



Department
for Education

Organisation, services and reach of children's centres

**Evaluation of children's centres in
England (ECCE, Strand 3)**

Research brief

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Introduction

The Evaluation of Children's Centres in England (ECCE) is a six-year study commissioned by the Department for Education (DfE), 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 and value for money.

The core purpose of children's centres is defined by the DfE as:

"...to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:

- child development and school readiness;
- parenting aspirations and parenting skills; and
- child and family health and life chances."

Sure Start Children's Centres (SSCC) Statutory Guidance (2013)

The ECCE evaluation is creating a detailed picture of the first two phases of children's centres in England – those aimed at the 30% most disadvantaged areas. The evaluation has five elements: 1) a survey of children's centre leaders, 2) several surveys of families using children's centres, 3) visits to children's centres, 4) analysis of the impact of children's centres on child and family outcomes and 5) a cost-benefit analysis.

Methodology

This brief reports on visits to 121 Phase 1 and Phase 2 children's centres (intended to be in poorer areas) across England in 2012, 117 of which were visited again in 2013. Visits assessed the range of activities and services that centres deliver, partnership working methods, leadership and management, evidence-based practice and an area profiling of centre 'reach'.

The study involved quantitative and qualitative data collection, scrutiny of documents such as minutes from meetings, self-report questionnaires and face-to-face interviews with staff and parents; as well as data collected from 72 local authorities including postcode and administrative data from the centre catchment area.

Key Findings

An evolving service

- The study identified three types of children's centre organisational model: *one centre units* (traditional standalone centres), *clusters*, and a specific clustering: *hub-and-spoke*. Sampled centres took a variety of forms and could be very complex. Between 2011 and 2013, there was clear movement away from the traditional standalone model to those featuring clustering.
- Staff from over three quarters of centres reported that centre reorganisation had taken place, resulting in a number of changes to centres and sites, service realignment, and transfer of staffing. Staff recognised potential benefits of change: potential for improved partnership working, diversifying the staff team and joined up service delivery, contrasted with difficulties: volatility in staffing, increased workload, pressure and responsibility, and realignment of services.

Effective leadership is key

Leadership and management

- On a rating scale measuring leadership and management, total scores were positively related to Ofsted measures of centre effectiveness. Centres scored most strongly on sub-scales measuring *Staff Training and Qualifications*, and least strongly on *Organisation and Management*.
- Elements of better leadership were reported by staff in centres led by older managers, or those in post for between three to five years. Higher leadership and management scores were found in centres reporting better multi-agency working (higher staff ratings of '*Vision and Partnership*' and '*Management, Governance and Multi-agency Infrastructure*'). Higher leadership and management scores were also found in centres providing more services in 2012.
- Standalone centres in 2013 scored more highly on leadership and management compared to clusters, and were also associated with better *Training and Qualifications*, *Organisation and Management*, and focus on learning.

Managers' qualifications

- In 2012, the majority of managers had degrees and specialist qualifications in leadership. The percentage holding a master's degree level qualification nearly doubled between 2012 and 2013. However, lower academically qualified managers were more likely to be found at centres with service clustering. This suggests that

the senior staff managing service clustering across centres were external to the centre and unlikely to spend significant time in any one centre over the course of a week.

- While the general qualifications of managers were not directly related to leadership and management, managers with specialist qualifications in leadership were more likely to report higher levels of vision and standards at their centre, and their staff were more likely to rate the centre highly on safeguarding, and/or managerial delegation to the Senior Management Team.

Towards Multi-agency Working and Integration

- Centres demonstrated a high level of shared vision, working with many organisations. There were however tensions with particular partnerships in terms of communication and data-sharing, misunderstandings over professional roles and backgrounds, and practical difficulties over funding arrangements and availability. Multi-agency working was considered by staff as requiring improvement.
- Managers considered particular elements of accessibility to be more important to the engagement of families at the centre than having all services under one roof:
 - Being able to talk informally to staff;
 - 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.

Parents may have taken a different view on accessibility. It is possible that having all services under one roof would be more important to centre users.

- Closer shared *Vision and Partnership* with other agencies and better *Multi-agency, Governance and Infrastructure* were both found in centres scoring highly on leadership and management. A stronger ethos towards making services accessible to families was found in centres offering higher numbers of services in 2011.
- Staff expressed concerns over the policy shift to more targeted interventions for high-need groups i.e. those felt to require higher level social work skills for which many staff felt ill-prepared.

Centres and Services

More targeted service delivery

- In 2012, the five services offered by the majority of centres were stay and play, evidence-based parenting programmes, early learning and childcare, developing and supporting volunteers, and breastfeeding support.
- Over the course of fieldwork, centres shifted towards a more focused and targeted range of services for parents, and outreach to families in homes, in line with the revised Core Purpose (DfE, 2013). This also meant less emphasis on open-access services which staff considered valuable for the early identification of families with needs just below the radar of social services, and for avoidance of stigma. Many of these higher needs families were referred by social care.
- While the *number* of services provided by centres remained constant between 2011 and 2012, the *nature* of the services changed: the frequency of the service at any one centre was often 'thinning' and open-access services were being reduced, while targeted services increased.
- Those centres that offered more services had higher leadership scores, better Ofsted ratings of effectiveness and a stronger ethos towards making services accessible for families.
- Changes in services due to reductions or restrictions in 2011/12 funding were widely reported and anticipated in the future, including withdrawal of staff by partner agencies, reduced funding from lead agencies, restrictions on new appointments, and direct funding cuts by partner agencies. We have no data to suggest disproportionate effects in a context of reduced public expenditure.
- While the majority of the impact of funding restrictions and reductions was directly on staffing, funding restrictions were also reported to lead to an overall reduction in aspects of services (30% of centres), and a reduction in the hours or days (24%) and number of locations (21%) where services were provided. There appeared to be a smaller impact on the take-up of services by users on a regular basis (11%).
- The increase in work with families with very complex needs combined with a reduction in support from partner agencies (both in terms of funding and staffing) was in keeping with staff views of inadequate training to take on highly intensive work.
- The management of shared services by an outside team across multiple centres (service clustering) significantly increased between 2011 and 2013. The move towards service clustering was associated with centre managers having lower qualifications, running fewer named programmes at the centre, and providing fewer services to support the needs of the whole family.

Evidence-Based Practice

- Three well-evidenced programmes (as listed in the review of Early Interventions, Allen, 2011) were widely used by centres in 2012 and 2013 (*Incredible Years [IY]*, *Triple P* and *Family Nurse Partnership [FNP]*). Other ‘named’ programmes not considered to be well-evidenced by Allen (2011) were also widely used: *Every Child A Talker*, *Baby Massage*, *Family Links Nurturing Programme*, and the *Solihull Approach* (the *Freedom Programme* appeared in the second wave of fieldwork).
- Well-evidenced programmes were far less common than other ‘named’ programmes, with centres running an average of five programmes, only one of which was well-evidenced on Allen’s list.
- Well-evidenced programmes were more likely than other ‘named’ programmes to be rated by researchers as having stronger implementation (higher manual use, and feedback and evaluation). However, their fidelity to the programme (which is known to be related to better outcomes) was rated on average as only ‘Satisfactory’.
- Well-evidenced programmes were reaching fewer families per year (for example 22 families on average for *IY*, and 23 for *Triple P*) than other ‘named’ programmes (47 families for *Baby Massage*, 104 for *Parents Early Education Partnership [PEEP]*).
- Centres were more likely to run higher numbers of well-evidenced programmes in 2013 if they had a higher effectiveness rating from Ofsted, a greater focus on improving parenting behaviour, or offered higher numbers of services generally.
- A ‘guidebook’ to early interventions has since been released using the best available evidence (Early Intervention Foundation, 2014).

Supporting Parenting and Children’s Development

- There was substantial variation in the range of services to support both parents’ personal needs and family needs. All centres offered services that targeted parenting or child development. Services aimed at supporting the *needs of the whole family* were rated by staff as consistently higher than services for *parents’ personal needs*.
- A strong focus of services was to improve parenting behaviours, particularly encouraging parents to model behaviours that their children might copy. Children’s centres with a greater focus on improving parenting behaviours were more likely to have a stronger ethos towards making services accessible for families.

Centre Reach

- Neighbourhood data for the centre reach areas suggests that local authorities were indeed targeting children's centres towards more deprived local areas. There is considerable variation in terms of area deprivation but over half (52%) of the *Lower-Level Super Output Areas* (LLSOAs) in the reach areas fell within the 30 per cent *most* deprived areas on the Income Deprivation Affecting Children Index (IDACI). The majority of users/potential users from all of the centres (59%) were drawn from the 30 per cent most deprived areas. The small number of centres (8.6%) physically located in the 50 per cent least disadvantaged areas drew many of their users from similar areas; however, nearly a third of their users came from the most deprived areas, as a response to targeting.
- Analysis of socio-economic indicators show an overall picture of these Phase 1 and 2 centre reach areas being, on average, more deprived than both the national average and the local authorities in which they are located, but there is significant variation across reach areas.
- In general, reach areas showed a bigger fall in child poverty levels than their corresponding local authorities and England as a whole from 2006-2011. We have no data on child poverty levels in reach areas after 2012 and the wider economic climate and benefit changes may have altered this picture.
- Centres typically achieved a very high level of registration among families with children aged 0-4 in their reach area (an average of 770 children). The proportion of families using the centre in a calendar year was rather lower but still a substantial proportion of the age group in the local area (an estimated 55% on average) made use of the centre. There was no evidence that ethnic minority families were under-represented judged against their numbers in the local population with children under four.
- Infants under one were the most common age group (27% of all user families). Patterns of use suggested that most users were light users (62% of users with 5 'user events' or fewer in a year), with heavy users (20+ uses per year) making up on average about 13 per cent. Thus, slightly more than one in ten users were receiving intense support from the centre in their reach area.

Overview and policy implications

- The focus of work in children's centres has shifted from targeting poor neighbourhoods to targeting families in greatest need. Targeting more disadvantaged families requires highly skilled, intensive work with families and close inter-agency partnerships – both demand high calibre and well trained staff.

Increased work with families who have complex needs creates new demands for specialist training in the context of reduced support by partner agencies.

- Staff fear that reducing open-access activities (in favour of targeting) will deny open-access services to families who have less complex needs but are still poor, while at the same time stigmatising the higher need families who use the centre. Open-access activities will need to be protected if children's centres are to continue to serve the broad needs of their reach areas.
- Scores on the leadership and management rating scale were higher in single site, standalone centres than in centres which were part of a cluster (Ofsted reports greater effectiveness in standalone centres). Many standalone centres are moving into clusters with shared services and resources across a larger reach area. Leadership in complex clusters needs strengthening. Clusters scored lower than standalone centres on subscales measuring *Organisation and Management* and *Training and Qualifications*. Although the former may be a consequence of the change itself (and may settle down with time), the latter suggests cost savings in qualifications of staff.
- The move towards clustering coincided with the 'thinning' of service provision. Centres with clustering of services had less qualified managers and offered fewer services aimed at day-to-day family needs such as general home safety.
- Centres used, on average, one 'well-evidenced programme' (as identified by Allen in 2011) but also several less-evidenced programmes. The well-evidenced programmes reached slightly more than 20 families a year (high need parents) while the other 'named' programmes reached many more. More attention to fidelity is needed to ensure that investment in evidence-based practice is effective. Finally the balance between 'proven' early intervention programmes as identified in the Allen report (serving few families), and those not yet on Allen's well-evidenced list (serving more families) has to be addressed at local level, and will reflect judgements about local families in terms of likely participation.
- The main conclusions from this report are that staff and managers in children's centres are working very hard to meet the needs of their communities. However their overall capacity to reach those needs is by their own admission, overstretched. Staff reported an expectation of serving more families with complex needs, with reduced outside agency input and without the specialist qualifications to meet such needs. The intent to increase efficiency, aiming to deliver more with less, appears to be putting pressure on children's centre services and staff. Delivering the impressive aims of the children's centre programme will require maintaining the high levels of staff commitment but also intelligent management and deployment of resources.



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