



Department
for Education

Evaluation of Children's Centres in England (ECCE)

Strand 3: Delivery of Family Services by Children's Centres

Research Brief

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Introduction

This is the fourth report from the Evaluation of Children's Centres in England (ECCE), a six year study commissioned by the Department for Education and undertaken by NatCen Social Research, the University of Oxford and Frontier Economics. ECCE aims to provide an in-depth understanding of children's centre services, including their effectiveness for children and families, and an assessment of their economic cost in relation to different types of services.

Background

The Department for Education describes the core purpose of children's centres as:

Improving outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in:

- child development and school readiness, supported by improved:
- parenting aspirations, self esteem and parenting skills,
- child and family health and life chances (DfE, 2012).

The revised Sure Start Children's Centre Statutory Guidance (published in April 2013) sets out how local authorities and their partners can deliver the core purpose, and fulfil their statutory duties in regard to children's centres (DfE, 2013).

The ECCE evaluation is producing a very detailed picture of the first two phases of children's centres in England – those which are aimed at the most disadvantaged areas. This includes a description of how effective centres are when they use different approaches in their management, and when delivering services and activities to parents and children. ECCE also considers the cost of delivering different types of services and it will establish estimates of the impact of children's centres upon a range of child, parent, and family outcomes.

The findings presented here are from the first wave of detailed fieldwork regarding the organisation and delivery of children's centre services. This fieldwork aimed to assess:

- The range of activities and services that centres deliver
- Partnership working methods
- Leadership and management
- Evidence-based practice (EBP)
- Area profiling of centre 'reach'.

Methodology

The fieldwork reported here took place in 121 Phase 1 and 2 children's centres across England during 2012, and involved staff completing self-report questionnaires, fieldworker observations and document scrutiny, as well as face-to-face interviews.

Key Findings

Service Delivery

- The 'top five' services mentioned by over 90 per cent of centres were a mixture:
 - Stay and play for children and parents
 - Evidence-based parenting programmes
 - Early learning and childcare
 - Developing and supporting volunteers
 - Breastfeeding support.
- When a comparison was made between the services that were offered in 2011 and those offered in 2012, centres were observed to be shifting towards a more focused and targeted range of services for parents and outreach to homes.

Multi-agency Working and Integration

- Centre managers placed particular importance on just four aspects of service delivery and ethos:
 - Being able to talk informally to staff like health visitors, midwives, or social workers
 - Having workers willing to ring up other professionals or services if parents need information or a referral to another service
 - Workers visiting families at home
 - The physical accessibility of the centre, for example to wheelchair users.
- There were mixed and sometimes unrealistic expectations by staff of what centres could provide. Different professional cultures created tensions especially about the balance between open access and targeted services, and between adult support and child development activities.
- It was evident that multi-agency working takes time and commitment to develop, but there were long-standing issues in some areas over data-sharing with health.

Leadership and Management

- In a comparison of various aspects of leadership, the quality of a centre's 'organisation and management' was rated as lower than other aspects of leadership such as 'vision and mission' and 'staff recruitment'. This is likely to be a consequence of the reconfiguration of centres and the tightening of centre's funds, together prompting staff redeployment and staff turnover. Centres scoring lower on 'organisation and management' were more likely to have had withdrawal of resources and reductions to service within the 2011/2012 financial year.
- In centres where managers held higher leadership qualifications (e.g. the National Professional Qualification in Integrated Centre Leadership: NPQICL), key centre staff were more likely to report greater levels of safeguarding and more managerial leadership

delegation to the Senior Management Team. Those managers with higher leadership qualifications were also more likely to report higher visions and standards.

- The length of time that managers had been in post was associated with two aspects of leadership and management. Those managers who had been in post for between three to five years self-reported the greatest extent of 'monitoring value for money' and the most 'partner agency communication.' Interestingly, those with longer experience (i.e. over five years) tended to be weaker on those same aspects of leadership and management.
- Several aspects of management were noted as better in main-site centres with single-lead centre managers when compared against clusters or complex multi-site setups. The aspects of management that were higher in single-site centres included the 'training and qualifications of staff', and a centre's overall 'organisation and management'.
- Questionnaires given to managers and key staff showed both positive and negative results. On the one hand, the majority of staff were positive about the 'vision and purpose' of children's centres and believed that users were treated equally and fairly and that families felt safe in the centre. However managers reported more favourable levels of 'continuing professional development' and of 'working with partner agencies' than did their key staff. Aspirations in these important areas may not have been realised.

Evidence-Based Practice

- Staff reported a widespread use of well-evidenced programmes, particularly:
 - The 'Incredible Years' programme,
 - The 'Positive Parenting Program' ('Triple P'), and
 - Family Nurse Partnership.
- Centres also reported running a varied range of other programmes: for example, Baby Massage, Every Child a Talker, and the Solihull Approach.
- Well evidenced programmes reached a relatively small number of participants (mainly mothers) over the course of a year, compared to other programmes. For example, centre staff estimated that the average number of families reached by the Incredible Years programme was 22 per year, and for Triple P was 23 per year. On the other hand, centre staff reported reaching higher numbers of participants within other programmes such as Baby Massage (average: 47) and PEEP (average: 104), with one potential explanation being that these are typically open-access and run by centre staff rather than requiring attendance at a fixed set of sessions.
- Well-evidenced programmes that are delivered by centres within this Strand 3 sample are known to have a significant impact but it will be difficult to demonstrate this since so few families in each centre were reported by staff as participating in them.
- While centres showed some understanding that well-evidenced programmes should be followed 'in full', other programmes were rolled out in a more variable manner to ensure that their support fitted the needs of families and were more flexible.
- Well-evidenced programmes were implemented with more fidelity than the 'other' programmes. Greater fidelity is known to be linked to better outcomes.

- Centre staff appeared to struggle with the concept of evidence-based practice. Some gave equal weight to research evidence and personal experience, while others were unsure over the importance of ensuring fidelity versus tailoring programmes to specific need.

Reach and Structure of Children's Centres

- Preliminary analysis of user postcodes showed that the majority (76%) of the sampled Phase 1 and 2 centres were physically located in the 30 per cent most deprived areas on the Income Deprivation Affecting Children measure (IDACI), and drew the majority of their users (59%) from such areas. A small number of centres (9%) were located in less deprived areas, and drew the majority of their children from similarly less deprived areas. However they also drew nearly a third of their users (30%) from the most deprived areas.
- Most users lived very close to their centre. Thirty per cent lived less than 500 metres from their centre, 61 per cent less than 1km away, and 78 per cent less than 1.5km.
- Observations by researchers and interviews with staff members showed that the 'one-stop shop' model for delivering family and children services was being replaced by complex clustering of centres and satellite sites, with particular services being delivered by particular sites.
- Some services were also becoming clustered across several centres, where the provision was available across different sites (either simultaneously or periodically). It is likely that this was for reasons of efficiency, especially when it means that highly trained professionals can offer specialised services across a number of centres.
- During fieldwork it became apparent that reorganisation of centre structure and staffing was taking place across a number of centres. In particular, researchers noted a reduction of 'middle management' staffing posts in favour of higher level management control over several sites.
- Centres appeared to be moving towards the new core purpose (DfE, 2012). Researchers noticed examples of reduced universal services, increased levels of targeted acute social care work, and increased participation in multi-agency teamwork across the local authority.

To summarise...

Children's centres are changing. This report is a snapshot of the situation in 2012 but it is clear they will continue to change. In keeping with government policy, nearly all have prioritised their work with the most vulnerable families. Our fieldworkers observed committed teamwork, open relationships with parents and agency partners, and a serious effort to improve practice. At a time when all public services are having to trim down, children's centres may need to concentrate on those activities and relationships that have beneficial effects; the Evaluation of Children's Centres in England aims to provide evidence on this.



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This research report was commissioned before the current UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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