Department for Education

The impact of children’s centres: studying the effects of children's centres in promoting better outcomes for young children and their families

Evaluation of Children’s Centres in England (ECCE, Strand 4)

Research brief

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Introduction

The six year Evaluation of Children's Centres in England (ECCE) study was conducted between 2009 and 2015. It is based around a number of linked Strands. Here we summarise the main results from the *Impact study* (Strand 4). The impact results are based on analyses involving over 2,600 families registered at 117 Phase 1 and 2 children's centres serving the most disadvantaged communities in England. These analyses draw together data collected by earlier Strands of the evaluation, linking surveys of user families and information about children's centres.

This report studies the impact of children's centres in improving 13 measured outcomes[1] for a large sample of user families (see the main report for details of the outcomes studied). These outcomes (family, mother and child) were chosen to reflect the aims of children's centres which were intended to support parents and families and in the longer term provide young children with a better start to school. Thirteen outcomes were measured through a longitudinal survey design (Strand 2 of the evaluation) that recruited a sample of user families registered at a named children's centre with a child aged 9-18 months (mean age 14 months) and followed up to age 3 plus (mean age 38 months).

The underlying rationale for the introduction of children's centres was to support all children and families living in particular disadvantaged areas by providing a wide range of services tailored to local conditions and needs. In addition, children's centres were intended to target provision to support the most vulnerable families with the greatest needs.

Main research questions

The Impact analyses addressed two main questions by linking data about the user sample and information about the centres at which they were registered:

1. Does children's centre engagement improve child, mother and family outcomes?

2. What aspects of children's centres (management structure, working practices, services offered, and services used) promote better family, parent, and child outcomes?

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[1] Six measures of child outcomes were studied: children's *internalising* behaviours, *externalising* behaviours, *pro-social* skills, cognitive attainment, both language (naming vocabulary) and non-verbal reasoning (picture similarities), and one of health (whether or not a child was in poor health). For mother outcomes, two measures were collected: one focusing specifically on mental health, and the other on a more general measure of the mother's health status (better or poorer). For family functioning, six outcome measures were obtained*. Household Economic Status (HES)* identified workless household status (whether no parent in the household was working). The *Confusion, Hubbub, And Order within the home Scale (CHAOS)* provided an indicator of the structure of the home environment, while the early years *HLE* measured more specific features of the early years *Home Learning Environment* at child age 3 years plus. In addition, two measures of parenting were collected; *Parental Distress* and *Parent-Child Dysfunctional Interaction.*

The evaluation approach and limitations

Investigating 'impact' is a difficult task because children's centres have a variety of objectives, and vary in function and organisation, and ways of providing services tailored to their neighbourhoods. Children's centres thus cannot be seen as a single 'intervention'. They differ in terms of the type and mix of services that they offer and many have been affected by budget cuts and restructuring of services, as well as changes in policy emphasis during the evaluation period. Moreover, families vary widely in the extent to which they may choose or be guided (signposted or referred) to use the services on offer. Children's centres were intended to be open to all families in their locality and flexible patterns of service use remain a fundamental feature of children's centre policies. Establishing 'impact' is therefore not a matter of identifying a *single* effect but rather, identifying and summarising a *range* of effects, across the sample of users and centres, and covering the variety of centre characteristics and provision that existed between 2011 and 2013.

Multilevel statistical models were used to test how far families' engagement with children's centres and use of their services showed measurable 'effects' on outcomes for the sample of children and families. The effects of children's centres were calculated while controlling for the effects of important individual child, parent, family and neighbourhood characteristics that also influenced such outcomes.

Overall findings

Family and background characteristics effects

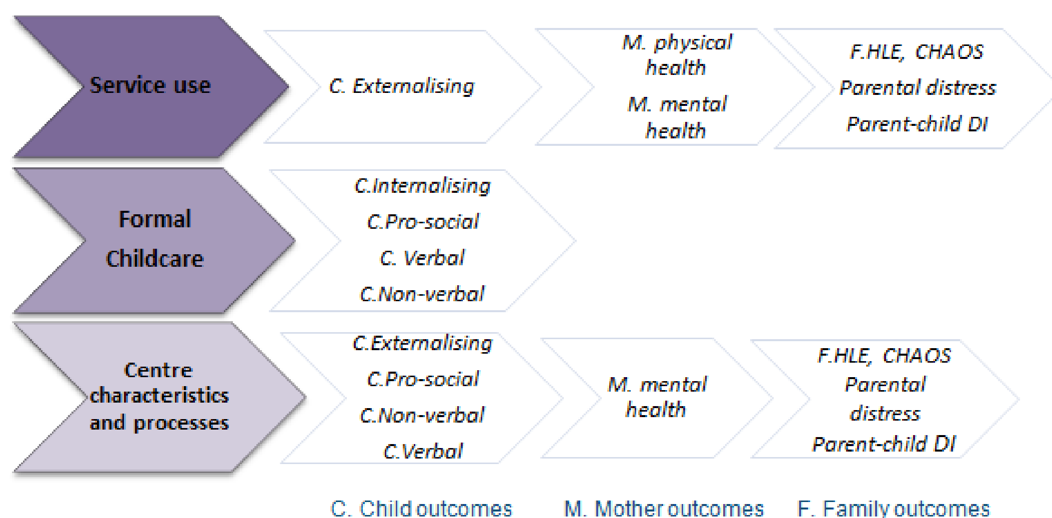
To help isolate the potential impact of children's centres we first needed to establish what other factors influenced outcomes. We found that the strongest predictors of child, family and mother outcomes were related to features of family background, including parental qualifications, family socio-economic status (occupational SES) and income (see main report for details of the background predictors tested). An overall measure of disadvantage was also created and this proved to be a strong predictor of all outcomes. This confirms the powerful impact of background on life chances for very young children as well as families. These results are in line with many previous studies but are important because they demonstrate the extent of inequality across a wider range of outcomes for a very young age group and their families, and identify the important drivers that help shape that inequality. These findings on the effects of family and background circumstances on outcomes fit the children's centre policy of focusing on supporting families in very disadvantaged areas, and they confirm the high level of risk of poor outcomes for young children and families with the highest levels of disadvantage. Detailed findings on the impact of family and background characteristics on outcomes can be found in the main research report.

Children's centre and services impact on outcomes

Turning to the impact of children's centres, the results showed that *use of children's centre services* and certain *features of children's centre organisation* were significant predictors of family, mother and child outcomes. In general such effects were relatively small (most often below 0.30 effect size) however consistent and positive effects were found across a number of outcome measures. Greater impacts were detected for mother and family outcomes (e.g. improved mother's mental health, less chaotic family life, reduced *Parent-Child Dysfunctional Interaction*). Fewer effects were found for child outcomes (e.g. cognitive abilities at age 3). This might have been anticipated as most children's centres were encouraged to signpost families to childcare providers and were not offering childcare places directly themselves, thus the opportunity to have direct effects on children was limited. Centres also improved the early *Home Learning Environment*, which past research evidence suggests is linked to improved child outcomes at school age.

Figure 1 draws together the main positive effects on outcomes identified for each user group.

Figure 1 Overview of Positive Impacts of children's centres on outcomes



There were two outcome measures where no statistically significant impact was detected - household employment status (workless household or not) and child's health, but there were no significant negative impacts thought to be caused by use of centre services.

Note that some of the measures showed deterioration in families outcomes in relation to engagement with some children's centres services, (outreach and health visitors, for example) but our analysis and interpretation is that this is a reflection of centres targeting and persevering with families with the greatest need, so view this as positive evidence of

impact as reach. It should be noted that centres were being encouraged to target the most needy families, while still providing some services open to all.

Specific findings at the child, parent and family level

Children's outcomes

After controlling for significant background effects, various measures of service use and children's centre characteristics predicted child outcomes.

- Higher levels of childcare use predicted higher cognitive attainment, lower levels of *internalising* behaviours and greater *pro-social* skills. These cannot be simply classified as impacts of children's centres as only 8 per cent of the sample used childcare at the centre they were registered with; but many families will have accessed childcare that had been 'signposted' by centres.

- There was little evidence that the measures of children's centre service use or centre characteristics directly influenced variation in children's cognitive attainments at age 3 years plus. Extended outreach or health visitor contact (received by only a very small minority of families) predicted poorer child behaviour. We interpret this as positive evidence of sustained engagement with families identified as experiencing more complex problems.

- Long term use of children's centres predicted poorer behavioural outcomes for the whole sample (*internalising* and *externalising* behaviours). This also suggests that the neediest families are maintaining contact with centres long term, and make more use of services.

- Centres offering more named programmes for families, or those increasing the number of named programmes offered, predicted better social behavioural outcomes (in terms of lower levels of children's *externalising* behaviour).

- Better *pro-social* behaviour in children was found for families registered at particular types of centre: 'standalone' one centre units; school-led centres; centres with higher numbers of named programmes for families running; and those with higher levels of partner-agency resourcing.

- Children whose families had used services (compared to none/very little) at baseline (mean age 14 months) showed lower levels of *externalising* behaviour later on at age 3 years plus.

- Change into poorer health status was associated with greater levels of childcare, greater levels of use of Stay and Play services and attending centres with home-based outreach services. This may well reflect greater contact with trained staff leading to the identification of previously undetected health problems, or an increased

awareness of health problems when parents are able to make comparisons with other children of a similar age. Analyses of child diet suggest that children's centres have more of an influence on improving this outcome.

Mother's outcomes

After, controlling for the effects of background, various measures of service use and centre characteristics predicted mother outcomes.

- Mothers with poorer mental health had greater contact with health visitors. Health visitor contact across time predicted poorer mental health. This suggests that health visitors were targeting mothers with the greatest needs.
- Using children's centre services either in a more directed way at baseline (limited or heavily), rather than inconsistently, predicted improved mental health outcomes for mothers later on.
- Mothers whose families were registered at centres that were expanding services (in combination with no cuts to services) also showed improved mental health compared to mothers at centres that had experienced budget cuts and were reducing services.
- Fewer impacts were evident for mother's physical health. However, being registered at a centre with a high health emphasis (reported by centre managers) predicted the likelihood of mothers moving out of poor health status.
- Similarly, taking children to organised activities (anywhere) also predicted improved mother physical health outcomes.

Family/Parenting outcomes

After controlling for a range of significant background effects, various measures of service use and children's centre characteristics predicted family outcomes.

- When aspects of service use, service provision and children's centre characteristics were investigated, multiple positive impacts were found particularly for the *Confusion, Hubbub, And Order within the home Scale (CHAOS)* and early *Home Learning Environment* (*HLE)*.

- Use of childcare (long term only) predicted lower scores for the early *HLE* when the child was age 3 years plus, probably due to less time spent with the child in the home. However, the size of the overall positive impact of childcare suggests the benefits to the child (noted earlier) outweigh any potential negative impacts of reduced *HLE* scores.

- Service use at the registered centre showed positive effects on family functioning and early *HLE*. Engaging in family/parenting activities also predicted improved early *HLE*.

- Families using services early or longer term showed greater gains in early *HLE* and decreases in *CHAOS*.

- Service use (anywhere) at Wave 1 (heavy use compared to inconsistent use) predicted reductions in *Parent-Child Dysfunctional Interaction,* and using services more intensely (more hours a week) or engaging in organised activities, predicted reductions in *Parental Distress*.

- Families with poorer family functioning had experienced greater contact with health visitors or outreach workers.

What are the effects of the most commonly used individual services?

The three most commonly used individual children's centre services were tested to establish if they influenced outcomes: midwife/health visitor services (used by 88% of the sample at any Wave of the three surveys); Stay and Play (used by 85%); and organised activities (used by 59%).[2]

Extended contact with health visitors/midwife services was associated with negative effects, indicating poorer functioning for many outcomes and most likely indicating higher and persisting or emerging needs for those families. This is interpreted as evidence of impact as reach. This is because health visitors/midwives are a special kind of service (compared to others such as Stay and Play, for example) that aims to target and work long-term with those families showing persisting needs.[3]

In contrast, both Stay and Play and engagement in organised activities recorded positive impacts on the early years *HLE*, mother's health and *Parental Distress*, suggesting that such practical activities involving parents and children may be of general benefit for these specific outcomes.

Overall, these findings show that individual services can have different effects for different user groups. It is important to distinguish effects that relate to impact as

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[2] The percentage figures for use represent families reporting use in at least one or more time points in the three surveys.

[3] Evidence for the impact of health visitors/midwives being different to other services (such as Stay and Play) due to their intention to target specific needs, was demonstrated through follow-up analyses. When additional family characteristics measuring need (adverse life events such as bereavement/divorce or problems of drug/alcohol abuse etc.) were taken into account, the negative associations between mother or family outcomes and extent of engagement with health visitor/midwife visits were no longer statistically significant. Such effects for additional family characteristics related to vulnerability were not found for analyses of engagement with more universal services such as Stay and Play, or for other organised activities.

outreach for certain targeted services specifically aimed at high need (vulnerable) groups.

Improving outcomes and meeting the needs of the most disadvantaged families

Further analyses examined the effects of engagement with children's centres on outcomes for different groups of users according to the level of disadvantage of families (high, medium or low). These analyses are important because of the children's centre focus on serving the most disadvantaged families, and because high levels of financial disadvantage were found to be a very strong predictor of poor outcomes for children, mothers and families.

Families experiencing high levels of financial disadvantage had significantly poorer family functioning, poorer health, and experienced a greater number of stressful life events at both Waves 1 and 3 than less disadvantaged families. Lone parent status in the early years of the ECCE child's life was much more prevalent in disadvantaged families (at Wave 1, 53% of high disadvantaged families were lone parents, compared with just 1% of low disadvantage and 11% of medium disadvantage families). Analyses revealed that children from families experiencing high levels of financial disadvantage already showed poorer levels of development at aged 9-18 months than their more affluent peers, and also showed poorer health, cognitive and behavioural development at age 3.

- There was no difference by financial disadvantage in whether families had ever used a service, used Stay and Play or used health visitor/midwife services at the registered children's centre.
- In contrast, there were differences between financially disadvantaged families and other families in certain patterns of service use:

    i. High disadvantage families were more likely to use the registered children's centre long term (5 months longer than low disadvantage families), and for more hours in total (38 hours more than low disadvantage families);

    ii. High disadvantage families were more likely to access specialist services aimed primarily at parents and families (e.g. family support, employment, education) than other families, but less likely to engage in organised activities at the registered children's centre;

    iii. High disadvantage families were less likely to focus on specific services (either health or family services) than other families when their child was very young (9-18 months); showing a less consistent pattern of service use at this time point;

iv. High disadvantage families were less likely to use services outside the registered children's centre than other families, especially organised activities.

- When looking at children's centre service use and provision measures, there was evidence of positive effects for high disadvantage families on four of the five outcomes[4] investigated:

    i. Decreases in *Parental Distress* when families used services at the registered children's centre (particularly early focused use);

    ii. Decreases in *CHAOS*, *Parental Distress*, *Parent-Child Dysfunctional Interaction,* and increases in *HLE* were identified for families registered at a children's centre that was improving or maintaining services (supported growth, positive stasis);

    iii. Decreases in *CHAOS*, *Parent-Child Dysfunctional Interaction* and increases in *HLE* were identified for families registered at a children's centre that was increasing the provision of named programmes.

- A number of positive effects on outcomes were also found for selected service use and provision measures for families in the medium disadvantage group:

    i. Decreases in *CHAOS* when families used services at the registered children's centre (particularly early focused use);

    ii. Decreases in *Parent-Child Dysfunctional Interaction* were identified for families registered at a children's centre that was improving or maintaining services (supported growth, positive stasis);

    iii. Increases in *HLE* were identified for families registered at a children's centre that was increasing the provision of named programmes.

- In contrast, one negative effect was found. Long term use of the registered children's centre (persisting broad use) was associated with poorer mental health for mothers from high disadvantage families. Highly disadvantaged mothers showed more mental

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[4] Six measures of child outcomes were studied: children's *internalising* behaviours, *externalising* behaviours, *pro-social* skills, cognitive attainment, both language (naming vocabulary) and non-verbal reasoning (picture similarities), and one of health (whether or not a child was in poor health). For mother outcomes, two measures were collected: one focusing specifically on mental health, and the other on a more general measure of the mother's health status (better or poorer).

For family functioning, six outcome measures were obtained. *Household Economic Status (HES)* identified workless household status (whether no parent in the household was working). The *Confusion, Hubbub, And Order within the home Scale (CHAOS)* provided an indicator of the structure of the home environment, while the early years *HLE* measured more specific features of the early years *Home Learning Environment* at child age 3 years plus. In addition, two measures of parenting were collected; *Parental Distress* and *Parent-Child Dysfunctional Interaction.*

health problems at baseline which may be difficult to support appropriately in a children's centre setting.

Conclusions

The ECCE Impact study has provided important new evidence about how far children's centres set up to serve disadvantaged communities, can promote better outcomes for different user groups. We have identified a number of significant but relatively small positive effects in promoting better outcomes for each user group considered (child, mother, and families), and the number of significant effects identified was more than might be anticipated by chance from the number of measures tested. Taken together, they confirm that engagement with children's centres can promote better outcomes especially in terms of family functioning measures.

The evaluation also provides evidence about children's centre characteristics and processes that promote better child, mother and family outcomes. Again the results do not show one simple pattern of associations, but instead point to various features that predict specific outcomes; albeit with commonalities observable in these features and effects. Three in particular stand out:

1. Named programmes

Offering a greater number of named programmes for families (or increasing the numbers of named programmes offered) predicted better outcomes for selected child behaviour (*externalising* and *pro-social* behaviours) and family outcomes (early years *HLE* and *Parent-Child Dysfunctional Interaction*). These are all outcomes that involve parent-child interactions.

2. Maintaining or increasing services

Centres that were maintaining or increasing services rather than experiencing cuts and restructuring had better outcomes for mothers and family (mother mental health, reductions in *CHAOS*, improvements in early *HLE*, reductions in *Parental Distress* and *Parent-Child Dysfunctional Interaction*). It is possible that the negative effects identified for cuts and restructuring relate to the time that it may take for new organisational structures to become embedded, but the evaluation timescale cannot allow this to be investigated.

3. Multi-agency working

Multi-agency working (mixed leadership[5], partner-agency resourcing) appears to be beneficial for some child outcomes (*pro-social skills*, *non-verbal reasoning*) and some family outcomes (*Parental Distress, Parent-Child Dysfunctional Interaction*).

Taken together, the impact study results reveal that both family engagement in service use and certain children's centre characteristics and processes showed positive effects, particularly for family and mother outcomes. However, some positive effects on child outcomes were also found which suggests the potential for children's centres to influence child outcomes even though most centres in our sample were not providing childcare, and most children used childcare offered by other providers. It should be recognised that children's centres were typically emphasising parenting and family services. Therefore, it is perhaps unsurprising that the more notable effects were found for improvements in family functioning and parenting, and to a lesser extent, mother outcomes.

To summarise, most of the characteristics of centres that predicted better outcomes related to the ability to provide more services (number of named programmes, expansion in named programmes/absence of budget cuts, number of staff, including partner agency resourcing that typically involves staff).

Finally, the results of the impact analyses reveal that children's centres can promote better outcomes, especially for family functioning linked to parenting; but these positive effects are not as strong as some of the adverse effects of background disadvantage. Thus the provision of services by children's centres has the potential to ameliorate the effects of disadvantage. Nonetheless, while they may help to reduce the equity gap, the results suggest that on their own children's centres cannot be expected to overcome the adverse effects of being part of a disadvantaged family living in a disadvantaged neighbourhood.

NOTE: Further information about the ECCE evaluation and measures used can be found in published reports. Reports are available from the ECCE website here.

[5] Mixed leadership refers to the situation where multiple organisations share in leading a children's centre (e.g. a Local Authority and a PVI provider or the NHS).

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