



Department
for Education

Evaluation of Children's Centres in England (ECCE)

Strand 3: Parenting Services in Children's Centres

Research report

June 2014

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Acknowledgements

The University of Oxford would like to thank the following colleagues for their contribution to the project and the report: Naomi Eisenstadt, Christine Paget and Susila Davis for their input into this report; Terri Parkin and Rebecca Tracz for contributions to the qualitative coding and report; and the Evaluation of Children's Centres in England (ECCE) regional researchers who were committed to ensuring that we were able to return to the children's centres visited in 2012 - Ana-Maria Aricescu, Helen Mirelman, Jean Robinson, Clare Williams, Janice Woodcock and Lesley Zuke.

We also thank our partners at NatCen Social Research and Frontier Economics for their advice and support with regards to this phase of the work.

We wish to thank the following people at the Department for Education for their guidance and comments: Michael Dale, Steve Hamilton and Rebecca Leete. Finally, this research could not have been possible without the support and co-operation of the children's centre staff across the 117 centres that participated in this phase of our study. Our thanks and gratitude goes to all of the staff who were very generous with their time, and assisted us in meeting with parents. Our thanks also go to all of the families who were keen to speak with us during the visits.

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List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BBEIP	Bright Beginnings Early Intervention
BIS	Department for Business, Innovation and Skills
BSFT	Brief Strategic Family Therapy Program
CAB	Citizens Advice Bureau
CAF	Common Assessment Framework
CiN	Child in Need
CP	Child Protection
CUREC	Central University Research Ethics Committee
DCSF	Department for Children, Schools and Families
DfE	Department for Education
DTBY	DARE to be you: Decision-making; Assertiveness; Responsibility; and Esteem
EAL	English as an Additional Language
EBP	Evidence-Based Practice
ECAT	Every Child A Talker
ECCE	Evaluation of Children's Centres in England
ECM	Every Child Matters
ELLM	Early Learning and Literacy Model
ELPP	Early Learning Partnership Project
ESOL	English for Speakers of Other Languages
EYFS	Early Years Foundation Stage
FAST	Families and Schools Together Programme
FLLN	Family Literacy, Language and Numeracy
FNP	Family Nurse Partnership (also known as NFP)

FPI	Family and Parenting Institute
FWA	Family Welfare Association
HENRY	Healthy Exercise Nutrition for the Really Young
HFA	Healthy Families America
HFNY	Healthy Families New York
HIPPY/HAETGAR	Home Instruction Program for Pre-school Youngsters
ICPS	I Can Problem Solve
ICT	Information and Communication Technology
IT	Information Technology
IDACI	Income Deprivation Affecting Children Index
IY	Incredible Years
LAs	Local Authorities
LSOAs	Lower Super Output Areas
Md	Median
MOCEP	Mother Child Education Program
MTFC	Multidimensional Treatment Foster Care
n	Total Number
NCH	National Children's Homes
NCJW	National Council of Jewish Women
NESS	National Evaluation of Sure Start
NFER	National Foundation for Educational Research
NFP	Nurse Family Partnership (also known as FNP)
NHS	National Health Service
Ofsted	Office for Standards in Education
ORIM	Opportunities, Recognition, Interaction and Model
PAFT	Parents As First Teachers

PCIT	Parent Child Interaction Therapy
PEAL	Parents, Early years and Learning Programme
PEEP	Peers Early Education Partnership (now known as Parents Early Education Partnership)
PEKiP	The Prager-Eltern-Kind-Programme (Prague Parent-Infant Program)
PICL	Parents Involved in their Children’s Learning
PIPPIN	Parents in Partnership Parent-Infant Network
PLA	Pre-school Learning Alliance
PLMD	Periodic Limb Movement Disorder
PPP	Positive Parenting Programme (Triple P)
QED	Quasi-Experimental Design
REAPPs	Réseaux d’Ecoute, d’Appui, et d’Accompagnement des Parents
RCT	Randomised Controlled Trial
SEN	Special Educational Needs
SFP	Strengthening Families Programme
SSCC	Sure Start Children’s Centre
TCM	Thurrock Community Mothers
UK	United Kingdom
UNESCO	The United Nations Educational, Scientific and Cultural Organization
WFL	Wider Family Learning

Executive Summary

Introduction

This is the sixth report from the Evaluation of Children’s Centres in England (ECCE) project, which 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 in relation to different types of services. The DfE describes the core purpose of children’s centres as:

“The core purpose of children’s centres is 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 Statutory Guidance (2013:7)

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. The ECCE evaluation aims to describe how effective centres are in terms of using different managerial approaches, and the delivery of services and activities to families. 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 fieldwork reported here presents one element of a multi-component longitudinal evaluation, which utilises a nested design, with a sample of children’s centres participating in five different strands of work. The findings presented here are from the second wave of detailed fieldwork regarding the organisation and delivery of children’s centre services for parents. It was deemed important to capture not only the views of the members of staff, but also of the parents who were attending the centres to obtain a broader picture of centre provision.

Specifically, this study of parenting services aimed to collect information on:

- the provision for parenting and services for parents across the sample;
- staff perceptions on family needs;
- the range of parenting programmes delivered by a named children’s centre and any associated centres within their cluster;
- how children’s centres manage their services;
- staff perceptions of the benefits of services for parents and children; and
- parental views of children’s centre services.

Method (Chapter 2)

Fieldwork took place in 117 Phase 1 and Phase 2 children's centres across England during 2013 and aimed to capture the diversity and range of provision available to parents. For further detail on sampling design, please see Figure Ap2.1. The study used a mixed methods design, utilising both quantitative and qualitative methodologies, including staff self-report questionnaires and face-to-face interviews with both staff and parents.

Delivery of Parenting Services (Chapter 3)

This chapter reports on data collected from both managers of children's centres and members of staff responsible for family and parenting support. Staff were questioned about the provision of parenting services and the provision available for parents' personal and family needs; as well as the level of parent's participation in the running of the centre. The second questionnaire addressed the ways and frequency to which the centre monitored attendance and encouraged eligible families to attend.

What Parenting Services do Children's Centres Offer?

Certain induction procedures were commonly reported across the children's centres. The most frequently reported procedures included: the distribution of timetabled activities, the requirement of registration documents, and the recording of a family's cultural background.

Staff reported variations in the type of support offered for particular services. Such services were more likely to be run via a centre session (for example crèche) or were offered via personalised support (for example, parental isolation and mental health).

Few centres offered services off-site. Up to 21% of centres offered services off-site which could include any type of support.

Staff reported the offer of service provision for parents' *personal needs* to be variable. Staff rated their centre's offer of service provision for helping parents to *access childcare* and improving *parental health and lifestyles* as the highest, and *accessing housing* as the lowest. **Staff rated their offer of service provision for *family needs* as consistently higher than that for parents' *personal needs*.**

Half of the centres encouraged parents to get involved in the running of their centres. Parents were encouraged to participate "a great deal" across 51% of centres, using strategies such as crèche provision and advertising consultation sessions. Popular roles included volunteering as a play worker or at community events, attending parent forums or advisory board/governing bodies, and helping staff to choose which sessions are on offer.

Managing the Delivery of Parenting Services

Resources (both time and money) were reported to be mostly spent on targeting parents and on work with younger age children.

The most popular strategy for encouraging and sustaining parents' attendance was developing relationships with parents. This strategy was reported by 99% of centres.

A strong focus of services was to improve parenting behaviours. Staff responses included working with parents to: demonstrate modelling behaviours (100%), how to praise their children (97%), how to increase interactions between adults and children (97%) and develop an increased parental interest in their children's lives (97%).

Evidence-Based Practice (Chapter 4)

This chapter considers the decisions that the centre management make regarding the use of evidence-based practice, and particular programmes, strategies and interventions that have been chosen for use with families. The chapter presents a snapshot of programmes that children's centres were offering to families in 2013 and reports how this picture differs from the programmes offered in 2012. Evidence-based programmes are particularly pertinent given the large focus on parenting within the programmes themselves.

Changes in Programmes, Strategies or Interventions that were offered between 2012 and 2013

There was a consistency in the number of programmes that centres offered in 2012 and 2013. Each centre was implementing an average of five programmes in both years, of which only one was likely to have featured on the early years list of Evidence-Based Programmes by Allen (2011).

There was a consistency in the most commonly used programmes offered in 2012 and 2013. The three most commonly used well-evidenced programmes were: '*Family Nurse Partnerships*', '*Incredible Years*', and '*Triple P*'. The five most commonly used programmes which were not included on Allen's (2011) list of Evidence-Based Programmes were: '*Every Child A Talker*' (ECAT), '*Freedom Programme*', '*Infant/Baby Massage*', '*Family Links Nurturing Programme*', and the '*Solihull Approach*'.

Only two programmes showed a change in use across the two years; the *Solihull Approach* (which increased) and *Family Links Nurturing Programme* (which decreased). The implementation of '*Family Links*' was reduced (by 5 centres, a reduction of 4.5%), although many were still "in a position to implement". The implementation of the '*Solihull Approach*' was increased (by 13 centres, an increase of 11.6%). **Well-evidenced programmes showed little change in implementation across 2012 and 2013.**

Aims for Families and Parenting Services (Chapter 5)

Chapter 5 presents information collected from staff who were directly involved in the delivery of parenting services, including those engaged in outreach and family support within homes. Three areas of focus were explored in detail; these included the characteristics and needs of families

attending children's centres; staff reported aims for parenting services and, staff reported benefits for children and adults as a result of attending 'play and learning' activities at the centres.

The Characteristics of Families Attending Children's Centres and their Needs

Staff were most likely to emphasise factors and needs of the whole family when describing centre users, followed by parent factors/needs. Staff most frequently referred to types of family structure (e.g. lone and young parent families) and the variety of family needs. References were made to both the vulnerability (e.g. involvement of Social Care) and the variety of socio-demographic characteristics of the participating families.

Definitions of the 'most disadvantaged' families were more likely to emphasise parent factors or needs, followed by the needs of the family. Staff reported factors such as the parents' personal situation, poverty, inadequate housing and lack of socialisation; or factors relating to their personal life skills.

Staff acknowledged three potential barriers which could pose a challenge to working with the families: 1) parental relationships with staff, 2) staffing, including time allotted to families, and 3) centre administration, resources, and finance.

The Aims for Parenting Services in Children's Centres

Centre staff most commonly described aims for meeting the needs of the *Parent-Child*, followed by the parents' *Personal Needs*. Frequently reported aims included improving parenting skills (73% of centres) and furthering parent knowledge about good parenting and child development (40%), as well as improved child outcomes (58%) and experiences (45%).

The Benefits of 'Play and Learning' Activities for Families (Children and Parents)

Staff reported a number of benefits consistent with the EYFS areas of children's development as a result of attending 'Play and Learning' activities, including 'Personal, Social and Emotional Development', 'Physical Development', and 'Understanding of the World' (91%, 65% and 59% of centres respectively). School readiness was also listed as an important benefit across 52% of centres, as well as providing an opportunity for children to interact with others (32%).

Staff reported a number of benefits for adults which matched the commonly listed aims for parenting services. The greatest benefits were reported for improving *Parent-Child* needs, followed by the parents' *Personal Needs* (95% and 87% respectively). Frequently reported benefits included *improved parenting skills*, *greater knowledge of child development*, and *increased confidence in parenting*.

Other benefits highlighted by staff included the supportive environment of the centre and furthering parents' knowledge through provision of advice and information (65% and 31% respectively). It was interesting to note that, even when asked about benefits for adults, staff reported benefits that addressed the Parent-Child relationship.

Strategies and Progression into the Future (Chapter 6)

Chapter 6 will describe the supportive strategies used with children and parents. General strategies implemented by the children's centre staff are also discussed, as well as staff hopes and plans for future centre working.

Strategies for Working with Children

Staff reported using a number of strategies with children such as the provision of **Opportunities and Interactions** (92% and 45% of centres respectively: strategies resembling the 'Opportunities, Recognition, Interaction and Model' framework known as ORIM [Hannon 1995]). Other strategies described as being used with children included the development of *school readiness* (47%), *meeting individual needs* (34%), and creating a *supportive environment* (33%).

Strategies for Working with Parents

Strategies used with parents could also be aligned with the ORIM framework, including the provision of **Opportunities**, followed by **Modelling, Interactions and Recognition** (90%, 88%, 87% and 34% of centres respectively). In addition to this, staff reported a number of other strategies, such as *encouragement and empowerment* (90% of centres), *meeting individual needs* (85%), and *providing information and knowledge* (83%). Across the sample, all but one of the aforementioned strategies were used to support *parent-child* needs (98%).

Centre Strategies

Staff also referred more generally to the importance of providing a multi-agency response, a variety of service types, and promoting centre services (66%, 62% and 39% respectively).

Children's Centres' Hopes and Plans for the Future

The majority of staff reported that services and provision should be the key focus for future working, particularly keeping the centre open and sustaining the current level of services on offer, as well as providing additional services, and commenting on the focus of groups and services that will be offered in the future (across 94% of the centres). Other areas of focus for the future (in order of prevalence) included *family involvement and engagement with the centre* (65%), *organisation and management practices* (64%), *staffing* (63%), *family needs* (50%), and *facilities and resources* (44%).

Parental Views and Experiences (Chapter 7)

This chapter presents how parents perceive the support that they receive at children's centres; the frequency with which parents use their centre; motivations for attending centre sessions; and their overall impressions of centre services. Background information on the parents was also collected.

Parental Use of Children's Centres

On average, parents visit their children's centre "at least once or twice a week".

On average parents attend more than one children's centre, as it allows them to access a wider variety of services. Parents indicated that the top three reasons to attend other children's centres were: to attend a variety of sessions, to allow their children to play within a variety of children's groups, and to attend a specific session.

Most parents have been attending their children's centre for less than three years (78%). The majority of these parents have been attending their centre for one or two years.

Reasons Parents Attend Children's Centres

Parents predominantly attended children's centres for the benefit of their child. The most frequently reported reasons for attending children's centres were as follows: allowing children to meet and play with other children (97% of parents); giving children access to a variety of activities (95%); children's enjoyment of centre sessions (93%); parents' enjoyment of attending with their children (92%); parents wanting to help their children learn (84%); and to help prepare children for nursery or school (78%).

Parental Impressions of the Children's Centres

The vast majority of parents indicated that they were "very happy" with the services provided to them by children's centres (92% of parents). No parents indicated that they were "very unhappy" with any of the services offered.

Parents referred to a number of benefits for their children including improved personal, social, and emotional development, as well as improved physical development, as a result of attending centres.

Conclusions (Chapter 8)

This report detailed the delivery of parenting services across children's centres. Centre respondents' concerns for the future reflect centres' needs to respond to shifts in policy direction, as well as financial reductions, workload, staffing pressures and managerial restructuring. The shift from universal to more targeted provision (as observed in 2012 fieldwork) has had, and will continue to have, direct implications on the engagement of families using children's centres.

A large element of children's centre work appears to be catered towards working with the parent and child together as a unit, and specifically the development of parenting skills. However, staff also showed a dedicated focus on improving outcomes and experiences for children (when they were referring to parenting). It was interesting to note an alignment between the benefits of attending children's centres, as reported by staff members and parents, with both identifying benefits for the *parent and child* as a unit in terms of *greater knowledge of child development* and *increased confidence in parenting*.

This research has shown that children's centres are continuing to offer a varied range of provision, targeting all areas of parental and family needs. Children's centre staff should be credited for creating a welcoming and supporting environment for both parents and children (as reflected in the findings of this parenting report) despite the many internal and external pressures that were driving the evolution of centre services.

1 Introduction [*Paget, Evangelou, Eisenstadt and Goff*]

This report begins with the concluding remarks by Moran, Ghate, and Merwe (2004) in their review of the international evidence of ‘What works in parenting support?’ which states:

“Research indicates that there are many families in the community who could benefit from parenting support in one form or another, although attracting parents and engaging them with programmes remains a challenge. Unfortunately, in the UK, the burgeoning number of parenting support programmes in recent years has not been matched by a rise in the number of high quality quantitative and qualitative studies carried out to evaluate them. Consequently, the evaluation literature only provides us with a partial picture of ‘what works’, and only partial understanding of why some programmes work better than others. Nevertheless, clear messages have emerged, showing that provision of parenting programmes still represents an important pathway to helping parents, especially when combined with local and national policies that address the broader contextual issues that affect parents’ and children’s lives.”

Moran et al. (2004:10-11)

At the most general level, parenting support can be divided under four broad headings: socio-cultural and economic support, community support, family (parent-child: parent-parent) support, and individual parent support (Moran et al., 2004). Support offered in all four areas is often referred to as ‘a holistic approach’ or ‘the ecological model’ (Bronfenbrenner, 1994, 1979), and although it is considered ideal, Moran et al. (2004) suggest that addressing the needs and concerns of parents in all four areas is a difficult task indeed. In addition to informing the broader ECCE study, this report will add to the body of evidence that supports parenting interventions and the ways they work with families and their children. This chapter offers a short background to the area of parenting support on a national level as well as information on the evaluation of relevant interventions and the conceptual model that frames this study’s design, instrument creation, and data analysis.

For an international perspective of parenting support, see Appendix Ap1. Parenting support can be tentatively defined as a range of measures which support parents in their efforts to socially and culturally adjust to their surroundings, access appropriate economic resources and services, understand the social, emotional, psychological, educational, and physical needs of themselves, their children, and their families as a whole, and engage families with their communities (Smith, 1996).

The following chapter aims to conceptualise the term ‘parenting support’ in terms of the parenting programmes and architecture available to families across England. The chapter will then focus more deeply on three UK-based parenting support evaluations (the National Evaluation of Sure Start; the National Evaluation of the Early Learning Partnership Project; and the Flying Start Evaluation) to elicit some of the issues and considerations faced by similar studies, before considering the Evaluation of Children’s Centres in England (ECCE) as reported here.

1.1 Conceptualising Parenting Support in England

Parenting and parent support in England has a long history¹. Mainly delivered through the voluntary sector and local government statutory services, Family Centres established in low-income communities in the 1970s provided a wide range of parenting services. The central Government's interest in parents and parenting services can be dated back mainly to the early days of the Labour Government. The intense efforts to reduce child poverty included a twin track approach: affordable childcare to enable poorer parents to work, and community-based family services to ensure children got the best start in life. The most ambitious of these community-based services was Sure Start.

Sure Start, established in 1999, was area-based, that is, areas would be selected for Sure Start funding based on poverty indicators, but once selected, all families with children under four years-old in the area would be able to access Sure Start services. Each area was intended to reach about 800 young children. The main aim of the programme was to narrow the gap in outcomes between poor children and their more affluent peers. This would be done by providing new services for families, as well as ensuring existing public services worked together to improve child outcomes. In 2004, the Government published 'Choice for Parents, the Best Start for Children: a ten year strategy for childcare' (Department for Education and Skills, 2004). This document moved Sure Start from an area-based initiative to community-based provision for all, changing the notion of a Sure Start Programme to a Sure Start Children's Centre (SSCC). The intention was for the establishment of 3,500 children's centres in England.

The goal of children's centres, like Sure Start, was to enhance the health and development of children in England under the age of four years-old. This was undertaken with the understanding that successful interventions in the earliest years offered the greatest potential benefits (Glass, 1999); that family support (including parenting support) could have positive and persistent effects on both child development and families (Glass, *ibid*); and that parenting has a strong mediating effect between the home and the services offered by the centres on children (Belsky, Melhuish, Barnes, Leyland, Romaniuk, 2006). Parenting support therefore continued to be central to the children's centre programme goals.

SSCCs have a broad remit to include outreach/home services; support for good quality play, learning, and childcare experiences for children; primary and community health care; advice to parents about child and family development; and support for people with special needs including access to specialised services (as also noted within Belsky et al., 2006). Parenting support in England was then defined to be the coordinated and multi-disciplinary provision of health, educational, and social services to families with children under the age of four years-old (Gray and Francis, 2007). This parenting report focuses specifically on the parenting services that children's centres offer. A holistic model of parenting support (illustrated in Figure 1.1) was used in this study, building upon Moran et al's conceptualisation of parenting support (2004), and previous pilot research carried out with managers of children's centres which aimed to define how centre staff conceptualise their work with families.

¹ For an international contextualisation of parenting support, see Appendix Ap1.

Daly (2013) described England as having in place “*the most elaborate architecture anywhere for parenting support*” (p.164) including, the existence of a national institute for family and parenting, an academy specifically set up for the training and monitoring of the parenting workforce, and a national network of children’s centres. Current Government policy has maintained the earlier interest in parenting, both as an explanation for the social disparity in child outcomes, and as a means to narrowing the gap in outcomes through improving parenting practices. This has been accompanied by an emphasis on reaching the most disadvantaged (or neediest) families, and a policy discourse about child poverty that has shifted the explanation for poor outcomes onto inadequate parenting, rather than a lack of families’ financial resources (see Field, 2010; Allen, 2011). While parenting is clearly the main driver of child outcomes, research consistently establishes a co-relation between family stress caused by low income, poor parenting capacity, and adverse child outcomes (see Cooper and Stewart, 2013).

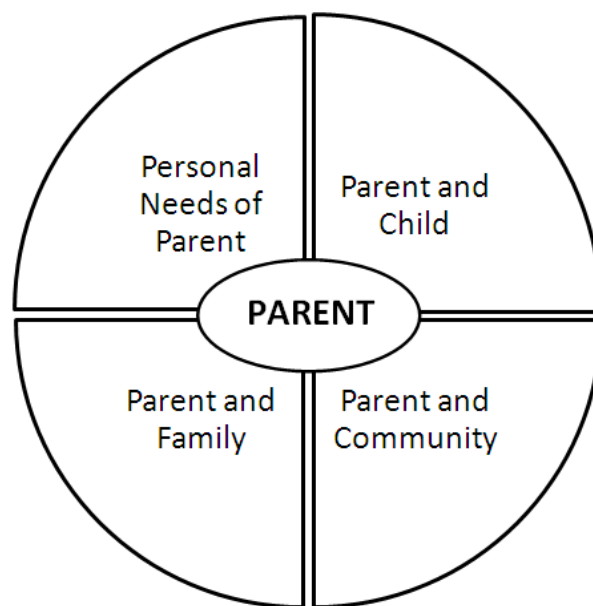


Figure 1.1 ECCE study’s conceptualisation of parenting support, inspired by Moran et al. (2004)

Recent ECCE research from the first ‘visits to children’s centres’ found that more informal open access services are reducing, while more targeting on families with complex needs is increasing (Goff, Hall, Sylva, Smith, Smith, Eisenstadt, Sammons, Evangelou, Smees and Chu, 2013). These families require more specialist interventions and are significantly more costly to support than the wider group of families with less severe problems. As detailed in the report of the first ‘visits to children’s centres’, while these well-researched programmes are being delivered with fidelity, they reach very few families (perhaps 20 per year), and are expensive to run.

1.2 Parenting Support Evaluations in the United Kingdom

In order to contextualise the children’s centres evaluation within the United Kingdom (UK), a short summary of other similar evaluations is offered here including the National Evaluation of Sure Start (NESS) in England, the Early Learning Partnership Project (ELPP) in England, and the Flying

Start evaluation in Wales. This is by no means a comprehensive literature review; it is an attempt to place the study into its relevant context.

1.2.1 National Evaluation of Sure Start (NESS) Impact Evaluation Summary

The National Evaluation of Sure Start (NESS) used an integrated cross-sectional, longitudinal framework to examine the effects of SSCCs on children, families, and communities (Melhuish, Belsky, and Leyland, 2012a). The centres aimed to support young children aged from birth to four and their families, by integrating early education, childcare, healthcare, and family support services in disadvantaged areas across England (Melhuish, Belsky, Macpherson, and Cullis, 2010). These support services were designed to enhance the health and wellbeing of children and families, as well as to prepare them to be academically, socially, and occupationally successful as they move through school into adulthood (Melhuish, Belsky, and Leyland, 2010). NESS hoped to identify the conditions under which Sure Start was most effective in improving and enhancing child, family, and community functioning (Melhuish et al., 2012a). The evaluation consisted of a national survey of all 260 Sure Start programmes, an in-depth study of 26 programmes, and a series of themed evaluations (Melhuish et al., *ibid*).

While the NESS Impact Evaluation looked in detail at child outcomes across different age groups, this short review focuses on parenting outcomes alone. With regards to parenting, a 2007 evaluation of parenting support programmes revealed wide variation of implementation across SSCCs (Barlow, Kirkpatrick, Wood, Ball, and Stewart-Brown, 2007). The report suggested that there was some evidence that the parenting support programmes were effective when 'good practice' was apparent (Barlow et al., 2007); this concept of 'good practice' seemed to be directly related to the knowledge and skills of the children's centre workforce.

Overall, parents reported that the parenting programmes worked well for them, that they felt safe in the centre's environment, and that they liked the structured nature of the courses. The report further stated that parents did regularly attend parenting support programmes and that they attended these programmes for sustained periods. Central to parents attending the programmes was the maintenance of trusting relationships with the centre staff including the promotion of a non-judgemental, relaxed, and informal environment. Parents reported that the socialisation opportunities, the skill building knowledge, and the opportunity to get out of the house for a 'break', were major programme attendance motivators. It was suggested that there were very few programmes for fathers in the centres and that more of these programmes were needed; also that structured parenting support programmes should be provided alongside a broad range of accessible family support services in the centres (Barlow et al., *ibid*).

1.2.2 Early Learning Partnership Project Evaluation (ELPP) Summary

The Early Learning Partnership Project (ELPP) was funded by the Department for Children Schools and Families (DCSF) and spearheaded by the Family and Parenting Institute (FPI). ELPP aimed to implement family-based educational support in an effort to address the cumulative cycle between disadvantage and poverty in 'at risk' children aged one to three in England

(Evangelou, Sylva, Edwards, and Smith, 2008). ELPP involved nine voluntary sector agencies² working with a combination of 12 approaches³.

The aim of the evaluation was to examine the processes and outcomes of implementation at an organisational level in order to guide the development of further similar initiatives, and to gather information on the extent to which these initiatives can and do support parents in their efforts to support their children's learning. The ELPP evaluation demonstrated that it is possible to reach and engage vulnerable families in disadvantaged areas and help those families to support their children as learners. Through qualitative analysis of interviews with parents, the evaluation further suggested that there was improvement in parents' relationships with their children, and that the programmes helped parents to organise their child's home environment and to provide more opportunities for children to learn from day-to-day activities outside of the home. Many parents reported that changes occurred in their attitudes towards discipline, their use of praise and their emotional warmth. As a result of ELPP, parents reportedly felt more confident in their knowledge to support their child and more aware of the need to give time and dedication to developing a relationship with their child (Evangelou et al., *ibid*).

1.2.3 Flying Start Evaluation Summary

Flying Start Centres were launched in 2006/2007 in Wales, as an area-based programme aiming to improve outcomes for families and children under the age of four, in some of the most disadvantaged areas of Wales (Knibbs, Pope, Dobie, and D'Souza, 2013). The programme focused on four key elements of support: enhanced health visiting, parenting support, support for early language development, and free high-quality part-time childcare for two to three year-olds. The Wave 2 evaluation on which this summary is based, was designed to estimate the impact of the programme in terms of service outcomes, parent outcomes, and child outcomes (Knibbs et al., 2013). The evaluation was carried out between 2007 and 2013 by Ipsos MORI (a market research company) and SQW (an independent provider of research, analysis and advice in economic and social development); and relied on a large-scale survey of 1,033 parents in Flying Start areas and 1,083 parents in selected comparison areas.

The results suggested that the Flying Start programme had been successful in bringing families in the least disadvantaged areas of Wales up to the conditions experienced in the relatively less disadvantaged comparison group of areas in Wales (Knibbs et al., 2013). More specifically, the report showed that families in Flying Start areas had more contact with health visitors and had a better awareness of parenting and language support programmes, as reflected in the take-up rate of centre sessions (12.5% more of the Flying Start group reportedly attended at least one or more sessions). Improved parenting behaviour was a medium to long-term aim of the Flying Start Programme, yet, despite more health-visitor contact and a higher take-up of parenting programmes, analysis showed no difference in parental self-confidence, mental health or home

² Barnardo's; ContinYou; Coram; the Family Welfare Association [FWA]; Home Start; National Children's Homes [NCH]; Pen Green; the Pre-school Learning Alliance [PLA]; and Thurrock Community Mothers [TCM]

³ Bookstart; Campaign for Learning; Home Start's Listening and Learning with Young Children; I CAN; Newpin's Family Play Programme; One Plus One's Brief Encounters; Parents As First Teachers [PAFT]; Parents, Early years and Learning Programme [PEAL]; Peers Early Education Partnership [now known as Parents Early Education Partnership: PEEP]; Parents Involved in their Children's Learning [PICL]; SHARE; and Thurrock Community Mothers [TCM]

environment measures. Qualitative data from the same study, however, did show that Flying Start parents reported how the programme helped them to become more confident as parents, with a greater understanding of their child's behaviour and educational developments.

1.2.4 Summary of Parenting Support Evaluations in the United Kingdom

This snapshot of relevant UK studies shows that evaluations of more complex service provision tend to draw on both quantitative data (administrative data; primary large-scale survey data) and qualitative data (interviews; focus groups; observations) and often adopt a longitudinal design with follow-up visits to centres and families, assessing child functioning over time and measuring gains in their development. These evaluations tend to use a range of well-established instruments to measure parents' skills and behaviour, child development, health and economic outcomes; utilise research teams with diverse expertise; evaluate different aspects at different levels (implementation, variation and impact); and draw data from different sources (policymakers, senior managers, project workers, populations targeted by evaluation, users etc.). In addition, many of the evaluations have used large samples by assessing multiple settings in various locations. The common characteristics of these programmes are multifaceted; target many foci i.e. parenting needs, child outcomes, implementation of delivery, economic factors; are multigenerational (parents and children); and operate within a multi-agency context.

The three aforementioned UK studies all aimed to target or evaluate services aimed towards families within less disadvantaged areas, and commonly sought to improve standards of health and well-being for families, parents and children; significant improvements were noted across these areas. While some programmes targeted school readiness (SureStart; Flying Start), improved cognitive outcomes for children were not found within targeted intervention areas (Melhuish et al., 2010; Knibbs et al 2013) although improved family functioning was frequently reported. The three studies all found that working closely with parents through centre support and services helped to educate them in a greater understanding of child behaviour and development.

Children's centres are known to offer a range of varied support for parents, covering areas such as those detailed by Moran et al. in 2004. The authors remind us however, that whilst an ecological perspective to support is best practice, it is very difficult to maintain this support. The ECCE study of children's centres was designed to capture the holistic approach of children's centres, whilst keeping in mind other evaluations carrying out data collection from users of the service. In particular, this element of the study focuses on parenting services within children's centres, and positions parents at the heart of the investigation: see Figure 1.2. The ecological framework of Bronfenbrenner (1994, 1979) has inspired this study. The outer circle is the institutional context that parental support is taking place within, namely the children's centres (the first report of centre visits: Goff et al., 2013). One layer closer to the parent are the types of services on offer (Chapter 3), including Evidence-Based Practice (Chapter 4). On the same level, there is evidence of the staff views on service delivery (Chapters 5 and 6). Coming closer to the centre, there is a focus on giving a 'voice' to the parents by asking them their views of the parenting services on offer at the children's centres they are attending (Chapter 7).

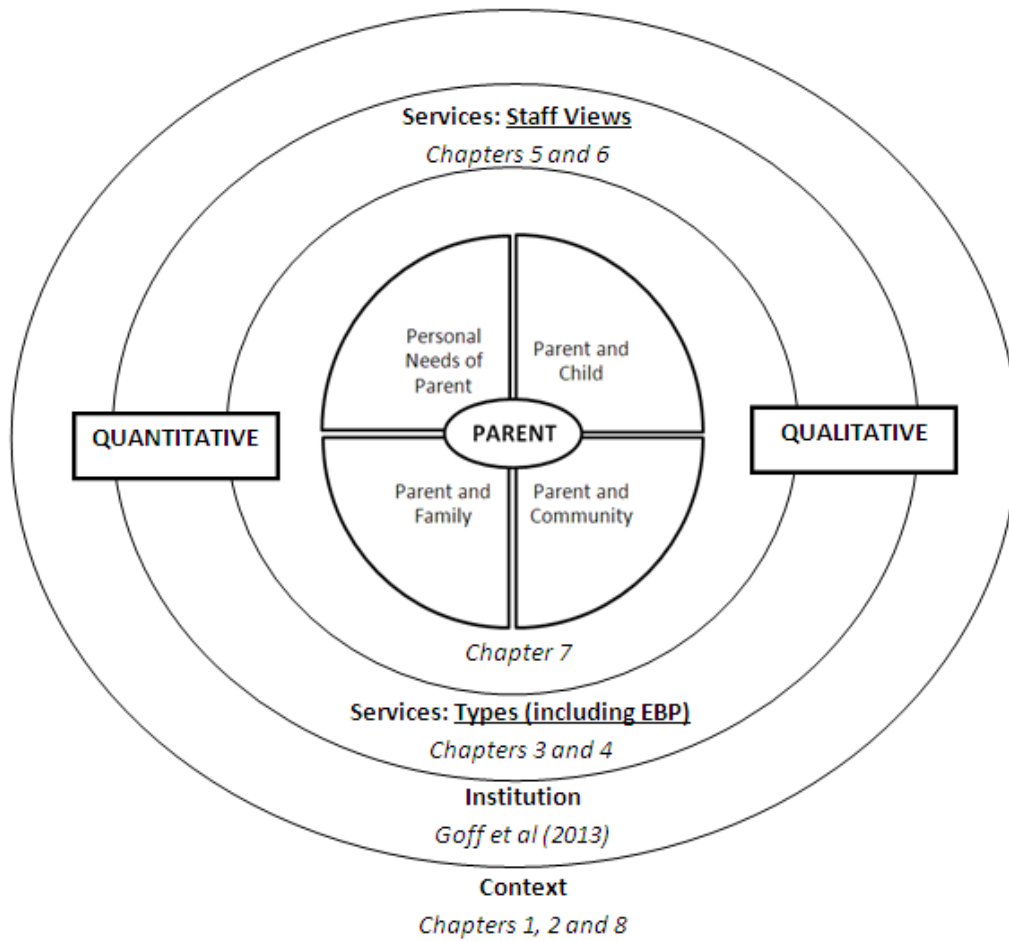


Figure 1.2 Ecological framework adapted and utilised in the parenting study

Chapter 2 will present the research methods employed in the overall multi-component ECCE evaluation and in particular, the methods utilised for the parenting study.

2 Method [*Evangelou and Goff*]

This report presents findings from a study on children's centre provision for parenting services, as collected in 2013. This is the sixth report⁴ drawn from a multi-component longitudinal evaluation entitled the Evaluation of Children's Centres in England (ECCE). The data presented within this report represents one element of the longitudinal study (parenting services) which falls into Strand 3 of the evaluation (full details of which are listed in Appendix 2.3), however from here on, it will be referred to as the 'parenting services' study.

2.1 Sampling of Target Children's Centres

The ECCE project utilises a nested design, with those children's centres participating in Strands 2 to 5 having been selected from the larger pool of approximately 500 centres taking part in Strand 1 (details on the Strands can be found in Appendix 2.3). In total, 121 centres participated in the first wave of Strand 3 'visits to children's centres' fieldwork in 2012. All 121 centres were again invited to take part in the 2013 parenting services study discussed within this report, of which 117 centres participated. Appendix 2.4 and Figure Ap2.1 in the Appendix provides further detail on the sampling and stratification of target centres.

The achieved parenting study sample cannot be considered as representative of all children's centres, as it did not contain any Phase 3 centres, known to provide access to services for those families living in less disadvantaged and more affluent areas (DCSF, 2007). The sample are likely to remain broadly representative of only those Phase 1 and 2 centres that were in existence and operating in 2013. No definitive claims to generalisability can be made because the sample may not be fully representative of the national picture.

2.2 Conceptualising Provision for Parents within Children's Centres

Developing a coherent and encompassing conceptualisation of parenting support requires recognition of all the components and actors of such a complex concept. Parenting support is a major focus of the children's centres programme; it is well established that child well-being is largely determined by high quality parenting (Asmussen, Matthews, Weizel, Bebiroglu and Scott, 2012). To enhance high quality parenting, children's centres services aim to develop knowledge, skills, and confidence in parents. Evaluations of complex provisions, such as this children's centres evaluation, tend to draw on both quantitative and qualitative data. The parenting services fieldwork aimed to capture the diversity and range of provision available to parents within children's centres in 2013. It was deemed important to capture not only the views of the members of staff, but also of the parents who were attending the centres and participating in the study.

⁴ Other published ECCE reports:

Strand 1 - Tanner, Agur, Hussey and Hall with Sammons, Sylva, Smith, Evangelou and Flint (2012).

Strand 2 – Maisey, Speight, and Haywood with Hall, Sammons, Hussey, Goff, Evangelou and Sylva (2013).

Strand 3 – Goff, Hall, Sylva, Smith, Smith, Eisenstadt, Sammons, Evangelou, Smees and Chu (2013).

Smith, Noble, Smith, Plunkett, Field and Smith (in press).

Strand 5 - Briggs, Kurtz and Paull (2012).

The parenting fieldwork aimed to capture the integrated multi-agency practices and services provided by children's centres for parents, specifically:

- the provision for parenting and services for parents across the sample;
- staff perceptions on family needs;
- the range of parenting programmes delivered by the named children's centre and any associated centres within their cluster;
- how children's centres manage their services;
- staff perceptions of the benefits of centre services for parents and children; and
- parental views of the children's centres services.

2.3 Instrument Development

It was first necessary to develop research tools which would focus on the range of activities and support available, centre priorities behind parenting support, assessment of family needs, and the perception of outcomes for parents and children. During the development of research instruments, it was of primary importance to keep in mind the revised 'Core Purpose' of children's centres as defined by the Department for Education in 2013:

"The core purpose of children's centres is 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 Statutory Guidance (2013:7)

The first research report on the 'visits to children's centres' (Goff et al., 2013) showed that children's centres were offering a range of both child-centred and family-centred services, some involving extended members of the family, some focusing explicitly on adults' skills and needs, some focusing more on the child, and other services and activities focusing more explicitly on capacity-building in the community (such as working with volunteers or youth groups and community groups). The five services most commonly reported by children's centres in 2012 were as follows: *stay and play* (n=119 children's centres), *evidence-based parenting programmes* (n=112), *early learning and childcare* (n=110), *developing/supporting volunteers* (n=110), and *breastfeeding support* (n=109). The more frequent services therefore appeared to be aimed at the parent, designed to either directly or indirectly benefit children.

Guided by the review of literature and lessons learned from 2012 fieldwork, ECCE researchers conceptualised the issue of 'parenting' and 'provision for parents' within children's centres. This study took a holistic approach to parenting support; in making the parent the central focus their various external needs can be represented as stemming outward from the individual's immediate situation to larger needs or societal demands. Ideally, children's centres should provide a range of

services to address these needs and the researchers hope that the model is representative of the way children's centres approach their work with parents.

In addition, it was thought imperative to describe how parents view the support they receive from children's centres. It was not relevant to ask parents the same questions as those asked of staff, however, the research team believed that including the parental voice was very important.

Many of the children's centre services listed in Goff et al (2013) could be categorised into at least one of four 'areas of parental lives'. Two of these areas (displayed as quadrants within Figure 2.1) represent needs which relate to individuals that are close to them, i.e. children and family/partners, and two reflect the parent as an individual, i.e. in terms of their own personal needs and their community:

1. **Parent and Child:** Stay and play was the most widely used service of all listed across the sample of children's centres in 2012. Centres also reported delivering evidence-based parenting programmes (n=112), breastfeeding support (n=109), home-based outreach services (n=102), and general home-based services (n=98).
2. **Personal Needs of the Parent:** In 2012, centres reported delivering services that targeted the personal needs of parents, for example, adult learning (n=105), housing advice or information (n=81), debt advice (n=80), English for Speakers of Other Language classes (ESOL, n=55), basic ICT and job skills courses (n=52), peer support (n=39), and further education (n=39).
3. **Parents and Family:** Some centres in 2012 were offering specific services aimed at family members, for example, father and male carer groups. Whilst members of the family were often invited to many of the more generic centre services (such as stay and play sessions), other services aimed to involve specific members of the family, including peer and family support, parenting classes, or relationship support (n=107 centres). Domestic violence was reported by many children's centres as a problem associated with unemployment and poverty, and centres reported running programmes such as the 'Freedom Programme' specifically for this purpose.
4. **Parent and the Community:** Centres in 2012 frequently gave parents opportunities to volunteer within the centre or join a parent forum. Centre managers reported supporting volunteers (n=110), working with community groups (n=78), and holding a parent forum (n=78) - all of which can afford the parents the opportunity to become more involved in the community as well as increase labour market participation.

Figure 2.1 displays how ECCE researchers chose to categorise the way children's centres support parents according to their needs, taking into consideration other individuals in their lives.

Fieldwork materials were developed to reflect this and information on these areas was elicited both from staff and parents where possible.

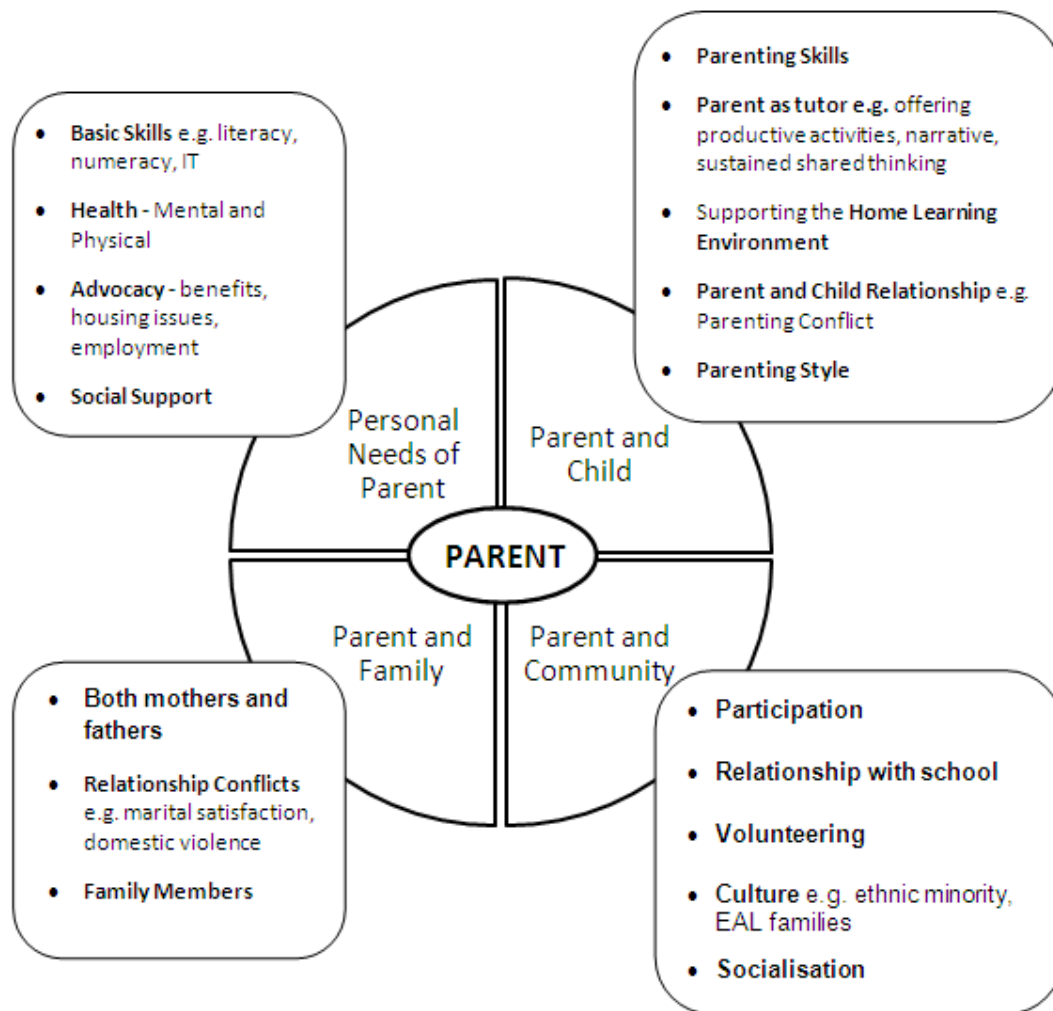


Figure 2.1 Possible needs of parents that may be targeted by children's centres

2.3.1 Instruments

A number of instruments were developed by the Oxford Research team in collaboration with other members of the ECCE consortium (NatCen Social Research and Frontier Economics) and the DfE to assess the centres' provision for parents. The majority of the instruments were piloted in five children's centres between June and July 2011⁵. The study used a mixed methods design and collected data through both quantitative and qualitative techniques, as summarised in Table 2.1. The quantitative data collected from the parenting fieldwork will be used in different ways: for the needs of the current report, for the overall report on 'visits to children's centres' (Strand 3, in the summer of 2014), and for the upcoming 'Impact' report (Strand 4); summary variables were created and can be found documented in Appendices Ap3.2 and Ap3.7.

This parenting report presents data collected at different time points. The majority of the data reported here was collected in 2013 using questionnaires and interviews with staff and parents (presented throughout Chapters 3-7). In addition, staff were asked to complete an almost identical

⁵ With the exception of the staff interviews which were piloted in a further two children's centres in February 2013. The initial five 'pilot' centres comprised of the same centres who took part in the piloting work for the first centre visits in 2012: these centres were then eliminated from the sampling procedures used for the main study. The remaining two pilot centres were chosen as a convenience sample after the main ECCE sample (discussed in Section 2.1) had been selected, and were already known not to be part of the ECCE study.

questionnaire to the one they had completed in 2012; the research team were then able to compare responses across the two years (Chapter 4).

Table 2.1 A mixed methods design and its areas of data collection

Quantitative Components:

Whom	Topic/Area
Centre managers (or those in a managerial capacity)	Questionnaire on parenting services
Member of staff leading family/parenting support	Questionnaire on parenting services
Member of staff most knowledgeable about the family and parenting interventions/programmes run through the centre	Questionnaire on Programmes, Strategies and Interventions
Parents at the centre	Questionnaire for Parents

Qualitative Components:

Whom	Topic/Area
Centre managers (or those in a managerial capacity)	Questionnaire on parenting services
Centre session leader	Semi-structured interview
Member of staff carrying out family support or outreach in homes	Semi-structured interview
Parents at the centre	Section from Questionnaire for Parents – information about sessions

2.4 Data Collection

The researchers attended a training day with the research coordinator and principal investigators at the University of Oxford in December 2012. The same six researchers recruited to work on the first ‘visits to children’s centres’ in 2012 were trained to carry out return visits to children’s centres for the parenting study in 2013. The research coordinator who led the pilot and field implementation in 2012 led the fieldwork implementation in 2013.

2.4.1 Recruitment, Visit, and Completion Rate

Fieldwork was carried out between February and July 2013. An introductory letter was sent to all 121 children’s centres who had taken part in the first ‘visits to children’s centres’ in 2013 (Appendix 2.1). Centres were preferentially allocated to those researchers who had completed the fieldwork visit in 2012, and where this was not possible, the centres were reallocated to the geographically nearest available researcher. Data⁶ was collected from a variety of individuals (through interviews⁷ with practitioners and parents), questionnaires⁸, as well as details of the researcher’s own perceptions of the children’s centre.

⁶ The study had approval from the Central University Research Ethics Committee (CUREC), see Appendix 2.2. [Further information on 'CUREC' is available through this link.](#)

⁷ Interviews were conducted with up to five parents attending a stay and play session, a member of staff running sessions at the centre, and a member of staff who carried out family support and/or outreach work in parents’ homes.

One hundred and seventeen centres agreed to take part in the parenting fieldwork. Whilst managers were still feeling time-pressured, the majority were keen to continue supporting the researchers with the evaluation, something for which the evaluation team is grateful. Some centre visits in 2013 were classed as only “partially completed” as time constraints meant that a few centre staff could not complete all of the questionnaires ahead of the visit. Of the four centres that were unable to take part in the parenting fieldwork, three did not happen owing to reasons of centre reorganisation and change rather than reluctance to support the ECCE study.

Visits were classified as either “partial” or “full” depending on how much of the research visit was carried out in 2013. Partial visits were defined as those collecting at least *some* data on a few of the fieldwork elements⁹. “Full visits” collected some data on *all* areas of interest. Overall, 97 per cent of the original 121 centres visited in 2012 provided some information on all listed areas of interest. Table 2.2 details the extent of data collection across the 117 centres visited in the parenting study.

Table 2.2 Breakdown of visits to the 117 children’s centres visited in the parenting study (2013) in terms of extent of data collection

Type of visit	Total number	% of completed visits
Full	103	88
Partial	14	12
TOTAL	117	100

The following chapters draw on the data collected from the 117 children’s centres visited in 2013. Chapter 3 reports on the delivery of parenting services within children’s centres; Chapter 4 details the use of evidence-based practice with particular reference to programmes, strategies and interventions used within the sample; Chapter 5 presents information surrounding the families accessing children’s centre services and centre aims for parenting services, along with the staff-reported benefits of attending particular services; Chapter 6 presents the strategies that children’s centres are using with parents and children and their hopes for the future; Chapter 7 describes the views of the parents attending sessions at the centres and their experiences of using the centre; and finally Chapter 8 concludes the report.

⁸ Questionnaires were sent to the centre ahead of the visit for completion by the manager and the person who lead the family support work (in some cases the setup of the centre meant that this may also be the manager).

⁹ E.g. questionnaires for the manager; questionnaire for the lead of family/support and outreach at the centre; interviews with the manager; interviews with parents; interviews with the person leading sessions; and/or interviews with the person carrying out family support or outreach in parents’ homes.

3 Delivery of Parenting Services [*Hall, Davis, Goff and Evangelou*]

Key Findings:

- **What parenting services do children's centres offer?**

Certain induction procedures were commonly reported across the children's centres.

The most frequently reported procedures included: the distribution of timetabled activities, the requirement of registration documents, and the recording of a family's cultural background.

Staff reported variations in the type of support offered for particular services. Such services were more likely to be run via a centre session (for example crèche) or were offered via personalised support (for example, parental isolation and mental health).

Few centres offered services off-site. Up to 21% of centres offered services off-site which could include any type of support.

Staff reported the offer of service provision for parents' personal needs to be variable. Staff rated their centre's offer of service provision for helping parents to access childcare and improving parental health and lifestyles as the highest, and accessing housing as the lowest. Staff rated their offer of service provision for family needs as consistently higher than that for parents' personal needs. Regarding the offer of service provision for parents' personal needs, 79% of centres self-assessed their provision for *accessing childcare* as "Good" or "Excellent"; 84% assessed provision for *parental health and lifestyles* as "Good" or "Excellent"; and only 42% of centres assessed *accessing housing* provision as "Good" or "Excellent", with 26% assessing this provision as "Limited" or "Very Limited". In comparison, at least 44% of all centres rated their offer of service provision for family needs as "good", and the majority of services were rated as "adequate" or above.

Half of the centres encouraged parents to get involved in the running of their centres.

Parents were encouraged to participate "a great deal" across 51% of centres, using strategies such as crèche provision and advertising consultation sessions. Popular roles included volunteering as a play worker or at community events, attending parent forums or advisory board/governing bodies, and helping staff to choose which sessions are on offer.

- **Managing the delivery of services**

Resources (both time and money) were reported to be mostly spent on targeting parents and on work with younger age children.

The most popular strategy for encouraging and sustaining parents' attendance was developing relationships with parents. This strategy was reported by 99% of centres.

A strong focus of services was to improve parenting behaviours. Staff responses included working with parents to: demonstrate modelling behaviours (100%), how to praise their children (97%), how to increase interactions between adults and children (97%) and develop an increased parental interest in their children's lives (97%).

3.1 Introduction

This chapter reports on quantitative data collected from both managers of children’s centres and members of staff responsible for family and parenting support in their prospective centres (117 centres participated). Data was collected through two complementary questionnaires that were sent prior to the researchers’ visit to the children’s centres; data from the two questionnaires addressed two areas. The first was the provision of parenting services, which asked the heads of family and parenting support about the provision available for parents within their centre (*education, employment advice, housing* etc.); what provision was available for parents’ personal needs and for family needs; and the level of parent participation in the running of the centre. The second questionnaire, completed by centre managers, addressed the ways and frequency to which the centre monitored attendance and encouraged eligible families to attend. Managers were asked about the mechanisms in place to train and support their own staff for supporting families (e.g. working in multi-agency teams; training). In particular, they were asked about the programmes provided, strategies adopted, and allocation of resources.

3.2 What Parenting Services do Children’s Centres Offer?

The provision of parenting services that were offered to parents¹⁰ and families was the main focus of this fieldwork. Unlike other elements of the fieldwork, the centre respondent was not limited to the manager of a centre. Instead, centres were asked to identify a member of staff who had relevant knowledge of parenting service provision (here termed the ‘parenting coordinator’): Appendix Ap3.1 describes these individuals.

3.2.1 The Induction Procedures Offered to Parents and Families

The induction procedures that centres had in place for new families (on their first or second visit) are summarised by eight questions presented in Table 3.1¹¹. Three induction procedures were particularly common (i.e. offered by 85% or more of the sampled children’s centres): distribution of activity timetables, the filling in of a registration document¹², and the recording of a family’s cultural background. Furthermore, the distribution of Welcome Packs and the recording of medical requirements were induction procedures that were “always” carried out by approximately half of the centres. In contrast, the provision of full tours of the centre, meeting key staff, and introductions to parent advocates were less commonplace.

¹⁰ ‘Parents’ being used as a shorthand to include mothers, fathers, carers, and other adults with responsibility for looking after a child, including looked after children.

¹¹ In addition, with a variable that summarises the provision of all eight activities which is presented in Appendix Ap3.2.

¹² For further information on registration procedures within children’s centres, see Smith et al., in press.

Table 3.1 Induction procedures that were offered to new families on their first or second visit to a children’s centre in 2013

“Please indicate how frequently the procedures below are offered to families as part of their induction to your centre (during their first or second visit). Families...”	Never (%)	Occasionally (%)	Half of the time (%)	Usually (%)	Always (%)
Are asked to fill in a registration document (n=104)	1	0	0	4	95
Receive a timetable of activities (n=105)	0	0	0	12	88
Are asked to provide the centre with information about their cultural background (n=100)	0	2	1	12	85
Are asked to provide the centre with information about their medical requirements (n=93)	12	18	1	14	50
Receive a welcome pack (n=92 centres responded)	17	8	5	21	49
Have the opportunity to meet key staff (n=102)	0	13	10	42	35
Receive a full tour of the centre (n=102)	4	28	13	32	23
Are introduced to parent advocates/parent forum members (n=97)	16	53	12	13	6

Note: all percentages have been rounded up to the nearest whole

Centre respondents (those described in Appendix Ap3.1) were then asked to provide information about the support that their centre offered to parents within three sets of questions covering: *Support for Parents’ Personal Needs*, *Support for the Needs of Families*, and *Parent Participation in the Running of the Centre*. These areas will now be discussed.

3.2.2 Supporting Parents’ Personal Needs

Regarding *Support for Parents’ Personal Needs*, ‘Parenting Coordinators’ were asked a wide range of questions which covered:

- Specific centre services (n=9 questions)
- Six areas of parental-need (*education, employment, housing, finance, childcare, health*) and how these were covered by the services that centres offered (n=34 questions)
- Each respondent’s self-rating of their centre’s offer of provision in support of these six areas (from “very limited” to “excellent” in five steps; n=6 questions)

Nine services for supporting the personal needs of parents were asked about (Table 3.2). The most commonly provided service was *translation* (offered by 97% of responding centres), while *sign language* services and *on-site Internet access* were the least commonly provided services (offered by 22% and 25% of responding centres respectively). The nine service responses shown in Table 3.2 were then summed to produce a scale that captured the amount of *services offered to families to support their personal needs*. Scores could range from zero (i.e. answering “no” to all nine questions) to eighteen (i.e. answering “yes” to all nine questions). The average centre score (achieved for n=107 centres) was eleven with a standard deviation of three.

Table 3.2 Services offered by children’s centres to support the personal needs of parents

“Do you currently offer any of the services below for parents’ personal needs? (N.B. ‘Yes’ is allowable if you are reinstating the service within the next month)”	No (%) 0	Sometimes (%) 1	Yes (%) 2
Translation services available when needed for non-English speakers during sessions (n= 106)	0	3	97
Outreach health work (n= 98)	11	25	64
Book library for parents/carers (can be centre-based or mobile) (n= 104)	32	12	56
Leaflets on specific subjects (e.g. breastfeeding, weaning, diet) (n= 102)	11	34	55
On-site family kitchen or cafe/accessible communal area with hot drink facilities (n= 105)	20	28	52
On-site health visitor (n=104)	23	42	35
Leaflets in non-English languages (may be centre timetables) (n= 102)	14	55	31
On-site computer with Internet for parental use (n= 106 centres responded)	41	24	25
Sign language services available when needed for deaf families during sessions (N.B. does not include actions carried out during singing time) (n= 104)	47	31	22

Note: all percentages have been rounded up to the nearest whole

Considering next the six areas of parental need (*education, employment, housing, finance, childcare, health*), these mirrored the needs specified in Chapter 2. The support that was offered by children’s centres as summarised across thirty-four different areas is detailed in Appendix Ap3.3.

There was substantial variation in the support that was offered by children’s centres in 2013 when providing for the various needs of parents. All of the sampled centres said that they provided support in the context of *parental mental health* and *healthy eating*. By contrast, there were other services and areas of need that were more commonly unsupported (up to a figure of 19% of the responding n=107 centres). These less well-supported areas of parental need included: *guidance over parental leave* (maternal and paternal), *council housing support*, *advice when family members were in prison*, *guidance over child-contact visits* (for separated parents), and *centre access to National Health Service (NHS) Direct*.

In terms of the type of support offered to parents, four levels were considered (*generalised information*¹³, *personalised information*¹⁴, *personalised support*¹⁵, and *centre sessions*¹⁶). There was substantial variation in the type of support offered (depending on the parental need). For example, *crèche facilities* were most commonly offered via centre sessions (85% of centres)¹⁷;

¹³ Generic information offered to all parents which may include leaflets with information, notice boards, or general information sessions.

¹⁴ Catered information and advice/recommendation based on personal family circumstances.

¹⁵ Directly helping and supporting parents to achieve their goals by implementing advice.

¹⁶ A specific session/workshop/drop-in/clinic carried out within or by the centre, advertised as dealing with this subject.

¹⁷ Centre staff ticked ‘crèche’ according to their personal understanding of the definition. The finding here reports to crèche held as a centre session. Respondents were asked to tick all applicable options and thus multiple options were possible. Table Ap3.3 in Appendix 3.3 shows that 18 of the 107 centres referred families to a crèche and 27 of the 107 signposted families to a crèche.

whereas *parental isolation* and *parental mental health* needs were most commonly approached via *personalised support* (respectively offered this way by 81% and 74% of centres).

When it came to directing parents to services outside the centre, *signposting*¹⁸ was much more common than *referrals*¹⁹. However, there were exceptions to this; referrals of parents and families (rather than signposting) were more common in the context of *work-related training* and services targeting *parental mental health*. The offering of services *off- [centre] site*, though infrequent (no more than 21% of the 107 centres), was also apparent across all the support that centres offered and all the areas of parental need. Furthermore, this was true in terms of both the services that were offered in other centres²⁰ as well as those offered in non-children’s centre sites.

Centre staff were asked to rate their centre’s offer of provision (from “very limited” to “excellent”) within each of the six areas of parental need (*education, employment, housing, finance, childcare, health*), presented in Table 3.3. The areas which centres reported to offer the highest level of provision for, were *accessing childcare* and *parental health and lifestyle*. Seventy-nine per cent of centres rated themselves as offering “good” or “excellent” provision when it came to helping parents *access childcare*, with this figure rising to 84 per cent of centres in the context of *parental health and lifestyle*. By contrast, 26 per cent of centres rated their support to *accessing housing* as either “limited” or “very limited” (42% claiming “good” or “excellent”).

Table 3.3 Children’s centre self-assessment of the level of provision (from “very limited” to “excellent”) with which their centre supported six areas of parental need

“Thinking about these aspects [of parental need] how would you rate your [centre’s] overall level of provision for...”	Very limited (%)	Limited (%)	Adequate (%)	Good (%)	Excellent (%)
Parental health and lifestyle (n=102)	0	1	15	57	27
Accessing childcare (n=101)	0	4	17	54	25
Education for parents (n=86)	2	11	21	49	17
Financial assistance (n=99)	0	16	22	49	13
Accessing employment (n=104)	2	10	29	52	7
Accessing housing (n=97)	6	20	32	38	4

Note: all percentages have been rounded up to the nearest whole

3.2.3 Supporting the Needs of Families

Regarding how centres *supported the needs of families*, centre respondents were asked a similar set of questions to those concerning how they *supported the needs of parents*. A wide range of questions were asked (n=35) that covered:

¹⁸ Passing on information to families about other services.

¹⁹ Passing on family’s details to other agencies, usually with the family’s permission.

²⁰ Service offered at a linked or clustered children’s centre.

- Seven areas of familial-need (*partner emotional support, improving home environment, child services, parenting, child health, child development, family services*) and how these were covered by the services that centres offered (n=35 questions)
- Each respondent's self-rating of their centre's offer of provision in support of these seven areas (from "very limited" to "excellent" in five steps; n=7 questions)

The services that were offered to families are detailed in Appendix Ap3.4. As with the support that was offered to parents (Appendix Ap3.3), substantial variation was observed between services and between the ways that the services were offered. For example, all centres offered services that targeted *parenting* or *child development*. Lower percentages of centres offered *facilities for the registration of new births* (32%) and *before/after school care for older children* (43%). A number of recent reports have recommended the integration of the registration of new births into children's centres in order to improve early engagement of families (4Children, 2013; Royston and Rodrigues, 2013).

Substantial variation between services can also be observed in the *types of support* (*general information, personal information, personalised support, centre sessions*) that were offered to meet the familial needs shown in Appendix Ap3.4. Services not only differed from one another in terms of how they were most commonly offered, but also in terms of the number of centres that offered them at all. For example, support for the reduction of *family arguments* was more common across centres offering *personalised support* (56%, total n=108), whereas *women's refuge* was most commonly supported by the provision of *general information* (53%, total n=108) as opposed to *personalised information* (48%, total n=108). The most immediate observation that can be made when considering the types of support offered in the context of familial needs was the near ubiquity of *centre sessions for stay and play* (97%, total n=107) and *messy play* (96%, total n=107).

The *signposting* of services in support of familial needs was more common than *referrals*. Furthermore, this is the same observation that was made when considering the services offered in support of parental needs; this is not unexpected given that referrals involve informing a service about a family, whereas signposting merely involves making a family aware of a service. The services which were most clearly an exception to this trend were those that dealt with *domestic violence*, provided *home outreach*, and offered *speech and language support for children*. Paralleling the services that were offered in support of parental needs, there was a consistent low-level of service provision that were provided off-site (no more than 22% of centres). At least one centre provided every service shown in Appendix Ap3.4 (as well as in Ap3.3) off-site: either via a cluster centre, or at a location not run by a children's centre.

Centre staff were asked to rate their centre's offer of provision (from "very limited" to "excellent") within each of the seven areas of familial need (*partner emotional support, improving home environment, child services, parenting, child health, child development, family services*), as presented in Table 3.4. Those services rated as having "excellent" provision were those involving child services and parenting. At least 44 per cent of all centres felt that they offered "good" provision across the seven areas: *family services* (60%), *improving the home environment* (58%), *child development* (54%), *child health* (50%), *parenting* (50%), *child services* (46%), and *partner and emotional support* (44%). Four of the seven areas were rated as no lower than "adequate"

(child services, child development, improving home environment, parenting); this is quite different to those services which were offered in support of the needs of parents (see Table 3.3).

Table 3.4 Children’s centre self-assessment of the level of provision (from “very limited” to “excellent”) with which their centre supported seven areas of familial need

“Thinking about these aspects [of familial need] how would you rate your [centre’s] overall level of provision for...”	Very limited (%)	Limited (%)	Adequate (%)	Good (%)	Excellent (%)
Partner emotional support (n=104)	0	9	20	44	27
Improving home environment (n=103)	0	0	9	58	33
Child services (n=100)	0	0	8	46	46
Parenting (n=106)	0	0	5	50	43
Child health (n=95)	0	2	16	50	32
Child development (n=97)	0	0	5	54	41
Family services (n=99)	0	2	19	60	19

Note: all percentages have been rounded up to the nearest whole

3.2.4 Parent Participation in the Maintenance of the Centre

Understanding parental participation in the management and maintenance of the centre is important for describing how much centre management see the families as collaborators within their centre. The extent to which parents participated in the running of their children’s centre was assessed using two groups of questions that were completed via six-point rating scales (from “not at all” to “a great deal”). The first group of questions (n=15) asked about “*the extent to which parents participate...*” while the second group of questions (n=12) asked about the “*...strategies [which] are used in this centre to encourage parent participation*”. Responses to these 27 questions are presented in Table 3.5. As with the range of support services offered, substantial variation was observed across the ways in which parents may have participated in the running of a centre, with the most commonly mentioned being ‘*volunteer as play worker during sessions*’, ‘*volunteer at community events*’, ‘*attendance on parent forum*’, ‘*attendance on advisory board/governing body of the centre*’, and ‘*help staff to choose the sessions on offer*’. Two other areas of parent participation stood out: first, it was common for centres to encourage parental participation in the running of the children’s centre by offering refreshments during parent forums or consultation sessions (used “a great deal” in 51% of centres). Second, it was very uncommon for parents to contribute either to the general maintenance of a children’s centre (“not at all” in 53% of centres) or to attend staff meetings (“not at all” in 73% of centres).

Table 3.5 The extent to which parent's participated in the running of their children's centre in 2013 and particular strategies used to encourage participation in the running of the centre

"Please indicate the extent to which..."	Median response (Average)	Not at all (%)	Very little (%)	A little (%)	Moderately (%)	A lot (%)	A great deal (%)
"...parents participate in the running of your centre"	--	--	--	--	--	--	--
Volunteer as play worker during play sessions (n=105 centres)	Moderately	8	9	17	27	24	15
Volunteer at community events (n=106)	Moderately	6	12	20	26	26	9
Attendance on parent forum (n=105)	Moderately	4	6	15	27	31	18
Attendance on advisory board/governing body of the centre (n=104)	Moderately	4	9	12	32	31	12
Help staff to choose the sessions on offer (n=103)	Moderately	3	12	15	33	27	10
Opportunity to run specialist groups with support from the centre (n=101)	A little	19	17	25	19	13	7
Take part in training sessions with staff (n=104)	A little	29	18	16	18	15	3
Parent advocates as a 'nominated voice of the centre' (n=100)	A little	20	15	21	16	22	6
Centre fundraising (n=103)	A little	34	11	14	19	17	5
Specialised point of advice or translator to other families (n=104)	Very little	36	18	20	18	7	1
Consulted during recruitment of new staff (n=102)	Very little	45	15	6	14	15	5
Paid employment within the centre (n=102)	Very little	47	8	14	17	11	3
Attendance in staff meetings (n=105)	Not at all	73	11	6	6	5	0
General maintenance of centre behind the scenes (e.g. cooking, cleaning, fixing fittings) (n=104)	Not at all	53	14	14	12	6	1
"...the following strategies are used in this centre to encourage parent participation in the running of your centre"	--	--	--	--	--	--	--
Refreshments during parent forum/consultation sessions (n=107)	A great deal	5	1	3	12	28	51
Advertising of parents forum/consultation sessions (n=107)	A lot	3	0	3	19	30	45
Feedback to the parents on how their consultation has made a difference (n=105)	A lot	1	1	9	17	35	37
Crèche facilities during parent forum/consultation sessions (n=107)	A lot	10	3	7	15	26	39
Parent comment books/boxes (n=107)	A lot	4	3	5	21	35	34
Formal recognition of parent participation by staff (n=103)	A lot	4	11	7	21	37	20
"You said, we did" boards (i.e. presenting actions on the basis of feedback) (n=101)	Moderately	5	6	11	30	20	28
Post-it note boards (n=104)	Moderately	25	10	6	17	18	24
Incentives such as skill/job progression (n=103)	Moderately	17	10	12	32	17	12
Including formal consultation of parents in everyday activities (n=106)	Moderately	5	10	12	26	32	15
Free transport facilities to parent forum/consultation sessions (n=104)	Very little	49	10	6	11	14	11

Note: all percentages have been rounded up to the nearest whole

3.3 Managing the Delivery of Parenting Services

The parenting study not only produced a description of services that were offered in children's centres (see Section 3.2), but also a complementary description of the supportive management practices. The general management of the children's centre is important for taking a holistic view of how centre management perceive the priorities of parenting services, by prioritising their aims and training. The management of parenting services is discussed in detail within Appendix Ap3.8.

3.3.1 Managing the Support Offered to Parents and Families

This section describes the management of support services for parents and families. The percentages shown in Table 3.6 indicate the level of funding and amount of time spent on resources for a variety of parent and family support services targeted at specific groups.

It was common for respondents to report greater spending on resources (time or money) that targeted parents and younger aged children. For example, greater spending (marked "a lot" or "a great deal") was reported for '*parents with new-borns and babies under 12 month[s]*', and '*parents with children aged between one and five years-old*'. It was also more common for respondents to indicate that "a lot" or "a great deal" was spent on '*parents with social or emotional difficulties*' and '*lone parents*'. Little or no resources were reported as being spent on groups that involve older children, such as '*parents with children aged between six and eight*' and '*parents with children aged between 9 and 19 years old*', although a recent children's centre census by 4Children (2013) reported that nearly 40 per cent of centres were regularly offering services for children over the age of five. There was also comparatively little spending reported for '*traveller communities*' and '*parents whose children required wraparound care*'. Lower spending for such groups may come as less of a surprise given that they are in the minority of attendees at centres (see Chapter 5 for the characteristics of families who attend children's centres).

Whereas Table 3.6 presented information on the spending of resources on groups, Table 3.7 shows where particular named parenting programmes were said to be provided at the 107 children's centres whose respondents answered this question. Overall, it appears that most of these centres did not provide the parenting programmes named in Table 3.7. Over 90 per cent of centres indicated that programmes were not provided on- or off-site (seven out of the 13 programmes), with a further three cases showed no provision for between 70-80 per cent of centres. Between 40-50 per cent of centres reported providing the '*Incredible Years*' and '*Triple P*' programmes. It was more common for both of these programmes to be provided on-site (21% and 22% respectively, at least 8% higher than for any other programme). For more on the provision of parenting programmes see Chapter 4 and the first report on 'visits to children's centres' by Goff et al. (2013).

Table 3.6 Reported spending of resources on target groups

“How much of your resources (money or time) did you spend on the following target groups last year?”	Median response (Average)	Not at all (%)	Very little (%)	A little (%)	A moderate Amount (%)	A lot (%)	A great deal (%)
Parents with children aged between 1 and 5 years old (n=106)	A lot	0	1	0	13	41	45
Parents with new-borns and babies under 12 month (n=106)	A lot	0	1	0	28	36	35
Parents with social or emotional difficulties (n=106)	A lot	0	2	3	29	37	29
Lone parents (n=107)	A lot	1	3	6	26	38	26
Parents of children with behavioural problems (n=108)	A lot	0	3	7	28	40	23
Parents in workless households (n=103)	A lot	0	1	10	30	38	21
Expectant mothers (n=106)	A lot	0	5	16	28	34	17
Teenage mothers, pregnant teenagers, young mothers and fathers (n=107)	A lot	0	3	13	32	36	17
Black and Ethnic Minority (BME) communities (n=108)	A moderate amount	1	8	16	37	19	19
Parents with little or no English skills (n=107)	A moderate amount	1	13	26	27	15	18
Parents with mental health difficulties (n=108)	A moderate amount	2	7	18	30	30	15
Parents of children with Special Educational Needs (SEN) (n=108)	A moderate amount	0	2	14	35	38	11
Childminders (n=106)	A moderate amount	4	10	29	32	15	9
Fathers (n=107)	A moderate amount	0	2	14	52	22	9
Homeless families (n=104)	A moderate amount	8	13	30	31	12	8
Parents with ill-health (n=106)	A moderate amount	1	16	25	38	15	6
Parents of children with long-standing illnesses and disabilities (n=107)	A moderate amount	0	9	36	29	21	5
Parents with older siblings (n=99)	A little	10	14	33	26	8	8
Parents with physical difficulties and impairments (n=106)	A little	3	16	35	33	9	5
Parents/carers of looked after children (children in care) (n=108)	A little	5	19	32	27	13	5
Parents with children aged between 6 and 8 years old (n=105)	A little	21	28	31	15	3	2
Parents whose children require wraparound care (n=107)	Very little	22	30	19	13	10	7
Travellers (e.g. children from traveller, Gypsy, Romany communities) (n=105)	Very little	24	31	24	11	8	3
Parents with children aged between 9 and 19 years old (n=104)	Very little	49	32	11	6	2	1

Note: all percentages have been rounded up to the nearest whole

Table 3.7 Provision of named parenting programmes and site locations

“Which of these named parenting programmes do you currently provide at your children's centre (or within the past 6 months)?”	Not provided (%)	On-site (%)	Off-site (%)	On and off-site (%)
Webster Stratton - Incredible Years	56	21	10	13
Triple P (PPP: Positive Parenting Programme)	54	22	14	9
Family Links Nurturing Programme	73	13	6	8
Peers/Parents Early Education Partnership (PEEP) Learning Together Programme	83	8	6	4
Strengthening Families, Strengthening Communities	79	11	7	3
The 'Noughts to Sixes' Parenting Programme	98	0	1	1
Strengthening Families	79	10	11	0
Mellow Parenting	92	6	3	0
Mellow Babies	95	2	3	0
Parents as First Teachers - Born to Learn	97	0	3	0
Parents in Partnership Parent-Infant Network (PIPPIN)	98	0	2	0
Mellow Bumps	97	2	1	0
The 'Fives to Fifteens' Parenting Programme	99	0	1	0

Note: Total n=107

Note: all percentages have been rounded up to the nearest whole

Table 3.8 presents respondent views on whether particular strategies were used to encourage and sustain parents' attendance at their centre. Most respondents (99%) indicated that *'developing a supportive and encouraging relationship with the families'* was used for these purposes – the strategy with the highest affirmative response rate. This was closely followed by *'taking on board parent feedback to ensure the timing and location of the course is convenient'* (96%). The third most common strategy was *'refreshments'* (86% of respondents). The least commonly reported strategy was *'the employment of information technology'*; approximately 83 per cent of respondents reported no use of *'initiating and maintaining a support group on Facebook (or other internet social networking site)'*.

The percentages shown in Table 3.9 give an indication of the level of focus within centres to improving parenting behaviours. All 110 respondents reported placing a strong focus on *'modelling behaviours to children'*. Over 90 per cent of centres reported giving a strong focus to *'praise for children, increased interaction with children', 'increased parental interest in children', 'recognition of their children's achievements', and 'parental understanding of children's development'*. A few centres provided no focus on *'increased provision of toys available to children'* (5% of respondents) and *'increased provision of numerical resources available to children'* (3%).

Table 3.8 Strategies used by centre managers to encourage and maintain parents' attendance

“Do you use the following strategies to encourage and maintain attendance at parenting programmes?”	Not offered (%)	Sometimes (%)	Yes (%)
Developing a supportive and encouraging relationship with the families (n=106)	0	1	99
Taking on board parent feedback to ensure the timing and location of the course is convenient (n=106)	1	3	96
Refreshments (n=104)	0	14	86
Crèche facilities (n=106)	0	19	81
Encouraging parents to promote courses to other parents (n=103)	3	18	79
Certificates and presentation ceremonies (n=103)	5	19	76
Calling/texting parents to remind them a day before each parenting programme session (n=105)	4	22	74
An initial home visit before the course if required (n=102)	15	34	51
End-of-course parties (n=101)	15	39	47
Subsidised childcare facilities or signposting to a local subsidised childcare facility (n=93)	39	34	27
Free transport facilities (n=101)	54	27	20
Meeting parents at a set place outside from the centre (n=99)	29	52	19
Initiating and maintaining a support group on Facebook (or other internet social networking site) (n=96)	83	3	14

Note: all percentages have been rounded up to the nearest whole

Table 3.9 Centre work focused on improving particular parent behaviours

“How much do you focus your work on improving the following parent behaviours within your centre?”	No focus (%)	Some focus (%)	A strong focus (%)
Modelling behaviours to children (n=110)	0	0	100
Praise for children (n=110)	0	3	97
Increased interaction with children (n=110)	0	3	97
Increased parental interest in children (n=109)	0	3	97
Recognition of their children's achievements (n=110)	0	6	94
Parental understanding of children's development (n=110)	0	8	92
Increased time spent with children (n=110)	0	11	89
Reduction in harsh punishment (n=110)	1	11	88
Greater variety of activities available to children (n=109)	0	20	80
Creation of safer home environments (n=109)	0	21	79
Increased provision of reading resources available to children (n=110)	0	22	78
Increased father involvement (n=110)	1	30	69
Increased provision of toys available to children (n=110)	5	38	57
Increased provision of numerical resources available to children (n=110)	3	46	52

Note: all percentages have been rounded up to the nearest whole

3.4 Summary

This chapter has documented the delivery of parenting services across the 117 centres participating in the parenting services study. **Certain induction procedures were commonly reported across the children's centres, which included:** the distribution of timetabled activities, the requirement of registration documents and the recording of a family's cultural background. Four levels of support were offered to parents (*generalised information, personalised information, personalised support, and centre sessions*). **Staff reported variations in the type of support offered for particular services.** For example, crèche facilities were most commonly offered via *centre sessions*, whereas *parental isolation* and *parental mental health* needs were most commonly approached via *personalised support*. **Few centres offered services off -site** which could include any type of support.

Staff reported the offer of service provision for parents' personal needs to be variable. Staff rated their centre's offer of provision for helping parents to access childcare and improving parental health and lifestyles the highest, and accessing housing the lowest. Staff rated their offer of service provision for family needs as consistently higher than the offer of service provision for parents' personal needs. Half of the centres encouraged parents to get involved in the running of their centre. Parents were encouraged to participate "a great deal" across half of the centres, using strategies such as crèche provision and advertising consultation sessions. Popular roles included volunteering as a play worker or at community events, attending parent forums or advisory board/governing bodies, and helping staff to choose which sessions are on offer. This is important as it supports parental engagement with the community and socialisation with other parents and children. **The most popular strategy for encouraging and sustaining parents' attendance was developing relationships with parents.** This strategy was reported by nearly all centres.

Resources (both time and money) were reported to be mostly spent on targeting parents and on work with young children. A strong focus of their work aimed to improve parenting behaviours. Staff responses included working with parents to: demonstrate modelling behaviours, how to praise, increase interactions and develop an increased parental interest in their children's lives.

4 Evidence-Based Practice [*Sylva, Hall and Goff*]

Key findings:

The delivery of evidence-based programmes is particularly important for a holistic consideration of parenting services, given their prominent focus on parenting.

- **Changes in programmes, strategies or interventions that were offered between 2012 and 2013**

There was a consistency in the number of programmes that centres offered in 2012 and 2013. Each centre was implementing an average of five programmes in both years, of which only one was likely to have featured on the early years list of Evidence-Based Programmes by Allen (2011).

There was a consistency in the most commonly used programmes offered in 2012 and 2013. The three most commonly used well-evidenced programmes were: '*Family Nurse Partnerships*', '*Incredible Years*', and '*Triple P*'. The five most commonly used programmes which were not included on Allen's (2011) list of Evidence-Based Programmes were: '*Every Child A Talker*' (ECAT), '*Freedom Programme*', '*Infant/Baby Massage*', '*Family Links Nurturing Programme*', and the '*Solihull Approach*'.

Only two programmes showed a change in use across the two years; the *Solihull Approach* (which increased) and *Family Links Nurturing Programme* (which decreased). The implementation of '*Family Links*' was reduced (by 5 centres, a reduction of 4.5%), although many were still "in a position to implement". The implementation of the '*Solihull Approach*' was increased (by 13 centres, an increase of 11.6%). **Well-evidenced programmes showed little change in implementation across 2012 and 2013.**

4.1 Introduction

In order to conceptualise holistically the available provision for parenting, one must also consider the decisions that the centre management make regarding the use of evidence-based practice, and particular programmes, strategies, and interventions that have been chosen for use with families. Evidence-based programmes are particularly pertinent given the large focus on parenting within the programmes themselves.

This chapter explores the range and type of age-appropriate programmes, strategies, or interventions which were on offer to families²¹ within the sample of 117 children's centres visited in 2013. First, a picture of what was most commonly offered (and how) is described. Second, an analysis is presented that considers the extent to which the implementation of age-appropriate programmes, strategies, or interventions (including a set of evidenced-based programmes: EBPs) had changed since the first 'visits to children's centres' in 2012 (reported in Goff et al., 2013).

The extent to which children's centres used programmes in 2013 (including well-evidenced programmes as defined by Allen, 2011) was measured by their implementation of Evidence-Based *Practices*, as driven by Evidence-Based *Policies* (see Goff et al., 2013 for more information on the differences between these terms). However, underlying these terms is the notion that children's centres can provide parent, parenting, and child services with a level of effectiveness that is supported by rigorous scientific research.

In 2011, Graham Allen MP and his Early Intervention Review Team were asked to identify promising early interventions of "best" and "good enough" quality, listing a total of 72 well-evidenced interventions for use with children/families between conception and secondary school age (Allen, 2011). The ECCE team focused on 23 of these interventions as relevant to the birth to five age-range (and therefore, possible to be implemented as part of a children's centre offer); these programmes were selected by Allen on the strength of their research evidence. As the interventions target the Early Years they aim to intervene before life experiences can influence child wellbeing or cause problems that can become resistant to change. The 23 programmes shown in Table 4.1 are thus termed 'early interventions', although their use is not restricted to populations of 'children in-need': they can be considered prime vehicles for use by children's centres when working with families. Table 4.1 contains the 'most proven' policies, programmes, or practices in terms of Allen's defined standards of evidence²², and each programme was given a score by the Early Intervention Review Team to reflect the level of 'standard' (Allen, 2011).

This chapter explores the extent of the use of Allen's (*ibid*) 23 well-evidenced programmes (Table 4.1) along with the use of 42 additional programmes, strategies, and interventions ('programmes' for brevity's sake) that were known to researchers but were not present on Allen's list of Evidence-Based Programmes. These additional programmes were included after reviewing the relevant literature, taking into consideration expert opinions and following the first 'visits to children's centres' in 2012.

²¹ Families that were visited as part of the "survey of families" fieldwork (Strand 2: see Maisey et al., 2013).

²² Allen's Standards of Evidence are presented in Appendix 4.1.

Information on children’s centres’ use of additional programmes was gathered via self-complete questionnaires. These were completed by a member of staff judged to be knowledgeable about centre provision of programmes aimed at parents, parenting, and children. One-hundred-and-thirteen of the centres that were visited in 2013 completed the questionnaire.

Table 4.1 Twenty-three early interventions highlighted by Allen (2011) for families with children aged between 0-5 years and their Standards of Evidence

Standard of Evidence (1=highest; 3=lowest)	Interventions for all children	Interventions for children in need
1	Curiosity Corner -As part of ‘Success for All’ Incredible Years ¹ Let’s Begin with the Letter People Ready, Set, Leap! Success for All	Early Literacy and Learning Incredible Years ¹ Multidimensional Treatment Foster Care (MTFC) Nurse Family Partnership (NFP) Parent Child Home Programme
2	Bright Beginnings	Parent Child Interaction Therapy (PCIT)
3	Al’s Pals Breakthrough to Literacy I Can Problem Solve Parents as Teachers Triple P ¹	Brief Strategic family therapy Community Mothers DARE to be You Even Start Healthy Families America Healthy Families New York High/Scope Perry Pre-School Triple P ¹

Note: ¹ Interventions printed in italics are intended ‘for all children’ as well as ‘for children in need’.
Table derived from the groupings of Allen (2011). See Appendix Ap4.1 for details on the “Standards of Evidence”

4.2 What Programmes, Strategies or Interventions were Children’s Centres Offering in 2013?

For each programme listed on the questionnaire, staff gave answers to five questions concerning *implementation*, five questions concerning *who ran these programmes*, and two questions concerning *the location from which these programmes were run*. Questionnaire responses to the 12 questions are presented in two sections: Section 4.2.1 discusses centre responses to the 23 well-evidenced programmes, and Section 4.2.2 discusses centre responses to the 42 additional programmes.

4.2.1 Well-evidenced programmes as listed by Allen (2011)

Responses to the questions concerning the 23 well-evidenced programmes from Allen’s (2011) list are presented in Appendix Ap4.2 (full list) and in Table 4.2 (top three most commonly offered programmes in 2013). A great deal of variation was observed between the programmes, and some were much more commonly used than others. The three most commonly used programmes

were 'Family Nurse Partnerships', 'Incredible Years', and 'Triple P'. These were the same three most used programmes as noted in the first 'visits to children's centres' conducted in 2012.

Table 4.2 The top three most commonly offered well-evidenced programmes in 2013

The three most commonly used well-evidenced programmes, from Allen's list of 2011; and the number of centres who responded positively to each question (for a max n=113 centres)	Implementation					Who ran these programmes?					Where?	
	Followed in full	Substantially followed	Inspired by or based upon	Trained to use, but not currently using	Planning to start running with six months	Run by this children's centre staff	Run by staff of a linked or clustered centre	Run by staff employed by the cluster specifically for this purpose	Run by staff from another agency or independent children's centre	Other	Within a children's centre building	At another building or site
Family Nurse Partnership (FNP)	17	3	0	0	0	0	0	1	19	4	5	21
Incredible Years (Also known as Webster Stratton. Includes Babies and Toddlers; and BASIC Early Childhood programmes)	35	11	2	7	4	34	14	2	16	9	44	20
Triple P (Positive Parenting Programme)	38	3	1	6	2	32	8	6	10	3	40	11

4.2.2 Additional programmes

Responses to the questions concerning the 42 additional programmes²³ are presented in Appendix Ap4.3 (full list) and in Table 4.3, (top five most commonly offered programmes). A great deal of variation was observed between the programmes; some were much more commonly used than others. The five most commonly used were 'Every Child A Talker' (ECAT), 'Freedom Programme', 'Infant/ Baby Massage', 'Family Links Nurturing Programme', and the 'Solihull Approach'. Other than the 'Freedom Programme', these were also amongst the most used programmes in 2012. In the first 'visits to children's centres' in 2012, respondents were given the opportunity to list the names of any other popular programmes that were not listed by the researchers' pre-defined list. The 'Freedom Programme' was commonly listed as an additional programme – one so common that it was added to the pre-defined list of named programmes for the parenting study.

²³ Although these 'other' programmes were not on Allen's well-evidenced list in 2011, this was described by the author as being a living list. As such, some of these programmes may have since achieved standards of evidence (e.g. Randomised Control Trials: RCTs etc.) that would enable them to be included if Allen and colleagues were to revise their list.

Table 4.3 The top five additional programmes, strategies or interventions offered by children’s centres in 2013

The five most commonly named additional programmes, strategies, and interventions, and the number of centres who responded positively to each question (for a max n=113 centres)	Implementation					Who ran these programmes?					Where?	
	Followed in full	Substantially followed	Inspired by or based upon	Trained to use, but not currently	Planning to start running with six months	Run by this children’s centre staff	Run by staff of a linked or clustered centre	Run by staff employed by the cluster specifically for this purpose	Run by staff from another agency or independent children’s centre	Other	Within a children’s centre building	At another building or site
Every Child a Talker (ECAT)	32	17	8	3	2	42	4	2	8	2	47	17
Family Links Nurturing Programme (includes Parenting Puzzle)	21	0	2	4	3	23	2	0	7	0	25	11
Freedom Programme*	35	3	1	1	6	18	3	2	23	4	27	15
Infant Massage	73	5	3	4	1	68	7	6	6	4	72	23
Solihull Approach	23	9	7	5	0	34	3	1	5	2	32	18

Note: *Programme that managers were prompted about only in 2013 - not in 2012 (n=4)

Note: all percentages have been rounded up to the nearest whole

4.3 Changes in Programmes, Strategies or Interventions that were Offered between 2012 and 2013

The questionnaire was a repetition of the task that centre staff had been asked to complete in the first ‘visits to children’s centres’ in 2012, in order to obtain longitudinal information. Administration of the same questionnaire in 2012 and 2013 enabled ECCE researchers to investigate the stability (or otherwise) of their offer through children’s centres. Sixty-one programmes were listed consistently in the questionnaires in both 2012 and 2013²⁴. Twenty-three were well-evidenced according to Allen (2011) and can therefore be considered as having the most secure research-base. Concerning the total 61 programmes, centre staff were asked about whether, and how, they implemented these²⁵ (with 112 centres returning all of this information). A comparison of all the programmes in 2012 and 2013 is now presented (excluding anything unique in either year) which provides a broad picture of the nature of programme provision between 2012 and 2013:

²⁴ The 2013 list featured four more programmes than did the list of 2012. These were added in response to 2012 comments, but the lack of prompting about these in both 2012 and 2013 years prevented a fair comparison over the two years. The four additional programmes added for 2013 were: *Freedom Programme*; *Healthy Eating and Nutrition for the Really Young (HENRY)*; *Infant Yoga*; and *Speak Easy*.

²⁵ 1 “Followed in Full”; 2 “Substantially Followed”; 3 “Inspired or Based Upon”; 4 “Trained to use, but not currently using”; 5 “Planned to start running within six months”.

1. Change in whether each of the 61 named programmes were being “implemented”²⁶ over the years 2012 and 2013;
2. Change in the “level of implementation” of these 61 named programmes across the 2012 and 2013 period, between: 0) “not implemented”²⁷; 1) “in a position to implement”²⁸; and 2) “implemented”;
3. Change in the number of programmes that were implemented over this period, broken down into those that were on Allen’s list of Evidence-Based Programmes and those that were not.

4.3.1 Change in the Implementation of Programmes²⁹ between 2012 and 2013

Table 4.4 presents the two statistically significant changes of programmes, strategies, and interventions that were identified between 2012 and 2013³⁰. ‘*The Family Links Nurturing Programme*’³¹ was implemented by significantly fewer centres in 2013 (change = -5 centres; $Z=2.2$; $r=0.2$; $p<0.05$), whereas the ‘*Solihull Approach*’³² was implemented by significantly more (change = 13 centres; $Z=2.8$; $r=0.3$; $p<0.01$). Overall, however, the results (shown in Appendix Ap4.4) show little change in implementation of the 61 named programmes between 2012 and 2013.

Table 4.4 Statistical comparison of the change in whether programmes were being currently implemented between 2012 and 2013

Named programmes, strategies or interventions that children’s centre managers were asked whether or not their centre implemented (n=61)	Implemented in 2012?		Implemented in 2013?		Statistical comparison of the change in implementation between 2012 and 2013 (in n=112 children’s centres)			
	n	% of (n=112)	n	% of (n=112)	Overall Δ (2013-2012)	Statistic (Wilcoxon Z)	Effect Size* ($r=Z/(n^{1/2})$)	p
Family Links Nurturing Programme**	27	24.1%	22	19.6%	-5	2.236	0.211	0.025
Solihull Approach**	26	23.2%	39	34.8%	+13	2.837	0.268	0.005

Note: * Effect sizes are interpreted as: 0.1 “small”; 0.3 “medium”; 0.5 “large”;
 ** Changes that were statistically significant ($p<0.05$)

²⁶ Implementation options: 1, 2 or 3.

²⁷ No implementation option selected.

²⁸ Implementation options: 4 or 5.

²⁹ ‘Programmes’ here represents Programmes, Strategies, and Interventions

³⁰ See Appendix Ap4.4 for Table 4.4 in full, with all the non-significant and no-change programmes and statistics.

³¹ [Further information on the 'Family Links' programme is available through this link.](#)

³² [Further information on the 'Solihull Approach' is available through this link.](#)

Considering only Allen's 23 well-evidenced programmes (Table 4.1), nine of these³³ were not implemented in either year. Furthermore, 13 of these programmes were offered by the same number of centres in both years. This low level of change was likely influenced by the fact that only 'Family Nurse Partnership' (FNP), 'Incredible Years' (IY), and 'Triple P' (PPP: Positive Parenting Programme) were implemented by more than three centres in either 2012 or 2013 (as documented in Section 4.2). It is possible that the stability of the programmes listed by Allen (FNP, IY, and PPP in particular) may be due to greater start-up costs (as discussed in Goff et al., 2013).

4.3.2 Change in the Level of Implementation of Programmes³⁴ between 2012 and 2013

Table 4.5 displays the change that was identified in the level of implementation of the programmes³⁵ between 2012 and 2013. While the previous section considered whether or not the named programmes were "implemented", this section instead considers *levels* of implementation. More specifically, the results shown in Tables 4.2 and 4.3 differentiated programmes that were "not implemented" from those that were "in a position to be implemented" and from those "currently implemented". Overall, and consistent with the findings presented in Section 4.3.1, very little evidence of change was found in "*the level of implementation*" of the named programmes between 2012 and 2013. There was no change in the implementation of the 23 well-evidenced programmes, i.e. they remained consistent across 2012-2013, but there were some changes in the implementation of three programmes which were not included on Allen's (2011) list of Evidence-Based Programmes. The three exceptions that stand out when comparing the results presented in Tables 4.4 and 4.5 are now discussed.

The 'Family Links Nurturing Programme' was implemented by significantly fewer centres in 2013 (5 less out of a sample of 112 centres), although more were "in a position [for it] to be implemented" (4 more). A similar pattern was found for the 'Parents, Early Years and Learning' (PEAL) programme³⁶: ten fewer centres either "implemented" or were "in a position [for it] to be implemented" in 2013 - while ten more centres reported that it was "not implemented" (see Table 4.5). The 'Solihull Approach' was not only implemented by significantly more children's centres in 2013 than in 2012, but this was also apparent when considering the subtler level of implementation as well ($Z=2.8$; $r=0.27$; $p<0.01$).

³³ 'Brief Strategic Family Therapy Programme (BSFT)', 'Bright Beginnings Early Intervention Programme (BBEIP)', 'Curiosity Corner (as part of the Success for All programme)', 'DARE to be you (DTBY: Decision-making; Assertiveness; Responsibility; and Esteem)', 'Healthy Families America (HFA: a programme of Prevent Child Abuse America)', 'Healthy Families New York (HFNY)', 'Let's Begin with the Letter People', 'Multidimensional Treatment Foster Care (MTFC)', 'Ready, Set, Leap! (LeapFrog)'.

³⁴ 'Programmes' here represents Programmes, Strategies, and Interventions

³⁵ See Appendix Ap4.5 for Table 4.5 in-full; with change statistics presented for all 61 programmes.

³⁶ [Further information on the PEAL programme is available through this link.](#)

Table 4.5 Statistical comparison of the Levels of Implementation of Evidence-Based Programmes in 2012 and 2013

Named programmes, strategies or interventions that children’s centre managers to report their level of implementation (n=61). Levels of Implementation were coded: not implemented (0); in a position to Implement (1); currently implementing (2)	Levels of Implementation in 2012			Levels of Implementation in 2013			Statistical comparison of the change in level of implementation (in n=112 children’s centres)		
	(0)	(1)	(2)	(0)	(1)	(2)	Statistic (Wilcoxon Z)	Effect Size* (r= Z/(n ^{1/2}))	p
Family Links Nurturing Programme	83	2	27	84	6	22	1.513	-0.143	.130
Parents, Early Years and Learning programme (PEAL)**	96	6	10	106	1	5	2.368	-0.224	.018
Solihull Approach**	78	8	26	68	5	39	2.843	-0.269	.004

Note: *Effect sizes are interpreted as: 0.1 “small”; 0.3 “medium”; 0.5 “large”;
 ** Changes that were statistically significant (p<0.05)

4.3.3 Change in the Number of Programmes³⁷ Implemented by Children’s Centres between 2012-2013

Table 4.6 presents the results of three statistical tests that compared the number of programmes, strategies, and interventions that children’s centres implemented in 2012 to those implemented in 2013. Although the mean number of implemented programmes declined between 2013 and 2012, this was only by a small average amount and there was no significant difference in the average number of programmes that children’s centres were implementing. Furthermore, this was true for both the programmes that featured on Allen’s list of Evidence-Based Programmes and for the additional list of programmes. Across both lists of programmes, in both 2012 and 2013, centres implemented an average of five programmes, strategies, or interventions, of which an average of one was likely to be on the early years list of well-evidenced programmes compiled by Allen.

³⁷ ‘Programmes’ here represents Programmes, Strategies, and Interventions

Table 4.6 Statistical comparison of the numbers of programmes implemented in 2012 and 2013

Category of programme	Number currently implemented in 2012		Number currently implemented in 2013		Statistical comparison of the change in the number of implemented programmes between 2012 and 2013 (in n=112 children's centres)			
	Mean	SD	Mean	SD	Overall Mean Δ (2013-2012)	Statistic (t)	Effect Size (Cohen's d*)	p
No category. Number of programmes from a list of 61	5.0	2.84	4.8	2.75	-1.5	0.47	0.05	0.638
Only those 23 that are on the Allen List (2011)	1.1	0.91	1.0	0.85	-0.06	0.53	0.07	0.601
Remaining 38 programmes not on the Allen List	3.9	2.38	3.8	2.30	-0.10	0.38	0.04	0.704

Note: Effect sizes are interpreted as: 0.2 "small"; 0.5 "medium"; 0.8 "large"

* Calculated based on the formulas for comparing repeated measures as described by Morris and DeShon (2002)

4.4 Summary

This chapter has presented a snap-shot of programmes, strategies, and interventions that children's centres were offering to families in 2013, and how this picture differed from the previous year during the first 'visits to children's centres' in 2012. **Centres typically reported offering the same number of programmes in 2013 as in 2012.** Each centre was implementing an average of five programmes across both years, of which only one was likely to have featured on the early years list of Evidence-Based Programmes by Allen (2011). It remains the case that Evidence-Based Programmes are offered in children's centres, but they are offered much less frequently than programmes with a less secure evidence-base.

Not only was there consistency in the number of programmes that centres offered in 2012 and 2013, but there was also consistency in which named programmes were offered over others. The three most commonly used well-evidenced programmes were: 'Family Nurse Partnerships', 'Incredible Years', and 'Triple P'. The five most commonly used programmes which were not included on Allen's (2011) list of Evidence-Based Programmes were: 'Every Child A Talker' (ECAT), 'Freedom Programme', 'Infant/Baby Massage', 'Family Links Nurturing Programme', and the 'Solihull Approach'. **Only two programmes showed a change in use across the two years; the Solihull Approach (which increased) and Family Links Nurturing Programme (which decreased).** The implementation of 'Family Links' was reduced, although many were still "in a position to implement". The implementation of the 'Solihull Approach' was increased. **Well-evidenced programmes showed little change in implementation across 2012 and 2013.**

5 Aims for Families and Parenting Services [Goff and Evangelou, with Parkin and Tracz]

Key Findings:

- **The characteristics of families attending children's centres and their needs**

Staff were most likely to emphasise factors and needs of the whole family when describing centre users, followed by parent factors/needs. Staff most frequently referred to types of family structure (e.g. lone and young parent families) and the variety of family needs. References were made to both the vulnerability (e.g. involvement of Social Care) and the variety of socio-demographic characteristics of the participating families.

Definitions of the 'most disadvantaged' families were more likely to emphasise parent factors or needs, followed by the needs of the family. Staff reported factors such as the parents' personal situation, poverty, inadequate housing and lack of socialisation; or factors relating to their personal life skills.

Staff acknowledged three potential barriers which could pose a challenge to working with the families: 1) parental relationships with staff, 2) staffing, including time allotted to families, and 3) centre administration, resources, and finance.

- **The aims for parenting services in children's centres**

Centre staff most commonly described aims for meeting the needs of the *Parent-Child*, followed by the parents' *Personal Needs*. Frequently reported aims included improving parenting skills (73% of centres) and furthering parent knowledge about good parenting and child development (40%), as well as improved child outcomes (58%) and experiences (45%).

- **The benefits of 'play and learning' activities for families**

Staff reported a number of benefits consistent with the EYFS areas of children's development as a result of attending 'Play and Learning' activities, including 'Personal, Social and Emotional Development', 'Physical Development', and 'Understanding of the World' (91%, 65% and 59% of centres respectively). School readiness was also listed as an important benefit across 52% of centres, as well as providing an opportunity for children to interact with others (32%).

Staff reported a number of benefits for adults which matched the commonly listed aims for parenting services. The greatest benefits were reported for improving *Parent-Child* needs, followed by the parents' *Personal Needs* (95% and 87% respectively). Frequently reported benefits included *improved parenting skills*, *greater knowledge of child development*, and *increased confidence in parenting*.

Other benefits highlighted by staff included the supportive environment of the centre and furthering parents' knowledge through provision of advice and information (65% and 31% respectively). It was interesting to note that, even when asked about benefits for adults, staff reported benefits that addressed the Parent-Child relationship.

5.1 Introduction to the Interviews with Staff across the Sample of Children's Centres in 2013

A primary focus of the fieldwork in 2013 was the collection of information from staff who were directly involved in the delivery of parenting services work. Researchers spoke with staff running family sessions on the day of the visit, or those that were engaged in outreach and family support work within homes. The interview schedule covered areas of interest arising from the first 'visits to children's centres' in 2012. This schedule took into account questionnaires that had been successfully implemented in similar studies assessing family interventions (Evangelou, Coxon, Sylva, Smith and Chan, 2013) and was guided by the parental needs presented in Chapter 2. Detail on the content and development of this interview schedule can be found in Appendix 5.2.

Chapter 5 will focus on staff responses to the questions regarding the families who access parenting services. The chapter begins with an introduction to the qualitative analysis used within this study, followed by a discussion surrounding the families accessing children's centre services during the parenting fieldwork in 2013 (including the types of needs that they exhibit). The chapter also introduces staff conceptualisations of a 'most disadvantaged' family, and touches upon some of the areas of centre working which pose a challenge to parenting; before moving on to describe the staff-reported 'aim for parenting services'. The chapter also discusses staff-reported benefits for children and adults as a result of attending 'play and learning' activities at the centre. The chapter concludes with a summary of the findings.

5.2 Data Collection and Analysis of Interview Scripts

Up to two interviews were completed across all 117 centres. In total, 88 interviews were completed with members of staff who carried out outreach or family support in the homes, 90 interviews were with members of staff running sessions at the centre, and 21 interviews with members of staff fulfilling both of these centre roles. Researchers received training on how to take accurate and detailed field notes and some verbatim quotes during the interview. All 199 fieldwork notes were transcribed and imported into NVivo 10 for qualitative analysis. The Research Team grouped staff responses into nodes in order to draw out the themes discussed by the respondents, and all themes discussed from hereon have been drawn from the interview scripts with staff. Further details on the qualitative analysis are presented in Appendix 5.2.

5.3 The Characteristics of Families Attending Children's Centres and their Needs

Chapter 2 suggested that parental needs could be conceptualised in terms of four areas. Staff responsible for running centre groups were asked the question: "*What types of families attend the sessions that you run e.g. focus on the one that you have just been running?*" Comparatively, staff carrying out outreach or home visits to parents' houses were asked a complementary question: "*What types of families do the centre staff focus family support or outreach work on?*" Any additional reference to 'types of family' or 'particular needs' throughout the staff interviews were also included in the qualitative analysis.

Qualitative analysis of the data suggested that centre staff framed their answers in terms of family arrangement and need. The descriptors used resembled elements of the four areas of need identified in Chapter 2: the *child*, the *parent*, the *family*, and the parent's position as a *member of the community*. Table 5.1 details the breakdown of staff responses from 116 of the 117 centres against the type of family arrangement described within their answers.

Table 5.1 Types of families accessing children's centre services, and their needs (as reported by centre staff)

Aspects of family arrangements	No. centres	(%)	Areas of coding
Family	115	99	Family situation or characteristics, family structure, parent and family needs, family location
Parent	110	95	Parents' personal situation, parenting issues, life skills, life events.
Child	90	78	Child needs, child-related situation
Community	70	60	Centre location and reach, parent and community needs

Total n= 116 centres responding to this question, all percentages have been rounded up to whole figures.

As might be predicted, centre staff most frequently considered elements of the *family* unit in their descriptions of the characteristics of families accessing children's centres and their needs (across 99%³⁸ of the centres), followed by the *parent*, *child* and *community*. In particular, staff focused their descriptions around the family situation, characteristics, and structure. Respondents were also asked to define, in their own words, what they thought makes a family 'the most disadvantaged'. In total, staff from 71 of the 117 centres provided answers to this question (see Table Ap5.1, in Appendix 5.1 for a breakdown of staff responses). Staff emphasised factors from the *parents' personal lives* within their definitions of the 'most disadvantaged' (67 out of 71 centres), with particular reference to *parents' personal situation*, *life skills*, and *parenting skills*. Next, staff spoke about *family*, *community* and *child* factors. Although staff were asked two different sets of questions (in terms of what typifies the families attending the centre and who are the most disadvantaged), their responses were highly complementary and will be discussed in aggregate.

5.3.1 Families and their needs

Staff commonly described family factors in relation to the needs of centre recipients (across 99% of the centres³⁹). Staff mentioned the **current family situation and family characteristics** most frequently across the centre sample (93% of centres). Next, staff referred to the **family structure** (91% of centres), **needs of the family** (86%), and **family location** (57%). These four aspects of family life will now be reported in turn.

Staff most frequently spoke about the **current family situation and characteristics** (across 93% of the 116 centres). The responses staff gave were varied and showed that the centre was reaching both extremely vulnerable and targeted families as well as less vulnerable families with

³⁸ All percentages given in Section 5.3 have been rounded up to whole figures, and are out of total responses to the question, 'What types of families attend the sessions that you run e.g. focus on the one that you have just been running?' and 'What types of families do the centre staff focus family support or outreach work on?' n=116.

³⁹ Forty-nine (of the 71 children's centres answering the question) talked about the needs of the family within their definition of the 'most disadvantaged' families.

particular needs. Most commonly, staff spoke about the wide **variety of families** attending their sessions (78% of centres). Just over half of the total sample reported that they cater for *all* families, including those considered as 'universal'. Staff frequently spoke about using universal services to '*get families in*' and support any, and all, families who have needs: '*Will provide family support for any family who feel they have a need*'; '*Work with everyone – all inclusive*'; '*We wouldn't turn away anyone*'. However, just over half of the centres also reported reaching a vast mixture of families in need of support, with varied backgrounds, ages and needs: '*But also there are needs in ALL areas and 'type' of people. We have target area/groups but could be anyone*'; '*Any family struggling and need[ing] advice*'. One fifth of centres reported a spread of families across different socio-demographics. While staff predominantly spoke of families from low socio-economic groups, there was also a small mention of other parents, which shows the wide range of families accessing children's centre services.

Whilst catering for all families, staff also frequently spoke of reaching and serving **very vulnerable and needy families** (74% of centres). Just under a quarter of the sample reported working with families referred from social care, health visitors and other specialists, or self-referrals. Others reported work targeting families (such as those on social care plans, family support, or those monitored intensely through the Common Assessment Framework: CAF).

Next, staff spoke about a wide range of **family structures** (across 91% of the 116 centres⁴⁰). Lone parent families were reported most frequently (across nearly three quarters of the sample), followed by young parents, fathers, minority ethnic families or those from other cultures, and extended families/grandparents. Additional related factors were emphasised in definitions of disadvantage, including lack of extended family or support, multiple changing partners, large families (with many children), and traveller families.

The **needs of families** were detailed by staff across 86 per cent of the centres. A few needs were reported more consistently, such as *domestic abuse* (highlighted in over 60% of the centres) and *additional needs* (e.g. physical and mental health; in just under one third of the centres), for example, parents or children with a disability, learning needs or difficulties, or other diagnosed issues such as 'Attention Deficit Hyperactivity Disorder' (ADHD) or 'Asperger's Syndrome'. *Deprivation* was reported by just under a fifth of centres⁴¹ as a frequent feature of family lives. Living within the lowest 10, 20 and 30 per cent most deprived areas within the country (i.e. Lower Super Output Areas: LSOAs) was also a factor considered by staff in their definitions of the 'most disadvantaged'. *Individual family needs* were considered by a fifth of centres within their definitions of the 'most disadvantaged', with families facing a varied range of difficulties (some multiple and very complex): '*Can be a whole range of things that impact on parents ability to achieve best outcomes for their children*'; '*high level of needs complex families that need family therapy*'.

Finally, staff spoke about the **family location** in their description of centre users (across 57% of the 116 centres). The most commonly reported factor in terms of location was living in areas of

⁴⁰ Staff from 39 of the 71 centres referred to the family structure within their definition of the '*most disadvantaged families*'.

⁴¹ Just over one quarter of the 71 centres referred to deprivation within their definition of the '*most disadvantaged families*'.

geographical isolation and experiencing a lack of *socialisation* (reported by over one third of centres⁴²). Staff described reduced support networks (*‘Isolation and lack support network from family as [they] are not local to the area so no family/friends’*) and temporary accommodation or transient populations escalating isolation issues (*‘Temporary housing. Unable to establish [a] network of friends and support’*). Location was also reported in terms of the level of deprivation, as well as other characteristics such as substance abuse, obesity, poor housing, mental health, multi-culture, gang culture, rurality, and poor transport links. This echoes Royston and Rodrigues (2013) finding that a quarter of their survey respondents found it difficult to use their children’s centre, particularly due to problems with transport and the centre being too far away to walk.

5.3.2 Parents and their needs

Whilst staff most frequently spoke about recipients in terms of their needs as a family, they next reported on the needs of the parents (in 95% of the 116 centres answering this question⁴³). Staff provided most detail on the **parents’ personal situation** (across 94% of centres), followed by **parenting issues** (47% of centres), **lacking life skills** (36%), and finally **major life events** (20%).

Most prominently, the **parents’ personal situation** was noted as a key characteristic of families (94%). *Poverty and lack of finance* was most frequently raised as a significant personal problem faced by parents (across over two thirds of the 116 centres). Reasons given for such financial difficulties included worklessness, no recourse to public funds, the need to claim benefits and the recent benefit ‘cuts’, expensive childcare costs, and lack of budgeting skills. Staff from some centres referred to families affected by debt and the impact that this has on both the availability of resources (*‘Not being able to put food on the table’*) and general family life (*‘Not experiencing things a family with a good income would experience’*).

Sixty per cent of centres thought that *housing issues* were prominent, including living in poor or temporary accommodation and homelessness, threat of eviction, overcrowded housing, and landlord or neighbour issues (*‘Poor quality private landlords with very high rents’*). Staff at times described housing conditions: *‘House is in chaos’*; *‘House is a mess’*; *‘Home conditions are unsafe, unhygienic’*. *Poor mental health* was featured in nearly 60 per cent of the centre responses including self-harming, eating disorders, agoraphobia, and stress and anxiety.

Next, *unemployment and worklessness* was noted by over half of the centres as an issue for parents⁴⁴. A handful of centres mentioned *‘generations where families have never worked’*. However, as noted by Royston and Rodrigues (2013), even those families with working parents may be in need of support: *“six in ten children living in poverty are in households where at least one parent is working. Children in working families can frequently be excluded from support offered to children in non-working households”* (p.14). *Educational needs*, and specifically ‘English as an Additional Language’ (EAL) needs, were fairly prominent (across over one third of the

⁴² Nearly half of the 71 centres referred to lack of socialisation and isolation within their definition of the ‘most disadvantaged families’.

⁴³ The parents’ personal situation was emphasised by the majority of centres within their definition of the ‘most disadvantaged families’ (across 67 out of 71 centres).

⁴⁴ Just over one third of the 71 centres referred to unemployment within their definition of the ‘most disadvantaged families’.

sample) with staff referring to language, literacy, and numeracy needs, and low qualification levels. A number of other personal parent needs were mentioned by staff, including substance misuse, poor health, food and diet, disabilities and learning difficulties, and parents needing practical help.

Coming second to the parent's personal situation, **parenting issues** were reported by 47 per cent of centres⁴⁵. The majority of staff referred to *parenting skills* (just over one quarter) and a need to develop *confidence* in their parenting ability (just under one fifth). Staff also highlighted parents wanting further knowledge and advice in addition to an awareness of their child's development. Next, staff spoke about **parents' life skills** (across 36% of the 116 centres); in particular *generational habits* and *past experiences* affecting the parents' current lives. Staff also spoke of families relying heavily on extended families for advice (*'Generational/young parents rely on their parents and grandparents for advice in parenting, which is out of date'*) as well as lack of positive role models and learned negative behaviours. A few other centres reported a lack of *general life skills*, for example, the ability to deal with problems appropriately, to manage themselves and their behaviour, to stay healthy, and to budget appropriately. Lastly, staff described the **major life events** which families were facing (20% of centres). The majority of these related to issues with immigration status, incarceration, bereavement, illness, and criminal activity.

5.3.3 Other characteristics of families attending the centre

Children and their specific needs were mentioned third most frequently across the sample of children's centres (78% of the 116 centres responding with this information⁴⁶). Staff primarily described **children's personal needs** (66% of centres: for example, additional needs and behavioural issues) and **personal situations** (47% of centres: including poor experiences and personal situations such as social care, child neglect and child protection plans).

The least reported characteristic related to **community needs** (mentioned across 60% of centres⁴⁷). Staff highlighted **centre location and reach** as a factor in who attends the centre (57% of centres: for example, isolation and lack of socialisation, issues related to the location such as 'housing estates', obesity, and poverty), followed by **needs of the parent and community** (15% of centres: including non-engagement). Further details are available in Appendix 5.3.

5.3.4 Areas of the Centre which Pose a Challenge to Improving Parenting

Staff members were not directly asked about the strengths of families within Section 5.3, but rather about their needs (amongst other questions). In their responses, 69 per cent of centre staff acknowledged challenges which were influencing the way that they interacted and worked with families. Most particularly, **parent and family barriers** were reported widely across the centres (54%), followed by challenges regarding **staffing** (27%), **administration** (9%), and **finances** (7%). These areas will now be discussed in further detail.

⁴⁵ Parenting issues were considered by staff from 29 centres within their definition of the 'most disadvantaged families'.

⁴⁶ Less than one third of the 71 centres, considered children as a factor within their definition of the 'most disadvantaged families' (21/71 centres).

⁴⁷ Just over half of the centres (37 of the 71) considered the community within their definition of the 'most disadvantaged families'.

Parent and Family Barriers were most frequently mentioned as a challenge to parenting capacity (across 54%⁴⁸ of centres), particularly with reference to building **relationships with the staff** (47%). Most information provided by staff concerned difficulties in building up trust with the families (as also echoed in the Royston and Rodrigues report, 2013; and Barlow et al., 2007), for example: *‘Parents have to trust that you know what they are talking about and that they can share personal information with you, that the work we do with them serves a purpose’*. One fifth of centres also mentioned parents’ worries about being judged by the staff and other parents at the centre (*‘Accept that parenting courses are to help, not because we think they are bad parents’*; *‘Fear of mixing – being exposed, families fear’*).

Staffing was mentioned as a challenge across 27 per cent of the centres. The majority of staff spoke about issues with balancing their time, including when to schedule sessions, the timescale for working with families, and the availability of centre staff (*‘Families feel that they are not supported long enough’*; *‘Not enough time for all the families’*). Other staffing issues included shortages, low morale, high workload, and training needs (*‘Everyone is very stretched’*; *‘Need more training to deal with complex cases, which in the past were handled by qualified social workers’*; *‘Need more staff to deal efficiently to level needed with complex cases’*). Challenges regarding **centre administration** were reported by nine per cent of the centres. In most cases staff referred to issues with *resources*, including a lack of centre space: *‘Barriers to service delivery. We can’t fit in enough people in Stay and Play’*. Lastly, centre **finances** were reported as a challenge (7%), such as reductions in budget and finances (*‘Budget cuts. We always have to find cheapest thing rather than best thing’*; *‘Financial element – whether to charge for session’*).

5.4 The Aims for Parenting Services in Children’s Centres

Centre staff were asked “*what is the aim for parenting services in your centre?*” In total staff from 113 of the 117 centres taking part in the parenting study provided information on this question. Qualitative analysis of the data showed that the answers could be broadly mapped according to parental needs. Centre staff placed the greatest importance on aims which met the needs of the **Parent and Child** unit (99% of centres answering this question), followed by the **Personal Needs of the Parent** (79%), **Parent and Community** (45%), and lastly **Parent and Family** (14%). The breakdown of staff responses can be seen in Table 5.2, and will now be discussed.

5.4.1 Parent and Child Needs

Staff from nearly all of the 113 centres responding to this question (99%) reported that their centre was aiming to provide services that were targeted towards the needs of the *Parent and Child* as a unit. The majority of responses pertained to improving the parents’ ability to look after their child (for example, in terms of their parental responsibility) and more specifically, the improvement of skill, mental state, knowledge, and introspection which might directly influence their parenting skills. Comments given by staff most commonly related directly to the **improvement of parenting**

⁴⁸ Percentages in section 5.3.1 have been rounded up to whole figures, and are taken from the total responses to the questions, “1) *What are the main ‘challenges to parenting’ for the families that you are working with?* and 2) *Are there any issues you have to work to resolve before helping families with their parenting? Can you give some examples?*” n=116.

skills (73%⁴⁹ of centres) and included examples such as the following: ‘*Providing tools in their toolbox*’; ‘*Give parents strategies to deal with behavioural situations*’; ‘*Build parenting skills, particularly around boundary setting and being consistent with children*’.

Table 5.2 Staff reported ‘Aims for Parenting Services’ against areas of parental need

Areas of Parental Need	No. centres	(%)	Areas of coding
Parent and Child	112	99	Parent aims (improved parenting skills, knowledge about child development, confidence in parenting, improvement of state for parents) Child aims (better outcomes, better experiences)
Personal Needs of the Parent	89	79	General life improvement (including drug and alcohol misuse), education, health (including mental health), employment, socialisation, financial situation, housing situation
Parent and Community	51	45	Engagement in the children’s centre, volunteering, reducing isolation, community involvement, trust
Parent and Family	16	14	Dealing with domestic abuse, relationship between parents

Total n= 113 centres responding to this question, all percentages have been rounded up to whole figures

Staff also commonly described the aim of **furthering parents’ knowledge and their understanding** of the importance of good parenting, with an emphasis on learning about child development (40%): ‘*Show parents how their behaviour affects their children’s behaviour*’; ‘*Helping parents to learn how their child develops and how they can support it – massive at present*’. Developing **confidence in parenting** was mentioned as an aim across 37 per cent of centres. Centre staff also reported on the **improvement of state** for the ‘parent’ and their parenting, including the empowerment of parents and families (27%), general support (24%), and developing independence and responsibility (17%).

Whilst the majority of staff responses regarding *Parent and Child* needs related to aims specifically for the parents (93% of centres), a further 77 per cent described aims that directly affected children, and more specifically their experiences and outcomes. Staff reported aims for **improved child outcomes** in 58 per cent of centres. The Research Team grouped staff responses into nodes in order to draw out the themes that were reported by respondents. Particular outcomes arising from centre interviews which centres were working to achieve included (in order of most common):

1. General ‘improved outcomes’ in terms of developmental capacity and life achievement
2. School readiness
3. Early intervention and prevention
4. Every Child Matters (ECM) outcomes
5. Access to two year-old funded childcare places and EYFS outcomes.

⁴⁹ All percentages given in Section 5.4 have been rounded up to whole figures, and are out of total responses to the question, “*what is the aim for parenting services in your centre?*” n=113.

Staff referred to children receiving **better experiences** in 45 per cent of the centres. The biggest contributor of these answers was improved attachment between parent and child (noted by 27% of centres). Other examples included (in order of most common):

1. Understanding of the importance of play opportunities
2. More varied and child-led experiences
3. Raising parents' aspirations for their children.

5.4.2 Personal Needs of the Parent

After *Parent and Child*, the second most prominent family need targeted by centres was that of the *Personal Needs of the Parent*. Staff from 79 per cent of the centres felt that their services were aiming to target this element of family need. The majority of centres (38%) were reportedly aiming for a more **general life improvement** including tackling issues such as alcohol and drug misuse, applications for general support, and fostering a more positive personal outlook on life. Examples given by staff included the following: '*Trying to improve quality of life for parents*'; '*Fill in paper work, support going to court, listening*'; '*Life coaching – do things in bite-size pieces*'; '*Need to work on themselves first*'; '*Make good of what got.*'

Staff also reported aiming to support parents to get back into *education*, courses and training (with particular reference to language and numeracy skills; 32%), the importance of improving *general health* (specifically healthy eating, obesity, and oral health; 28%), and increasing *employability* with the ultimate aim of getting parents back into work (27%). Staff also referred to improving *parent socialisation* through building social networks (22%), improvement of mental and emotional health of parents, reduction of parenting stress and depression (21%), relieving financial pressures (including improving economic wellbeing and budgeting), and supporting access to benefits and debt management help/advice (19%).

5.4.3 Other aims for the centre

Other aims for the centre are discussed in more detail in Appendix 5.4. These included aims targeted towards the **Parent and Community** (across 45% of centres), such as engagement with the centre, reduction in parent isolation and integration into the community, community involvement, and increasing parental trust. **Parent and Family** needs were least reported as an aim (by 14% of centres), for example, dealing with domestic abuse and improvement of parent-to-parent relationships.

5.5 The Benefits of 'Play and Learning' Activities for Families (Children and Parents)

Staff who were involved in running sessions at the children's centre were asked two questions about particular activities: "*what do you think the children get out of 'play and learning' activities in centre sessions?*" and "*what do you think adults get out of 'play and learning' activities?*" Staff from 108 children's centres provided responses to the questions about the benefits for children

and adults, now discussed in detail. For details on parents' views regarding the benefits of centre activities, see Chapter 7.

5.5.1 Benefits of 'Play and Learning' Activities for Children

Staff were asked specifically about the benefits of all 'play and learning' activities with children (as opposed to early education or childcare provision). Data analysis showed that staff were aligning their thinking about the benefits of 'play and learning' activities for children with categories from the new EYFS framework. The current EYFS statutory framework was published in 2012 by the Department for Education in order "to set standards for the development, learning and care of children from birth to five" (Department for Education [DfE] and Standards Testing Agency [STA], 2013, p4). The EYFS Profile now specifies expected levels of achievement for children across three prime areas of learning (i.e. 'Communication and Language'; 'Physical Development'; and 'Personal, Social and Emotional Development'); and four specific areas of learning (Literacy; Mathematics; Understanding the World; and Expressive Arts and Design). Staff responses will be presented against the three prime and four specific areas of learning within the EYFS.

Table 5.3 shows the distribution of codes against the seven areas of learning within the EYFS (2013). Whilst staff were asked about their understanding of the benefits of play and learning activities for children, it is important to note that the questions did not directly interrogate staff on their use of the EYFS with children. Researchers instead used the EYFS as a framework from which codes could be organised, and a more direct questioning of using the EYFS for school preparation would likely produce a different set of responses. The team informally recognised that a number of centres integrated areas of the EYFS into their work with children. The area of learning most widely reported by staff as a benefit of interacting with centre 'play and learning' activities was 'Personal, Social and Emotional Development' across 91%⁵⁰ of centres. Next followed 'Physical Development (65%), then 'Understanding the World (59%), 'Communication and Language' (46%), 'Expressive Art and Design' (36%), 'Literacy' (11%), and 'Mathematics' (7%). Each area of the EYFS will now be discussed in turn with reference to staff responses.

Areas of the EYFS

1. '**Personal, Social and Emotional Development**' was the most prominent of the EYFS benefits listed by staff (91% of centres). The biggest contributing benefit, social development, was widely reported (across 79% of centres). Typical responses ranged from the development of specific social skills to the building of friendships and learning to interact with peers and adults: '*They learn to share, take turns*'; '*Helps them mix/share with other children. Develops good manners*'; '*Increase social – self-esteem*'.

The second largest contributor to 'Personal, Social and Emotional Development' was the benefit of learning through play (32% of centres): '*Opportunities to learn through new experiences in play indoors and outdoors*'; '*Space – can run and play freely within the large room*'. Other major benefits for children included improvements to child behaviour (22%) and improvement to levels of confidence (18%).

⁵⁰ All percentages given in Section 5.5.1 have been rounded up to whole figures, and are out of total responses to the question, "what do you think children get out of 'play and learning' activities in centre sessions?" n=108.

Table 5.3 Examples of staff reported ‘benefits for children’ across the seven Early Years Foundation Stage areas of learning

EYFS Areas of Learning and Other themes	No. centres	(%)	Areas of coding
Personal, Social and Emotional Development	98	91	Social development, learning through play, behaviour, confidence, independence, separation/school readiness, self-awareness, emotional development
Physical Development	70	65	Physical development, play, outdoor play, health
Understanding the World	64	59	Variety of learning experiences/resources, messy play, learning about the world/environment, new experiences, culture and the community, cookery, water and sand play
Communication and Language	50	46	Development of language, opportunity and development of interaction, communication and oral communication, development of vocabulary, listening, attention, understanding
Expressive Arts and Design	39	36	Expression, creativity and imagination, freedom and exploration, using media and materials
Literacy	12	11	Reading and book skills, writing skills, literacy
Mathematics	8	7	Numeracy, cookery
OTHER SKILLS AND OUTCOMES	85	79	School readiness, child interactions

Total n= 108 centres responding to this question, all percentages have been rounded up to whole figures

- The second EYFS area of learning mentioned by staff across 65 per cent of centres was **‘Physical Development’**, of which there were two large contributors. The first of these was physical development (32%), which encompassed references to physical activity, gross and fine motor development, understanding of their body, and exercise (*‘Connection to their bodies’*; *‘Exercise – encourage crawling and walking, physical exercise and coordination’*). The second was play (also reported across 32% of centres) which, although did not directly imply an improvement in physical development, is known to contribute to the development of physical skills (Maude, 2006).
- The third EYFS area of learning most commonly referred to by centre staff was **‘Understanding the World’** (59% of centres). Benefits were complementary to the strategies for supporting children (discussed in Chapter 6), particularly in terms of supporting *opportunities* for children. Within this area of learning, there were two clear contributors, the largest contributor by far being the benefit of accessing a variety of new learning experiences or resources (61 out of 64 centres). Staff provided information about a range of new indoor and outdoor experiences for children, including water and sand play, messy play, investigating the outdoors, cookery, good quality resources and a number of other activities that children cannot access at home: *‘Chance to learn new things and get new experiences’*; *‘Opportunity to try food they might not have at home (introduce different texture foods)’*; *‘To play with quality resources carefully matched to age and ability.’*

The second largest contributor to ‘Understanding the World’ was the benefit of accessing messy play activities at the centre. Nineteen per cent of centres who answered this question felt that this was a primary benefit of engaging with children’s centre services, and something

which children frequently lacked within their home environment: *'The experience of messy activities, things they can't do at home'*; *'Messy play...many (most) parents don't do at home.'*

The remaining areas of EYFS learning were reported less frequently across the sample. The fourth EYFS area of learning, '**Communication and Language**', was reported by centre staff as a benefit to children across 46 per cent of centres. The majority of benefits relating to this area of learning were in reference to the child's development of language (34%) and speech (18%). Fifth came '**Expressive Arts and Design**'. This area of learning was reported by staff across 36 per cent of the centres. Most of the benefits included methods of expression (such as music and singing, drawing and dough making, and painting), and elements of creativity and imagination. Fewer staff spontaneously reported the benefits of improved or developed **literacy** and **numeracy** skills as a result of accessing play and learning activities. Reading and general book skills were reported to be the biggest contributor along with writing skills and literacy (11%). Mathematics was the least mentioned benefit of children's centre use (7% of centres). The benefits were described as a combination of numeracy skills and cookery.

Other benefits of attending play and learning activities offered by the children's centre

Seventy-nine per cent of centres reported that children received other benefits (that did not appear to clearly fit into the areas of learning within the EYFS). The biggest of these, was **improved school readiness** and **preparing children for progression into the nursery or primary school** (52%), which included improving child disposition for school, introducing routines (*'Gives structure to their day'*; *'tidying up, snack, singing time'*), general school or nursery readiness, and general transition to nursery/primary school. Another reported benefit was an improvement in interactions of/for the child (32%), including interactions with father figures and other adults. The bulk of this benefit, however, was improvement of the parent-child relationship (27%), as demonstrated by the following: *'Bonding between parents and children'*; *'Parent-child interaction, letting them develop in a different environment'*; *'Quality time with their parents'*.

5.5.2 Benefits of 'Play and Learning' Activities for Adults

Centre staff reported the greatest number of benefits for adults which met **Parent and Child** needs (95% of centres out of the 108 centres who provided answers to this question), followed by the **Personal Needs of the Parent** (87%), **Parent and Community** (66%), and lastly **Parent and Family** (14% of centres). The breakdown of staff responses is shown in Table 5.4, and will be discussed again in terms of parental needs.

Parent and child

The most widely mentioned benefits for parents and adults (95%⁵¹ of centres) related to **Parent and Child** needs. As before, and mirroring the staff responses to the 'Aims for Parenting Services' question in Section 5.4, staff framed their responses in terms of benefits to both parents and children. The inclusion of 'benefits to children' within their responses to the parent-focused question provides some affirmation that improving the outcomes for children was of prime importance in their parent-focused work.

⁵¹ All percentages given in Section 5.5.2 have been rounded up to whole figures, and are out of total responses to the question, "what do you think adults get out of 'play and learning' activities in centre sessions?" n=108.

Table 5.4 Examples of staff reported ‘benefits for adults’ across the areas of parental need

Areas of Parental Need	No. centres	%	Areas of coding
Parent and Child	103	95	Child benefits (better outcomes). Parent aims (ability to care for child, parenting skills, knowledge of child development, confidence in parenting, modelling from staff and other parents)
Personal Needs of the Parent	94	87	Social interaction and socialisation, increased peer support, improved health, education, general life improvement, improved financial situation, seeking employment, improved mental health, improved housing
Parent and Community	71	66	Reducing isolation, community/centre engagement
Parent and Family	15	14	Individualisation of family needs, holistic approach, improved relationship between parents, reduced domestic abuse

Total n= 108 centres responding to this question, all percentages have been rounded up to whole figures

The majority of centre responses relating to **Parent and Child** needs (90%) referred to benefits which directly influence the parents’ ability to appropriately care for their child (in terms of improving their skills and ability, self-belief and mental state, knowledge, and introspection). The top three benefits for parents followed the exact pattern of the responses given for ‘aims of parenting services’, with improved **parenting skills** reportedly being of the greatest benefit to parents (65%), followed by greater **knowledge of child development** (53%), and increased **confidence in parenting** (27%). In terms of improved parenting skills, specific benefits included learning about new activities or resources to use with their children at home, particularly resources that are affordable or which they had originally thought were unsuitable to use with their child. Staff spoke in detail about the benefits of developing and improving parenting skills, which often included skills for behaviour (*‘Build parenting skills’*; *‘Learn skills from staff who model how to talk/play with children which they can take home with them’*). When considering how improved knowledge about child development and understanding of the importance of parental involvement can benefit parents, staff commented: *‘Get a better understanding of child development, of child behaviour’*; *‘Parents being aware of different activities to stimulate their child’s development and learning opportunities’*; also allowing them to *‘See what is usual development of children.’*

Staff remarked that there was an opportunity for families to learn from both the centre staff and other parents through modelling of appropriate and positive behaviours (22%), for example, *‘Staff model how to play with children and how to keep children engaged’*; *‘Can see other parents role-modelling, and watch them play with children’*; *‘Pick up ideas from other parents’*. This final commonly mentioned benefit for parents had not previously been mentioned as an ‘Aim for Parenting’ (see Section 5.4).

As already noted, a large number of staff responses across **Parent and Child** needs related to benefits for children, despite the question specifically asking about benefits for adults (80%). As was the case with the ‘Aim for Parenting’ question, the benefits for children could be divided into two types: **improved child experiences** and **improved child outcomes**. Staff reported benefits for *improved child experiences* in 54 per cent of the centres, the biggest contributors of which were enhanced or improved play experiences with their parent (*‘Parents learn how to engage with children especially through messy play’*; *‘[Parents] get time to play with their children without housework, phones or other distractions’*), followed by improved parent-child relationships (*‘One-*

to-one bonding with child') and more varied child experiences ('Good resources and well equipped room and outside areas'). Staff described the benefits of *improved child outcomes* (28% of centres) including the opportunity for parents to observe their child and monitor their progress ('Parents see the progress their children make') and improving school readiness ('Routines for children – helps transition to school – example snack time, group story and song time').

Other benefits of 'Play and Learning' activities for adults

A number of other benefits were cited for adults, including improvements to the **Parents' Personal Needs** (87% of the centres: for example, social interaction and socialisation, peer support and other outcomes listed in Appendix 5.5). **Parent and Community** benefits were the third most commonly reported benefit (66% of centres: such as reducing isolation, community engagement). Lastly, staff mentioned benefits related to the **Family** (14% of centres) for example, individualisation to family needs and the benefits of a holistic approach.

5.5.3 Other Benefits of 'Play and Learning' Activities

When staff were asked to report on the benefits of play and learning activities for children and adults a number of other features of the children's centre service were described as beneficial. The most prominent of these was the *supportive environment* of the centre (reported by 65%⁵² of the centres), which included references to the following:

1. The general level of support offered, which often went a step beyond the scope of centre sessions: '*Reassurance and advice from staff*'; '*Help to do the shopping list – supporting them to shop*'; '*Support and help when needed*'.
2. The welcoming and comfortable environment within the centre: '*It's a cosy home environment, which families relate to. It has a relaxed atmosphere*'; '*It's really welcoming, a hub of the community*'. Royston and Rodrigues (2013) reported that this type of welcoming environment was essential for the sustained engagement of families.
3. The enjoyment that families receive as a result of attending the centre: '*Children don't want to leave*'; '*Mums enjoy the activities*'.
4. The accessibility of having a range of services together in one location, the physical accessibility of the centre location, and the inclusivity for families who need special access: '*Everything is under one roof making it easier to help families*'; '*The location – such a rural area so very few services anyway, so having children centre at heart of community is beneficial for families*'; '*Children with disabilities – Special Educational Needs [SEN] group supports parents to access nursery and professionals*'.

In addition to the supportive environment, staff felt that families benefited from *furthered knowledge* resulting from their access to general information and advice at the children's centre. Thirty-one per cent of centres described benefits of families being able to ask questions and seek

⁵² All percentages given in Section 5.5.3 have been rounded up to whole figures, and are out of total responses to the two questions, '*what do you think the children get out of 'play and learning' activities in centre sessions?*' and '*what do you think adults get out of 'play and learning' activities in centre sessions?*' n=108.

advice on services, particular concerns to do with their child or parenting, or their own additional needs: *'Speak with workers if they have worries'*; *'Ask how do you do that?'*; *'Contact with workers – offer informal advice and support'*. Families were also noted to benefit from the wealth of information available at the centre i.e. from centre staff, experts, or leaflets and tip sheets. Lastly, centre staff reported: benefits for the parents, in terms of the *integration of multi-agency services* and the opportunity for signposting and referrals to other sessions, services, or agencies (26% of the centres); benefits of accessing a *high quality service*, including multi-agency teams, qualified and passionate staff, and suitable buildings (20% of centres); benefits of having dedicated time to spend with their children and to structure their day, as well as a dedicated place to take their child; and the benefits of attending a free service.

5.6 Summary

Staff were most likely to emphasise whole family factors and needs in their general descriptions of centre users, followed by parent factors/needs. Staff most frequently referred to types of family structure (e.g. lone and young parent families) and the variety of family needs. References were made to both the vulnerability (e.g. involvement of Social Care) and the variety of socio-demographic characteristics of the participating families. **Definitions of the 'most disadvantaged' families were more likely to emphasise parent factors or needs, followed by the needs of the family.** Staff reported factors such as the parents' personal situation, poverty, inadequate housing and lack of socialisation; or factors relating to their personal life skills. **Staff acknowledged three potential barriers which could pose a challenge to working with the families:** 1) parental relationships with staff, 2) staffing, including time allotted to families, and 3) centre administration, resources, and finance.

The aims for parenting services could also be broadly mapped onto areas of parental need. **Centre staff most commonly described aims for meeting the needs of the *Parent-Child*, followed by the parents' *Personal Needs*.** Frequently reported aims included improving parenting skills and furthering parent knowledge about good parenting and child development, as well as improving child outcomes and experiences.

Staff reported a number of benefits consistent with the EYFS areas of children's development as a result of attending 'Play and Learning' activities, including 'Personal, Social and Emotional Development', 'Physical Development', and 'Understanding of the World'. School readiness was also listed as an important benefit, as well as providing an opportunity for children to interact with others. **Staff reported a number of benefits for adults which matched the commonly listed aims for parenting services.**

The greatest benefits were reported for improving *Parent-Child* needs, followed by the parents' *Personal Needs*. Frequently reported benefits included *improved parenting skills*, *greater knowledge of child development*, and *increased confidence in parenting*. **Other benefits highlighted by staff included the supportive, welcoming and comfortable environment of the centre, the furthering of parental knowledge, and the integration of multi-agency services.**

6 Strategies and Progression into the Future [Goff and Evangelou, with Tracz and Parkin]

Key Findings:

Four areas of findings are presented within this chapter:

▪ Strategies for working with children

Staff reported using a number of strategies with children such as the provision of **Opportunities and Interactions*** (92% and 45% of centres respectively: strategies resembling the '*Opportunities, Recognition, Interaction and Model*' framework known as ORIM [Hannon 1995]). Other strategies described as being used with children included the development of *school readiness* (47%), *meeting individual needs* (34%) and creating a *supportive environment* (33%).

▪ Strategies for working with parents

Strategies used with parents could also be aligned with the ORIM framework, including the provision of **Opportunities, followed by Modelling, Interactions and Recognition** (90%, 88%, 87% and 34% of centres respectively). In addition to this, staff reported a number of other strategies, including *encouragement and empowerment* (90% of centres), *meeting individual needs* (85%), and *providing information and knowledge* (83%). Across the sample, all but one of the aforementioned strategies were used to support *parent-child* needs (98%).

▪ Centre strategies

Staff also referred more generally to the importance of providing a multi-agency response, a variety of service types, and promoting centre services (66%, 62% and 39% respectively).

▪ Children's centres' hopes and plans for the future

The majority of staff reported that services and provision should be the key focus for future working, particularly keeping the centre open and sustaining the current level of services on offer, as well as providing additional services, and commenting on the **focus of groups and services that will be offered in the future** (across 94% of the centres). Other areas of focus for the future (in order of prevalence) included *family involvement and engagement with the centre* (65%), *organisation and management practices* (64%), *staffing* (63%), *family needs* (50%), and *facilities and resources* (44%).

**Interactions as listed here present both parent-to-child and other adult-to-child interactions, as well as sharing with parents the importance of facilitating such experiences for the child.*

6.1 Introduction

This chapter aims to look into further detail regarding staff responses to the interview described in Chapter 5. The chapter begins with a discussion of the supportive strategies used with children and parents at the centre, before moving on to general strategies implemented by the centre. The chapter will then describe the changes which staff would like to see within the children's centre over the next year, before concluding with a summary of the findings. The authors will draw upon the 'Opportunities, Recognition, Interaction and Model' (ORIM) framework developed by Hannon (1995) to describe the supportive strategies used with families at the children's centres.

The ORIM framework informs parents of ways that they can support their children's learning:

- Opportunities to learn
- Recognition and valuing of their early achievements
- Interaction with adults in learning situations
- Modelling (of literacy and numeracy behaviours, learning strategies, and dispositions from adults)

The ORIM framework positively recognises ways in which parents already support their children's learning and ways that staff might be working with the families to support child learning, and carry out parenting support.

6.2 Strategies for Working with Children

In total, staff from 108 centres reported on strategies that they used with children at the centre. Upon analysing staff responses it became clear that the strategies could be aligned to the ORIM framework (Hannon, 1995). Table 6.1 shows the distribution of the ORIM framework along with other prominent areas arising from staff responses.

Table 6.1 Examples of strategies for children reported by staff in children's centres

Strategies used with children (<i>and type</i>)	No. Centres	%	Areas of coding
Opportunities (<i>ORIM</i>)	99	92	Provision of learning experiences, experiences not available at home, provision of resources, opportunities for play, outdoor access
Interaction (<i>ORIM</i>)	49	45	Parent-Child relationship, other adults
Modelling (<i>ORIM</i>)	8	7	Role-modelling
Developing School Readiness (<i>Other</i>)	51	47	Preparing school readiness and early-education
Meeting Individual Needs (<i>Other</i>)	37	34	Individualised experiences and child-led play, assessment
Supportive Environment (<i>Other</i>)	36	33	Friendliness and accessibility

Total n= 108 centres responding to this question, all percentages have been rounded up to whole figures

In terms of the ORIM guidance, centres reported supporting parents through the use of the following: provision of *Opportunities* (across 92% of centres), facilitating *Interactions* (45%), and *Modelling* (7%); only one centre volunteered information about using *Recognition* as a supporting strategy with children, and thus this is not reported here. Other centres spoke of using additional supportive strategies, some of which may also be considered as aims for the centre. The most widely reported of these were the development of *school readiness* (47%), *meeting individual needs* (34%), and providing a *supportive environment* (33%). The most commonly reported of these strategies will now be discussed.

6.2.1 ORIM Framework for Supporting Children

Ninety-two per cent⁵³ of centres spoke about **providing opportunities** for children. In particular, staff described the *provision of learning experiences* (58%), for example, messy play, cookery, water and sand play, outdoor play, and tactile and sensory experiences. Staff reported providing opportunities for children to be active and physical, creative, stimulated, and to develop communication and social skills. Some centres specifically referred to providing opportunities for children to access EYFS areas of learning within centre sessions. Next, half of the centres spoke about providing children with *experiences that they do not receive at home*, particularly messy play. Just over a third of centres spoke about the *provision of resources*; children were said to have access to a wide range of toys, equipment, and quality learning materials through the children's centre. Just under a third of the centres provided *play opportunities* by giving children the time and space to play with peers and parents. *Outdoor experiences* were specifically highlighted as a supporting strategy by nearly a quarter of centres, especially as a number of children do not have access to outdoor space or gardens within their everyday lives. Staff also described other opportunities for children, including language development, freedom and opportunity to explore a new environment, and the provision of space.

Forty-five per cent of centres referred to **interaction** as a supporting strategy for children. Staff mostly mentioned enhancement of the *parent-child relationship* (30%) through increasing opportunities for bonding and attachment, providing opportunities to interact, and allowing them to spend quality time with their parent. Staff also described providing children with the opportunity to interact with *other adults* aside from their own family (in just under one fifth of centres). In addition to this, seven per cent of centres spoke about **role modelling** as a strategy for supporting children (both in terms of learning from other children in the centre as well as directly from adults).

6.2.2 Additional Strategies for Supporting Children

Staff described a number of additional strategies that they used to support child development, some of which could also be considered as aims for the centre itself. In their responses, 47 per cent of centres spoke about the **development of school readiness and early education**, including the development of early language skills, social skills (such as turn-taking and building friendships), the development of appropriate behaviours (such as routines and boundaries), adjusting to separation from parents, and transitioning.

⁵³ The percentages reported throughout Section 6.2 have been rounded up to whole figures, and are based upon volunteered information regarding strategies (as opposed to all centres systematically answering a question). Percentages should therefore be interpreted with caution. n=108.

Thirty-four per cent of centres referred to **meeting individual needs** as a strategy for supporting children. Nearly a quarter of centres referred to the provision of *individualised experiences* as a strategy for children, including ensuring activities were age and ability appropriate, reflect child-interests (e.g. child-led play), and ensure they were appropriately chosen to enable children to meet their individualised outcomes. Twelve per cent of centres detailed *assessment* as a strategy for meeting individual needs, which referred to a more detailed focus and observation of children’s personal development and progress, and the assessment or monitoring for any delay in development.

A third of centres reported the provision of a **supportive environment** in terms of ensuring that the environment remained *friendly* and *relaxing* for the children (just under a fifth of centres). Staff referred to creating a welcoming ‘*Home from home for children*’, using descriptors such as ‘*open*’, ‘*cosy*’, ‘*fun*’, ‘*enjoy[able]*’ and ‘*happy*’. *Accessibility* was also important for ensuring that children with additional needs were able to access services, either at the centre or in their homes, and referrals were made to appropriate professionals as required.

6.3 Strategies for Working with Parents

All 117 centres visited in the parenting study referred to a variety of strategies that they were using to support parents at the centre. Qualitative analysis of the staff comments regarding the strategies used with parents, showed clear similarities to the ORIM framework as well as areas of parental need (see Table 6.2; for additional information see Chapter 2).

Table 6.2 Strategies for parents reported by staff in children’s centres

Strategies used with parents (<i>and type</i>)	No. centres	%
Opportunities (<i>ORIM</i>)	105	90
Modelling (<i>ORIM</i>)	103	88
Interaction (<i>ORIM</i>)	102	87
Recognition (<i>ORIM</i>)	40	34
Encouragement and Empowerment (<i>Other</i>)	105	90
Meeting Individual Needs (<i>Other</i>)	100	85
Information and Knowledge Provision (<i>Other</i>)	97	83

Total n= 117 centres responding to this question, all percentages have been rounded up to whole figures

In terms of the ORIM framework, centres reported supporting parents through the provision of: *Opportunities* (across 90% of centres), *Modelling* (88%), facilitating *Interactions* (87%), and *Recognition* (34%). Other centres reported the use of additional supporting strategies, including *encouragement and empowerment* (90%), *meeting individual needs* (85%), and *information and knowledge provision* (83%). Across the sample all but one of the aforementioned strategies were used to support *Parent and Child* needs as a unit (98%).

6.3.1 ORIM Framework for Supporting Parents

The strategies used for working with parents are discussed in depth in Appendix 6.1. The provision of **opportunities** was mentioned most frequently as a supportive strategy across 90 per cent of the sample, including the encouragement and provision of varied activities for children; increasing parental awareness of new activities to be used at home; supporting parents to improve their financial situation, and providing opportunities for work and employability; and opportunities to access centre services in a variety of locations. The use of **modelling** as a supporting strategy was reported by 88 per cent of the sample. Examples included the modelling of particular parenting tools, skills, and strategies for use with the children; role modelling; working with families on their skills for cookery, family diet, and breastfeeding; and provision of advice on a variety of health issues such as smoking cessation, dental hygiene, and alcohol and substance misuse.

Interactions were reported as a supportive strategy by 87 per cent of the sample. Examples included encouraging social interaction, relationship building and peer support networks; developing trusting relationships with staff; giving parents the 'freedom to talk'; encouraging parent and child interactions and relationships; and providing group support. The least mentioned ORIM strategy was **recognition** (reported by 34% of the sample). Staff reported using praising and encouragement as a strategy, and encouraging parental reflection.

6.3.2 Additional Strategies for Supporting Parents

Encouragement was an additional strategy used by the majority of centres (90%). Responses included general support; presenting a welcoming, supportive, accessible and inclusive environment; developing parental confidence, self-esteem, and self-worth; encouraging parents to develop independence, responsibility and participation (also within the community); general **parental empowerment**; and promoting aspirations and self-esteem for the parents and their children. **Meeting individual needs** was the next most commonly reported strategy (85% of the centres). Examples included providing practical support; courses and education; targeting the improvement of home lives; targeting the personal needs of the family, and maintaining a flexible approach.

The **provision of information and knowledge** was the last main strategy highlighted (83% of centres), which primarily referred to parental awareness of child development and the importance of play; but also provision of information on parenting, child needs, and how children learn (to name but a few examples). Further information on all strategies can be found in Appendix 6.1.

6.4 Centre Strategies

As well as listing strategies for use with children and parents, staff from 107 of the centres also referred more generally to the way that their centre influences the delivery of services (further detailed information on these centre strategies can be found in Appendix 6.2). Staff from two thirds of the centres reported on the importance of providing a **multi-agency response**⁵⁴ in terms

⁵⁴ The percentages reported throughout Section 6.4 have been rounded up to whole figures, and are based upon volunteered information regarding strategies (as opposed to all centres systematically answering a question). Percentages should therefore be interpreted with caution. n=107.

of signposting and referrals to other agencies, and maintaining a good relationship with agencies. A number of centres (62%) highlighted the importance of the **types of services** on offer (for example, targeted versus universal provision, and variety). Many centres referred to **promoting their centre services** to families (39%). The **quality of the staff** was also important (34%) in terms of their role, nature, approachability, expertise and consistency. **Centre provisions** for families were noted (21%) as was the centre being a **safe place for families** (14%).

6.5 Children’s Centres’ Hopes and Plans for the Future

Respondents were asked near the end of the interview to describe their hopes and plans for the future of their centre. In particular, they were asked the question “*how would you like it to change or develop over the coming year?*” In total, staff from 116 of the 117 centres provided answers to this question.

Table 6.3 displays the breakdown of staff responses in terms of what they would like to change in the future. Staff referred to their wishes in terms of 1) *improved provision and experiences* for the families (including increased engagement and improved outcomes related to family needs), and 2) *centre-based outcomes* such as management, staffing, and resources. Most importantly, staff made comments about the ways that they would like their **services and provision** to move forward in the future (94%⁵⁵ of centres). Next (in order of frequency amongst the centres) staff reported a future focus on **family involvement and engagement with the centre** (65%), **organisation and management practices** (64%), **staffing** (63%), **family needs** (50%), and **facilities and resources** (44%). These six areas of focus will be considered in turn.

Table 6.3 Staff responses to how they would like their centre to change in the future

What areas of centre focus would staff like to change	No. centres	%	Areas of coding
Services and Provision	109	94	Staying open/sustaining services, additional services, focus of services, integration of centre into community, multi-agency approach
Family Involvement and Engagement	75	65	Increased engagement and attendance, increased numbers of families, improving reach and location
Organisation and Management Practices	74	64	Funding, organisation and management, data and registration
Staffing	73	63	Staffing issues and roles, job satisfaction
Family Needs	58	50	Parent and family needs, parent and child needs, personal needs of parents, parent and community needs
Facilities and Resources	51	44	Venue, space, facilities and resources

Total n= 116 centres responding to this question, all percentages have been rounded up to whole figures

6.5.1 Services and Provision

Staff from the majority of the centres (94%) thought that services and provision should be a main focus of centre work in the future, reflecting on five prominent issues: ensuring that the **centre**

⁵⁵ All percentages given in Section 6.5 have been rounded up to whole figures, and are out of total responses to the question, ‘*how would you like [your children’s centre] to change or develop over the coming year?*’ n=116.

stays open and sustains services (in 68% of the centres), **additional services** (53%), **focus of groups and services** (45%), **integration of the centre into the community** (44%), and **maintaining or developing a multi-agency approach** (35%). These areas will now be discussed in further detail.

The most commonly reported issue involved centres **staying open and sustaining services** (reported by 68% of centres). Staff hoped for things such as: *'Still to be here!*', *'Not to stop all this early intervention that we have been doing'*, *'Like to maintain at least a base level of what we can provide (it's under threat)'*; *'Ensure front line services [are] not affected.'* One respondent in particular was concerned about losing current services: *'I'm concerned about the impact on families if there are further cutbacks because this can be a lifeline.'* The recent census by 4Children (2013) suggested that universal services were the most likely service to be cut back, with the majority of centres citing a greater focus on targeted services, as driving these shifts.

Next, just over half of the centres (53%) felt that they would benefit from **additional services**. Respondents described wanting more of the services that they were already implementing (*'To be able to do more of what we are doing!'*; *'More universal services to get families in'*; *'The capacity to deliver more courses/sessions'*). They also described wanting new services such as parenting programmes (*'Need parenting programmes – at [the] moment there are none running under new lead body'*; *'Wants to offer baby massage but currently no time'*), particular targeted groups (*'A group/respite for children affected by domestic abuse'*), and specialists who can help with services on-site.

Forty-five per cent of the centres felt that the **focus of groups and services** was important to their future. A vast range of foci were mentioned by staff, including supporting families, universality of service, general parenting, solution skills, antenatal, healthy eating, budgeting, individual needs, child development, and family intervention. A similar percentage of centres (44%) recognised the need to **integrate the centre into the community** by building and strengthening links with other organisations (such as schools, health centres and emergency services), getting staff into the community, seeking out new community venues for services, developing more outreach or family support work, developing more of a 'community feel' within the centre, and encouraging the community into the centre through dedicated events (for example, *"I would like to see us out in the community more. There are so many families out there that don't even know we exist here. There is a good foundation but we need to build on it."*)

A further 35 per cent of the centres explained the importance of **maintaining or developing a multi-agency approach**, particularly with health visitors and midwives, speech and language therapists, schools, and social workers. Staff referred to developing work with professionals onsite (*'Would like to have clinics onsite and a multidisciplinary team'*; *'Housing and benefits advisors directly employed by children's centres so that they are in-house – would be great'*), improved data sharing (*'Further development in work with health, see them providing data they require'*; *'Sharing knowledge'*; *'Social services issue – sharing information'*), improved signposting and referrals to other multi-agency partners (*'Make the referral process easier and support health visitors and other professionals with this process'*), and closer working in general between the centre and multi-agency organisations (*'Building [a] more collaborative approach into our centre'*; *'More working together with other agencies'*). This finding is supported by Royston and Rodrigues

(2013) who describe effective partnership working as a particular difficulty with regards to data sharing and understanding of the children's centre role.

A wide range of other comments were made by respondents regarding the importance of future services and provision of the centre, including the development of current work (28%), general support for families, maintaining universal services, targeted services, ensuring quality and appropriate services, broader services, and more outreach (amongst others).

6.5.2 Family Involvement and Engagement

The second most prominent area for change described by the staff was family involvement and engagement (across 65% of centres). Staff reported three prominent issues: **increased family engagement and attendance** (52%), **more families** (33%), and the **importance of reach and location** (24%). These areas will now be discussed in further detail.

Just over half of the centres responding to this question (52%) reported on the importance of **increased family engagement and attendance**. In particular, respondents spoke in detail about meeting their targets and increasing the numbers of families accessing centre services.

Respondents particularly wanted to learn about how to engage with families, increase more accessible universal work (*'Keep the 'soft' courses that attract people in so they can move on to other training'*), reach particular vulnerable target groups such as fathers, and Eastern European families, use data to target new families, and lastly, to encourage registered families to use the centre more. Next, staff referred to a wish to bring in **more families** (33% of centres): *'If you reach a point where people are not coming to you, you have to go to them, look at new ways of "selling" yourself.'*

Staff spoke about the **importance of reach and location** (24% of centres), and more specifically, the emphasis on engaging particularly difficult areas of reach (*'They need an additional site in ... reach area'*), improving their current percentage of 'reach', and revising how they work with the local families and their needs. Other comments given by staff in relation to improved family involvement and engagement included (in order of frequency): improved promotion of the centre and services (in 17% of centres), encouraging specific vulnerable groups into the centre (11%), increased parental involvement in centre work (for example, through volunteering, parent forums, the advisory board, fundraising, and consultation), and increased access by hard to reach families.

6.5.3 Organisation and Management Practices

The third most frequently reported area of centre progression was organisation and management, (64% of centres). Staff stressed three prominent issues: **funding** (37%), **general organisation and management** (19%), and **data and registration** (10%). Most frequently, staff described the issue of **funding** (37% of centres) and a wish for greater or sustained funding. Staff identified a number of purposes towards which further funding would be targeted, including better staffing levels, increased targeted and universal work, transporting families to the centre, the continuation of more-expensive parenting programmes, better publicity, improved training opportunities, and subsidising trips for families. Staff also wanted reassurance that future funding would not be

further reduced: *'Unfortunately we see what we need to do but we are constrained by [the] current economic climate'*; *'Would like finances not to drop'*.

Next, staff spoke about **general organisation and management** (19% of centres) including uncertainties regarding lead bodies and working with current or new managerial staff: *'Worry is that with [a] different lead body, may spend more time on the requirements of the organisation/lead body as they will tender for cluster'*. Lastly, staff mentioned a wish to resolve **data and registration** issues (10% of centres). Respondents described the pressures of reaching a set percentage of families (*'Service is about supporting families not data collection'*), receiving better data from other agencies (*'Stronger links with midwives to ensure even earlier registration'*), and improving their use of current data (*'Make use of data- target to encourage/get feedback to see if there's anything they want'*).

6.5.4 Other Hopes and Plans for the Future

The fourth most frequently described area for progression was **staffing**, as indicated across 63 per cent of the centres. Staff reported two prominent issues: **staffing issues** (53%: for example staffing consistency; job security and issues with temporary staffing; workload and needing additional staff; tensions in relying on volunteers; and requesting defined job roles) and **job satisfaction** (19%: wishing to stay employed and remaining positive).

Half of the centres wanted to see a focus on **family needs** in the future. Staff reported wishing to see changes related to the **family** (26% of centres: for example positive outcomes for families, providing for individual needs, and better monitoring of family progress). Staff also talked about wanting to see changes related to **Parent and Child needs** (25%: examples included improved or maintained early intervention and prevention, greater work surrounding parenting skills, and a greater focus on narrowing the child attainment gap, amongst others). **Parent's personal needs** were a focus for fifteen per cent of the centres (e.g. reducing worklessness, providing opportunities for parental interaction, improving mental health, education, etc.) and ten per cent of centres wanted to see changes for the **community** (e.g. community projects and volunteering opportunities).

The sixth and final area for change described by staff regarded **facilities and resources** (across 44% of the centres). Two main issues arose from the respondent answers: improvement in **venue and space** (in 29% of centres: for example, availability in outreach areas; improvement in outdoor space; wishing for further space in the centre and utilising current facilities; changing centre ambience), and **facilities and resources** (19%: such as new facilities in the centre, modernising systems and providing further resources). These areas are discussed in more detail in Appendix 6.3.

6.6 Summary

This chapter has documented strategies for children, parents, and children's centre working that, at the point of data collection, were utilised or proposed for future service implementation. The current data demonstrates the substantial variation of children's centre provision across the different categorisations of the ORIM framework. **Staff reported using a number of ORIM**

strategies with children such as the provision of *Opportunities* and *Interactions*. Ninety-two per cent of children's centres provided *Opportunities* for children through the provision of learning experiences, outdoor experiences, play opportunities, and experiences not received at home such as messy play. Forty-five per cent of children's centres used *Interactions* as a strategy for working with children, building upon the parent-child relationship through the encouragement of bonding and attachment and the provision of socially interactive opportunities, for example, with other children and adults within the centre. Other strategies described as being used with children included the development of *school readiness*, *meeting individual needs*, and creating a *supportive environment*.

Strategies used with parents could also be aligned with the ORIM framework, including the provision of *Opportunities*, *Modelling*, *Interactions* and *Recognition*. The most widely reported strategy, provision of *Opportunities* included the encouragement and provision of varied activities. This was followed by the *modelling* of parenting tools, skills and strategies and encouraging social *interaction*. In addition to this, staff reported a number of other strategies, including *encouragement and empowerment*, *meeting individual needs*, and *providing information and knowledge*. Across the sample, all but one of the aforementioned strategies were used to support *parent-child* needs. **Staff also talked more generally about the importance of providing a multi-agency response, a variety of service types, and promoting centre services.**

Children's centres were questioned as to their hopes and plans for the future of their centres, both in terms of their work with families and also in their plans for centre-based outcomes, such as management, staffing, and resources. **The majority of staff reported that services and provision should be the key focus for the future, particularly regarding keeping the centre open and sustaining services, providing additional services, and the focus of groups and services in the future.** Other areas of focus for the future (in order of prevalence) included *family involvement and engagement with the centre* (e.g. attendance, more families, reach and location), *organisation and management practices* (e.g. funding, organisation and management, data and registration), *staffing* (e.g. staffing issues, roles and job satisfaction), *family needs*, and *facilities and resources*.

7 Parental Views and Experiences [*Paget, Evangelou and Goff*]

Key Findings:

Three areas of findings are presented within this chapter:

- **Parental use of children's centres**

On average, parents visit their children's centre "at least once or twice a week".

On average parents attend more than one children's centre, as it allows them to access a wider variety of services. Parents indicated that the top three reasons to attend other children's centres were: to attend a variety of sessions, to allow their children to play within a variety of children's groups, and to attend a specific session.

Most parents have been attending their children's centre for less than three years (78%). The majority of these parents have been attending their centre for one or two years.

- **Reasons parents attend children's centres**

Parents predominantly attended children's centres for the benefit of their child. The most frequently reported reasons for attending children's centres were as follows: allowing children to meet and play with other children (97% of parents); giving children access to a variety of activities (95%); children's enjoyment of centre sessions (93%); parents' enjoyment of attending with their children (92%); parents wanting to help their children learn (84%); and to help prepare children for nursery or school (78%).

- **Parental impressions of the children's centres**

The vast majority of parents indicated that they were "very happy" with the services provided to them by children's centres (92% of parents). No parents indicated that they were "very unhappy" with any of the services offered.

Parents referred to a number of benefits for their children including improved personal, social, and emotional development, as well as improved physical development as a result of attending centres.

7.1 Introduction

The parenting study aims to capture and evaluate the quality of children's centre services aimed at and used by parents. This chapter in particular, seeks to represent how parents perceive the parental support they receive at children's centres. The questionnaire for parents covered similar themes to the questionnaires for staff (reported in Chapter 3) in order to examine whether parents' perceptions resembled the centres' perceptions. The parent questionnaire aimed to capture the frequency with which parents used children's centres, parents' motivations for attending sessions at children's centres, and overall impressions of centre services. The interview also collected background information on the parents themselves.

Regional researchers attended a 'stay and play' or drop-in style session on the day of their visit to recruit parents for the parenting study. Researchers brought along copies of the questionnaires and parents were selected as an opportunity sample on the day of the visit. The parents that were given questionnaires (or verbally interviewed depending on their English reading capacity) were therefore necessarily those that were both confident and willing to talk with the researchers. The parent questionnaire was administered to up to five parents at each of the 117 children's centres participating in the parenting study in 2013 (585 parents took part in the parent questionnaire/interview). Demographic information on the parents interviewed is presented in Appendix 7. Parents however appeared to be very selective in terms of the questions they answered, and thus the number of respondents to each question vary considerably across the chapter. The findings from these interviews are now presented.

7.2 Parental Use of Children's Centres

This section details the frequency with which parents use children's centres, their patterns of use, and the history of their use of the centres.

7.2.1 Frequency of Use

Parents were asked to report how many times, on average, they visited the centre in which they were interviewed. Table 7.1 displays parental responses regarding their frequency of children's centre use.

Table 7.1 Frequency of children's centre use

Frequency of visits	Frequency of visits to current children's centre (expressed as a % of respondents)		
	Per week (479 respondents)	Per month (28 respondents)	Per year (5 respondents)
1	52	32	n/a
2	30	43	n/a
3	11	24	n/a
4	4	n/a	20
5	3	n/a	n/a
6 or more	<1	1	80

Total n= 512 parent responses

Note: all percentages have been rounded up to the nearest whole

The majority of parents visited the target children's centre (i.e. the one in which they were interviewed) “at least once or twice a week”. Eighty-two per cent of those parents (who visited the centres on a weekly basis) did so once or twice per week. In addition, many parents indicated that they would visit other children's centres as well as their own.

7.2.2 Patterns of Use

Parents were asked how many children's centres they attended and their reasons for attending different centres. On average, parents attended 1.38 centres⁵⁶. Parents’ answers ranged from a minimum of one centre to a maximum of seven centres. Table 7.2 outlines parents’ reasons for attending different centres. It is, however, possible that parents did not have in mind the set-up of a cluster arrangement of centres (see Goff et al. 2013 for definitions of a cluster). Parents may therefore have reported using different centres for various services that might have in fact been part of the same cluster, or may have been satellite sites for the same centre.

Table 7.2 Reasons for attending other children's centres

Reasons for attending other children's centres	Rank order of reasons (% of parent responses)
Services – To attend a variety of sessions	26
For a variety of children's groups	16
Services – To attend specific sessions	15
Services – Schedules and timing	12
Proximity to home	10
For a variety of parent's groups	7
For a variety in atmosphere/location/staff/toys	6
Services – Location: whatever works with parent schedule and routine	5
Services – Service unavailability due to overcrowding/service cuts	2
Services – Health services/child weighing	2
Services – Costs associated with services/avoidance of costs	1
Volunteering at a different centre	1

Total n= 198 parent responses

Note: all percentages have been rounded up to the nearest whole

The top five reasons for parents attending different children's centres were: to attend a variety of sessions, to include their children in a variety of children's groups, to attend specific sessions offered by specific centres, to attend sessions at a time most convenient for the parent and child, and the proximity of the children's centre to the family's home. The desire for children to attend a variety of sessions was the strongest motivator of parents to move between centres, with over one quarter of respondents including this response in their answers.

7.2.3 History of Use

Parents were asked how long they had been using the target children's centre for, and how they had first heard about it. Table 7.3 outlines the length of time parents had been using this centre and Table 7.4 details how parents first came to hear about the centre.

⁵⁶ Standard deviation of 0.73.

Table 7.3 Length of time parents had been attending the centre

Length of time parents had been attending the centre	% of the parent responses
1 st month	8
Less than 6 months	16
6 months – 11 months	16
1 year to 1 year 11 months	23
2 years to 2 years 11 months	15
3 years to 3 years 11 months	10
4 years to 4 years 11 months	6
5 years to 5 years 11 months	3
6 years or more	3

Total n= 468 parent responses

Note: all percentages have been rounded up to the nearest whole

Seventy-eight per cent of parents had been attending the target centre for three years or less. Of these parents, the majority had been attending for one or two years.

Table 7.4 How parents heard about the centre

How parents first heard about the centre	Rank order of responses (% of the parent responses)
Health Visitor	23
Friend/Family	22
Searched for it myself	21
Leaflets/Centre Staff	13
Midwife/Doctor	12
Antenatal group	6
Clinic/Health Centre	3

Total n= 518 parent responses

Note: all percentages have been rounded up to the nearest whole

Most parents (66%) heard about the target children's centre through contact with their health visitors, a friend or family member, or they had searched for the centre themselves.

7.3 Reasons Parents Attend Children's Centres

Parents were asked to outline their motivations for attending children's centres in the questionnaire, according to a list of options. Table 7.5 outlines the reasons given by parents (in rank order). A number of the reasons listed in Table 7.5 have been mentioned in staff reports of the aims and benefits of children's centre work (Chapter 5). Other responses (comprising 1% or less of the respondents' affirmative answers) included professionals encouraging the parent to attend the centre (for example a counsellor, health visitor, speech and language therapist, social worker, or centre outreach worker), and attending centres to help parents find employment. Motivations to attend centres (outside of the list presented within the questionnaire) that were explicitly given by parents included: meeting other parents for support and socialisation, the centre and its staff being friendly and supportive, and children learning to share and socialise. Parents were also asked to pick their top three reasons for attending children's centres from the list. Six of these came out as most popular, and matched directly the six most reported reasons listed within Table 7.5.

Table 7.5 Reasons for attending the children's centres

Reasons parents come to the centre	Rank order of reasons (% of the parent respondents)
It allows my child to meet and play with other children	97
It gives my child variety in the activities they do	95
My child enjoys coming here	93
I enjoy coming here with my child	92
I want to help my child's learning	84
It helps my child to prepare for nursery or school	78
It breaks up my child's week	71
It gives my child some structure to their week/day	70
It is free/cheap	70
I want to make new friends	63
I want to learn how my child develops	55
I am supported by staff at the centre	55
My child can play with "mess" and I don't have to clean up	53
This centre has a specific session that I like to attend	45
This centre is open during summer holidays when other places are not	43
I want to know how to better my parenting	40
It is somewhere to take my child in-between other activities (such as childcare)	39
I can bring both my young children and older siblings	34
I used to come here for other siblings/children and have decided to come again	29
One of my friends recommended that I should come here	28
I go to a health session (e.g. health visitor drop-in, dentist, nutritionist etc.)	22
I come to a course here	21
Food or lunch is provided for my child	16
My child goes to childcare here	11

Total n= 522 parent responses

Note: all percentages have been rounded up to the nearest whole

7.4 Parental Impressions of the Children's Centres

This section of the Parent Questionnaire was designed to capture the impressions of parents regarding children's centre services. Parents were asked about their overall impressions, their views of the services offered for their children, the services offered to them as a parent, and the services offered to them as a family. Table 7.6 summarises parents' views of their children's centre services.

The majority of parents were "very happy" with the services provided by the centres, and no parents indicated that they were "very unhappy" with any of the services provided; of the 500+ parents who responded to these items, only one per cent were "slightly unhappy" with any of the services offered to them by the centres. Parents were also asked to articulate their impressions of the two sessions that they most regularly attended at the centre - they were asked what they liked about the session, why they thought the session was helpful to either themselves or their child, what they as parents do differently after having attended the session, what changes they have

noticed in their child/children since coming to the session, and what they would wish to change about the session. The parent responses varied widely, however, the responses most frequently cited can be categorised, generally, into 'Benefits for Children' and 'Benefits for Parents'.

Table 7.6 Summary of parents' overall impressions of children's centres in terms of level of satisfaction

Parents' views of the services offered	Overall % satisfaction (n=518)	% Satisfaction with child/Children Services (n=514)	% Satisfaction with parent services (n=511)	% Satisfaction with family/partner services (n=514)
Very happy	92	71	44	42
Slightly happy	6	5	6	5
Neither happy nor unhappy	1	1	3	3
Slightly unhappy	1	1	1	1
Very unhappy	0	0	0	0
Not applicable	n/a	23	46	49

*Note: all percentages have been rounded up to the nearest whole
Total n=500+ respondents*

7.4.1 Benefits for Children

Parents cited many different benefits for their children. Similarly to the benefits and strategies described by staff (Chapters 5 and 6 respectively), parents' answers could be framed in terms of both the EYFS and ORIM models. The first two benefits most reported by parents matched exactly the most frequently mentioned benefits for children that were reported by staff (Chapter 5): '*Personal, Social and Emotional Development*' and '*Physical Development*'. Specifically, parents cited improvements in the *behaviour, confidence, independence, and social development* of their child/children. The *physical development* of their child/children was also mentioned often, most frequently in references to play space, outdoor play, and physical development (including fine motor skills). Changes to their child's *communication and language* skills were noted (see also Chapter 5 for this as a benefit for children), including interaction and speaking with other children/adults and improvements to speech (usually through singing).

Parents also spoke of benefits which reflected two of the most common strategies for supporting children (noted in Chapter 6). In particular, they spoke of *Opportunities*, for example, parents emphasised positivity towards the opportunity for their child to engage in messy play and to be exposed to a variety of new learning experiences and activities. Centre sessions reportedly provided their child/children with opportunities to explore personal interests. Parents also spoke of development of *school readiness*, and in particular the ability to practice skills that would improve school readiness.

7.4.2 Benefits for Parents

Parents who responded to this section of the questionnaire again gave varied responses concerning what they liked about the sessions, why they thought the sessions were helpful, and what they have done differently since coming to the sessions. The majority of parent responses were concerned with improvements and changes to the *parent-child relationship*; they specifically cited that the session provided them with an opportunity to bond and spend time with their child. In addition to improvements that the sessions made to their everyday life and relationship with

their child, parents also listed *confidence in parenting*, *new ideas for activities*, *activities to take home*, and *parenting skills* for behaviour. Parents recognised other benefits related to their own *personal needs*, including *general life improvements* since coming to the sessions (specifically in terms of improvements to educational levels and ambitions), their *health* (for example, eating more nutritious food at home), and improvements to their *mental health* (for example, opportunities to relax, socialise, and find support). Parents also frequently noted that the centres helped to improve their relationships with their community, frequently citing a *reduction in isolation* and an increase in *community involvement*.

Some of the most commonly listed benefits by parents were similar to the staff-reported benefits for adults attending 'Play and Learning' activities (Chapter 5). However, parents placed a greater emphasis on the benefits of the *parent-child relationship* and *increased confidence* than of the development of their *parenting skills*, and *understanding their child's development*, although they did recognise the benefit of improved parenting skills as a result of attending sessions.

7.4.3 Suggested Changes to the Sessions

When parents were asked about the sessions that they most frequently attended, there were few suggestions for improvements beyond the centres offering more sessions, more space, fewer holiday closing periods, and a place to have tea or coffee (some of which were points also recognised by staff as a progression for the future: see Chapter 6).

7.5 Summary

On average, parents visit their target children's centre once or twice a week, and a number often attend more than one children's centre, as it allows them and their children access to a wider variety of services. The most frequently cited reasons for visiting another children's centre were: to attend a variety of sessions, children's groups, or a particular session. **Most parents had been attending their children's centre for less than three years.** The majority of these parents had been attending their centre for one or two years.

Parents predominantly attended children's centres for the benefit of their child. The most frequently reported reasons for attending children's centres were as follows: allowing children to meet and play with other children; giving children access to a variety of activities; children's enjoyment of centre sessions; parents' enjoyment of attending with their children; parents wanting to help their children learn and also to help children prepare for nursery or school.

The vast majority of parents indicated that they were "very happy" with the services provided to them by children's centres. No parents indicated that they were "very unhappy" with any of the services offered. **Parents referred to a variety of benefits for their children** including improved personal, social, and emotional and physical development. **Parents also frequently mentioned benefits to their parent-child relationships and to themselves.** The majority of parent responses were addressing improvements and changes to their *parent-child relationship*. Additional benefits included *confidence in parenting*, *new ideas for activities*, *activities to take home*, and *parenting skills* for behaviour.

8 Conclusions [*Evangelou and Goff*]

8.1 Introduction

This report aimed to capture the provision of services that were specifically offered to parents. It was deemed important to capture not only the views of the members of staff but also of the parents who were attending the centres, in order to obtain a broader picture of centre provision. The Parenting Services study did not look at potential user-outcomes of attending centre services, which will be considered in more detail in the 'Impact' strand of the evaluation.⁵⁷

Children's centres are known to offer a range of varied support for parents, covering areas such as those detailed by Moran et al. in 2004. This report adopted a 'holistic' model of parenting support, and services offered by children's centres have been presented using this as a frame of reference, as inspired by the ecological model of Bronfenbrenner (1994). Given the wide range of services on offer within children's centres, the report categorised services into four areas of parental need (*Personal Needs of the Parent; Parent and Child; Parent and Family; and Parent and Community*). These broad categorisations represent both the needs of parents in relation to those who are close to them (i.e. children and family/partners) and to themselves as individuals (in terms of their own personal needs and their engagement with the community). As explained by Moran et al (2004), it is important to remember that, whilst an ecological perspective to support (such as the one seemingly provided by children's centres) can be considered best practice, it is very difficult to maintain this support. The ECCE study of children's centres was therefore designed to capture the holistic approach of children's centres, whilst keeping in mind other evaluations carrying out data collection from users of the service.

In particular, the report explored:

- the provision for parenting and services for parents across the sample;
- staff perceptions of family needs;
- the range of parenting programmes delivered by a named children's centre and any associated centres within their cluster;
- how children's centres manage their services;
- staff perceptions of the benefits of centre services for parents and children; and
- parental views of children's centre services and their benefits.

A mixed methods design was adopted using questionnaires and interviews as methods of data collection, from both children's centre staff and parents. The framework adapted from Bronfenbrenner's model is used to present two key areas when drawing conclusions within this report:

⁵⁷ Strand 4 of the evaluation aims to answer the question: "*What aspects of children's centres (management, working practices, services offered, services used) affect family, parent and child outcomes when their child is aged three?*" This question will be explored by examining the information gathered from Strands 1 to 3. Subsequently, these children's Foundation Stage Profiles will be used to explore the impact of children's centres on child school readiness at age five.

- a) **the implementation of services within the children's centres context** (services on offer and views of members of staff); and
- b) the **parental context** (their views of services).

8.2 Implementation of Services within Children's Centres

Conclusions to the implementation of services were drawn from four consecutive chapters of this report (chapters 3, 4, 5, and 6): the *Delivery of Parenting Services*; the use of *Evidence-Based Practice*; the *Children's Centres Aims for Families and Parenting Services*, and the *Strategies and Progression into the Future*. The four chapters present data that has been seen to reflect the second layer of the Bronfenbrenner model which has been adopted throughout this report.

It was evident that children's centres were offering a wide range of parenting services in 2013. Staff reported tailoring different levels of support to the needs of parents and families through *generalised information, personalised information, personalised support and centre sessions*. Staff reported that their greatest offer of service was for accessing *childcare and health and lifestyle services*. Staff members ranked their greatest emphasis for work as being on *parents/carers and parenting services*, followed by *education, health/social care, and daycare*. *Improving enjoyment and achievement, narrowing the educational gap, reducing child protection cases and disadvantage* were four common aims reported across children's centres.

When it comes to the provision of Evidence-Based Practice (a policy priority from 2012), children's centres typically reported offering the same amount of programmes in 2013 as they did when they were visited in 2012. The earlier report on 'visits to children's centres' (Goff et al., 2013) found that, on average, fewer than 20 parents attended the *'Incredible Years'* programme each year in a centre. This might seem disappointing in that very few registered parents had access to a parenting programme with a secure evidence base. On the other hand, if programme participants succeed in managing their child's behaviour better and in improving the parent-child relationship - then 'at risk' children may have no need for further expensive services and so save money downstream. It all depends on effective targeting of children most at risk. We know that centres attempt just this.

Children's centre staff were asked to reflect on the needs of the families that they were working with; their responses were broadly categorised into areas of parental need. This categorisation has been used throughout the report to highlight the different elements of children's centre work, which supports the diverse areas of parent lives. Centre staff placed the greatest emphasis on aims which met the needs of the *Parent and Child* unit followed by the *Personal Needs of the Parent, Parent and Community*, and lastly *Parent and Family*. When asked about the benefits of 'Play and Learning' activities for children, staff responses were consistent with categories of the EYFS framework. Other listed benefits included *improved school readiness* and *improvement in child interactions* (with both adults and other children).

Strategies used with children were observed to follow the 'Opportunities, Recognition, Interaction and Model' framework (ORIM; Hannon, 1995). The most widely reported ORIM strategies for working with children were: *Opportunities, Interactions, and Modelling* - very few examples that

could be coded as *Recognition* were reported. It is worth noting that staff were not directly asked about the ORIM framework and how their work mirrors the four areas of support; it was the research team's decision to use the ORIM framework to analyse their answers. Staff referred to *developing school readiness*, *meeting the individual needs* of the children and *providing a supportive environment* as additional key strategies for working with children.

Centres were using a rich repertoire of strategies when working with parents, providing support across all areas of parental need. Strategies used with parents also followed the ORIM framework; the most widely reported strategy was *Opportunities*, followed by *Modelling*, *Interaction*, and *Recognition*. In addition, staff reported a number of other strategies, including: *encouragement and empowerment*, *meeting individual needs*, and *providing information and knowledge*. Across the sample all but one of the aforementioned strategies were used to support *Parent and Child needs* as a unit (98%).

Children's centre staff were questioned regarding their hopes and plans for the future of their centre, both in terms of their work with parents and families and also their plans for centre-based outcomes (such as management, staffing, and resources). Responses, in order of prominence, detailed the importance of: services and provision (*hours of opening, focus of groups, integration of the centre within the community*); family involvement and engagement (*attendance, more families, reach and location*); organisation and management practices (*funding, organisation and management, data and registration*); staffing (*staffing issues, roles and job satisfaction*); family needs (*Parent and Family, Parent and Child, Personal Needs of the Parent and Parent and Child*); and finally, facilities and resources (*venues, space, facilities and resources*).

It is encouraging to see that many children's centres seek to deliver services which target all four areas of parental need. It is not surprising that as children's centre staff and managers reflect upon the different areas of their work, they assign different priorities to the four areas of parental need. This may be due to the changing and complex situation of family needs to which children's centre staff are expected to respond.

8.3 Parental Views

Data from Chapter 7 returned the attention of the report to the parents, who were attending the 117 children's centres that participated in the study, about their personal use of services. Information was collected from more than 550 parents in reference to why they and their families attended children's centres and their opinion of the benefits of attendance. It must be noted that these were parents present on the day of the fieldwork and 'confident' enough to respond to our short questionnaire/interview.

The views expressed were overwhelmingly positive; parents indicated that they were '*very happy*' with the services offered by the children's centres, most often citing benefits to their children's personal, social, and emotional development. Parents also noted many benefits to their parent-child relationship (among other varied responses). Five out of the six most frequently cited reasons for parents to attend a children's centre were predominantly because of their children:

- *allowing their child to meet and play with other children;*
- *giving their child a variety of activities to do;*
- *acknowledging their child's enjoyment of the centre;*
- *wishing to help their child's learning; and*
- *acknowledging that attending the children's centre can aid their child's preparation for preschool.*

The other most frequently cited reason for attending a children's centre was that parents enjoyed going to the centres.

8.4 Final Remarks

This report detailed the delivery of parenting services across children's centres. Centre respondents' concerns for the future reflect centres' needs to respond to shifts in policy direction, as well as financial reductions, workload and staffing pressures, and managerial restructuring. The shift from universal to more targeted provision (as observed in 2012 fieldwork) has had, and will continue to have, direct implications on the engagement of the families using children's centres.

A large element of children's centre work appears to be catered towards working with the parent and child together, specifically with the development of parenting skills. Staff also showed a dedicated focus on improving outcomes and experiences for children as an indirect result of parenting work. It was interesting to note an alignment between the benefits of attending children's centres as reported by staff members and parents; staff predominantly described benefits for the parents that addressed the parent and child as a unit (for example, improved parenting skills, greater knowledge of child development, and increased confidence in parenting). Similarly, the parents primarily reported that the main reason for attending children's centres was about *understanding child development*, and they see benefits of attending the centre, for example, leading to *increased confidence in parenting*.

Despite the difficulties proposed by Moran et al (2004) to maintaining a holistic level of support, this research has shown that children's centres are continuing to offer a varied range of provision, targeting all areas of parental and family needs. This research indicates that children's centre's staff should be credited for creating a welcoming and supporting environment for both parents and children (as reflected in the findings of this report), despite the many internal and external pressures that were driving the evolution of centre services.

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Appendices

Ap1: Chapter 1 – Conceptualising Parenting Support Internationally

Developing a coherent and encompassing conceptualisation of parenting support requires recognition of the wide diversity in assumptions about parenting; political, financial, cultural, and geographical programme development conditions; the complexity and dynamic nature of communities; and the varied conditions of programme implementation (MacLeod and Nelson, 2000). The intersections and relationships between children, educators, communities, policymakers, and parents make it difficult to be categorical about what qualifies as a parenting programme internationally (Grimshaw and McGuire, 1998). A brief examination of a selection of international parenting support programmes reveals some more or less foundational concepts of what support parents might need, although the extent to which they are emphasised and implemented varies greatly. Daly (2013) offered a new definition of parenting support, as differentiated from other services such as childcare, family wellbeing and child welfare: ‘organised services/provisions oriented to affect how parents execute their role as parents by giving them access to a range of resources that service to increase their competence in childrearing’ (p.162).

The extent to which each programme supports the needs of parents reveals the complex set of restraints and opportunities that each nation and community face, as well as the influence of their academic and cultural leaders. Canadian programmes such as ‘Nobody’s Perfect’⁵⁸ are focused on providing parenting knowledge and skills specifically, and neither community nor socio-cultural supports appear to be offered to any great degree (Kennett and Chislett, 2012). For example, ‘Nobody’s Perfect’ was developed by Health Canada and targets parents who are young, single, socially isolated, geographically isolated, or who have limited formal education or income. The programme, designed for parents of children up to five years of age, is designed to promote positive parenting, increase parents’ understanding of children’s health, safety and behaviour, help parents build on the skills they have and learn new ones, improve parents’ self-esteem and coping skills, increase self-help and mutual support, bring parents into contact with community services and resources, and prevent family violence (Kennett and Chislett, 2012; Skrypnek and Charchun, 2009). Bornstein, Cote, Hayes, Hahn and Park (2010) also highlight the importance of parenting knowledge of child rearing and child development in American practice; this they define as developing parents’ knowledge of appropriate approaches to identifying and addressing the biological, physical, and socio-emotional needs of their children.

In contrast, Danish parenting support is primarily conceptualised as universal rather than targeted interventions. Embedded in universally accessible services, (such as early childhood care and education centres, schools, and health services), local Danish authorities are required to provide; free group, one-on-one, and anonymous services, to all parents in areas ranging from specific parenting knowledge, counselling, community involvement, and socio-economic issues like housing, health and employment (Boddy, Statham, Smith, Ghate, Wigfall, and Hauari, 2009). This system is designed to be based on structured approaches to all parenting support through inter-professional teams rather than on specific, targeted, structured programmes.

⁵⁸ [Further information on the 'Nobody's Perfect' parenting education and support program is available through this link.](#)

France and Italy were similar in the substantial local development of programmes and the ensuing diversity in services offered. Few standardised parenting programmes are offered; instead local communities are given the flexibility to meet the specific demands of their communities with their own prescribed use of standardised intervention programmes and locally developed programmes (Boddy et al., 2009). France utilises a peer support model of 'Parental Support and Guidance Networks' as their main parenting strategy, entitled 'REAPPS' (Réseaux d'Ecoute, d'Appui, et d'Accompagnement des Parents). REAPP activities are established by all local authorities, and are focused on parents meeting in different places to engage together in different activities such as discussions or parent-child interactions (Daly, 2013). Grevot (2006) noted a policy and practice emphasis on parenting knowledge, skills, and family education responsibility skills over social and economic support in France, whereas the emphasis in Italy was on parent-child relationships, and basic health and welfare provisions (Boddy et al., *ibid*). According to Daly (2013), parenting support appeared to be the least developed in Italy, with no central body promoting such support, no designated funding and varied availability of support between different areas.

Germany is said to have a wide range of services available for parents, however, parenting support is driven by legislation, linked with established institutions, and less concerned with competence in parenting (Daly, 2013). Garbers (2008) identified three principal approaches to parenting support in Germany: parent financial/basic health and welfare resource support, community engagement and mobilisation, and parental-knowledge support and development. The PEKiP⁵⁹ in Germany (which is based on the work of a Czech psychologist, Jaroslav Koch) is provided through family centres and aims to support children's physical and cognitive development in their first year, while fostering the development of parent-child interaction (Boddy et al., 2009). Two other programmes employed in Germany include Familienteam (Family Team) and KESS Erziehen (*cooperative, encouraging, social, and situation-oriented upbringing*), both of which focus on improving social and emotional relationships between parents and children. Of the countries examined here, Germany was the most likely to use standardised parental support interventions, such as the international programme referred to as 'Triple P' (PPP)⁶⁰, the Israeli HIPPY (discussed in the following paragraph), and the German PEKiP programme.

Israel is the development ground for the Home Instruction Programme for Pre-school Youngsters (HIPPY/HAETGAR), which is one of the most widely recognised parent support intervention programmes in Europe. The HIPPY programme focuses on the pre-school years and targets socio-economically disadvantaged populations. There is considerable emphasis on community involvement and activity, with parents being encouraged to reach out to other parents in their communities. The programme focuses on four main areas of support: to prepare children for the elementary school and the classroom context; to provide instruction on parenting skills and child development to mothers of pre-school children; to increase the involvement of mothers in the intellectual development of their children; and to demonstrate to the mothers the importance of their role in the development process (National Council of Jewish Women [NCJW] Research Institute for Innovation in Jerusalem, 2013).

⁵⁹ [Further information on the 'Prague Parent-Infant Program' is available through this link.](#)

⁶⁰ [Further information on the 'Positive Parenting Program' is available through this link.](#)

Developed in Turkey and subsequently in Bahrain, the Mother Child Education Programme (MOCEP) is a home-based programme designed to support mothers of five and six year old children without access to pre-school. Based on the Israeli HIPPIY programme, the aim of MOCEP⁶¹ is to promote children's psychosocial and cognitive development, and to prepare them for the classroom context. The programme also aims to empower mothers with literacy skills, parenting skills and knowledge, and community networks. More specifically, MOCEP addresses the lack of access to pre-school or early childhood education in socio-economically disadvantaged areas; supports the development of literacy skills for mothers in order to allow them to support the learning of their children at home; improves child-rearing knowledge and skills; and uses educational training to empower communities to face their socio-economic challenges. The MOCEP programme was adapted to the local social systems of Bahrain and to support families and parenting primarily through mothers (MOCEP, 2006; UNESCO: Institute for Lifelong Learning, 2013).

⁶¹ [Further information on the 'Mother Child Education Program' is available through this link.](#)

Ap2: Chapter 2 – Method

Ap2.1 Introductory Letter to the Parenting Study

Thank you for your continued participation in the Evaluation of Children’s Centres in England (ECCE) commissioned by the Department for Education. This evaluation is being conducted by NatCen Social Research in collaboration with the University of Oxford and Frontier Economics. We are now writing to ask for your help with the University of Oxford element of the study, which is exploring the services you provide for parents. The Oxford team would like to visit your children’s centre for one final day at some point over the next few months and meet with yourself and some of the parents who benefit from the work of your centre. You will shortly be contacted by a member of our team about your participation in this vital element of the evaluation.

This part of the research is *crucial* to the evaluation as it links the experiences of centre users with the different elements of children’s centre provision. With your help, we aim to show how the work of children’s centres affects the lives of different families. We appreciate the commitment of your time in helping us with this. It is only by working with you and learning about the work being carried out in your centre that we can reliably demonstrate what is *actually happening* in Sure Start Children’s Centres and give an account of how much services *benefit the families they serve*.

If you have any queries or concerns, please do not hesitate to contact the Evaluation of Children’s Centres in England research team. Please have your 9-digit reference number to hand when you call or email (shown at the top of this letter). Please see overleaf for further information.

Many thanks again for your valuable help. We look forward to hearing from you.

What will I need to do during this visit?

Our researcher would like to speak with the centre manager for a couple of hours, to discuss whether there have been any changes since our first visit in 2012 and to learn about your centre’s service delivery and outreach. We would then like to visit a ‘Stay and Play’ type session and talk with a couple of your families to find out what they think about the centre services. During the day it would also be really helpful if we could spend some time talking with the member of staff running this session with parents, and perhaps another member of staff who carries out the family support or outreach work in homes.

Finally, there are also a couple of questionnaires that we hope can be filled out by key members of your team, preferably in advance so as to minimise the time required by our visit.

What will happen to the information that I/colleagues/parents provide?

We will ensure that these visits are as unobtrusive as possible, and our experienced researchers will work closely with you to find the most convenient date and time. At no point is the ECCE project identifying or reporting on any individual family or children’s centre. Any information that is collected on an individual centre or from an individual family will be reported in a grouped way across all children’s centres in the sample, and used to describe the forms and practices of children’s centres across England.

We can reassure you that any information that we collect regarding your children's centre will be kept securely, confidentially, and used only for research purposes. Moreover, all the information we collect will remain completely anonymous and will be destroyed once all research has ceased. We can offer you two further reassurances: First, that ECCE has received informed ethical clearance from the University of Oxford's Research Ethics Committee; Second, that ECCE is carried out in accordance with both the Freedom of Information and Data Protection Acts.

Ap2.2 Written consent forms for the Parenting Study (Staff and Parent) and Parent information sheet



Evaluation of Children's Centres in England (ECCE)

Staff Consent

The purpose of this project has been explained to me, and I have had the opportunity to ask any questions. I am happy to take part in the above project and I understand that my name and the name of my Children's Centre will be changed so that my identity will be kept anonymous throughout the research and in any publications.

I understand that I can withdraw at any time and without needing to give a reason.

The project has been reviewed by, and received ethics clearance from the University of Oxford Research Ethics Committee. The study is carried out in accordance with the Freedom of Information Act. All data collected will remain completely anonymous; no personal information on practitioners or children's centres will be stored electronically and unique identifiers will be used for the purpose of data storage. Electronic documents containing data will be password-protected on a password-protected computer, accessible only to members of the research team. All raw data (including handwritten notes from fieldworkers and questionnaires) will be used only for this research and will be destroyed when not needed. Anonymised data (with no identifiable personal information) will be held indefinitely for research purposes to be accessible only to appropriate researchers, and this again will be destroyed when not needed.

Name:

Signature:

Date:

Contacting Us

If you wish to know more about the project, please contact: xxx

Parent Consent Form

Evaluation of Children's Centres in England (ECCE)

The purpose of this study has been explained to me and I have had the opportunity to ask questions.

I understand how the information will be kept, who will have access to it, and what will happen to it at the end of the study.

I agree to take part in the study.

Name (parent):

Date:

Signature:

Name (member of research team):

Date:

Signature:



For more information contact: xxx

(For researcher use only) **Parenting Services Questionnaire** (Parent respondent)

Centre ID Number:

Parent number

Researcher:

Information Sheet for Parents

Thank you for helping us by taking the time to fill in this questionnaire.

The Evaluation of Children's Centres in England (ECCE) is a six year study funded by the Department for Education. The study looks at how different Sure Start Children's Centres work.

We are currently visiting Sure Start Children's Centres across England to find out what they do for families and whether they meet your needs. We have also visited a number of families such as yourselves to talk in more detail about the way that you use your Children's Centre. We are now visiting your centres to learn more about the services that you use.

This short interview asks questions about you and your Sure Start Children's Centre. We will only take ten minutes of your time, and would like to find out about how you use this centre. Your responses will be entirely confidential, and the privacy of everyone who speaks to us will be fully respected. We will not identify you, your family, centre, or centre staff in any report. You would of course also have the right to withdraw from the research at any time.

Contacting us

If you have any queries or wish to learn more about this research, please contact: xxxxx

The project has been reviewed by, and received ethics clearance from the University of Oxford Research Ethics Committee. The study is carried out in accordance with the Freedom of Information Act. All data collected will remain completely anonymous and will be destroyed when not needed.

How will the information I provide be used?

The results of the study will help the government make decisions about children's centres and whether the services they provide meet the needs of families with young children. Your answers would be treated in strict confidence, unless you tell us something that indicates that you or someone else is at risk of harm (we would discuss this with you before telling anyone else). The research procedures used are fully compliant with the Data Protection Act 1998. Anything you say in the interview would not be linked to you individually in any report. Rather, the results of the study will be reported in general terms – for example, the report might say "60% of parents said..." and so on. For more detail on how your information will be used please see the following web page xxx

Ap2.3 Evaluation Methodology

The six-year study 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 the different types of services offered.

The ECCE study is being carried out by a consortium of three organisations: NatCen Social Research, the University of Oxford, and Frontier Economics. The ECCE consortium were commissioned by the Department for Children, Schools and Families (DCSF: now Department for Education: DfE) to evaluate the Sure Start Children's Centre (SSCC) programme. Each organisation is responsible for one or two strands of the evaluation, as described next.

The data presented within this report on parenting represents one element of the longitudinal study. It falls into 'Strand 3' of the evaluation, however, from here on it will be referred to as the 'parenting services' study. The evaluation comprises of a number of different elements organised into five strands of work that will run until 2017.

Strand 1: Survey of children's centre leaders (led by NatCen Social Research)

The first part of the evaluation collected information on the range of family services delivered by children's centres. Leaders from a sample of approximately 500 centres⁶² were interviewed on key aspects of service provision, including management, staffing, services, users, and finance. For further information on the first survey, see Tanner et al., (2012).

Strand 2: Survey of families using children's centres (led by NatCen Social Research)

The second part of the evaluation collected information from approximately 5,700 families (with children aged between 9-18 months) registered at 128⁶³ of the children's centres included in Strand 1. Respondents provided information on their service use, family demographics, health, and wellbeing. Further information on the first survey is available in the report by Maisey et al., (2013). Three-thousand-six-hundred families from the original set of 5,700 were surveyed again via telephone when their child reached the age of two years. A final survey of the families will be carried out in early 2014 when the child reaches the age of three years in order to profile their development (via child assessments of cognitive and social development). This follow up survey will investigate families' use of children's centre services over time.

Strand 3: Visits to children's centres (led by the University of Oxford)

The third element of the evaluation involved visits to 121 of the 128 children's centres sampled as part of Strand 2. The first of two waves of fieldwork was carried out by the research team in 2012. The visits took place over two days in order to assess the range of activities and services that centres delivered, partnership working methods, leadership and management, and Evidence-Based Practice (EBP). Further information on the first wave of fieldwork is available from the report by Goff et al., (2013).

Of the 121 children's centres participating in the first wave of fieldwork, 117 continued to participate in the Parenting Services study (completed in 2013). Day visits were carried out by the

⁶² Representative of all Phase 1 and Phase 2 children's centres in the most disadvantaged areas across England.

⁶³ These 128 centres were taken from a core sub-sample of 120 centres, plus an extra sub-sample of eight centres which had successfully recruited users for the evaluation. For more information, refer to Maisey et al., (2013).

research team to assess the services available for parents and families, and to investigate the views of parents participating in sessions delivered by the children's centres.

Strand 3 also involved an area profiling exercise to assess the 'reach' of children's centres. Data on centre users was compared with data from the local area served by the centre. Further information for this section of the work is available from the report by Smith et al., (in press).

Strand 4: Analysing the impact of children's centres (led by the University of Oxford)

Strand 4 of the evaluation aims to answer the question: "*What aspects of children's centres (management structure, working practices, services offered, services used) affect family, parent, and child outcomes when their child is aged three?*" This question will be explored by examining the information gathered from Strands 1 to 3. Subsequently, these children's Foundation Stage Profiles will be used to explore the impact of children's centres on child school readiness at age five.

Strand 5: Cost benefit analysis (led by Frontier Economics)

Strand 5 aims to assess the cost-effectiveness and cost benefit of children's centre services based on the impact findings in Strand 4 and cost data from 24 case studies in children's centres. For further information on the first case studies see Briggs et al., (2012). Follow up case studies of a further 12 children's centres will occur in 2014.

Ap2.4 Sampling of Target Children's Centres

Centres were stratified to provide a representative sample of lead organisation, catchment size, urban/rural mix, and catchment number. In order to be eligible for this sample, centres were to be classed as a Phase 1 or 2; intended to be located within one of England's 30 per cent most deprived areas; designated as such for a minimum of two years before fieldwork, and running the Full Core Offer for three or more months before fieldwork. The core offer was defined by the then DCSF as a range of services which all children's centres must provide:

- *"Information and advice to parents on a range of subjects including looking after babies and young children, the availability of local services such as childcare;*
- *Drop-in sessions and activities for parents, carers and children;*
- *Outreach and family support services, including visits to all families within two months of a child's birth;*
- *Child and family health services, including access to specialist services for those who need them;*
- *Links with Jobcentre Plus for training and employment advice; and*
- *Support for local childminders and a childminding network"* (House of Commons, 2010).

A random stratified sample of 850 centres were selected for the Strand 1 'Survey of children's centre leaders', of which 509 centres took part. Three hundred centres were selected for the Strand 2 "*survey of families*" from the initial list of 509 (128 of which took part). These centres were stratified to provide a representative sample, by lead organisation, cuts to services in 2010/2011, and whether or not the centre was running at least one evidence-based parenting

programme. This was to ensure that the sample contained proportionate numbers of centres displaying such characteristics to reflect the population of centres. All 128 centres that took part in the Strand 2 'survey of families' were invited to take part in the first wave of Strand 3 'visits to children's centres' fieldwork in 2012 (of which 121 centres participated).

All 121 centres that took part in the first wave of 'visits to children's centres' were again invited to take part in the parenting services study (of Strand 3) discussed within this report. Of those 121 centres that were approached, 117 centres agreed to take part. Figure Ap2.1 details this sampling strategy.

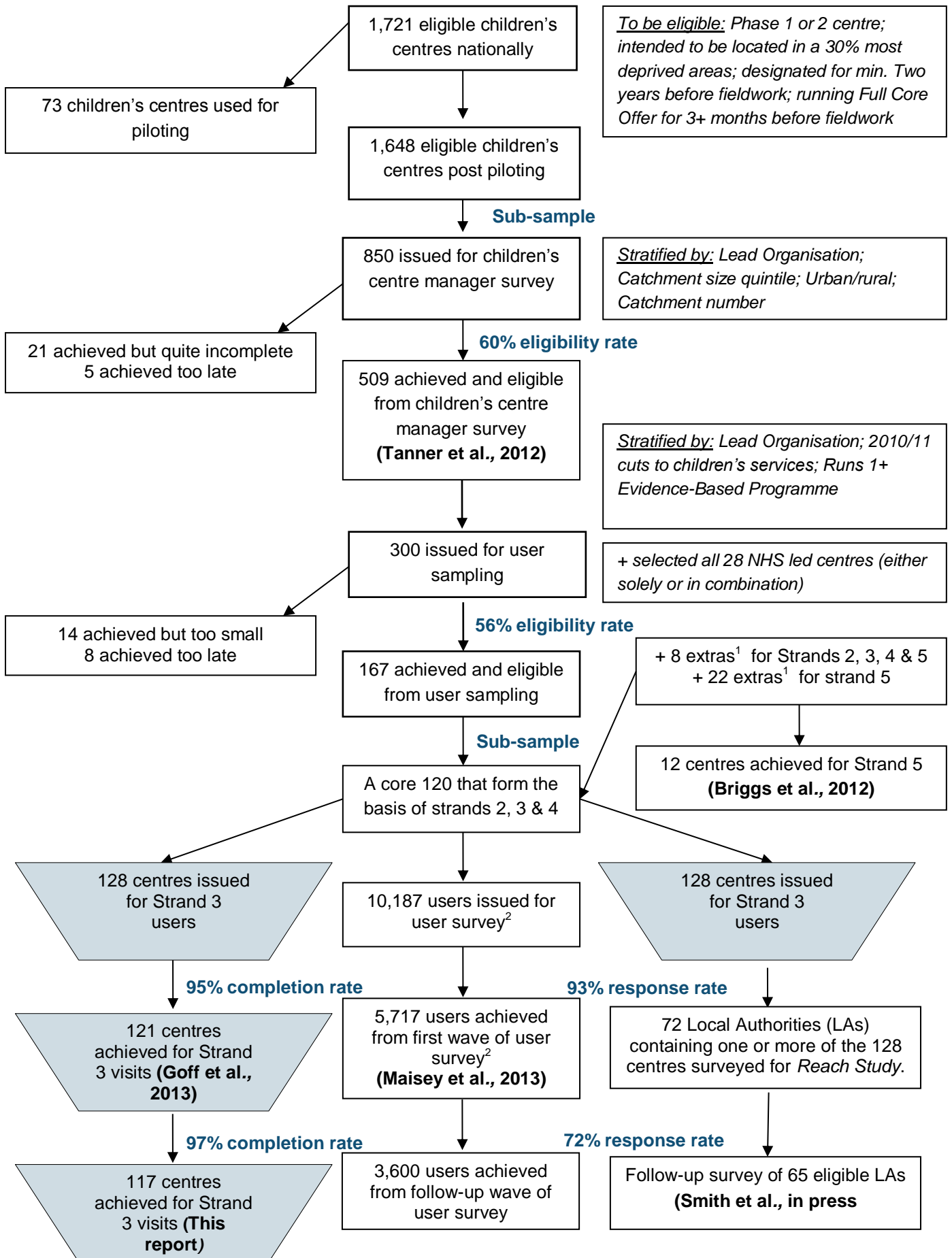


Figure Ap2.1 ECCE sample design

¹ Note: Extra centres were allocated to allow for potential attrition.

² Users were drawn from the same 128 centres allocated to Strand 3 fieldwork.

Ap3: Chapter 3 – Delivery of Parenting Services

Ap3.1 Demographic Characteristics of Staff Responsible for Leading Family/Parenting Support

Table Ap3.1 describes the demographic characteristics of those members of children’s centre staff who provided information on the delivery of parenting services within the ECCE sample of children’s centres in 2013 (i.e. the ‘Parenting Coordinators’). According to data collected by ECCE researchers, respondents tended to be women, aged between 41-45 years, and were likely to hold Bachelor degrees with additional training for the delivery of family services. They were likely to be on permanent contracts at their children’s centre, to have previously worked within the education sector, and to have been at their centre for an average of five and a half years. Finally, the most common job title held by those who provided information on the provision of parenting services within a children’s centre was ‘Family Support Worker’.

Table Ap3.1 Measures describing who provided information on the provision of parenting services

Measure	(n)	% or Mean ± SD
Gender	101	--
Female	98	97
Male	3	3.0
Age (years)	102	Median: 41-45
30 or under	9	8.8
31-35	26	25.5
36-40	9	8.8
41-45	14	13.7
46-50	20	19.6
51-55	13	12.7
56-60	9	8.8
61-65	1	1.0
Over 65	1	1.0
Highest Level of Qualification	100	Median: Bachelors
Below NVQ level 1	2	2.0
NVQ level 1 equivalent (e.g. 5 GCSEs grades D-E)	1	1.0
NVQ level 2 equivalent (e.g. 5 GCSEs grades A-C)	0	0.0
NVQ level 3 equivalent (e.g. A Levels)	20	20.0
NVQ level 4 equivalent	11	11.0
NVQ level 5 equivalent (e.g. Foundation Degree)	9	9.0
Honours/Bachelor’s Degree (or equivalent)	28	28.0
Master’s Degree (or equivalent; inc. PGCE)	28	28.0
Doctorate Degree or Equivalent	1	1.0
Received any training for the delivery of parenting services?¹	96	--
Yes	93	96.9
No	3	3.1

Measure	(n)	% or Mean \pm SD
Sector of Previous post?	100	--
Social Work	15	15.0
Education	36	36.0
Health	10	10.0
Voluntary	14	14.0
Service	4	4.0
Other	21	21
Years and Months worked in children's centre (Year; Month)²	97	5;5 \pm 3;8
Permanent Contract?	100	--
Yes	89	89.0
No (Temporary)	11	11.0
Job Title¹	93	--
Centre Manager	23	24.7
Centre Deputy Manager	6	6.5
Family Support Coordinator	17	18.3
Deputy Centre Manager and Family Support Coordinator	4	4.3
Family Support Worker	28	30.1
Outreach Coordinator	3	3.2
Outreach Worker	6	6.5
Family Support and Outreach Worker	3	3.2
Family Support and Outreach Coordinator	3	3.2

Notes: 1. Coded from open-ended self-reports; 2. Includes responses that extended back to before children's centre existed (e.g. 20 years ago). These are assumed to reflect children's centres that used to be another form of provision (e.g. Local Authority nursery schools)

Ap3.2 Summarising Parenting Services Offered by Centres – Measures for Future 'Impact' Analyses

Twelve measures were created to broadly summarise the parenting services that were offered by children's centres; these are presented in Table Ap3.2. The purpose behind the creation of these measures was their use in the future analyses of 'Children's Centres Impact on Child and Parent Outcomes' (Strand 4).

Children's centres were asked whether they offered any of eight induction procedures to new families; the responses to these questions were summed to produce an 'Induction Activities Scale'. Scores could range from zero ("never" in response to all eight questions) to thirty-two ("always" in response to all eight questions). The average centre score (achieved for n=105 centres) was twenty-three, with a standard deviation of five. Similarly, children's centres were also asked about nine activities offered to support parents' personal needs (listed in Table 3.2, Chapter 3). Again, responses to these questions were summed to produce a scale containing scores that ranged from zero ("no" to the offer of all nine services) to eighteen ("yes" to the offer of all nine services). The average score on this 'Supporting Parents' Personal Needs Scale' (achieved for 107 centres) was eleven, with a standard deviation of three.

Table Ap3.2 Measures created for use in ‘impact’ (Strand 4) – summarising the parenting services offered by children’s centres

Measure	(n)	Mean ± SD
Induction activities for parents (higher score=more activities and/or done more frequently; 0-32)	105	23 ± 5
Number of services offered to support parents' personal needs (0-18)	107	11 ± 3
Supporting the needs of parents...	--	--
Areas of parental need met by parenting services (0-34)	107	31 ± 3
Mean number of support types offered (0-4)	107	1 ± 1
Total number of services that referrals and signposting are used with (0-34)	104	21 ± 8
Total number of services provided offsite (0-34)	69	10 ± 9
Median level of provision across all areas of need (0-4)	106	3 ± 1
Supporting the needs of families...	--	--
Areas of familial need met by parenting services (0-44)	108	40 ± 4
Mean number of support types offered (0-4)	108	2 ± 1
Total number of services that referrals and signposting are used with (0-44)	104	21 ± 11
Total number of services provided offsite (0-44)	72	13 ± 12
Median level of provision across all areas of need (0-4)	108	3 ± 1

A total of seventy-eight different areas of parental and familial need were presented to centre staff, who provided information on levels of provision. Table Ap3.2 presents the ten measures that were created to broadly summarise the responses. Five measures were created twice: once for the thirty-four parental needs, and once for the forty-four family needs. The first pair of measures created was simply the sum totals of the numbers of areas of need that centres provided support for: 0-34 for parental; 0-44 for family. Table Ap3.2 shows high average responses for both of these areas of need: an average of thirty-one areas of parental need were supported. This figure rose to forty areas of parental need when providing support for family needs. The second pair of measures that were created was the mean number of support types that a centre offered across all its areas of support. The four areas of support were *general information*, *personalised information*, *personalised support*, and *centre sessions*. Table Ap3.2 shows that centres offered (on average) a greater range of support activities for family needs (two) than they did for parent needs (one).

The third pair of measures that were created counted the number of areas of need that were met by support in the form of centre *referrals* (passing on family’s details to other agencies) and *signposting* (passing on information to families about other services). Interestingly, there were an equal average number of parent and family areas of need supported by these two procedures, despite more areas of family need being asked about and supported. Thus, parent needs were more commonly met by *referrals* and *signposting* (21 of 34, 62%) than were family needs (21 of 44, 47%). The fourth pair of measures that were created counted the average number of services that a centre provided off-site. An equal percentage of the services that were provided to support parent as well as family needs were met in this way (parent: on average 10 of 34, 29%; family: on average 13 of 44, 29%). This equality in the use of services that were provided off-site also reflects the unequal percentages of services over which *referrals* and *signposting* were used when

comparing how centres met parental needs rather than family needs. Centres were more likely to meet parental needs with *referrals* and *signposting*, and with a smaller range of services.

The fifth and final pair of measures averaged how well centres provided support in the context of: 1) the needs of parents, and 2) the needs of families (based on centre-respondent self-reports; see Chapter 3). With the presentation of five response options (from 0="very limited" to 4="excellent"), centre staff reported the same average level of support, i.e. "good", however, the potential for bias and/or the provision of inaccurate knowledge in these self-reports must be kept in mind.

Ap3.3 Children's Centre Support for the Needs of Parents

Table Ap3.3 Six areas of parental need and the support that was offered by children's centres

Parental needs and the support offered by children's centres in 2013 (information returned from n=107 centres)	Number not providing	General information	Personalised information	Personalised support	Centre session	Referral	Signposting	Offsite-cluster centre	Offsite-Other
Area of Need: Education for Parents									
Adult education for parents/carers (formal or informal) e.g. NIACE	2	56	38	46	73	53	76	23	23
Training for work-related skills such as literacy, language, numeracy and IT skills	1	47	37	39	81	68	20	20	20
Access to computers for online learning	15	34	17	31	38	21	56	10	17
Area of Need: Accessing Employment									
CV writing	6	30	24	50	40	31	54	14	19
Job applications	5	30	32	51	34	28	51	10	16
Job vacancy lists	7	63	18	27	23	19	46	7	13
Employment information	3	63	29	34	30	21	52	10	13
Individual work-focused interviews	18	14	12	24	20	28	46	5	16
Direct communication link to local JobCentre Plus or Jobseeker service	11	40	15	23	33	28	57	5	15
Confidence building	9	28	31	50	56	33	43	11	14
Maternity leave guidance	19	41	16	21	11	18	57	4	9
Paternity leave guidance	19	43	13	20	8	18	57	4	9
Area of Need: Accessing Housing									
Housing information clinic	13	39	32	39	17	48	69	11	22
County Council / District Council support	21	26	18	24	6	38	64	4	18
Housing Support Officer	16	26	21	29	7	52	61	8	19
Area of Need: Financial Assistance									
Financial education	5	44	30	39	25	40	59	10	15
Debt advice service	2	47	36	45	30	50	71	14	20
Citizens Advice Bureau	11	41	32	33	30	45	67	13	16
Benefits advice service	3	50	40	47	39	54	69	13	15

Parental needs and the support offered by children's centres in 2013 (information returned from n=107 centres)	Number not providing	General information	Personalised information	Personalised support	Centre session	Referral	Signposting	Offsite-cluster centre	Offsite-Other
Tax credits	4	51	37	46	27	47	62	12	14
Area of Need: Accessing Childcare									
Childcare service e.g. daycare, nursery	7	51	45	48	48	41	62	15	16
Family Information Service (FIS)	4	59	27	29	18	27	72	5	13
Childminding service (e.g. NCMA, drop-in service to meet childminders)	6	48	33	34	41	20	57	7	8
Crèche	3	32	26	41	91	18	27	10	6
Area of Need: Parental health and lifestyle									
Parental isolation	1	42	49	87	44	57	53	12	14
Parental mental health	0	47	43	79	44	73	60	11	17
Parental antenatal and postnatal health	1	61	42	67	79	44	52	15	12
Family members in prison	20	31	28	51	3	28	42	4	8
Drug dependency	5	40	41	57	11	75	74	6	18
Alcohol dependency	5	42	41	59	7	75	72	6	18
"Contact" visits (where children of separated families can spend time with one or both parents)	19	19	22	33	61	23	29	11	7
NHS Direct (use of phone/ Internet access/ link to NHS Direct personnel)	19	46	23	31	14	14	34	5	4
Healthy eating	0	73	55	70	91	46	51	12	13
Exercise	2	62	32	47	52	38	56	16	18

Ap3.4 Children's Centre support for the needs of families

Table Ap3.4 Seven areas of familial need and the support that was offered by children's centres

Familial needs and the support offered by children's centres in 2013 (information returned from between n=106 to n=108 centres)	Number not providing	General information	Personalised information	Personalised support	Centre session	Referral	Signposting	Off-Site-cluster centre	Off-Site-Other
Area of Need: Partner Emotional Support (n=108)									
Separation and divorce	5	56	43	59	9	48	66	8	12
Dealing with domestic violence	0	65	64	83	46	81	74	19	24
Women's refuge/Women's Aid group	3	57	52	52	17	72	72	11	22
Family arguments	9	39	45	61	8	36	52	6	8
Bereavement	5	45	43	54	4	61	67	8	13
Sexual health for teenagers	10	52	35	41	24	43	65	13	17
Counselling	4	45	37	44	32	63	66	6	16

Familial needs and the support offered by children's centres in 2013 (information returned from between n=106 to n=108 centres)	Number not providing	General information	Personalised information	Personalised support	Centre session	Referral	Signposting	Off-Site-cluster centre	Off-Site-Other
Signposting (and/or access to) relevant help lines (n=107)	0	59	41	42	9	41	78	8	11
Area of Need: Improving Home Environment (n=108)									
Home safety	1	71	65	77	52	44	49	13.	13
Toys and activities suitable for the child	1	54	60	74	77	23	28	10	10
Home outreach	1	44	57	94	34	50	38	14	16
Area of Need: Child Services (n=107)									
Stay and Play groups	1	47	33	37	104	15	32	20	18
Music and Movement groups (e.g. Tumble Tots)	4	43	23	27	86	12	35	16	11
Stories and rhymes	1	43	28	33	95	14	34	17	14
Physical soft play	7	28	19	20	73	10	33	13	15
Messy play	0	37	31	29	103	13	27	17	9
Baby massage	4	38	29	41	89	25	32	17	12
Breast feeding	0	55	47	56	92	33	46	21	12
Antenatal	4	47	36	43	79	29	40	17	13
Post-natal	1	46	33	39	75	31	45	15	12
Children with additional needs (n=106)	1	48	51	59	66	45	55	22	17
Lone parents	1	48	47	63	30	29	46	10	9
Young parents	1	50	45	62	61	46	51	21	17
Area of Need: Parenting (n=107)									
Parent-child interaction and communication	0	58	66	90	88	35	37	19	17
Managing children's behaviour (e.g. tantrums)	0	55	69	93	86	46	38	18	14
Attachment with child	0	51	65	92	71	46	42	14	14
Children's play and learning	0	57	65	85	98	37	37	15	13
Area of Need: Child Health (n=107)									
Healthy or budget lunches	3	62	51	62	71	20	42	20	7
Parent cookery sessions	11	46	39	52	78	22	40	20	6
Baby clinics with a Health Visitor	6	46	36	39	85	23	44	20	17
Area of Need: Child Development (n=107)									
Children's physical development	0	55	60	73	90	33	40	13	13
Children's emotional and social development	0	54	64	84	83	39	37	15	11
Children's behavioural development	0	53	64	89	85	45	42	12	15
Workshops to help with specific child issues	0	56	55	69	84	38	44	20	13
Speech and language support for children	0	51	55	71	85	76	59	12	17
Area of Need: Family Services (n=107)									
Facilities for the registration of births	73	10	4	13	8	4	31	3	3
Before/after school care for older children	61	10	8	8	17	5	30	6	9
Dedicated key-worker for each child to speak about child's education	28	19	26	47	31	12	17	5	3
Outreach or home-based services in the primary language of the family when required (n=106)	22	19	33	60	18	27	31	7	11
Father/male-carer groups	12	30	23	30	76	11	32	20	7

Familial needs and the support offered by children's centres in 2013 (information returned from between n=106 to n=108 centres)	Number not providing	General information	Personalised information	Personalised support	Centre session	Referral	Signposting	Off-Site-cluster centre	Off-Site-Other
Sensory room	33	22	22	26	48	12	27	20	8
Early years education	0	52	52	59	82	18	35	13	9
Book library for children (n=105)	19	31	20	25	57	11	40	12	11
Toy library (n=106)	30	32	18	27	45	11	30	11	8

Ap3.5 Describing those who Informed on Management Practices in Support of Family Services⁶⁴

Mirroring the characteristics that are summarised in Table Ap3.1 for the 'Parenting Coordinators', Table Ap3.5 describes those who informed on management practices in support of families services (commonly 'Centre Managers'). As with 'Parenting Coordinators', respondents to the management questions were more likely to be women. However, in contrast to the group of people described in Table Ap3.1, Centre Managers (those in Table Ap3.5) were most often aged between 51 and 55 years and were more likely to hold Masters Degrees. Just over ninety-six per cent of managers reported receiving training for the delivery of parenting services and they were likely to be on permanent contracts at their children's centre, to have previously worked in the education sector, and to have been at their centre for an average period of about five years.

Table Ap3.5 Measures describing who provided information on centre support of Parenting Services

Measure	(n)	% or Mean \pm SD
Gender	108	--
Female	101	93.5
Male	7	6.5
Age (years)	109	Median: 46-50
30 or under	3	2.8
31-35	8	7.3
36-40	7	6.4
41-45	18	16.5
46-50	19	17.4
51-55	30	27.5
56-60	17	15.6
61-65	3	2.8
Over 65	4	3.7
Job Title¹	96	--
Centre Manager or Coordinator	68	70.8
Centre Deputy Manager or Coordinator	3	3.1
Services Manager or Coordinator	8	8.3
Cluster or District Leader or Coordinator	6	6.3
Other	11	11.5
Highest Level of Qualification	108	Median: Masters

⁶⁴ Not necessarily those who self-identified as being in charge of *Family/Parenting Support* ('Parenting Coordinators').

Measure	(n)	% or Mean \pm SD
Below NVQ level 1	2	1.6
NVQ level 1 equivalents (e.g. 5 GCSES grades D-E)	0	0.0
NVQ level 2 equivalents (e.g. 5 GCSES grades A-C)	0	0.0
NVQ level 3 equivalents (e.g. A Levels)	2	1.6
NVQ level 4 equivalents	2	1.6
NVQ level 5 equivalents (e.g. Foundation Degree)	5	3.9
Honours/Bachelor's Degree (or equivalent)	18	14.1
Master's Degree (or equivalent; including PGCE)	79	61.7
Doctorate Degree or Equivalent	0	0.0
Received any sort of training for the delivery of parenting services?	107	--
Yes	103	96.3
No	4	3.7
Sector of Previous post?	109	--
Social Work	14	12.8
Education	43	39.4
Health	11	10.1
Voluntary	15	13.8
Service	7	6.4
Other	19	17.4
Years and Months worked in children's centre (Years; Months)²	103	5;1 \pm 3;9
Permanent Contract?	107	--
Yes	104	97.2
No (Temporary)	3	2.8

Note: 1. Coded from open-ended self-reports; 2. Includes responses that extended back to before children's centre existed (e.g. 20 years ago). These are assumed to reflect children's centres that used to be another form of provision (e.g. Local Authority nursery schools)

Ap3.6 Centre Manager Descriptions of their Centre

Table Ap3.6 Demographics describing children's centres

Measure	(n)	% or Mean \pm SD
"How many leaders has this centre had since opening?"	104	Median (Md): 2
0	1	1
1	32	30.8
2	41	39.4
3	18	17.3
4	8	7.7
5	2	1.9
6	1	1
7	1	1
"Do you offer all four of the 'core services' on-site or provide direct access to these (i.e. childcare, health services, employment services, and parenting support)?"	104	--
No	22	21.2
Yes	82	78.8
"Please rank (1-5) the order in which each of the following are an emphasis (1 being greatest emphasis)"	--	--
Parents/carers and parenting services	96	Md: first (most)

Measure	(n)	% or Mean ± SD
Education	100	Md: third
Health	98	Md: third
Social care	96	Md: fourth
Daycare	97	Md: fifth (least)
<i>“Do any of your centre's management staff have leadership training?”</i>	97	--
No	30	30.9
Yes	58	59.8
<i>“All families in the area are welcome to use the centre?”</i>	109	--
No	1	0.9
Yes	108	99.1
<i>“The centre targets specifically the most disadvantaged families in the area?”</i>	107	--
No	9	8.4
Yes	98	91.6
<i>“The centre monitors which types of families in the area regularly attend?”</i>	106	--
No	1	0.9
Yes	105	99.1
<i>“The management staff are aware of the numbers of eligible families who are not attending?”</i>	105	--
No	10	9.5
Yes	95	90.5
<i>“The centre monitors contact with families whose circumstances mean that they are at risk of social exclusion?”</i>	97	--
No	7	7.2
Yes	90	92.8

Ap3.7 Management Practices: Measures for Future ‘Impact’ Analyses

The parenting study not only produced a description of the family services that were in place in children’s centres (see Chapter 3 Section 3.2), but also a complementary description of supportive management practices (commonly self-reported by centre managers; see Chapter 3 Section 3.3). Table Ap3.7 presents the six measures created to summarise the management practices that were supportive of family services, and like the measures presented in Table Ap3.2, these were created with an eye towards their use in future analyses of the ‘impacts of families attending different kinds of children’s centres’ (Strand 4).

Reading down the measures presented in Table Ap3.7, the first measure summarising management practices supportive of family services is a simple summary of the aims that centres reported having (from a list of 14⁶⁵). The majority of centres (n=101; 92%) reported having all fourteen of the aims, but eight per cent (n=9) reported less, with one reporting that their centre only focused upon seven aims (the fewest number reported by any centre).

The second measure presented in Table Ap3.7 summarises the monitoring procedures that children’s centres had in place which reflect management practices supportive of family services.

⁶⁵ See Table Ap3.10, Appendix 3.8

The zero to twenty-five point scale takes into consideration two pieces of information: five areas of parental monitoring and six levels of frequency (from “once a year” to “every day”)⁶⁶. Perhaps unsurprisingly a wider variety of responses were acquired from centres concerning their monitoring practices rather than their aims. Although the mean score was twenty, this was achieved by only thirteen children’s centres and there was substantial variation around this. For example, four children’s centres responded with the highest score of twenty-five (they claimed to use all five monitoring activities and to use them every day), whereas three children’s centres responded with the lowest score of fourteen.

Table Ap3.7 Measures created for use in ‘impact’ (Strand 4) – summarising the management practices supportive of family services offered by children’s centres

Measure	(n)	Mean ± SD
How many aims does the centre have? (0-14)	110	14 ± 1
Children’s centre monitoring procedures (higher scores = more frequently and over more areas; 0-25)	90	20 ± 3
How many user groups are targeted with centre resources? (0-24)	108	15 ± 4
Strategies for encouraging attendance at parenting programmes (higher scores = more strategies used more frequently; 0-26)	80	18 ± 3
Centre focus on improving parenting behaviour (higher scores = greater focus and more areas of parenting; 0-28)	107	26 ± 2
Staff training (higher scores = training in more areas, more frequently; 0-24)	83	18 ± 4

The third measure shown in Table Ap3.7 is a simple summation of the number of groups of users that were targeted by a centre in terms of expended resources (time and/or money). Up to twenty-four groups were asked about this individually⁶⁷, and these were concluded to be “targeted” by centres if money and/or time had been spent on them, “a moderate amount”, “a lot” or “a great deal”. The average number of user groups targeted in this way was fifteen, though there was substantial variation. For example, one centre self-reported targeting only two groups of users (fathers and childminders), while another targeted all twenty-four.

The fourth measure that was created to summarise the management practices supportive of family services was a reflection of the number of strategies used to encourage attendance at parenting programmes. Up to thirteen strategies were presented to centre respondents along with three response options concerning their use: “No”, “Sometimes”, and “Yes”⁶⁸. With these response options (coded zero to two), higher scores on this measure (up to 26) captured centres that used more strategies (more frequently) to encourage parental attendance at parenting programmes. Table Ap3.7 shows the mean average score on this measure to eighteen, though this was achieved for only ten centres. As with the other measures shown in Table Ap3.7 however, there was a good deal of variation between centres with scores ranging from nine to twenty-six (all thirteen strategies used consistently).

The fifth measure presented in Table Ap3.7 summarises the number of parenting behaviours that a centre might focus upon (up to fourteen⁶⁹) and whether these were done with: “Some focus”

⁶⁶ See Table Ap3.11, Appendix 3.8

⁶⁷ See Chapter 3 Table 3.6.

⁶⁸ See Chapter 3 Table 3.8.

⁶⁹ See Chapter 3 Table 3.9.

(coded 1) or “a strong focus” (coded 2). A high mean was reported by centre respondents (26 out of 28) along with less variation than was achieved for the other measures that were created to summarise the management practices supportive of family services. For example, thirty-three per cent of the centres that responded to the focus questions (n=35) claimed to have “A strong focus” upon all fourteen areas of parent behaviour. It seems sensible to reflect upon the potential bias from self-report here, however. Though this is what centre respondents reported, there remain questions concerning the accuracy of these. ECCE however does not rely solely on centre self-reports. The ‘visits to children’s centres’ fieldwork (Strand 3) also includes direct fieldworker ratings of centre practice (Goff et al., 2013) and there are plans for ‘impact’ analyses (Strand 4) to make use of Ofsted ratings.

The sixth and final measure shown in Table Ap3.7 is a summation of the types and frequencies of formal training that centres put in place for their staff (up to twelve different types⁷⁰). Though a mean score of eighteen (out of 24 was achieved), the higher degree of variation between centres was again apparent. Only fifteen per cent of centres (n=12) actually reported this mean score, with five centres (6% of n=83) reporting the maximum score of twenty-four (all 12 areas of training offered in an ongoing fashion). Again however, if these self-reported scores are biased or inaccurate, then there will be consequences for the use of this measure in the ‘centre impact’ analyses (Strand 4); the consequence will be that this measure (and all other self-report measures) will be insensitive to any true differences between centres in terms of the consequences that better management practices can have for fostering improved family outcomes. However, because ECCE uses a range of sources of information on children’s centres, any disparities that are linked to self-report measures (such as those shown in Table Ap3.7) are likely to be apparent via inconsistent results.

Ap3.8 Managing the Delivery of Parenting Services

Staff Training

Centre managers (described in Appendix Ap3.5) were asked to indicate whether staff at their children’s centre had received “some” specific training, “ongoing” training, or “no” training in a range of areas (see Table Ap3.8). The top three areas where training was reported as “ongoing” were: *children’s learning and development* (81% of respondents), *child protection and safeguarding* (77%), and *children’s play* (73%). Managers also indicated that staff received “some” specific training in: *dealing with drug dependency* (74%), *dealing with alcohol dependency* (72%), and *dealing with domestic violence* (60%).

Centre managers also provided a description of children’s centres in 2013 (tabulated results can be found in Appendix Ap3.6). Managers most frequently cited their centre as having had two leaders since its opening (39%) and the majority of centres (79%) reported offering all four ‘core services’⁷¹ on-site or via direct access. Respondents ranked *parents/carers and parenting services* as being given the greatest emphasis at their centre, followed by *education and health* (joint ranked third), *social care* (fourth), and *daycare* (fifth). Just less than two thirds of

⁷⁰ See Appendix 3.8, Table Ap3.8.

⁷¹ Note ‘core services’ were not specifically defined within the questionnaire and this finding presents the respondent’s understanding of the phrase.

respondents (60%) reported that their management staff were trained in leadership. In terms of how families used centres:

- All managers bar one (99%, total n=109) reported that all families in the local area were welcome to use their centres (for more information on reach see the upcoming ECCE Report by Smith et al., in press)
- Most centres reported specifically targeting the most disadvantaged families in their area (92%, total n=107)
- All but one manager monitored which types of families in their area attended their centre (99%, total n=106)
- Most managers reported that the centre management were aware of the numbers of eligible families that were not attending their centre (91%, total n=105)
- Most managers reported that their centre monitored contact with families whose circumstances may mean that they are at risk of social exclusion (90 out of 97).

Table Ap3.8 Areas of staff training in children’s centres

“What formal training do staff receive on the following subjects?”	None (%)	Some specific training (%)	Ongoing training (%)
Children's learning and development (n=99)	0	19	81
Child protection/safeguarding (n=98)	0	24	77
Children's play (n=97)	2	25	73
Confidentiality procedures (n=102)	6	35	59
Health and safety within this centre (n=98)	0	45	55
Protocols describing interactions with parents for members of staff involved in providing outreach and home visiting (n=101)	5	41	55
Lone working safety training (for outreach and home visiting) (n=101)	7	41	53
Parent and family relationships (n=98)	2	48	50
Family risk assessment (n=93)	8	48	44
Dealing with domestic violence (n=99)	2	60	38
Dealing with alcohol dependency (n=99)	13	72	15
Dealing with drug dependency (n=99)	13	74	13

Note: all percentages have been rounded up to the nearest whole

Manager Perspectives of their Centre

The next two tables (Table Ap3.9 and Table Ap3.10) present manager descriptions of their children’s centres. Table Ap3.9 shows manager agreement to a series of statements (from “strongly disagree” to “strongly agree”). The top three statements that drew strong agreement (out of 110 responses) were that: *staff understand and implement child protection procedures* (96%), *all new staff working with families receive initial training and support* (83%), and *staff are well trained to support ‘at-risk’ children and families* (76%; see Table Ap3.9 for further detail). One statement was more skewed towards the “moderately agree” or “strongly agree” end, i.e. *the multi-agency focus and partnership needs further development*. Only 11 per cent of managers strongly disagreed with that statement. However, responses were more evenly distributed at the other end (26% “slightly agreed”, 30% “moderately agreed” and 23% “strongly agreed”) compared to other statements where responses were more heavily skewed towards the “strongly agree” end. This

indicates that the multi-agency work undertaken by at least 79 per cent of centres in this sample may need further development. For further information on the multi-agency working of children's centres see the first report on 'visits to children's centres' by Goff et al. (2013).

Table Ap3.9 Managers' perspectives of training, foci, and multiagency working in their centre (in 2013)

"Please indicate the extent to which you agree with each statement about your children's centre"	Strongly disagree (%)	Moderately disagree (%)	Slightly disagree (%)	Slightly agree (%)	Moderately agree (%)	Strongly agree (%)
Staff understand and implement child protection procedures (n=110)	2	0	0	0	3	96
All new staff working with families receive initial training and support (n=110)	2	0	0	1	15	83
Staff are well trained to support 'at-risk' children and families (n=110)	2	0	0	3	19	76
There is a strong focus on parents' engagement with the centre's services (n=109)	3	1	0	6	22	68
There is a strong focus on parents' learning (n=110)	1	1	3	8	26	61
All staff working across multiagency teams are clear that they share the same goals (n=107)	2	1	1	8	38	51
The roles and responsibilities of each multiagency team are defined and incorporated into the centre goals (n=107)	2	4	2	15	47	31
The multiagency focus and partnership needs further development (n=107)	11	6	5	26	30	23

Note: all percentages have been rounded up to the nearest whole

Table Ap3.10 Children's centre aims as reported by centre managers

"Please indicate the extent to which you agree with the following aims of your children's centre"	Strongly disagree (%)	Moderately disagree (%)	Slightly disagree (%)	Slightly agree (%)	Moderately agree (%)	Strongly agree (%)
Improving enjoyment and achievement (n=110)	0	0	0	1	8	91
Reducing child protection cases (n=109)	0	0	0	0	9	91
Narrowing the educational gap (n=109)	1	1	0	2	6	91
Reducing disadvantage (n=107)	1	0	0	1	8	91
Improving children's readiness for school (n=110)	0	0	0	1	10	89
Improving positive contribution (n=110)	0	2	0	0	10	88
Improving EYFS scores (n=110)	0	0	0	1	12	87
Improving safety (n=110)	1	0	1	3	11	85
Improving health (n=109)	1	0	0	0	15	84
Improving breastfeeding rates (n=110)	0	0	0	4	15	82
Improving economic stability (n=110)	0	0	0	2	24	75
Getting parents into learning (n=109)	1	0	1	5	24	70
Reducing obesity levels (n=109)	0	0	2	2	30	65
Getting parents into employment (n=110)	1	1	1	9	30	58

Note: all percentages have been rounded up to the nearest whole

The percentages shown in Table Ap3.10 illustrate the extent to which managers agreed with a list of aims that their children’s centre may have held. Four aims drew strong agreement from at least 90 per cent of responses: ‘*improving enjoyment and achievement*’, ‘*narrowing the educational gap*’, ‘*reducing child protection cases*’, and ‘*reducing disadvantage*’. The aim that saw the lowest percentage of strong agreement was ‘*getting parents into employment*’ (58% of responses).

Some of the features around children’s centres’ work on monitoring and feedback are explored next. Table Ap3.11 illustrates responses indicative of the frequencies of a number of feedback activities. Over 50 per cent of managers reported that the following were carried out at their centres “every day”: ‘*keeping a record of children’s learning and development within sessions*’; ‘*taking action to improve outcomes for children who are struggling to meet expected targets*’, and ‘*observing regularly-attending children to identify concerns about special needs and to inform parents*’. Most activities listed were reported as being carried out more towards the “every month”, “every week” and “every day” ends of the scale, except one, which was *monitor which family members are using services*. This was most frequently reported as being carried out “every three months” (44%, total n=103).

Table Ap3.11 Frequency of monitoring and feedback activities

“How frequently does your children's centre...?”	Once a year (%)	Every 6 months (%)	Every 3 months (%)	Every month (%)	Every week (%)	Every day (%)
Observe regularly-attending children to identify concerns about special needs and to inform parents (n=106)	0	0	2	2	37	59
Keep a record of children's learning and development within sessions (n=103)	0	0	7	6	36	52
Take action to improve outcomes for those children who are struggling to meet expected targets (n=105)	0	0	5	16	29	51
Assess whether a family needs further support (n=101)	0	0	4	28	31	38
Monitor which family members are using services (n=103)	1	3	44	32	6	15

Note: all percentages have been rounded up to the nearest whole

Ap4: Chapter 4 – Evidence-Based Practice

Ap4.1 Allen's (2011) Standards of Evidence Criteria for Early Intervention Programmes

Allen's four standards of evidence criteria and definitions for what would constitute a 'best' versus "good enough" Early Intervention programme

Evaluation quality: favoured those with high standards of evaluation, using robust evaluation methods e.g. Randomised Control Trials (RCTs) or quasi-experimental techniques, ideally summarised in systematic reviews

Best

- 2 RCTs or 1 RCT and 1 Quasi-Experimental Design (QED) evaluation
- Evaluation indicates extent to which fidelity of implementation affects impact of intervention
- Dose response analysis is reported
- Analysis of impact on sub-groups (if possible)
- Verification of the theoretical rationale underpinning the intervention.

Good enough

- 1 RCT or 2 quasi experimental evaluations
- Intervention sample appropriate to intervention
- Appropriate measurement instruments for population of focus and desired outcomes
- Intent-to-treat e.g. following up drop-outs
- Appropriate statistical analyses
- Baseline differences should indicate equivalence between intervention and comparison
- Minimum of one long-term follow up (at least six months later) on at least one outcome measure
- Documentation regarding what was received
- No evidence of significantly different attrition
- Outcomes not dependant on unique content of intervention
- Outcome measures reflect relevant outcomes
- Outcome measure not rated solely by person delivering intervention

Impact: Strong impact on children's health and development, and particularly social and emotional

Best

- 2 or more RCTS or 1 RCT and 1 QED with evidence of a positive effect and absence of iatrogenic effects
- Positive dose response relationship

Good enough

- Positive impact on a relevant outcome
- A positive and statistically significant effect size or a reported sample size weight mean effect size of .2 with a sample of over 500 people.
- Absence of iatrogenic effects for intervention group

Intervention specificity: clear about what they are intending to achieve, for whom, why, how and where – this has been shown as key to successful interventions

Best

- Research base summarising the prior empirical evidence to support the causal mechanisms (risk and protective factors) that underlie the change in outcomes

Good enough

- Intended population of focus is clearly defined
- Outcomes of intervention are clearly specified and meet one of the relevant outcomes
- Identifies risk and promotive factors that the programme seeks to change using logic model or theory – explaining why the intervention may lead to better outcomes
- Documentation about what the intervention comprises

System readiness: favouring those that can be effectively integrated in the wider public service infrastructure and are supported by a strategy for ensuring that potential economic benefits can be realised

Best

- The programme is currently being widely disseminated
- It has been tested in 'real world' conditions
- Technical support is available to help implement the programme in new settings
- Absolute investment is stated
- There is a fidelity protocol or assessment checklist to accompany the programme

Good enough

- Explicit process for ensuring that the intervention gets to the right people
- Training materials and implementation procedures
- A manual detailed the intervention
- Reported information on the financial resources required to deliver the intervention.
- Reported information on the human resources required
- Programme that was evaluated is still available

Ap4.2 Evidence-Based Programmes Offered by Children's Centres in 2013 (Allen's list)

Table Ap4.2 What evidence-based programmes were children's centres offering in 2013?

Twenty three named well-evidenced programmes from Allen's list of 2011, and the number of centres who responded positively to each question (for a max n=113 centres)	Implementation					Who ran these programmes?					Where?	
	Followed in full	Substantially followed	Inspired by or based upon	Trained to use, but not currently using	Planning to start running with six months	Run by this children's centre staff	Run by staff of a linked or clustered centre	Run by staff employed by the cluster specifically for this purpose	Run by staff from another agency or independent children's centre	Other	Within a children's centre building	At another building or site
Al's Pals	0	1	1	0	0	0	0	1	0	1	2	0
Breakthrough to Literacy	0	1	0	0	0	1	1	0	0	0	1	0
Brief Strategic Family Therapy Programme (BSFT)	0	0	0	0	0	0	0	0	0	0	0	0
Bright Beginnings Early Intervention Programme (BBEIP)	0	0	0	0	0	0	0	0	0	0	0	0
Community Mothers Programme	1	0	0	0	0	0	0	1	1	0	0	0
Curiosity Corner (as part of the Success for All programme)	0	0	0	0	0	0	0	0	0	0	0	0
DARE to be you (DTBY: Decision-making; Assertiveness; Responsibility; and Esteem)	0	0	0	0	0	0	0	0	0	0	0	0
Early Literacy and Learning Model (ELLM)	0	0	0	0	0	0	0	0	0	0	0	0
Even Start (Family Literacy Programme)	2	0	1	0	0	1	0	0	2	0	3	1
Family Nurse Partnership (FNP)	17	3	0	0	0	0	0	1	19	4	5	21
Healthy Families America (HFA: a programme of Prevent Child Abuse America)	0	0	0	0	0	0	0	0	0	0	0	0
Healthy Families New York (HFNY)	0	0	0	0	0	0	0	0	0	0	0	0
High/Scope Perry Pre-School	0	0	0	0	0	0	0	0	0	0	0	0

Twenty three named well-evidenced programmes from Allen's list of 2011, and the number of centres who responded positively to each question (for a max n=113 centres)	Implementation					Who ran these programmes?					Where?	
	Followed in full	Substantially followed	Inspired by or based upon	Trained to use, but not currently using	Planning to start running with six months	Run by this children's centre staff	Run by staff of a linked or clustered centre	Run by staff employed by the cluster specifically for this purpose	Run by staff from another agency or independent children's centre	Other	Within a children's centre building	At another building or site
I Can Problem Solve (ICPS)	0	1	0	0	0	1	0	0	0	0	0	0
Incredible Years (Also known as Webster Stratton. Includes Babies and Toddlers; and BASIC Early Childhood programmes)	35	11	2	7	4	34	14	2	16	9	44	20
Let's Begin with the Letter People (Led by Abram's Learning Trends)	0	0	0	0	0	0	0	0	0	0	0	0
Multidimensional Treatment Foster Care (MTFC)	0	0	0	0	0	0	0	0	0	0	0	0
Parent Child Home Programme	0	1	0	0	0	0	0	0	0	0	0	0
Parent Child Interaction Therapy (PCIT)	0	0	1	0	0	1	0	0	0	0	1	0
Parents as Teachers (PAT)	0	0	0	1	0	0	0	0	0	0	0	0
Ready, Set, Leap! (LeapFrog)	0	0	0	0	0	0	0	0	0	0	0	0
Success for All programmes (Other)	0	0	0	0	0	0	0	0	0	0	0	0
Triple P (Positive Parenting Programme)	38	3	1	6	2	32	8	6	10	3	40	11

Ap4.3 Programmes⁷², Offered by Children's Centres in 2013 (not included in Allen's list)

Table Ap4.3 What programmes, strategies or interventions were children's centres offering in 2013?

Forty two additional named programmes, strategies, and interventions, and the number of centres who responded positively to each question (for a max n=113 centres)	Implementation					Who ran these programmes?					Where?	
	Followed in full	Substantially followed	Inspired by or based upon	Trained to use, but not currently using	Planning to start running with six months	Run by this children's centre staff	Run by staff of a linked or clustered centre	Run by staff employed by the cluster specifically for this purpose	Run by staff from another agency or independent children's centre	Other	Within a children's centre building	At another building or site
4 Children, Children's Centre Approach	0	0	0	0	0	0	0	0	0	0	1	1
Early Support Programme (for disabled children)	12	6	1	2	0	14	0	1	7	2	13	10
Enhanced Triple P-Positive Parenting Programme	13	1	1	1	0	13	4	4	2	0	15	7
Every Child a Talker (ECAT)	32	17	8	3	2	42	4	2	8	2	47	17
Families and Schools Together Programme (FAST Programme)	5	0	0	1	0	6	0	0	1	0	5	2
Family Links Nurturing Programme (includes Parenting Puzzle)	21	0	2	4	3	23	2	0	7	0	25	11
Family Literacy, Language and Numeracy (FLLN - funded by BIS)	6	2	1	0	0	1	0	0	8	2	8	3
Fives to Fifteens basic Parenting Programme (Using the What Can a Parent Do? book)	0	0	0	0	0	0	0	0	0	0	0	1
Freedom Programme*	35	3	1	1	6	18	3	2	23	4	27	15
Healthy Eating and Nutrition for the Really Young (HENRY)*	18	8	6	6	0	28	3	0	6	2	23	9
Hit the Ground Crawling	0	0	0	0	0	0	0	0	0	0	0	0
ICAN	14	5	6	2	2	18	2	1	4	1	19	7
Infant massage	73	5	3	4	1	68	7	6	6	4	72	23

⁷² 'Programmes' here represent s Programmes, Strategies, and Interventions

Forty two additional named programmes, strategies, and interventions, and the number of centres who responded positively to each question (for a max n=113 centres)	Implementation					Who ran these programmes?					Where?	
	Followed in full	Substantially followed	Inspired by or based upon	Trained to use, but not currently using	Planning to start running with six months	Run by this children's centre staff	Run by staff of a linked or clustered centre	Run by staff employed by the cluster specifically for this purpose	Run by staff from another agency or independent children's centre	Other	Within a children's centre building	At another building or site
Infant Yoga*	11	0	1	0	0	8	1	0	3	2	13	7
Mellow babies	11	0	1	0	0	8	1	0	3	2	13	7
Mellow bumps	3	0	0	0	0	2	0	0	0	1	1	0
Mellow parenting	8	1	0	7	3	10	1	1	3	2	13	4
New Forest Parenting Programme	0	0	0	0	0	0	0	0	0	0	0	0
Noughts to Sixes Parenting Programme (<i>Using the From Pram to Primary book</i>)	1	0	1	1	2	1	0	0	0	0	0	0
Parent Infant Project (<i>The Anna Freud Centre</i>)	0	0	0	0	0	0	0	0	0	0	0	0
Parents as First Teachers - Born to Learn (<i>PAFT</i>)	2	0	0	2	0	2	0	0	0	0	2	1
Parents, Early Years and Learning programme (<i>PEAL</i>)	4	0	1	1	0	6	1	0	0	0	5	3
Parents in Partnership Parent-Infant Network (<i>PIPPIN</i>)	0	0	0	0	0	0	0	0	0	0	0	0
Parenting Matters	1	0	0	0	0	0	0	0	1	0	1	0
Parents Involved in their Children's Learning (<i>PICL</i>)	4	1	1	1	0	6	0	0	0	1	4	1
Parents Plus Early Years Programme	0	0	0	0	0	0	0	0	0	0	0	0
Pathways Triple P-Positive Parenting Programme	5	1	0	2	1	5	3	2	0	0	3	3
Peers Early Education Partnership (<i>PEEP</i>) Learning Together Programme	13	5	2	5	0	18	2	1	3	0	19	7
Positive Parenting - Time out for Parents (<i>Led by Care for the Family</i>)	6	0	0	1	1	4	1	1	2	0	5	1
Pregnancy Birth and Beyond	12	3	3	0	2	10	0	2	9	2	15	4
Preparation for Birth and Beyond	8	1	3	0	2	8	0	2	5	1	10	2
Promotional Interviewing	1	0	0	0	0	0	0	0	1	1	0	0

Forty two additional named programmes, strategies, and interventions, and the number of centres who responded positively to each question (for a max n=113 centres)	Implementation					Who ran these programmes?					Where?	
	Followed in full	Substantially followed	Inspired by or based upon	Trained to use, but not currently using	Planning to start running with six months	Run by this children's centre staff	Run by staff of a linked or clustered centre	Run by staff employed by the cluster specifically for this purpose	Run by staff from another agency or independent children's centre	Other	Within a children's centre building	At another building or site
Relationship support programmes	3	0	0	1	0	2	0	0	2	0	3	2
Solihull Approach	23	9	7	5	0	34	3	1	5	2	32	18
Speak Easy*	6	0	0	3	1	6	1	0	4	2	9	2
Springboard Project	0	0	0	0	0	0	0	0	0	0	0	0
Stepping Stones Triple P-Positive Parenting Programme	5	1	0	0	0	4	4	3	1	1	5	4
Strengthening Families Programme (SFP)	7	1	0	2	1	4	1	1	3	0	9	6
Strengthening Families, Strengthening Communities	17	2	0	7	1	8	3	4	5	1	18	5
Targeted Family Support (Action for Children)	7	2	1	0	0	6	1	0	1	1	7	3
Video Interactive Guidance	6	0	1	2	0	4	0	1	3	0	4	4
Wider Family Learning (WFL)	5	2	0	0	0	2	0	1	3	1	6	3

*Notes: *Programme that managers were prompted about only in 2013 - not in 2012 (n=4)*

Ap4.4 Change in whether Programmes were being *Currently Implemented* between 2012 and 2013

Table Ap4.4 Statistical comparison of the change in whether programmes were being currently implemented between 2012 and 2013

Named programmes, strategies or interventions that children's centre managers were asked whether or not their centre implemented (n=61)	Implement 2012?		Implement 2013?		Statistical comparison of the change in implementation between 2012 and 2013 (in n=112 children's centres)			
	n	% of n= 112	n	% of n= 112	Overall Δ (2013-2012)	Statistic (Wilcoxon Z)	Effect Size* (r= $Z/(n^{1/2})$)	p
Al's Pals	0	0.0	2	1.8	+2	1.414	0.134	0.157
Breakthrough to Literacy	1	0.9	1	0.9	No change	--	--	--
Brief Strategic Family Therapy Programme (BSFT)	0	0.0	0	0.0	No change	--	--	--
Bright Beginnings Early Intervention Programme (BBEIP)	0	0.0	0	0.0	No change	--	--	--
Community Mothers Programme	1	0.9	1	0.9	No change	--	--	--
Curiosity Corner (as part of the Success for All programme)	0	0.0	0	0.0	No change	--	--	--
DARE to be you (DTBY: Decision-making; Assertiveness; Responsibility; and Esteem)	0	0.0	0	0.0	No change	--	--	--
Early Literacy and Learning Model (ELLM)	2	1.8	0	0.0	-2	1.414	0.134	0.157
Even Start (Family Literacy Programme)	0	0.0	3	2.7	+3	1.732	0.164	0.083
Family Nurse Partnership (FNP)	25	22.3	20	17.9	-5	.962	0.091	0.336
Healthy Families America (HFA)	0	0.0	0	0.0	No change	--	--	--
Healthy Families New York (HFNY)	0	0.0	0	0.0	No change	--	--	--
High/Scope Perry Pre-School	1	0.9	0	0.0	-1	1.000	0.094	0.317
I Can Problem Solve (ICPS)	0	0.0	1	0.9	+1	1.000	0.094	0.317
Incredible Years	47	42.0	46	41.1	-1	.229	0.022	0.819
Let's Begin with the Letter People	0	0.0	0	0.0	No change	--	--	--
Multidimensional Treatment Foster Care (MTFC)	0	0.0	0	0.0	No change	--	--	--
Parent Child Home Programme	1	0.9	1	0.9	No change	--	--	--

Named programmes, strategies or interventions that children's centre managers were asked whether or not their centre implemented (n=61)	Implement 2012?		Implement 2013?		Statistical comparison of the change in implementation between 2012 and 2013 (in n=112 children's centres)			
	n	% of n= 112	n	% of n= 112	Overall Δ (2013-2012)	Statistic (Wilcoxon Z)	Effect Size* (r= $Z/(n^{1/2})$)	p
Parent Child Interaction Therapy (PCIT)	0	0.0	1	0.9	+1	1.000	0.094	0.317
Parents as Teachers (PAT)	2	1.8	0	0.0	-2	1.414	0.134	0.157
Ready, Set, Leap! (LeapFrog)	0	0.0	0	0.0	No change	--	--	--
Success for All programmes (Other)	2	1.8	0	0.0	-2	1.414	0.134	0.157
Triple P (Positive Parenting Programme)	41	36.6	41	36.6	No change	--	--	--
4 Children, Children's Centre Approach	0	0.0	0	0.0	No change	--	--	--
Early Support Programme (for disabled children)	21	18.8	19	17.0	-2	0.408	0.039	0.683
Enhanced Triple P-Positive Parenting Programme	7	6.3	15	13.4	+8	1.886	0.178	0.059
Every Child a Talker (ECAT)	65	58.0	56	50.0	-9	1.372	0.130	0.170
Families and Schools Together Programme (FAST)	5	4.5	5	4.5	No change	--	--	--
Family Links Nurturing Programme (includes Parenting Puzzle)**	27	24.1	22	19.6	-5	2.236	0.211	0.025
Family Literacy, Language and Numeracy (FLLN)	9	8.0	9	8.0	No change	--	--	--
Fives to Fifteens basic Parenting Programme	1	0.9	0	0.0	-1	1.000	0.094	0.317
Hit the Ground Crawling	0	0.0	0	0.0	No change	--	--	--
ICAN	21	18.8	25	22.3	+4	0.756	0.071	0.450
Infant massage	79	70.5	80	71.4	+1	0.180	0.017	0.857
Mellow babies	6	5.4	3	2.7	-3	1.134	0.107	0.257
Mellow bumps	3	2.7	3	2.7	No change	--	--	--
Mellow parenting	10	8.9	9	8.0	-1	0.258	0.024	0.796
New Forest Parenting Programme	2	1.8	0	0.0	-2	1.414	0.134	0.157
Noughts to Sixes Parenting Programme	4	3.6	2	1.8	-2	1.414	0.134	0.157
Parent Infant Project (The Anna Freud Centre)	0	0.0	0	0.0	No change	--	--	--
Parents, Early Years and Learning programme (PEAL)	10	8.9	5	4.5	-5	1.667	0.158	0.096

Named programmes, strategies or interventions that children's centre managers were asked whether or not their centre implemented (n=61)	Implement 2012?		Implement 2013?		Statistical comparison of the change in implementation between 2012 and 2013 (in n=112 children's centres)			
	n	% of n= 112	n	% of n= 112	Overall Δ (2013-2012)	Statistic (Wilcoxon Z)	Effect Size* (r= Z/(n ^{1/2}))	p
Parents as First Teachers - Born to Learn (<i>PAFT</i>)	3	2.7	2	1.8	-1	1.000	0.094	0.317
Parents in Partnership Parent-Infant Network (<i>PIPPIN</i>)	0	0.0	0	0.0	No change	--	--	--
Parenting Matters	2	1.8	1	0.9	-1	0.577	0.055	0.564
Parents Involved in their Children's Learning (<i>PICL</i>)	8	7.1	6	5.4	-2	0.707	0.067	0.480
Parents Plus Early Years Programme	3	2.7	0	0.0	-3	1.732	0.164	0.083
Pathways Triple P-Positive Parenting Programme	6	5.4	5	4.5	-1	0.378	0.036	0.705
Peers Early Education Partnership (<i>PEEP</i>) Learning Together Programme	19	17.0	20	17.9	+1	0.333	0.031	0.739
Positive Parenting - Time out for Parents	6	5.4	6	5.4	No change	--	--	--
Pregnancy Birth and Beyond	14	12.5	18	16.1	+4	0.943	0.089	0.346
Preparation for Birth and Beyond	13	11.6	12	10.7	-1	0.277	0.026	0.782
Promotional Interviewing	2	1.8	1	0.9	-1	0.577	0.055	0.564
Relationship support programmes	7	6.3	3	2.7	-4	1.633	0.154	0.102
Solihull Approach**	26	23.2	39	34.8	+13	2.837	0.268	0.005
Springboard Project	1	0.9	0	0.0	-1	1.000	0.094	0.317
Stepping Stones Triple P-Positive Parenting Programme	5	4.5	6	5.4	+1	0.378	0.036	0.705
Strengthening Families Programme (<i>SFP</i>)	9	8.0	8	7.1	-1	0.243	0.023	0.808
Strengthening Families, Strengthening Communities	17	15.2	19	17.0	+2	0.577	0.055	0.564
Targeted Family Support (<i>Action for Children</i>)	8	7.1	10	8.9	+2	0.535	0.051	0.593
Video Interactive Guidance	4	3.6	7	6.3	+3	1.134	0.107	0.257
Wider Family Learning (<i>WFL - Funded by BIS</i>)	11	9.8	7	6.3	-4	1.265	0.120	0.206

Notes: * Effect sizes are interpreted as: 0.1 "small"; 0.3 "medium"; 0.5 "large";

** Changes that were statistically significant ($p < 0.05$)

Ap4.5 Change in the *Level of Implementation of Programmes* between 2012 and 2013

Table Ap4.5 Statistical comparison of the levels of implementation of evidence-based programmes in 2012 and 2013

Named programmes, strategies or interventions that children's centre managers to report their level of implementation of (n=61). Levels of Implementation were coded: Not implemented (0); In a position to Implement (1); Currently implementing (2)	Levels of implementation in 2012			Levels of implementation in 2013			Statistical comparison of the change in level of implementation (in n=112 children's centres)		
	(0)	(1)	(2)	(0)	(1)	(2)	Statistic (Wilcoxon Z)	Effect Size* (r= Z/(n ^{1/2}))	p
Al's Pals	112	--	--	110	--	2	1.414	-0.134	.157
Breakthrough to Literacy	111	--	1	111	--	1	No change	--	--
Brief Strategic Family Therapy Programme (BSFT)	112	--	--	112	--	--	No change	--	--
Bright Beginnings Early Intervention Programme (BBEIP)	112	--	--	112	--	--	No change	--	--
Community Mothers Programme	111	--	1	111	--	1	No change	--	--
Curiosity Corner (as part of the Success for All programme)	112	--	--	112	--	--	No change	--	--
DARE to be you (DTBY: Decision-making; Assertiveness; Responsibility; and Esteem)	112	--	--	112	--	--	No change	--	--
Early Literacy and Learning Model (ELLM)	110	--	2	112	--	--	1.414	-0.134	.157
Even Start (Family Literacy Programme)	112	--	--	112	--	--	1.732	-0.164	.083
Family Nurse Partnership (FNP)	85	2	25	92	--	20	.998	-0.094	.318
Healthy Families America (HFA: a programme of Prevent Child Abuse America)	112	--	--	112	--	--	No change	--	--
Healthy Families New York (HFNY)	112	--	--	112	--	--	No change	--	--
High/Scope Perry Pre-School	111	--	1	112	--	--	1.000	-0.094	.317
I Can Problem Solve (ICPS)	111	--	1	111	--	1	.447	-0.042	.655
Incredible Years	57	8	47	59	7	46	.380	-0.036	.704
Let's Begin with the Letter People	112	--	--	112	--	--	No change	--	--
Multidimensional Treatment Foster Care (MTFC)	112	--	--	112	--	--	No change	--	--
Parent Child Home Programme	110	1	1	111	--	1	.272	-0.026	.785
Parent Child Interaction Therapy (PCIT)	112	--	--	111	--	1	1.000	-0.094	.317
Parents as Teachers (PAT)	110	--	2	111	1	--	1.089	-0.103	.276
Ready, Set, Leap! (LeapFrog)	112	--	--	112	--	--	No change	--	--

Named programmes, strategies or interventions that children's centre managers to report their level of implementation of (n=61).	Levels of implementation in 2012			Levels of implementation in 2013			Statistical comparison of the change in level of implementation (in n=112 children's centres)		
	(0)	(1)	(2)	(0)	(1)	(2)	Statistic (Wilcoxon Z)	Effect Size* (r= Z/(n ^{1/2}))	p
Success for All programmes (<i>Other</i>)	110	--	2	112	--	--	1.414	-0.134	.157
Triple P (<i>Positive Parenting Programme</i>)	63	8	41	64	7	41	.156	-0.015	.876
4 Children, Children's Centre Approach	112	--	--	112	--	--	No change	--	--
Early Support Programme (<i>for disabled children</i>)	86	5	21	91	2	19	.512	-0.048	.609
Enhanced Triple P-Positive Parenting Programme	103	2	7	96	1	15	1.626	-0.154	.104
Every Child a Talker (<i>ECAT</i>)	42	5	65	51	5	56	1.437	-0.136	.151
Families and Schools Together Programme (<i>FAST Programme</i>)	107	--	5	106	1	5	.333	-0.031	.739
Family Links Nurturing Programme (<i>includes Parenting Puzzle</i>)	83	2	27	84	6	22	1.513	-0.143	.130
Family Literacy, Language and Numeracy (<i>FLLN</i>)	103	--	9	103	--	9	No change	--	--
Fives to Fifteens basic Parenting Programme	110	1	1	112	--	--	1.342	-0.127	.180
Hit the Ground Crawling	111	1	--	112	--	--	1.000	-0.094	.317
ICAN	88	3	21	83	4	25	.684	-0.065	.494
Infant massage	31	2	79	29	3	80	.206	-0.019	.837
Mellow babies	105	1	6	107	2	3	.921	-0.087	.357
Mellow bumps	107	2	3	109	--	3	.552	-0.052	.581
Mellow parenting	97	5	10	94	9	9	.386	-0.036	.700
New Forest Parenting Programme	109	1	2	112	--	--	1.633	-0.154	.102
Noughts to Sixes Parenting Programme	107	1	4	108	2	2	.966	-0.091	.334
Parent Infant Project (<i>The Anna Freud Centre</i>)	112	--	--	112	--	--	No change	--	--
Parents as First Teachers - Born to Learn (<i>PAFT</i>)	109	--	3	108	2	2	No change	--	--
Parents, Early Years and Learning programme (<i>PEAL</i>)**	96	6	10	106	1	5	2.368	-0.224	.018
Parents in Partnership Parent-Infant Network (<i>PIPPIN</i>)	112	--	--	112	--	--	No change	--	--
Parenting Matters	110	--	2	111	1	--	.577	-0.055	.564
Parents Involved in their Children's Learning (<i>PICL</i>)	102	2	8	105	1	6	1.008	-0.095	.313

Named programmes, strategies or interventions that children's centre managers to report their level of implementation of (n=61). Levels of Implementation were coded: Not implemented (0); In a position to Implement (1); Currently implementing (2)	Levels of implementation in 2012			Levels of implementation in 2013			Statistical comparison of the change in level of implementation (in n=112 children's centres)		
	(0)	(1)	(2)	(0)	(1)	(2)	Statistic (Wilcoxon Z)	Effect Size* (r= Z/(n ^{1/2}))	p
Parents Plus Early Years Programme	108	1	3	112	--	--	1.890	-0.179	.059
Pathways Triple P-Positive Parenting Programme	103	3	6	104	3	5	.368	-0.035	.713
Peers Early Education Partnership (PEEP) Learning Together Programme	88	5	19	87	5	20	.404	-0.038	.686
Positive Parenting - Time out for Parents (Led by Care for the Family)	105	1	6	105	1	6	No change	--	--
Pregnancy Birth and Beyond	98	--	14	92	2	18	1.003	-0.095	.316
Preparation for Birth and Beyond	98	1	13	98	2	12	.221	-0.021	.825
Promotional Interviewing	110	--	2	111	--	1	.577	-0.055	.564
Relationship support programmes	103	2	7	108	1	3	1.718	-0.162	.086
Solihull Approach**	78	8	26	68	5	39	2.843	-0.269	.004
Springboard Project	111	--	1	112	--	--	1.000	-0.094	.317
Stepping Stones Triple P-Positive Parenting Programme	106	1	5	106	--	6	.090	-0.009	.928
Strengthening Families Programme (SFP)	100	3	9	102	2	8	.165	-0.016	.869
Strengthening Families, Strengthening Communities	92	3	17	86	7	19	1.010	-0.095	.312
Targeted Family Support (Action for Children)	103	1	8	102	--	10	.503	-0.048	.615
Video Interactive Guidance	107	1	4	103	2	7	1.206	-0.114	.228
Wider Family Learning (WFL)	100	1	11	105	--	7	1.312	-0.124	.190

Notes: * Effect sizes are interpreted as: 0.1 "small"; 0.3 "medium"; 0.5 "large";

** Changes that were statistically significant (p<0.05)

Ap5: Chapter 5 – Aims for Families and Parenting Services

Ap5.1: Areas of coding emphasised within staff descriptions of ‘the Most Disadvantaged Families’

Table Ap5.1 Areas of coding emphasised within staff descriptions of ‘the most disadvantaged families’

Aspects of family arrangements	Number of centres	Areas of coding
Parent	67	Parents’ personal situation, life skills, parenting issues, life events
Family	61	Family needs, family structure, location
Community	37	Social isolation and centre engagement
Child	21	Needs of the child, attachment, neglect/child protection

Ap5.2: Development and analysis of the staff interview

An interview schedule of 97 questions was devised and ordered in terms of applicability to the interviewees’ role at the centre (i.e. whether they classified themselves as a person who runs sessions, as a person who carried out outreach or family support work in homes, or whether they fulfilled both of these roles). The interview questions included the respondent’s background, staffing within the children’s centre, aims and objectives of the session (for staff members running sessions), aims and objectives of family support/outreach work (for staff members carrying out outreach or family support in the home), target groups for the children’s centre, the relationship between the centre and other agencies, and the centre’s hopes and plans for the future. The interview schedule was piloted in two children’s centres (which were known not to be part of the ECCE study), with each interview lasting approximately one hour. It was deemed appropriate to highlight a core set of 27 key questions on which the fieldworkers would focus should the interviewee be limited by time constraints.

The interview scripts underwent a number of stages of analysis. Before importing them into NVivo, an initial data cleaning process ensured that the scripts were accurate and contained full information surrounding acronyms and locally-specific interventions or terminology. In addition to this, all information specific to individual centres or their location was removed to ensure full anonymity. Next, data reduction was implemented to ensure that data could be grouped according to areas of interest and particular question-related responses. Lastly, a team of four coders worked closely together to produce emergent nodes based on the statements made by interviewees. The nodes were then grouped into themes through the iterative process of detailed reflective discussions. Data were re-coded according to the finalised parent and child nodes. Matrix coding processes were employed to report total numbers of centres reflecting on each area.

Ap5.3 Lesser-mentioned characteristics of families attending the centre

Families and their needs

Other family structures noted included child-minders, nannies or carers, separated families, foster families, and couples. One staff member explained the importance of focusing on the family specifically: *‘We need to support whatever their needs are e.g. single parent in one bedroom*

versus [a] family in [a] better part of [the] local authority in a 4 bed house. If both mums have postnatal depression, would support them in the same way.' Staff also noted a variety of other family needs, including emotional instability, lack of support, pregnancy and very young babies, special needs, cultural issues, chaotic lifestyles, extended family disagreements, and lack of provisions or resources belonging to the family.

Children and their needs

Children and their specific needs were mentioned third most frequently across the sample of children's centres (78% of the 116 centres responding with this information⁷³). Staff primarily described a **child's personal needs** (across 66% of centres) and their **personal situation** (47% of centres). These two elements of children's lives will now be discussed.

Staff mostly referred to the **child's personal needs** and particularly, any *additional needs* (across just over 45% of centres). *Additional needs* included: childhood disabilities such as physical difficulties, developmental disorders such as Autism Spectrum Disorder (ASD) and Asperger's Syndrome, behavioural difficulties such as ADHD, health needs such as Periodic Limb Movement Disorder (PLMD), developmental delay, and learning needs such as communication and speech and language. Issues with *children's behaviour* were also reported across just over one third of the centres, especially with reference to parents who are struggling to manage behaviour at home and wanting to learn about setting boundaries for their children (for example: *'Have difficulties coping with their perception of challenging behaviour'* and *'Behaviour strategies, routines and boundaries'*).

Staff from one fifth of centres mentioned *poor experiences* for the children, referring most frequently to a lack of attachment and engagement from the parent: *'Relationship with the child may be weak'*; *'Often they sit on benches rather than playing with children on the floor'*. Some centres also noted a lack of stimulation and resources at home (*'Under stimulated children'*; *'Limited/no finance and equipment for new baby'*). Staff from just under half of the centres reported on **child-related situations**; commonly higher-end *social care families*, child neglect issues, or those on Child Protection (CP) and Child in Need (CiN) plans.

Parent and Community needs

The least reported characteristic of families related to **parent and the community needs** (mentioned across 60% of centres⁷⁴). Staff highlighted the centre's **location and reach** as a factor in who attends the centre (mentioned by 57% of centres), followed by **needs of the parent and community** (15% of centres).

Location and reach was the most frequently mentioned characteristic, with particular reference to *isolation and lack of socialisation* (across nearly two fifths of centres: *'those with no family/friend network'*). Staff spoke about the *location* of the family, particularly those *new to the area* (in just over one third of centres). More specific locality issues were described, including targeted housing estates, obesity levels, high unemployment and low income levels (*'Fourth highest area*

⁷³ Less than one third of the 71 centres, considered children as a factor within their definition of the *'most disadvantaged families'* (21/71 centres).

⁷⁴ Just over half of the centres (37 of the 71) considered the community within their definition of the *'most disadvantaged families'*.

for worklessness in the country'), rurality and lack of transport ('*The rurality means that parents getting to the centre is a huge barrier*'), substance misuse, violence and crime, poor housing, poor mental health, high levels of minority ethnicities and multiple languages ('*Language barriers that isolate people*'; '*social/cultural issues*'), and high conception rates ('*Three to four children per family*'). Areas of *poverty and deprivation* were mentioned as a primary issue for families (nearly one fifth of centres), for example, areas considered as having a '*high poverty index*', being in the '*top ten per cent most deprived*', the lowest '*20% and 30% most deprived in reach*', and '*low Income Deprivation Affecting Children Index (IDACI) areas*'.

Staff lastly spoke of **parent and community needs** (15% of centres), including issues around families not wishing to engage with services at the centre, those needing general support, and learning to trust the children's centre team ('*Parents accepting us, after past experiences with professionals that have been negative*').

Ap5.4 Lesser-mentioned aims for parenting services in children's centres

Parent and Community Needs

Aims targeted towards *Parent and Community* were of third most importance to staff (across 45% of centres). Staff responses frequently referred to engaging families with the children's centre both through attending a physical centre and reaching out through home visits, as well as engaging them through volunteering (25%). Centre staff gave examples including: '*Getting them actively involved in the centre*'; '*Will do anything to get parent out of house and engaging*'; '*For parents to come out more, be aware of what's available for them.*'

The next aim was reduction in parent isolation and integration into the community (15% of centres), for example: '*Socially integrate into community*'. Centre staff also referred to the importance of community involvement ('*Work towards sharing [a] vision with family and community*'; '*Engaging community – work together*'; '*Getting parents to be part of the community*'). Lastly, increasing the parent's trust of the children's centre was a strategy to engage them in further involvement.

Parent and Family Needs

Parent and Family needs were least reported as an aim (by 14% of centres). Staff referred to only two areas: dealing with domestic abuse and improvement of parent-to-parent relationships.

Ap5.5 Lesser-mentioned benefits of 'play and learning' activities for adults

Personal needs of the parent

As before with the 'Aim for Parenting Services' question in Section 5.4, the *Personal Needs of the Parent* was the second most commonly reported benefit (across 87% of the centres). The majority of responses regarding this area of need related to the benefits of increased *social interaction and socialisation* for the parents (78%): '*Meet other people in similar situations*'; '*Making friends*'; '*Interact with other parents*'. Staff also felt that the opportunity to share experiences through peer-to-peer support was beneficial (30%): '*Parents get chance to compare notes with other mums and dads*'; '*Helps them to realise that they are not the only ones experiencing this*'; '*Support from other parents and from us*'.

Similar to the 'Aim for Parenting' question in Section 5.4, a variety of other benefits were reported, including (in order of most commonly reported) improved healthy lifestyles (such as oral health, nutrition and cookery; 16%), improved education (for example English as a Second Language, English, Mathematics or other adult learning; 14%), *general life improvement* (including practical skills, life skills and applications for benefits or further help), improved financial situations (through accessing benefits and additional support), improved employment situation, and improved mental health and housing.

Parent and community needs

Parent and Community benefits were the third most commonly reported benefit (66% of centres). The majority of responses referred to reducing isolation (56%): *'Isolated families can meet others; make friends'; 'Chance to make friends with other parents'*. Centre staff also sometimes mentioned the benefit of community or centre engagement, for example *'Meeting/making links in community'; 'Increased sense of community'; 'Encourage them to attend sessions as well as following outreach times.'*

Parent and family needs

As was the case for the 'Aim for Parenting' question in Section 5.4, the least mentioned benefits related to the needs of the *Parent and Family* (14% of centres). The greatest benefit mentioned by staff was individualisation to the needs of the family, reported by ten per cent of centres. Examples given included: *'Listen to family and help them identify what the family needs, a work plan'; 'Try to take personal caring interest. Not box ticking'*. Staff also referred to the benefits of a holistic approach to the family, benefits of improved parent relationships, and outcomes regarding domestic abuse.

Ap6: Chapter 6 – Strategies and Progression into the Future

Ap6.1: Strategies for Working with Parents

Ap6.1.1 ORIM Framework for Supporting Parents

Opportunities

All answers were analysed in terms of the four areas of parental needs listed in Chapter 2. A number of staff talked about providing opportunities for the parents. The provision of opportunities was mentioned frequently as a supportive strategy across 90 per cent of the sample. The majority were aimed at the needs of the **parent and child** unit (71% of centres reporting on the parent and child unit), including *encouragement and provision of varied and new activities* for the children (44%) and increasing parental awareness of activities that can be used at home (32%). Particular examples included showing parents how to make use of common household materials as play resources (*'Make things at home for cheap/free e.g. shakers and natural things like odd socks, sew buttons and fill with pasta etc.'*) and 'allowing' the child to carry out different activities, such as messy play. Other opportunities relating to parent and child needs included the opportunity to work on *speech and language* and *early intervention and prevention*.

Fifty-four per cent of the centres reported targeting **personal parent needs**, for example, supporting parents to access benefits and improve their financial situation, helping families to budget and manage their debts, providing advice and support to access benefits, and helping with funding applications. Twenty-one per cent of staff reported providing opportunities for work and employability, such as helping adults to improve their employability skills, integrating JobCentre Plus/job-clubs into the children's centre, and supporting parents to get back into the job market.

A further 46 per cent of centres reporting on how they support **community needs** referred to the provision of opportunities in terms of accessing centre services through *home visits* and *one-to-one support*. Other centres described using outreach locations or mobile centre services such as play-buses (*'Taking services to the community'*).

Modelling

The use of modelling as a supporting strategy was reported by 88 per cent of the sample. Seventy-three per cent of centres (when discussing **parent and child needs** as a unit) reported providing modelling as a strategy. The vast majority of these (62%) highlighted the modelling of particular *parenting tools, skills, and strategies* for use with the children. A couple of examples included behaviour management techniques, setting boundaries, promoting parenting consistency, and basic skills such as using suitable language and nursery rhymes (*'Give them toolkit/ideas to manage their own issues so they can parent their child. It's about empowering and equipping people'*). Just under a third of centres reported *role modelling* with families, for example, showing parents how to manage behaviour, interact or play with their child, and which activities to choose (*'Staff model to parents and then [we] see that coming through with the parents'*).

When providing information on **parent's personal needs**, 51 per cent of centres reported using modelling as a supportive strategy, and a further 34 per cent used this strategy when reporting on **parent and family needs**. Staff reported working with families on their cookery skills, family diet

and obesity, and breastfeeding skills, as well as providing advice on a variety of other health issues such as smoking cessation, dental hygiene, and alcohol and substance misuse.

Interactions

Interactions were reported as a supportive strategy by 87 per cent of the sample. This was the most commonly reported strategy for supporting **parents' personal needs** (79% of centres), for example, *encouraging social interaction* (61%), which aimed to develop parental support networks and reduce isolation. Staff referred to helping parents build relationships with other families through the provision of centre services (*'This is an easy group for people to make friends'*), encouraging parents to interact during the sessions (*'They tend to focus on their child so getting them to socialise also with each other'*), helping parents to develop socially (*'Support their social skills'*), and encouraging 'buddying' or befriending services. Others thought that it was important to encourage peer support networks as they allow parents to learn from each other. In addition, 44 per cent of centres highlighted the importance of developing a *trusting relationship* with staff, for example, through a non-judgemental atmosphere (something also recognised by centre staff as a challenge; for more information on this see Chapter 5). Staff described providing parents with the *'freedom' to talk* and ask questions, and concurrently, performed a *listening* role.

Fifty-seven per cent of the centres (reporting on strategies used to support **parent and child needs**) referred to interactions, particularly in terms of encouraging the *parent and child relationship* through increasing interaction, affording opportunities to spend focused time together, and encouraging bonding and attachment (31% of centres discussing parent and child needs). The provision of *group support* was considered as another supportive strategy for encouraging interactions; this was presented across a number of parental needs, including supporting **parents personal needs**, **parent and child needs** as a unit, and **parent and family needs**. Staff highlighted groups for specific families, such as fathers, domestic violence support, English as a Second Language, groups run for a specific purpose (e.g. keeping fit classes and parental wellbeing groups), and parenting programmes (including some of those listed in Chapter 4) with a focus on strategies for parent-child interaction.

Recognition

The least mentioned ORIM strategy was recognition (reported by 34% of the sample). Thirty-two per cent of the centres reporting on **parent and child needs** as a unit described *praising and encouraging* parents (*'Allowing them to progress and have something to be proud of'*) and encouraging parents to be reflective, for example, through understanding their past experiences and their responsibilities as a parent (*'Get parents to understand they have parenting issues'*). Very few centres reporting on **parents' personal needs** (3%) used recognition as a strategy.

Ap6.1.2 Additional Strategies for Supporting Parents

Encouragement and empowerment

Encouragement was the most used additional strategy across the whole sample (90% of the centres). This was most commonly reported for supporting **parent and child needs** (76% of centres) and **parents personal needs** (68% of centres). The majority of responses regarded the general support of parents and children (for example, *'to support the families to make life better for them'*; *'Setting goals for them, break it down to small manageable things'*) and the availability of staff to give advice or to accompany parents to appointments. Centres recognised the provision of

a *supportive environment*, ensuring that the centre remained welcoming and comfortable for families. The development of parental *confidence, self-esteem, and self-worth*, as well as the encouragement of *independence and responsibility*, were also recognised as strategies for supporting both **parent and child** and **personal needs of the parent**. A number of centres championed the general *empowerment* of parents in order to support them to take responsibility of their lives and become independent (*‘Empowering parents to deal with things themselves and make changes in their lives’*). Staff also highlighted *promoting aspirations and self-esteem* both for the parents (*‘Helping them see a future and have aspirations’*) and their children (*‘Make them aware that [the] aim [is] to achieve better outcomes for [their] child and the importance of this’*).

Sixty-four per cent of the centres reported on ways to support **parent and community needs** in terms of encouragement, specifically the encouragement of families’ *participation* in centre activities and attendance. In addition to this, staff described techniques such as being welcoming, *‘breaking down the barriers’*; and *‘coaxing’* families in with services such as midwives and on-site cafes, home visiting, and using outreach locations. A quarter of the centres reporting **parent and community needs** referred to their services being *accessible and inclusive*, particularly in terms of location, provision of services in one place, and an inclusive ethos. Other centres used the expression of *‘hand-holding’*, welcoming strategies, and funding transport to ensure parents’ attendance, as well as personally *‘reaching out’* to families through home visits, visiting local communities, and regular personal communication. *Encouraging engagement with the community* was also seen as important, including providing trips out for the families, positioning centre workers and services within the local community, and making families aware of local activities and events.

Meeting individual needs

The next most commonly reported strategy for supporting **parents’ personal needs** was targeting the *individual* needs of parents (85% of the whole sample). Seventy-three per cent of the centres reporting on how they support the **personal needs of the parent** referred to meeting individual needs, including *practical help* for families and helping them to fulfil basic needs (37%); helping parents’ to arrange and attend appointments; helping families to fill out forms, write letters or phone other organisations; and accessing food parcels. Additionally, just under a third of these centres provided *courses and education* with a focus on adult education, ESOL courses, and training. Twenty-eight per cent targeted the improvement of parents’ *home lives*, for example, housing conditions, providing housing advice and support, and working alongside housing organisations. Staff also reported the use of individualised support for *mental health* needs (23%) and for families speaking other *languages or coming from other cultures* (21%).

Sixty-seven per cent of centres used the strategy of meeting individual needs for the **parent and family**, with the majority of them *targeting family need* (64%): *‘Initially [the] aim is to assess the family, identify [their] needs and empower’*. Next, and related to the first point, nearly a quarter of centres reported focusing on individualised outcomes and plans to suit specific families. Staff also highlighted the importance of having personal discussions with families to identify what they would like support with (*‘Parent may have different priorities than the professional’*) and maintaining a flexible approach to working with the families (*‘Sometimes you have to try different things’*).

Provision of information and knowledge

The provision of information and knowledge as a strategy was only highlighted by centres referencing **parent and child needs** (83% of these centres). Staff primarily referred to two areas: firstly, the role of parental *awareness of child development* both in terms of skills and how they can support those (44%; *‘Helping parents to see what behaviour is appropriate [for their child’s] age and that it is to do with their age’*), and secondly, the importance of play (44%; *‘Learn that play is important part of child’s development’*) and how to incorporate it into their everyday lives. More generally, a number of centres provided information about parenting, child needs, knowledge regarding how children learn, how to prioritise and support learning opportunities in the home, and general information regarding family health.

Ap6.2: Centre strategies

As well as listing strategies for use with children and parents, staff from 107 of the centres also referred more generally to the way that their centre influences the delivery of services. Staff from two thirds of the centres spoke about the importance of providing a **multi-agency response**⁷⁵. This frequently referred to the signposting and referral of families to other agencies as relevant to their needs, maintaining a general link with other agencies so that they can better meet families’ needs (*‘We are trying to be as innovative as possible. Pool together resources with other agencies to ensure services continue’*), sharing information and advice as appropriate and attending meetings with other multi-agency partners. Staff referred to multi-agency partners running or attending services as part of the centre offer (in 15% of centres). In contrast, five per cent of centres mentioned challenges or a lack of multi-agency working with particular partners.

A number of centres (62%) highlighted the importance of the **types of services** on offer, particularly with regards to targeted versus universal provision, and the variety of services. Staff spoke both about *universal provision* (for example, provision aimed at all families regardless of need) and *targeted provision* (for example, targeted groups, targeting particular geographical areas or services aimed at particularly vulnerable families and needs). Whilst a few centres reported a move towards more targeted work (in line with the findings in the first ‘visits to children’s centres’; Goff et al., 2013), other centres reported a general mix of universal and targeted provision. A selection of centres noted the importance of maintaining universal provision for engaging families, a thought echoed within the most recent 4Children Children’s Centre Census report in 2013, (*‘Parents [are] less willing to attend targeted groups as [they] see this as a failure on their parenting skills’*; *‘Mix [of] universal and targeted families – it works better with mixed groups of parents as the less able parents learn from watching [the] more capable’*).

Many centres referred to **promoting their centre services** to families (39%). A recent survey by the Children’s Society in 2013 reported that 73 per cent of families who were surveyed as current non-users of children’s centre services were not aware of the services offered (Royston and Rodrigues 2013), thus promoting services as a strategy would be important. The **quality of the staff** was also noted by 34 per cent of the centres, particularly in terms of their specific training or role (for example, dedicated fathers workers and multi-lingual workers), their supportive nature

⁷⁵ The percentages reported throughout Section 6.4 in Chapter 6, and Ap6.2 have been rounded up to whole figures, and are based upon volunteered information regarding strategies (as opposed to all centres systematically answering a question). Percentages should therefore be interpreted with caution. n=107.

towards each other (*'It's about everyone working together for one aim'*), their approachability and welcoming ethos, their range of expertise and qualifications, and their consistency and regularity as a staff team. **Providing** for families was another strategy (21% of centres) in which staff reported providing spaces for families to use, and dedicated time during which families could be together (*'One-to-one time to just play with their child without distraction'*). Lastly, 14 per cent of centres highlighted the provision of a **safe place for families**, something which they may be unable to access elsewhere.

Ap6.3: Other Hopes and Plans for the Future

Staffing

The fourth most frequently described area for centre progression was staffing, as indicated across 63 per cent of the centres. Staff reported two prominent issues: **staffing issues including staff roles** (53%) and **job satisfaction** (19%). Issues were reported around maintaining staff consistency and job security (*'Have had many staff changes during cluster process'*; *'Maintaining [a] consistent staff team is very important'*) and permanent versus temporary staff (*'More permanent staff not supply – own workers feel part of team and improve quality for children'*). Staff also reported wanting to employ additional staff (*'Here staffing very low – only four – so centre only opens when they have a session or when parents are expected'*) and noted the tensions between increasing volunteer capacity against relying too heavily on volunteers (*'Not want to have to rely on volunteers'*). There was a need for reduced workload, as well as more defined job descriptions and roles (*'Have more available staff. I have to be very limited in what I can do. We have to cut short because number and level of work'* and *'A more defined role for outreach workers rather than a 'jack of all trades'*). Lastly, staff spoke of a need for better staff management (*'Need two full time managers'*).

Job satisfaction was mentioned less across centres (19%). Staff reported a wish to keep their jobs and stay positive (*'Hope remaining staff will remain positive to the changes'*) as well as low morale (*'We've felt under the spotlight and pushed from pillar to post'*; *'Would like the uncertainty to go'*).

Family Needs

Fifty per cent of the centres reported wanting to see a future change in relation to family needs. The answers provided could be broadly mapped onto the areas of parental need described in Chapter 2 of this report. In order of prominence, staff reported wishing to see changes related to the **Parent and Family** unit (26% of the centres answering the question), followed by **Parent and Child needs** (25%), **Personal Needs of the Parent** (15%), and **Parent and Community** (10%). These areas will now be discussed in further detail.

Staff most commonly reported wanting to see general positive outcomes for the **Parent and Family** unit in the future (26% of centres): *'Be able to make a difference to them'*; *'Everyone to live happily ever after – put ourselves out of a job, get families to see what they can achieve, make educated choices'*. Staff also noted the importance of continuing to provide for individual family needs by focusing on the families in the area, and through offering both universal and specific support (e.g. *'Be more flexible according to type of community [they are] based in'*). Lastly, staff mentioned monitoring family progress as an important change for the future.

Next, staff wanted to see a future change relating to **Parent and Child needs** (25%). The majority of these staff referred specifically to improved or maintained early intervention and prevention (13%): *'Link up with families antenatally'; 'Would like to do more early intervention but not possible at moment – we are working much further up the scale'*. Other staff members described a need for greater work surrounding parenting skills and a greater focus on narrowing the child attainment gap, building parent independence, and speech and language.

Thirdly, staff reported wishing to see a change in relation to the **Personal Needs of the Parent** (15%). Staff presented a range of responses related to parents' personal needs, including reducing worklessness within families, providing opportunities for parental interaction, and improving mental health, education, finances, and health for families. Lastly, **Parent and Community needs** were a focus for ten per cent of the centres, specifically community projects (for example, the provision of trips for families and events to bring the community into the centre) and opportunities for families to volunteer at the centre.

Facilities and Resources

The sixth and final area for change described by staff regarded facilities and resources (across 44% of the centres). Two main issues arose from the respondent answers: improvement in **venue and space** (in 29% of the centres), and **facilities and resources** (19%). These areas will now be discussed in further detail.

Staff mainly spoke about current issues with, and improvements to, **centre venues** (across 22% of centres). Staff mentioned a number of issues with venues which they were hoping could be improved in the future; the first was to ensure that services were available in outreach areas within the community, and the second referred to outdoor space being utilised wherever possible, for example: *'Working in community centres and halls right in the heart of the community'; 'More outdoor community-based parks and library. Use these spaces to deliver sessions'*). Staff frequently noted that they wanted more space at the centre and were trying to make good of the facilities available to them, for example: *'Like to develop the outside space, build a roof and protect from the weather'* and *'Would like centre to grow, but no space'*. Staff also frequently described needing to change the ambience of the centre in order for it to feel friendlier and more relaxed, for example: *'To develop more of a community feel'*.

Next, staff in 19 per cent of centres spoke about **improvements in facilities and resources**. It was felt by some that new or improved facilities within the building were required, including cafes for families, staff rooms, larger office spaces, and washing areas. Staff also detailed a need to modernise systems and to make more appropriate investments in technology. Staffing resources were wanted, including reinstating professionals that used to be co-located at the centre.

Ap7: Chapter 7 – Parental Views and Experiences

Background Information about Parents

The vast majority of parents interviewed were female (92%). Of the 519 respondents, 92 per cent indicated that they were the parents of the children and an additional four per cent of respondents were the grandparents of the children attending the centre. Seventy-seven per cent of the respondents indicated that they currently lived with their husband, wife, or partner. Table Ap7.1 illustrates the ages of the respondents.

Table Ap7.1 Age of the parent sample

Parent age	% of the parent responses
Under 21	2
21-25	14
26-30	27
31-35	27
36-40	15
41-45	8
46-50	1
Over 50	6

Total n= 517 parent responses

Note: all percentages have been rounded up to the nearest whole

Eighty-three per cent of respondents interviewed were between the ages of 21 and 40, with 54 per cent being between the ages of 26 and 35. Seventy-four per cent of respondents indicated that they lived in a house, with an additional 24 per cent living in a flat. Fifty-one per cent rented their accommodation and 45 per cent of respondents owned their place of residence. The majority of respondents were of “White” ethnicity (80%), with “Asian or Asian British” making up another nine per cent of respondents, and “Black or British Black” making up seven per cent.

The data collected showed that most parents (59%) brought only one child to the children's centre, 32 per cent indicated that they brought two children to the centre, seven per cent brought three, and very few parents brought more than three children (<2%).

Ninety-five per cent of respondents indicated that they spoke English at home and 79 per cent of respondents listed English as the only language at home; an additional 16 per cent of respondents cited that English and one other language were spoken regularly at home.

The majority of respondents reported their occupation to be a full-time carer of their child (47% of respondents). The second most common employment status was reportedly “employed part-time” (21%). An additional 11 per cent of respondents worked “full time” outside of the home and eight per cent were “self-employed”. Five per cent of respondents were “unemployed but looking for work” and two per cent were “unemployed and not looking for work”. Finally, two per cent of respondents were “full time students” and another two per cent were “retired”. The “other” employment statuses made up just less than two per cent of the respondents.

The 500 respondents reported a wide variety of academic qualifications, including: a Level 0 academic qualification (10%), Level 1 (10%), Level 2 (19%), Level 3 (11%), Level 4 (7%), Level 5

(3%), Level 6 (21%), Level 7 (10%), Level 8 (1%), and a further eight per cent indicated that they had achieved another academic qualification not listed in the scale. The 521 respondents also reported a wide variety of other educational/professional qualifications ranging from: no additional qualifications (44%), Level 1 (9%), Level 2 (16%), Level 3 (20%), Level 4 (2%), Level 5 (2%), either Level 6 or Level 7 (less than 2% achieving), and finally, six per cent achieving another vocational qualification not listed in the scale.

Of the 522 respondents who answered questions concerning the benefits they receive, 49 per cent reported receiving a Child Tax Credit, 22 per cent received a Housing Benefit, 17 per cent received a Council Tax Benefit, 16 per cent received Income Support, 16 per cent received a Working Tax Credit, and eight per cent received a Healthy Start Benefit. Very few respondents indicated that they received other benefits. Five per cent of respondents received a Disability Living Allowance or equivalent, and three per cent received a Childcare Tax Credit. Less than one per cent of respondents received any other benefit.



Department
for Education

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Reference: DfE RR 368

ISBN: - 978-1-78105-395-9

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 of Education

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