing geographical and organisational boundaries

persist. Where our centres are accessing data their success is dependent on local protocols and relationships. We believe that government must step in and place a duty on NHS Trusts to make sure that all children's centres are given local birth data. The installation of birth registrations in children's centres is an interesting idea, but ultimately birth data is the key.

Free early education for two year olds must be fully integrated with children's centres acting as the access point for the offer. This could connect to the delivery of the integrated review at age two, which should take place in children's centres.

This connects the flow of data on births with the integrated review for two year olds. It does not have to be overly complicated. The integrated check should bring together education and health and be a baseline that then takes the child through to the Early Years Foundation Stage and on to school. It also provides the basis for measuring the long-term impact for the child.

We must be honest, the nature of the work that children's centres do and their relatively short existence has presented challenges in evidencing their impact on long-term outcomes for children. However, there is learning to be had from the systems that Action for Children has designed. We have developed our own internal outcomes framework that covers areas that are key to improving children's lives: safety, health, achievement and relationships. We have a dedicated data gathering system that allows professionals to track progress against an individual child. This approach has been informed by external research such as the Kings College London evaluation of our centres (Action for Children and Kings College London 2011). This research indicated a success rate consistently well over 70 per cent for school readiness, communication skills and physical health. The ability to demonstrate this progress is crucial for our learning and the development of our children's centre work, as well as an indicator of its value to those beyond the families we work with.

Principle 5: Leadership

High quality leadership is fundamental to the best work of children's centres. Leaders must have a range of attributes and knowledge ranging from excellent communication skills to drive their vision, and a commitment to excellence, perseverance and negotiation skills, through to a sense of pride in achievement: for example, safeguarding, the early years curriculum, the ability to work in strategic partnerships and data analysis to understand local need. We support managers to gain the National Professional Qualification in Integrated Centre Leadership and coordinate children's centre networks to share information on national guidance, innovative and evidence-based practice. The investment in the skills of all children's centre professionals is vital. We should, for example, return to having qualified teachers in centres as a commitment to quality. We would welcome a government-led modular programme that covers core skills for centre leaders and enables the sharing of knowledge and best practice nationally.

We should not shy away from the need to be efficient. With children's outcomes always as the principal driver, savings can be made. Why keep a hollowed-out centre open if you can run a service from an existing nursery? Tough decisions do need to be made.

Conclusion

There is a great deal of highly effective and innovative work taking place through the children's centre system. However, it is a relatively young model that is still learning.

Within the current political and economic narrative, much has been made of the imperative to generate unprecedented efficiencies and to find new ways to unlock the latent energy of citizens. None of this is possible if public services are retrenched. Children's centres have the capacity to

serve as catalysts for energising the system and joining up the dots. In a rebalanced economy, there must be a place for effective, resourced public services that are capable of protecting children and enabling their families and communities to be resilient through social and economic pain and to thrive over the long term.

Without a renewed belief in the potential of our children's centres to ignite connectivity and deliver help early, we lose the opportunity to tackle the growth in inequalities. We are at risk of smothering our ability to meet the huge societal challenges of the future. Our public services are vital: they help us to achieve things we could not achieve alone. Children's centres form the bedrock of our ability to do that through support and guidance to the children and families with the most need.

References

Action for Children and Kings College London (2011) *Children's Centres in 2011: Improving Outcomes for the Children who Use Action for Children Children's Centres*. Available at: http://www.actionforchildren.org.uk/media/922804/childrens_centres_in_2011_final_report_june2011.pdf (accessed 10 October 2013).

Challenges and next steps

As explored in these essays, there are many challenges facing children's centres today.

Should children's centres be offering universal or targeted services?

The Core Purpose for Children's Centres (Department for Education 2012) clearly states that children's centres should be available for all families to use. However, the emphasis on supporting 'the most disadvantaged families in order to reduce inequalities in child development and school readiness' has led to many children's centres focusing increasingly limited resources on targeting support at those who need it most. As Naomi Eisenstadt asks, are children's centres about *shifting the curve* for poorer children or *addressing the tail of difficulties* facing the small number of families with complex and multi-faceted problems?

How can we identify and support vulnerable families?

Most children's centres find that once parents have come through their door they become easier to engage in additional activities. As outlined by Lisa Harker and Dame Clare Tickell, there are a number of initiatives being trialled to facilitate this, including the registration of births in children's centres. During the passage of the Children and Families Bill, parliamentarians have been debating the feasibility of sharing live birth data between NHS Trusts and local authorities, so that children's centres can identify vulnerable families and provide early intervention support to them at the earliest opportunity.

Should greater emphasis be placed on children under two?

The Allen Review on Early Intervention (Allen 2011) highlighted the critical importance of the first three years of a child's life, and how supportive interventions during this period can benefit children into adulthood. Given that only 500 children's centres continue to offer childcare, and all three and four year olds and disadvantaged two year olds are now entitled to free early education, should children's centre resources, as argued by Lisa Harker, be prioritised on meeting the needs of expectant parents and their babies?

How can children's centres best integrate health services?

The participation of health services in children's centres has become a more significant issue, given NHS reforms, including the transfer of the public health duty to local authorities. As set out by Ingrid Wolfe, access to primary healthcare within children's centres would greatly improve the well-being of children and their families. Many children's centres have already integrated health provision within their core services, for instance by holding health visitor clinics or antenatal classes on site. The All Party Parliamentary Group on Sure Start Children's Centres recommends that local authorities, Health and Well-Being Boards and local partners make greater use of pooled budgets in the commissioning of children's centre services.

How can children's centres improve engagement with the local community?

In order for children's centres to gain the highest Ofsted inspection grades, they will now need to evidence how they work effectively with other children's centres and partner organisations in their local area to improve outcomes for children and families. As explained by Professor Melhuish, an increasing emphasis on service integration and co-production has led to improved national evaluation of Sure Start results. Many children's centres are exploring how they redefine the partnership element of their delivery model. For example, 4Children is developing Community Childcare Hubs to support both the childcare and wider support needs of vulnerable families.

How can children's centres negotiate the changing policy context?

The Department for Education remains the policy driver for children's centres. However, following the abolition of the Early Intervention Grant, children's centres will increasingly be funded through local government and public health funding streams. Given that children's centre functions cross an array of government departments (Department for Work and Pensions – JobCentre Plus; Department for Education – free early education; Department of Health – Healthy Child programme; Department for Communities and Local Government – Troubled Families programme), coordination between these services has often been fragmented. The new landscape offers the opportunity for increased collaboration and engagement between children's centres and partner agencies.

From NCB's perspective these essays raise a number of questions that require further debate. We very much see children's centres as central to the heart of the local community and wish to secure their future. However, we believe that greater emphasis needs to be placed on defining their future purpose. We will be taking this debate to the public, practitioners and to Parliament to seek answers to the following questions:

- How should children's centres be funded from 2014 onwards?
- How can early education, social care and health services be better integrated within children's centres?
- How can children's centres strike the right balance between delivering universal services for all and targeted services for the most disadvantaged?
- How can we ensure that children's centres are sustained and embedded as central to communities and the early years landscape?
- How can children's centres best engage and support parents, and increase their involvement in service development?
- How can we strike a balance between prescription at national level and autonomy at local level?
- How can children's centres support the delivery of high quality early education, especially for two year olds?

Our first step will be to gather the widest possible views on the value and purpose of children's centres. To join the debate and discussion, please visit www.ncb.org.uk/childrenscentres to complete a short survey.

References

Allen, G (2011) *Early Intervention: The Next Steps*. Norwich: HMSO. Available at: <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf> (accessed 10 October 2013).

Department for Education (2012) *Core Purpose of Sure Start Children's Centres*. Norwich: HMSO. Available at: <http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/a00191780/core-purpose-of-sure-start-childrens-centres> (accessed 10 October 2013).