



Department
for Education

Organisation, services and reach of children's centres

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

Research report

June 2015

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Acknowledgements

The University of Oxford would like to thank Rebecca Tracz and Terri Parkin for their contribution to the project and the report. We also wish to thank the regional researchers who were enthusiastic and committed to ensuring that the visits to children's centres were a success: 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 in this phase of the work.

We wish to thank Michael Dale and Steve Hamilton at the Department for Education for their comments. Finally, this research could not have been possible without the co-operation of the children's centre staff across the 121 centres who participated in Strand 3, and in particular, those that were willing to allow our fieldworkers to revisit in 2013. Our thanks and gratitude go to all of the staff who were 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

BBEIP	Bright Beginnings Early Intervention Program
BSFT	Brief Strategic Family Therapy
CAB	Citizens Advice Bureau
CAF	Common Assessment Framework
CCLMRS	Children's Centre Leadership and Management Rating Scale
CiN	Child in Need
CP	Child Protection
CPD	Continuing Professional Development
CPI	Consumer Price Index
CSR	Comprehensive Spending Review
DCSF	Department for Children, Schools and Families
DfE	Department for Education
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DoH	Department of Health
DTBY	DARE To Be You: Decision-making; Assertiveness; Responsibility; and Esteem
DWP	Department for Work and Pensions
EAL	English as an Additional Language
EBP	Evidence-Based Practice
ECAT	Every Child a Talker
ECCE	Evaluation of Children's Centres in England
ECERS-R	Early Childhood Environmental Rating Scales
ECM	Every Child Matters
EEC	Early Excellence Centres
EIG	Early Intervention Grant

ELLM	Early Literacy and Learning Model
ESOL	English for Speakers of Other Languages
EYFS	Early Years Foundation Stage
EYFSP	Early Years Foundation Stage profile
FAST	Families and Schools Together Programme
FLLN	Family Literacy, Language and Numeracy
FNP	Family Nurse Partnership
HFA	Healthy Families America
HFNY	Healthy Families New York
ICAN	Early Support Programme for Disabled Children
ICPS	I Can Problem Solve
IDACI	Income Deprivation Affecting Children Index
IT	Information Technology
ITERS-R	Infant Toddler Childhood Environmental Rating Scales
IY	Incredible Years
LA	Local Authority
LLSOA	Lower-Level Super Output Area
MLSOA	Medium-Level Super Output Area
MTFC	Multidimensional Treatment Foster Care
N	Total Number
NESS	National Evaluation of Sure Start
NFP	Nurse Family Partnership (also known as Family Nurse Partnership: FNP)
NHS	National Health Service
NN	Neighbourhood Nurseries
NPQH	National Professional Qualification for Headship
NPQICL	National Professional Qualification in Integrated Centre Leadership
Ofsted	Office for Standards in Education

PAFT	Parents As First Teachers
PAT	Parents as Teachers
PCIT	Parent Child Interaction Therapy
PEAL	Parents, Early years and Learning Programme
PEEP	Parents Early Education Partnership
PICL	Parents Involved in their Children's Learning
PIPPIN	Parents in Partnership Parent-Infant Network
PPP	Positive Parenting Programme (Triple P)
RCT	Randomised Control Trial
SEN	Special Educational Needs
SFP	Strengthening Families Programme
SLT	Senior Leadership Team
SMT	Senior Management Team
SSCC	Sure Start Children's Centre
SSLPs	Sure Start Local Programmes
TAC	Team Around the Child
TAF	Team Around the Family
URN	Unique Reference Number
WFL	Wider Family Learning

Executive Summary

Policy, Introduction and Method (Chapter 1)

Government policy on early years has concentrated on three key goals: school readiness for all children, narrowing the gap between outcomes for disadvantaged children and their more advantaged peers, and enabling female labour market participation. Since their inception, children's centres have been expected to play a role in all three, with changing emphasis over many years of policy development. The findings from this study indicate that in more recent years the second of these goals has been the most important for the Government, and this report indicates that children's centres have responded to 'narrowing the gap', although within ongoing structural churn and substantial financial constraints that have affected the public sector more broadly. In addition, the ring fence for early years and children's centre funding was removed in 2011, replaced by an 'Early Intervention Grant' (EIG). From April 2013, EIG was transferred to the Department for Communities and Local Government to include in its Business Rates Retention scheme. These changes have made it increasingly difficult to track changes in funding to children's centres over the years of this study.

This is the eighth 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 and value for money in relation to different types of services. Children's centres were originally required to provide a core 'offer' of specifically defined services. This offer was revised to a core 'purpose', allowing local authorities to decide what set of services was most needed in the locality:

"...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 (SSCCs) Statutory Guidance (2013a, p.7)

The ECCE evaluation is producing a detailed picture of the first two phases of children's centres in England – those which were aimed at the 30% most disadvantaged areas. The evaluation has a number of different elements organised into five 'strands' of work that will run until 2017: Strand 1 (a survey of children's centre leaders), Strand 2 (several surveys of families using children's centres), Strand 3 (visits to children's centres to study service delivery, as described within this report), Strand 4 (analysing the impact of children's centres on child and family outcomes) and Strand 5 (a cost-benefit analysis of children's centres).

Strand 3 presents one element of a multi-component longitudinal evaluation which uses a nested design, with a sample of over 120 children's centres participating in five different strands of work, and a sample of children and families drawn from these centres. Strand 3 has created centre profiles from in-depth information on the configuration and variation of services. Additionally,

information on each centre includes administrative data comparing the postcodes of users (Strand 2) with the postcodes of the centre's catchment area (an exploration of 'Reach'). Specifically, Strand 3 visited 121 children's centres to assess:

1. range of activities and service delivery;
2. leadership;
3. evidence-based practice;
4. parenting support services; and
5. partnership working.

Fieldwork took place in 121 Phase 1 and Phase 2 children's centres across England during 2012; 117 of which were visited a second time in 2013. The study used a mixed methods design, using both quantitative and qualitative methods including scrutiny of documents such as minutes from meetings, staff self-report questionnaires and face-to-face interviews with staff and parents.

An evolving service (Chapter 2)

- Three organisational models of children's centres were derived based on the managers' categorisations of their own centre's structure.
- There was a clear picture of change, with centres moving away from the traditional standalone model (62% in 2011, reducing to 38% in 2013) towards clusters of centres and sites (38% in 2011, increasing to 61% in 2013). Cluster models (which included hub-and-spoke models) shared resources, staff and management, physical spaces, and/or services.
- Reorganisation and change in the lead agency were common across centres. Managers and staff reported both positively and negatively on the process, reflecting upon potential benefits while describing a wealth of current difficulties:
 - potential for improved partnership working, planning and joined up delivery; and
 - challenges including changes to management, volatility in staffing, workload, partnerships and realignment of services.

Effective leadership is key (Chapter 3)

Leadership and management

- A rating scale measuring five domains of quality was used to assess leadership and management in terms of: *Vision and Mission*, *Staff Recruitment and Employment*, *Staff Training and Qualifications*, *Service Delivery*, and *Centre Organisation and Management*. The *training and qualifications* of staff were rated as highest, with *centre organisation and management* rated as lowest.
- Centres led by older managers were more likely to have higher leadership and management ratings (higher levels of *Continuing Professional Development*, stronger *vision and standards*,

higher scores for *valuing staff*). Those who had been in post for between three to five years reported the most *monitoring value for money* and *partner agency communication*.

- Centre organisation and management was related to staff absence; those centres dealing with a loss of resources and poorer organisation and management were also facing higher staff absence.
- Higher leadership and management scores on the externally-validated rating scale were found to be positively related to Ofsted's external judgements of overall centre effectiveness.
- Higher leadership and management scores were also related to aspects of multi-agency working:
 - better *Vision and Partnership*;
 - better *Management, Governance and Multi-agency Infrastructure*.
- Better ratings for leadership and management were related to higher numbers of services offered in 2012.
- Standalone centres in 2013 scored higher on overall leadership and management than cluster models and also scored higher on two subscales:
 - *Training and Qualifications*,
 - *Organisation and Management*.

Qualifications of managers

- In 2012, the majority of centre managers were qualified to degree level. Qualifications of managers appeared to shift upwards towards master's degrees between 2012 and 2013. This could have been a result of centre restructuring and the move towards clusters led by a senior manager with responsibility for a number of centres. The general qualifications of managers were not directly related to scores on the leadership and management scale.
- Some centres were part of a service clustering model, where services (usually externally managed), were shared across a number of centres. These centres had managers with significantly lower academic qualifications. This suggests that the senior staff managing service clustering across centres were external to the centre and unlikely to spend significant time in any one centre over the course of a week.
- In centres where managers held specialist qualifications in leadership in 2012 (e.g. the National Professional Qualification in Integrated Centre Leadership: NPQICL), staff were more likely to report greater levels of *safeguarding* and *managerial delegation to the Senior Management Team*. Managers with specialist qualifications in leadership were also more likely to report more emphasis on *vision and standards*.

Towards Multi-agency Working and Integration (Chapter 4)

- Multi-agency working was seen by centre managers and staff as requiring improvement. There was already, however, a moderate to high level of collective vision sharing with partners, particularly over providing services to target groups, with centres often working with a very long list of organisations and agencies. The most common collaborative working practices reported by managers were, on the one hand, formal statutory referral procedures and on the other,

informal methods of keeping in touch: 'Building the infrastructure' for collaboration and partnership (through joint training and sharing family information for example), received less attention and happened less often.

- Accessibility was considered important for the engagement of families at the centre. Centre managers placed particular importance on four aspects of service delivery and ethos:
 - Being able to talk informally to staff like health visitors, midwives, or social workers;
 - Having workers willing to ring up other professionals or services if parents need information or a referral to another service;
 - Workers visiting families at home;
 - The physical accessibility of the centre.

Note these aspects were considered by managers to be more important than the co-location of services for young children and their families, that is, having all services under one roof – though parents might have taken a different view about accessibility.

- It was evident that multi-agency working takes time and commitment to develop. There were long-standing problems in some areas over data-sharing, particularly accessing live birth information. There were fundamental difficulties in communication, misunderstanding different professional roles and backgrounds, as well as practical difficulties over different funding arrangements and availability.
- Leadership was rated higher in centres with the closest shared *vision and partnership* with other agencies and better *multi-agency, governance and infrastructure*. A stronger ethos towards making services accessible to families was found in centres which were offering more services in 2011.
- While clustering was seen as a way to improve multi-agency working, centre managers reported that funding pressures on other agencies meant the loss of some partner agency resources, for example staffing.
- Staff expressed concerns over the policy shift to more targeted interventions for high-need groups i.e. those felt to require higher level social work skills for which staff felt ill-prepared.

Centres and Services (Chapter 5)

a) More targeted service delivery

- The 'top five' services (mentioned by over 90% of centres) were stay and play, evidence-based parenting programmes, early learning and childcare, developing and supporting volunteers, and breastfeeding support. These remained constant between 2011 and 2012, but there was clear variation in other service provision over time. When a comparison was made between the services that were offered in 2011 and 2012, and qualitative discussions with staff in 2013, centres appeared to be shifting towards a more focused and targeted range of services for parents, and outreach to families in homes, in line with the revised core purpose (DfE, 2013a).
- Changes in services due to direct reductions in funding or indirect funding restrictions were widely reported, and more were anticipated in the future (in line with reduced expenditure on children's centres recently reported by Waldegrave, 2013). When asked to clarify the nature of

the reductions or restrictions in funding (2011/12) that led to changes in services, managers most commonly reported withdrawal of staff by partner agencies (43%); withdrawal of funding from lead agencies (42%); indirect restrictions/reductions (38%); and direct funding cuts by partner agencies (32%) although we have no data to suggest disproportionate effects in a context of generally reduced public expenditure.

- While the majority of the impact of funding restrictions and reductions was directly on staffing, 30 per cent of managers also reported an overall reduction in aspects of centre services: the hours or days when services were provided had been cut in 24 per cent of the centres; and managers in 21 per cent of the centres noted that the number of locations where services were provided had been reduced. However, there appeared to be a smaller impact on the take-up of services by users on a regular basis (11% of centres).

Concerns about the shift away from open-access services

- Centres appeared to be following the revised core purpose (2013) by focusing on families in greatest need. There were however, reservations about the emphasis on targeted work. Staff recognised the importance of involving a range of families with mixed levels of need; and the importance of maintaining open-access provision which staff considered valuable for the avoidance of stigma, and for early identification of families experiencing lower level problems that might be dealt with before they escalated.
- The ‘thinning’ of service provision (i.e. reductions in the frequency of service delivery and range of families served) was a key worry for centre staff, and its effect on families. The increase in work with families with very complex needs expected to be taken up by children’s centre staff, was accompanied by a reduction in support from partner agencies (in terms of both funding and staffing). This was in keeping with staff views of inadequate training to take on highly intensive work (Chapter 4). While services most affected were open-access, they were thought to be vital for reaching and engaging with families (such as playgroup, interpreters, transport services, and Stay and Play).
- A distinction between *service clustering* (i.e. the collaborative working of centres to provide a shared service) and *centre clustering* (i.e. the joint management of multiple centres) was noted. Both types of clustering significantly increased between 2011 and 2013.
- While at first it may appear that the *number* of services on offer remained broadly stable between 2011 and 2013, the *nature* of these services was changing: the frequency of the service at any one centre was often ‘thinning’ and open-access services were being reduced, in favour of more targeted services.

Linking service delivery to features of centres

- The move towards service clustering was associated with centre managers having lower qualifications, running fewer ‘named’ programmes or interventions at the centre, and providing fewer services aimed at supporting the needs of the whole family (for example, partners’ emotional support, home safety, or groups for families to spend time together).
- Centres offering the most services had higher leadership scores, better Ofsted ratings of effectiveness and a stronger ethos towards making services accessible for families.

b) Evidence-Based Practice

- Staff reported a widespread use of well-evidenced programmes (particularly *Incredible Years*: [IY], *Triple P* and *Family Nurse Partnership* [FNP]) and other 'named' programmes not considered to be adequately evidence-based at the time of Allen's (2011) review of programmes and interventions (for example *Baby Massage*, *Every Child a Talker* [ECAT] and the *Solihull Approach*).
- The actual numbers of participants (mainly mothers) who were reached by well-evidenced programmes over the course of a year was relatively small (for example, of those centres reporting on IY and *Triple P*, an average of families reached was 22 and 23 respectively). In contrast, other 'named' programmes that were not listed by Allen as being well-evidenced, reached more families (an average of 47 families for *Baby Massage*, and 104 for *Parents Early Education Partnership* [PEEP]).
- The majority of staff reporting on Allen list programmes said they were delivered 'in full'. Moreover, well-evidenced programmes were implemented with more fidelity than the other 'named' programmes not on the Allen list, when measured through researcher-rating scales. However their fidelity to the programme was rated on average as only 'Satisfactory'. Because greater fidelity is known to be linked to better outcomes for children (Webster-Stratton, 1992), it is worrying that staff beliefs that they were running a programme 'in full' were at odds with the researcher-rated lower scores on fidelity.

Changes in the delivery of programmes or strategies across centres

- There was no change in the number of 'named' programmes that centres offered between 2012 and 2013. Centres were implementing an average of five programmes in both years, of which only one was likely to have been on Allen's list of well-evidenced programmes (2011).
- There was no change in the most commonly used well-evidenced programmes (*Triple P*, IY and FNP) and the top four most commonly used non-Allen programmes remained broadly similar: *ECAT*, *Baby Massage*, *Family Links Nurturing Programme*, and the *Solihull Approach*. (The *Freedom Programme* appeared in the second wave of fieldwork).
- There was a positive relationship between the number of well-evidenced programmes offered by centres in 2013 and the external Ofsted inspection measure of centre effectiveness. Centres offering more well-evidenced programmes in 2013 also tended to have a greater focus on improving parenting behaviour and in general offered higher numbers of services.

c) Supporting Parenting and Children's Development

- The offer of parenting services to support both parents' personal and family needs is variable. This variability addresses both type and form of provision and reflects the core purpose of children's centres to support: *child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances* (DfE, 2013a).
- A strong focus of services was to improve parenting behaviours, particularly encouraging parents to model behaviours that their children might copy. Focusing on the parent-child dyad allows children's centres to support parenting aspirations and skills, and reflects a holistic view of the modern family and the importance of the interactions that take place within them.
- Children's centres with a greater focus on improving parenting behaviours were more likely to have a stronger ethos towards making services accessible for families.

Centre Reach (Chapter 6)

Are children's centres reaching the intended groups?

- Analysis of the neighbourhood data for the reach areas supports previous findings that local authorities were indeed targeting children's centres towards more deprived local areas. There is considerable variation in terms of area deprivation but over half (52%) of the *Lower-Level Super Output Areas (LLSOAs)* in the reach areas fell within the 30 per cent most deprived areas on the Income Deprivation Affecting Children Index (IDACI). The majority of users/potential users from all of the centres (59%) were drawn from the 30 per cent most deprived areas. The small number of centres (8.6%) physically located in the 50 per cent least disadvantaged areas drew many of their users from similar areas; however, nearly a third of their users came from the most deprived areas, as a response to targeting.
- Analysis of socio-economic indicators of poverty and low income, unemployment, education, health, housing, crime and transport show an overall picture where the children's centre reach areas are, on average, more deprived than both the national average and the local authorities in which they are located. However the overall picture conceals significant variation across the reach areas. It is important to remember that centres from this study come from phase one and two of the children's centre roll out, intended to be in poorer areas.

Change over time?

- There is a great deal of movement across deprivation levels for reach neighbourhoods. In general, reach areas showed a bigger fall in child poverty levels than their corresponding local authorities and England as a whole from 2006-2011 (3.3% points fall, compared with a 1.1% point fall across England). In the most deprived areas, child poverty levels fell by five percentage points over the same period. We have no data on child poverty levels in reach areas after 2012, and the wider economic climate and benefit changes may have altered this picture.

How well were the centres serving these areas in terms of take-up or 'reach'?

- Centres typically had very large numbers of registrations. The average number attending each centre in a year was 770 children aged 0-4, ranging from 250 to well over 1,000 children. In almost all areas the proportion of registrations in a single year, judged against the reach area's 2011 census population aged 0-4, was very high (median 93%), though in a few centres it was much lower (around 60-65). The proportion of 0-4 year olds *using* the centre or its services over the year was generally lower than the proportion *registered* (as might be expected). Over half (55%) of the 0-4 age group in the reach areas were found to be using centres, which in the main (middle 50%) ranged from 42 per cent to 66 per cent.

Family Characteristics

- Comparing the main ethnic groups from the 2011 census for children aged 0-4 living in each reach area against the numbers of children aged 0-4 who attended the centres, suggests that overall, the proportions in the main ethnic groups using the centres closely matched the census levels; that is, no major ethnic group appeared to be significantly under-represented.

- The most common age group consisted of infants under one year (27% of all user families), with subsequent percentages tailing off to the 'four years and above' group (11% of users) when other educational facilities take over.
- Data on the levels of use recorded by centres (which may well undercount the true figure) consistently showed that more than half (62%) of the users made light use over the year (five or fewer contacts); 25 per cent had between 6 and 19 contacts on average, and around 13 per cent had 20 or more contacts.

Overview and Policy Implications (Chapter 7)

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

more with less, appears to be putting pressure on children's centre services and staff. Delivering the impressive aims of the children's centre programme will require maintaining the high levels of staff commitment but also intelligent management and deployment of resources.

1 Introduction [*The ECCE Research Team*]

1.1 A Policy Perspective [*Eisenstadt*]

A policy perspective on children's centres should be set within the wider context of the current Coalition Government's policy framework on young children. Similar to the previous administration, the current Government has three goals in early childhood policy: ensuring all children are 'ready for school', supporting female participation in the labour market, and ensuring the most disadvantaged families with the most complex problems get the support they need (Department for Education, 2011). The timeline in Appendix A (A1) gives some indication of how active the Government has been in early years policy since 2010: commissioning several reports; publishing its own papers: working consistently to address the problems of childcare so that it is flexible enough to enable employment, which is affordable for all families, and of sufficient quality to both ensure school readiness and to narrow the gap in readiness between the poorest children and their better-off peers.

An emphasis on 'early intervention' has come to the fore in both research and policy over the more recent years. There has been a huge increase in the knowledge about very early brain development, the critical nature of the first three years of life and the importance of attachment between mother and baby to ensure a good start (Leadsom, Field, Burstow and Lucas, 2013). This has subsequently been a feature of the Allen report (2011), arguing that early intervention with evidence-based programmes could significantly improve outcomes for disadvantaged children. Additionally, economic analysis has indicated that early intervention, if successful in improving outcomes, can save the state considerable costs in the long term. The argument goes that with the introduction of high quality early years programmes, children from disadvantaged groups should be more likely to subsequently: gain employment, be less likely to be on benefits, be less likely to be involved in crime, and be less likely to become teen parents (Heckman, 2008).

In terms of the three goals above, there has been significant policy activity. Early on, the Coalition Government agreed to not only maintain the 15 hours of free early education established by the last government, but also to expand this free offer, first to the poorest fifth of two year olds, and more recently to the poorest two fifths of two year olds (Osborne, 2011). This represents a significant investment in a time of extreme austerity. The Tickell review (Tickell, 2011) recommended simplification of the *Early Years Foundation Stage* and of the *Early Years Profile*, indicating the desire to improve the quality of the early years free offer. The introduction of entry requirements for training in childcare, and the introduction of two new qualifications: (the early years educator and early years teacher) both signal a policymaker interest in early years quality as well as affordability.

Several steps have been taken on childcare for parents. The price of childcare in England has been rising well above the rate of inflation for a number of years (Rutter and Stocker, 2014) – though some forms of childcare rose less quickly than Consumer Price Index (CPI) inflation in the most recent survey undertaken by Family and Childcare Trust (2002-2014). The current Coalition Government has addressed this by proposing the introduction of a tax free voucher scheme in 2015 and the extension of childcare support under the *Universal Credit* system. In 2010 the funded early education entitlement was extended from 12.5 hours a week to 15 hours a week, and the Government has introduced more flexibility in the use of funded hours. In terms of the 'neediest'

families, the Government has introduced 15 hours a week funded early education for the 40 per cent most disadvantaged 2 year olds, invested in the *Troubled Families* initiative, and established the cross party Child Poverty Commission. Early years has been an active policy area for the Coalition Government, with some continuity from the past and some change in direction. How does children's centre policy fit in with this wider set of issues?

Children's centres were originally established from what were *Sure Start Local Programmes* (SSLPs), *Early Excellence Centres* (EECs) and *Neighbourhood Nurseries* (NNs). The idea was to bring together fragmented early years policy and provision under one banner. Children's centres were required to provide a 'core offer' of services including: early education and childcare suitable for working parents, parent support, employment advice, and some midwifery and health visitor services. They have never been seen as a single service or intervention, but as a locus for the delivery of a variety of services ranging from open-access informal drop-ins to highly targeted structured programmes. The balance between these approaches has continually shifted, with service planning that should be based on local data analysis of needs.

The original SSLP model emphasised open-access services based in poor neighbourhoods; that is, targeting by the likelihood of reaching a significant proportion of poor children. In recognition of the fact that half of poor children did not live in poor areas, in 2004 it was decided that children's centres should be available everywhere, not just in poor neighbourhoods. It was acknowledged at the time that future 'waves' of children's centres would not have to provide the complete suite of services, but would need to understand what was available locally, and could signpost to provision not offered on-site. The expansion meant that only the children's centres that were part of Phase 1 and Phase 2 developments were required to provide early education and childcare. These first wave centres were concentrated mainly in poor neighbourhoods and are the focus of the current evaluation. In more recent years, as described below, the change in emphasis has been away from poverty per se, towards particular child risk factors associated with low income.

In 2011 the Government published *Supporting Families in the Foundation Years* (Department for Education, 2011). This document suggested the removal of the 'core offer' of children's centres to a statement of 'core purpose'. The core purpose set out in 2012 (DfE, 2012) was meant to be more flexible, more relevant to local needs, and particularly emphasised child outcomes for those in greatest need. Further revisions to the core purpose of children's centres, set out in 2013 (Department for Education, 2013a), have reinforced two government aims: school readiness and reaching the most disadvantaged. This has led to an increased amount of targeting by *family* based on particular risk factors, rather than targeting by *area* based on poverty data. Two key changes in children's centre policy indicate that labour market participation has not been rolled into children's centre aims. Children's centres are no longer required to link with JobCentre Plus, providing support for parents who may be seeking employment. Additionally children's centres, even those established in the first two phases, are no longer required to offer early education and childcare for working parents and are no longer required to have a fully qualified teacher (House of Commons Education Committee, 2013).

Parliamentary interest in children's centres has been high. The Education Select Committee issued a report in December 2013. Among a set of conclusions the report states:

'We also have concluded that there has been, and continues to be too much short-term and disparate government policy on the area of early years. We recommend that the Government set

out coherent long-term thinking on early years and the place of children's centres within that, including funding, responsibility across Whitehall and accountability'.

(House of Commons Education Committee, 2013, p.4).

The Education Select Committee also emphasised the importance of engagement with health agencies at local level and the critical importance of data sharing to ensure the needs of all were met. In response to the Education Select Committee report, Elizabeth Truss, the Minister then responsible for children's centre policy, appeared before the Committee on 18th June 2014. She emphasised the importance of children's centres in terms of their reach particularly for the poorest families, and for their popularity with parents. She was clear in the position that early education should be school-based, and that children's centres played a significant and valued role in wider services for parents.

“For some of these hard-to-reach families, making sure that they are actually coming to the children’s centres and know the facility is available is very important. Also, quite often children’s centres are a gateway into other services. Children’s centres are a way of giving parents the early help that they need and the children the early help they need, but they are not the primary provider of early education and childcare which, as Sir Michael Wilshaw points out, is one of the major ways of closing the gap. That is where we need to look at the system as a whole, rather than expect children’s centres to be doing all of that work.”

Elizabeth Truss (2014). Oral evidence given to the Education Select Committee. Foundation Years: Sure Start Children’s Centres. Government response to question 23.

She also emphasised the role that local authorities play in coordinating the delivery of children's centres across a locality. Included in this approach is a change to Ofsted inspections: judging the performance of a local authority as a whole in its delivery of a range of services through children's centres, rather than expecting all centres to deliver all services.

Children’s centres have been at the centre of the debate on targeted or open-access services for a number of years. For the purpose of this report the ECCE research team choose to use the term ‘open-access’ rather than ‘universal’. There is an expectation with universal services that they will be used by all, and that all have legal entitlement to the provision, like schools or the health service. However children’s centre services, even in their broadest remit, were never meant to be for everyone. The intention of open-access was two-fold: to avoid the stigma often associated with highly targeted services, and to reach those families just below the radar of assessed need, who may be experiencing low level stressors that could be alleviated with the right support at the right time. In keeping with the current policy of reaching the most disadvantaged and narrowing the gap, this report shows an increase in targeting by children’s centres.

Children's centres have grown and developed over the last fifteen years, and have experienced considerable volatility over the last three years. Funding arrangements have also been subject to changes. Originally in 1999, Sure Start Local Programmes had a ring fenced budget. In 2006 this changed to be a dedicated budget for early years, childcare and children's centres. In 2011 this became an 'Early Intervention Grant' (EIG) and in 2013 the ring fence was removed completely, incorporating funding into the local authority settlement. Unlike the schools budget, children's centres and wider spending on childcare was no longer protected. This report describes some of

that volatility, indicates changes that have led to improvements and flags changes that may have lessened their impact. The current report explores the changing organisational models of centres, their leadership and management, their multi-agency working, their services (in terms of delivery, evidence-based practice and parenting provision) and their reach.

1.2 Method [*The ECCE Research Team*]

1.2.1 Evaluation of Children's Centres in England (ECCE)

NatCen Social Research, the University of Oxford and Frontier Economics (together comprising 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* Programme. The six year study aims to provide an in-depth understanding of children's centre services, including their effectiveness for children and families; and to assess their economic cost and value for money in relation to different types of services. The evaluation has a number of different elements organised into five 'strands' of work that will run until 2017 (Appendix A2): Strand 1 (a survey of children's centre leaders), Strand 2 (a survey of families using children's centres), Strand 3 (visits to the children's centres as detailed within this report), Strand 4 (analysing the impact of children's centres) and Strand 5 (a cost-benefit analysis of children's centres).

1.2.2 Aims of Strand 3

The aim of Strand 3 as a whole was to build on Strand 1 interviews with centre leaders and describe the services through intensive fieldwork to 120 selected centres. Strand 3 aimed to create centre profiles with more in-depth information on the configuration and variation of services. These profiles extend the Strand 1 data through detailed fieldwork investigation carried out to measure and understand the processes at work, and to identify centre characteristics which can be linked with the outcomes of those who use them (in preparation for the Strand 4 'Impact' study). Centre profiles also include administrative data to compare postcodes of users (Strand 2) with the postcodes of the catchment area (an exploration of 'Reach', see Chapter 6). In particular, Strand 3 aimed to visit 120 centres to assess their: range of activities and service delivery; leadership; evidence-based practice; parenting support services; and partnership working.

This is the eighth report¹ of a multi-component longitudinal evaluation, presenting findings from all stages of the Strand 3 evaluation, using data collected between 2012 and 2013. It draws on three published Strand 3 research reports to describe in detail the context of centres in 2012-2013 (Goff et al., 2013; Smith et al., 2014; Evangelou et al., 2014). Parts of this report also draw on data collected from the first survey of Strand 1 (Tanner et al., 2012), and historical information which staff

¹ Strand 1- Tanner, Agur, Hussey and Hall with Sammons, Sylva, Smith, Evangelou and Flint (2012).
Poole, Fry and Tanner (in press)
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 (2014).
Evangelou, Goff, Hall, Sylva, Eisenstadt, Paget, Davis, Sammons, Smith, Tracz and Parkin (2014).
Strand 5 - Briggs, Kurtz and Paull (2012).

were asked to reflect upon from 2011 (to match the timing of the first Strand 1 survey, for further details see Appendix A2, Figure ApA2). A later report on Strand 4 'Impact' will be produced in 2015 and a report on Strand 5 'Value for Money' will be produced in 2016.

1.2.3 Sampling and fieldwork

The ECCE project used a nested design, with children's centres participating in Strands 2 to 5 selected from the larger pool of approximately 500 centres taking part in Strand 1 (Appendix A2). In total, 121 centres participated in the first wave of Strand 3 fieldwork in 2012, which involved two-day visits to children's centres to assess the range of services provided; the extent of multi-agency working and integration of services; the extent and type of parenting programmes delivered (with a particular focus on those considered as 'well-evidenced'); and the leadership and management style of the children's centre (Goff et al., 2013).

All 121 centres taking part in the first wave of fieldwork were invited to take part in the second wave of Strand 3 fieldwork in 2013, which involved a further one-day visit to centres to explore 'Parenting Services': 117 of the original sample of centres participated again (Evangelou et al., 2014).

Seventy-two Local Authorities (containing one or more of the original 128 Strand 2 centres) were surveyed for the 'Reach' fieldwork in 2013 (Smith et al., 2014) to investigate how local areas were defined; principal characteristics of these areas and change over time; and how well centres were serving these areas in terms of reach. Figure ApA2 (Appendix A2) details the different samples and data collection periods discussed within this report. The achieved sample of Strand 3 children's centres cannot be considered as representative of *all* children's centres, as it did not contain any of those from the final roll out of children's centres, which were established to provide services for families living in less disadvantaged areas. The sample is likely to remain broadly representative of only those Phase 1 and 2 centres that were in existence and operating in 2013.

The Strand 3 study used a mixed methods design and collected data through both quantitative and qualitative techniques including questionnaires, interviews, documentation review and rating scales. It also reviewed locational data from users/potential users of the centre sample (Strand 2), and administrative and census data for the 'reach' area of each of the children's centres. Particular instruments are described in the relevant chapters of this report, and the measures used are presented in Appendix E. The quantitative data collected through Strand 3 fieldwork will also be used for the creation of summary variables to be included in the 'Impact' report (Strand 4).

The following chapters draw on the data collected through the Strand 3 study. Chapter 2 reports on the changing organisational setups of children's centres; Chapter 3 reports on leadership and management; Chapter 4 details multi-agency working practices; Chapter 5 presents information regarding centre services in terms of their service delivery, use of evidence-based practice, and services which support parenting and children's development; Chapter 6 considers the 'reach' of centres; and finally Chapter 7 concludes the report with key messages that may be useful for children's centre policy in the future. A Technical Appendix for this report (Sylva et al., in press) is available from the [Evaluation of Children's Centres in England website, available through this link](#).

2 An evolving service [Goff, Hall, and Sylva]

Key findings

Organisational models

Three organisational models of children's centres were derived based on managers' categorisations of their own centre's structure:

- **One Centre Unit (traditional standalone model):** This model is characterised by a single standalone centre with a manager or lead, which may or may not have associated satellite sites.
- **Cluster:** This model is characterised by the joint management of multiple centres, resulting in the potential sharing of policies, information, and training; multiple centres are responsible to a common line management (i.e. a lead agency).
- **Hub-and-spoke:** In this variant of the cluster model, the 'hub' may be either a single centre or a basic cluster. In the absence of a physical centre or cluster, a strategic lead may also be considered as the hub. The remaining basic clusters or satellite sites are often considered as spokes.

Change in organisational models between 2011 and 2013

There was a clear direction of change: Centres were altering from *one centre units* (the traditional standalone centre) to ones that featured clustering (*clusters* and *hub-and-spoke* models) or the sharing of resources such as management, physical spaces and services.

Reorganisation and change in lead agency were common across centres. Managers and staff reflected upon both potential benefits and difficulties:

- *potential benefits* (for improved partnership working, planning and joined-up service delivery),
- *challenges* (changes to staffing and workload, the period of adjustment, and the realignment of services).

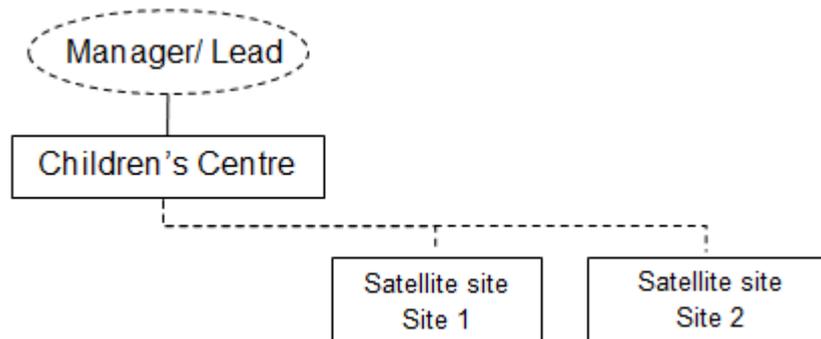
2.1 Introduction

In recent months children's centres experienced a time of '*turbulence and volatility*' regarding reorganisation (Ofsted 2014a, p.8); a situation that was also witnessed by ECCE researchers during their first wave of Strand 3 visits in 2012 (Goff et al., 2013). When visited in 2013, centre managerial staff chose the organisational models which they believed to most closely resemble their centre both in September 2011 and in 2013 (Appendix B). This chapter presents the three organisational models, details information on their prevalence, and notes any statistical changes to the number of models observed within this children's centre sample, between 2011 and 2013.

2.1.1 One Centre Units (traditional standalone model)

A *one centre unit* (Figure 2.1) is characterised by a single centre with a manager or lead, which may or may not have associated satellite sites or additional venues (Appendix B1 provides further details). This model encompasses the traditional standalone centre model.

Figure 2.1 One centre unit (standalone model)

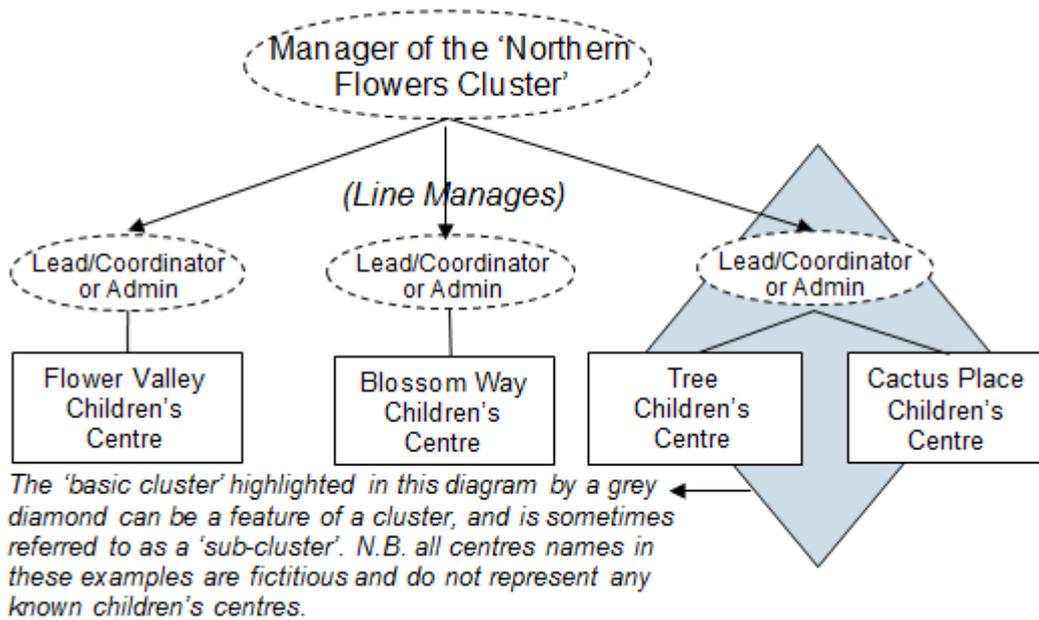


2.1.2 Clusters

The *cluster* model is presented in Figure 2.2. Within this model, a 'cluster manager' formally manages two or more children's centres (or basic clusters²), and is responsible for coordinating the delivery of these. There may or may not be a middle manager or lead staff member in place at each children's centre – in some cases this position is filled by a 'centre coordinator' or 'administrative' person. Sometimes lead staff members may work across the different children's centres rather than at one site.

² A basic cluster is the simplest form of cluster possible. It is defined by a single manager or lead, with formal responsibility for the management of two or more sites or children's centres. For further details, see Appendix B2. In Figure 2.2, the 'basic cluster' element is highlighted by a grey diamond. Managers sometimes referred to basic clusters as 'groups' or 'sub-clusters'. The term 'groups' may have been used in response to new Ofsted legislation allowing children's centres to be inspected as 'a group' rather than a single individual centre (Ofsted, 2014b).

Figure 2.2: Cluster model (containing a basic cluster)



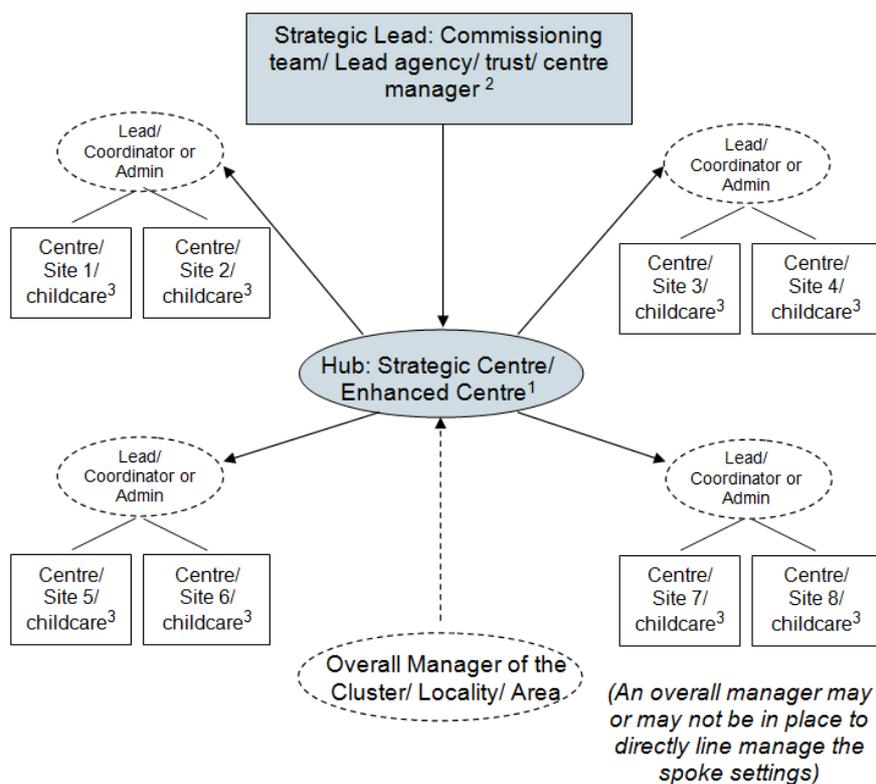
Some local authorities were beginning to divide their area into 'localities' of children's centres (some very large), to ensure that services are planned and delivered according to delivery points already available within that locality. This frequently termed 'locality model' was often characterised by having a higher level lead for the 'locality'. Appendix B2 considers how clusters can fit with new locality arrangements. In such cases, the overall manager of the cluster, locality or area might be associated and/or be based at one particular children's centre, however, their leadership may cover a large group of centres (either directly or through the management of other leads/coordinators).

2.1.3 Hub-and-spoke models

The *hub-and-spoke* model was commonly a specific form of a *cluster* in which the hub does not necessarily have line management over the spokes (see Appendix B3). It follows a non-hierarchical structure with a centre or *basic cluster* chosen as the *hub* and other centres or delivery points as the *spokes*³. Figure 2.3 presents a *hub-and-spoke* model.

³ The *hub* itself was recognised, not in terms of line-management but rather, where the cluster lead was based, or where staff working across the *spokes* were based.

Figure 2.3: A Hub-and-Spoke model



Additional information for Figure 2.3: ¹In the *hub-and-spoke* model, the *hub* may also be a *basic cluster* or *one-centre unit*. In the absence of a physical *hub*, the *hub* would be considered as the strategic lead. ²The strategic lead might be considered to play the role of the *hub* if a physical *hub* centre does not exist. ³The remaining *basic clusters* or *one centre standalone units* /satellite sites/childcare settings/ schools are often considered as *spokes*. *Spokes* may have their own management and/or governing bodies in the absence of a central management.

The attribution of a strategic lead across the *spokes* (whether or not this strategic guidance would be located within a *hub* centre or not) is an important element of the model. In this example, the '*strategic lead*' (where it exists) is a team of individuals, or a lead agency who provides strategic input into the *hub*. In the absence of a physical *hub* centre or cluster, the strategic lead may also be the *hub*.

The remaining *basic clusters* or satellite sites are often considered as *spokes*. The *hub* may have little or no direct management over these *spokes*, or may provide strategic input only (they may in fact be independent children's centres with their own governing bodies). In contrast, the *spokes* may be joined through a similar lead agency, staff or line management. The *hub-and-spoke* model was seen as a method to allow provision to be sufficiently and appropriately targeted across the locality.

2.2 Changes to Organisational Models between 2011 and 2013

When comparing changes to the models between 2011 and 2013 (Table 2.1), the traditional standalone model of *one centre units* significantly decreased in number, while *clusters* and *hub-and-spoke models* both significantly increased. This paints a clear picture of change between 2011 and 2013; movement from the traditional standalone model of one centre units to those featuring a clustered model including the sharing of resources and management, physical spaces, or offered services. This finding can only be generalised to Phase 1 and 2 centres that were operating in 2013; they are not necessarily representative of changes to children's centres throughout England (which would include Phase 3 centres not within the ECCE sample). The finding is however in line with

more recent reports (for example that by 4Children in 2014, which found nearly three quarters of their sample to be part of a multiple site model, for example, a *cluster* or *hub-and-spoke* model).

Table 2.1: Comparison of Organisational Models in 2011 and 2013 using simple inferential bivariate statistics (Wilcoxon Signed Rank Tests)

Organisational model	No. of centres in 2011 (%)	No. of centres in 2013 (%)	Overall Δ (2013-2011)	Statistic (Wilcoxon Z)	Effect Size* (r= Z/(n1/2))	p-value
<i>One centre unit</i> (standalone model)	72(62)	44(38)	-28	5.0	0.46	<0.001
<i>Clusters</i> (including basic clusters and locality models)	37(32)	54(47)	+17	3.2	0.29	0.002
<i>Hub-and-spoke</i> model	7(6)	16(14)	+9	2.7	0.25	0.007

N=116 centres in 2011 and 2013.

Note: all percentages have been rounded up to the nearest integer;
* Effect sizes are interpreted as: 0.1 “small”; 0.3 “medium”; 0.5 “large”

The shift towards clustering within the ECCE sample of children’s centres between 2011 and 2013 was most keenly observed on leadership practices (Chapter 3). A closer look at the data presented (in Chapters 4 and 5) shows that the method and extent of service delivery has changed across the years. Appendix B4 details the changing definitions of models between 2012 and 2013. Links to other features of children’s centres are presented in Technical Appendix 2.4 (Sylva et al., in press).

2.3 Restructuring, reorganisation and reactions in 2013

During visits in 2013, non-senior outreach and family support staff talked about the restructuring and reorganisation process that was happening, had already happened, or was anticipated in the future⁴. Staff from the majority of centres talked about recent or current changes with regards to centre working, specifically, reorganisation (staff from 79% of centres) or changes in lead agency (34%). Staff from 24 per cent of centres reported that there had been no change to the centre structure or organisation.

Staff reported various features of reorganisation including a move towards clustering, localities and new operating/working models. Staff used terminology such as ‘restructure’, ‘reorganisation’, ‘reconfiguration’, ‘transition’, and ‘merging/partnerships with other centres’: “*Last year [the centre] has been [in] transition – we’ve had to pick up whatever has been thrown at us*”; “*Restructure – it [has] changed everything*”. Reorganisation led to changes such as a reduced numbers of centres, centre closures or loss of sites, and changes in the use of venues. The reorganisation also resulted in changes to services such as realignment, relocation, and the transfer of staff or services across

⁴ Qualitative data in 2013 was collected two-fold; firstly through interview with staff members carrying out family support or outreach in the home; secondly through fieldworker notes taken from discussions with the management of the centre. While the percentage of centres providing such information is reported in aggregate, direct quotes are only presented from members of staff carrying out the interviews.

sites (*“Reduced opening hours of the centre, reduced numbers of sessions, reduced home visits”*). In some cases there were also changes in the families attending centre services (*“More families from different areas – they come from other centres in the cluster”*).

Views from staff

Views on the reorganisation were mixed, with equal numbers of centres reporting on the potential positive impact of reorganisation, as well as more challenging elements (staff from 37% and 38% of centres respectively). As summed up by one member of staff at a centre, they have been *“on a rollercoaster, but doing very well”*.

Staff perceived a variety of potential **benefits** as a result of reorganisation, including improved partnership working with other agencies and combined expertise of staff (for example, gathering new ideas and accessing specialist staff): *“[Lead agency] have staff now within the cluster who are helping us with our data”*; *“[We have] learnt from each other, share knowledge”*; *“Collaborations [between centres] means big teams, many strengths to share”*. Some staff recognised the potential for diversifying team skills and expertise, and developing professionalism and structure. Others talked positively of the employment of specialist teams within the cluster; sharing staff to cover shortages; and the sharing of training courses and family services between centres.

Staff also recognised the benefits of increased consistency to planning and evaluation, training opportunities, working ‘better’ for families, increased availability of professionals to families, and realignment of services; *“Positive ethos: We feel as though we are helping families now”*; *“Clustering-hub as a positive as it could have [a] wide range of professionals and services available for families”*. Despite earlier apprehensions, some staff were pleasantly surprised at the benefits of new organisation: *“Generally agree within [the] staff team that the clustering of services was better”*; *“Now [we are] working for a charity and [have] moved from public sector to third sector. This has positives. As a charity we can access money and charitable trusts. [We] could not do that before”*.

Staff also noted **challenges** as a result of reorganisation and lead agency change. Staff shortages were widely reported and feared due to redundancies, redeployments and staff loss, particularly the loss of administrative staff which led to increased work for more experienced centre staff: *“Massive changes over past year since moved from Local Authority lead... There used to be admin and financial staff at the centre, now they do more things themselves”*. There were blocks on recruitment, vacancies and slow recruitment processes; as well as staff absences: *“Many role deletions, much anxiety”*; *“Tender has caused pressure for staff – they are drawing down the hatches and hoping for the best regarding their own jobs”*. The loss of experienced and qualified staff was a concern, as was the use of agency or temporary staff: *“Great shame, loss of expertise and valuable staff who have built a relationship with the community, colleagues and families”*; *“Have to rely on agency workers often, can be poor sometimes”*; *“[We] build up a team and within a week everything changes”*.

A number of outreach and family support staff reported increased workloads, reduced time (working more hours than contractually obliged), and an impact on working with families: *“Has less time for parents because doing more managerial work”*; *“Workload is increasing – concerned about future for families”*. There was great pressure on workload capacity, with larger and more complex caseloads: *“Short staffed with regards to outreach, [experiencing] heavy caseloads and high level*

cases”; *“Because of the loss of the health team, it’s much more demanding for us – [we] try to pick up some of the work that they did”*.

Other issues raised by non-senior staff in 2013 included changes to their role in terms of increased admin and time spent covering roles of other staff; with the majority reporting increased responsibility (sometimes a result of taking over senior practitioner work or more targeted work). Examples included heightened involvement with *Common Assessment Framework (CAF)* level families, *Child in Need (CiN)* and *Child Protection (CP)* cases (for further information see Chapter 4; *“We are being more often the lead professional in Team Around the Family (TAF) meetings”; “I do more or less what a social worker does but I’m paid much less”*). A few staff raised particular concerns regarding their lack of expertise or capacity to deal with complex social care cases (*“Need more training to deal with complex cases, which in the past were handled by qualified social workers”*). Some staff felt that: *“Safety [was] compromised, [and] boundaries blurred. [We] take on more at high level than we should”; “We now appear to have less ability for social services to take-up our referral; this is a serious problem”*). Staff also reported challenges with adjusting to different managerial styles, new procedures and new terms and conditions. There were also logistical difficulties to merging staff teams: *“This clustering is a major challenge; if people are not going to be flexible, it is going to be very difficult, impossible to function”; “Working together as a cluster is very challenging”*.

There was uncertainty regarding the realignment or loss of some services (see Chapter 5), and the impact upon families: *“[Families] need parenting programmes, at the moment there are none running under the new lead body”*. Other comments highlighted staff concerns over the: *“Loss of universal services”*, and the *“Restructuring process – concerns over role changes and where we will be based. Will I be able to support families in the same way in my new role?”* The transition period itself was a very troubling time for non-senior staff and perseverance during this period was clearly important: *“Even though we are in a period of change and uncertainty, we strive to deliver services every day and we want to do our best”; “Restructuring process has been really difficult, very challenging, but all staff have maintained their professionalism”*.

2.4 Summary and Conclusions

Centres were clearly evolving from the standalone models of centres towards more complex models of clustering within the local authority, including shared resourcing and staffing. The clustering of centres supports the suggestion that children’s centres are evolving away from working with set open-access services towards more targeted interventions for complex families – clustering promotes a more joined-up delivery of services in terms of teams and professionals, and focused targeting towards families with the most complex needs as opposed to delivering services in one place.

Outreach and family support staff from the majority of centres spoke in detail about the vast reorganisation and change being felt across the ECCE sample, and the resulting impact that this was having at non-senior staff level. Staff recognised potential benefits from reorganisation including improved partnership working, combined expertise of staff teams, increasing consistency and improved services for families. However, others felt that the reorganisation brought with it a number of personal challenges for staff, including: lack of job security, changes to role and strain on skill levels, staff shortages and intensive workload, as well as adjusting to different managerial

styles or procedures. Reorganisation was an emotional and anxious time for a number of staff who were concerned both for their own jobs, and for the impact that change would have on families.

The majority of staff felt pressured by increased workloads and staff shortages (caused in part by redundancies and slow recruitment processes or staff sickness). This has the potential to affect families who may find it increasingly difficult to raise complex personal issues with very busy or limited staff, or who may lose access to some of the more specialist services that previously would have benefited them. Maintaining engagement and trust of families will be much more difficult when staffing is limited or variable, therefore centres need stability of staffing and service in the future to increase impact and accessibility for families.

3 Effective leadership is key [Goff, Sylva, Hall and Davis]

Key findings

Leadership and management

A rating scale measuring five domains of quality (the Children's Centre Leadership and Management Rating Scale: CCLMRS) was used to assess leadership and management (in terms of *Vision and Mission, Staff Recruitment and Employment, Staff Training and Qualifications, Service Delivery, and Centre Organisation and Management*). Of these domains the quality of the *training and qualifications* of staff were rated highest, with *centre organisation and management* rated lowest.

Linking leadership and management scores to other features of centres

Centres led by older managers were more likely to have higher leadership and management ratings (higher levels of *Continuing Professional Development [CPD]*, stronger *vision and standards*, higher scores for *valuing staff*). Those who had been in post for between three to five years reported the most *monitoring value for money* and *partner agency communication*.

Centre organisation and management was related to staff absence: those centres dealing with a loss of resources and therefore lower scores on *Organisation and Management* were also facing higher staff absence.

Higher leadership and management scores on the externally-validated rating scale were found to be positively related to external Ofsted judgements of overall centre effectiveness. This is an important 'outside anchor' for the Strand 3 ECCE fieldwork. Higher leadership and management scores were also related to better multi-agency working (better *vision and partnership, and management, governance and multi-agency infrastructure*).

Better ratings for leadership and management were related to higher numbers of services offered in 2012.

Standalone centres in 2013 scored higher on overall leadership and management than did clusters. Several subscales of management were also assessed as better in 'main-site centres with single-lead centre managers' including *training and qualifications of staff* and a centre's overall *organisation and management*. This might reflect the focus and clarity associated with leading a single centre, or less restructuring and change in staffing.

Qualifications of managers

In 2012, the majority of centre managers were qualified to degree level. Qualifications of managers appeared to shift upwards towards master's degrees between 2012 and 2013. This could have been a result of centre restructuring and the increasing number of centres operating as a cluster, requiring greater responsibility for the overall manager.

Linking qualifications of managers to other features of centres

In *service clustering* arrangements where centres were reporting the delivery of services across a number of centres, managers were likely to hold significantly lower academic qualifications. This suggests that the senior staff managing service clustering across centres were external to the centre and unlikely to spend significant time in any one centre over the course of a week. The general qualifications of managers were not directly related to scores on the leadership and management scale.

In centres where managers held specialist qualifications in leadership in 2012 (e.g. the National Professional Qualification in Integrated Centre Leadership: NPQICL), staff were more likely to report greater levels of *safeguarding* and *managerial delegation to the Senior Management Team*. Managers with specialist qualifications in leadership were also more likely to report more emphasis on *vision and standards*.

3.1 Introduction

Previous literature on the educational effectiveness of schools has shown that leadership shapes organisational functioning with subsequent impact upon service users (Day, Sammons, Leithwood, Hopkins, Gu, Brown, and Ahtaridou, 2011). Strand 3 of the ECCE research measured leadership and management during centre visits in 2012 using two complementary instruments: 1) a self-report questionnaire to investigate staff perceptions and experiences of the quality and effectiveness of leadership, and 2) a researcher-implemented rating scale to assess the quality of leadership and management practices (entitled the *Children's Centre Leadership and Management Rating Scale: CCLMRS*. Sylva, Chan, Good and Sammons, 2012). The questionnaire consisted of two versions (one for the centre manager and a second for up to three 'key staff') allowing more-accurate measurement via triangulation. The CCLMRS (Appendix C1) was administered by a researcher as an interview with centre managers and other members of the Senior Management Team (SMT). The staff providing information on leadership and management were put forward by the centre to take part in the research. Whilst in the most part these would have been managers directly responsible for the centre, some centres also put forward staff members in coordination positions, or higher level cluster managers.

3.2 Leadership and Management

In small units such as children's centres it was sometimes difficult to separate leadership from management. Because of this, the research team developed a rating scale combining 20 items for assessing the levels of both leadership and management broken down into five domains of quality:

1. Vision and Mission,
2. Staff Recruitment and Employment,
3. Staff Training and Qualifications,
4. Service Delivery,
5. Centre Organisation and Management.

Items on the rating scale are listed in Table 3.1 as grouped into subscales. Some items assessed line management or financial procedures. These management items were supplemented by items that described leadership, e.g., establishing a shared vision and purpose, keeping two-way channels of communication open, or devising imaginative ways to attract families to the centre. Because of the overlap between leadership and management, centres were assessed on a combined 'Leadership and Management Rating Scale' (the CCLMRS) and also a 'Leadership and Management Questionnaire'. However, two CCLMRS subscales in particular rated pure management functions, and they will be reported separately from the total CCLMRS score which includes leadership alongside management.

Table 3.1: Breakdown of 20 items and 5 subscales within the CCLMRS

<p>A. Vision and Mission subscale Vision and Strategic Planning Performance Management Achieving Positive Outcomes for Families and/ or Children Safeguarding Children</p> <p>B. Staff Recruitment and Employment subscale Recruitment and Induction of New Staff Line Management Professional Development of Staff</p> <p>C. Staff Training and Qualifications subscale Qualifications and Experience of Senior Staff Qualifications and Experience of Other Centre Staff</p>	<p>D. Service Delivery subscale Child Learning Parenting and Family Support Outreach and Home Visits Multi-agency Partnerships Parent Consultation and Community Engagement</p> <p>E. Centre Organisation and Management subscale Financial Management Staff Timetables and Ratios Space and Equipment Centre Health and Safety Staff Meetings and Consultation Branding and Publicity</p>
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The mean quality rating of centre leadership and management was 2.2 (measured using the CCLMRS on a rating scale of 0-5, where one is 'Adequate', three is 'Good' and five is 'Outstanding'). This equated to an 'Adequate nearing Good' range of quality and the distribution of quality ratings is illustrated in Figure 3.1 (n=107, SD=0.71).

Figure 3.1: Distribution of mean quality ratings displayed for the Total CCLMRS scale

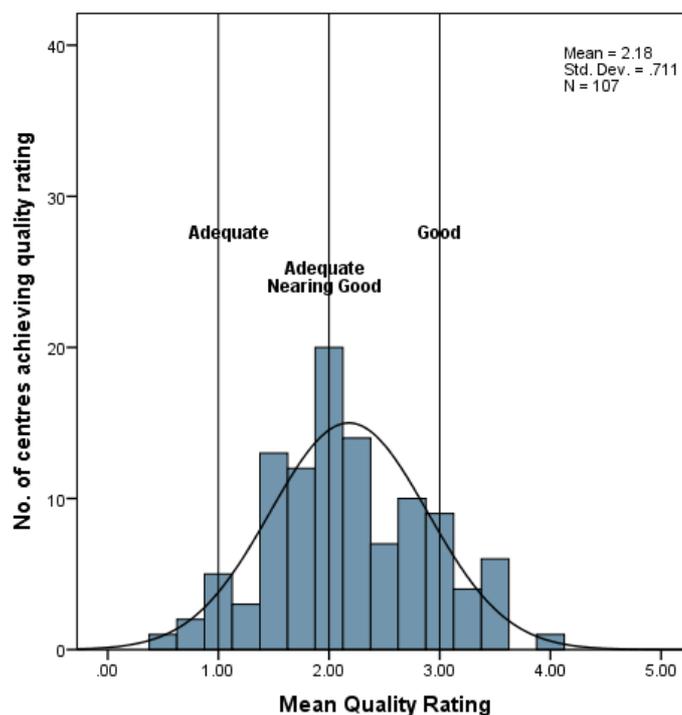
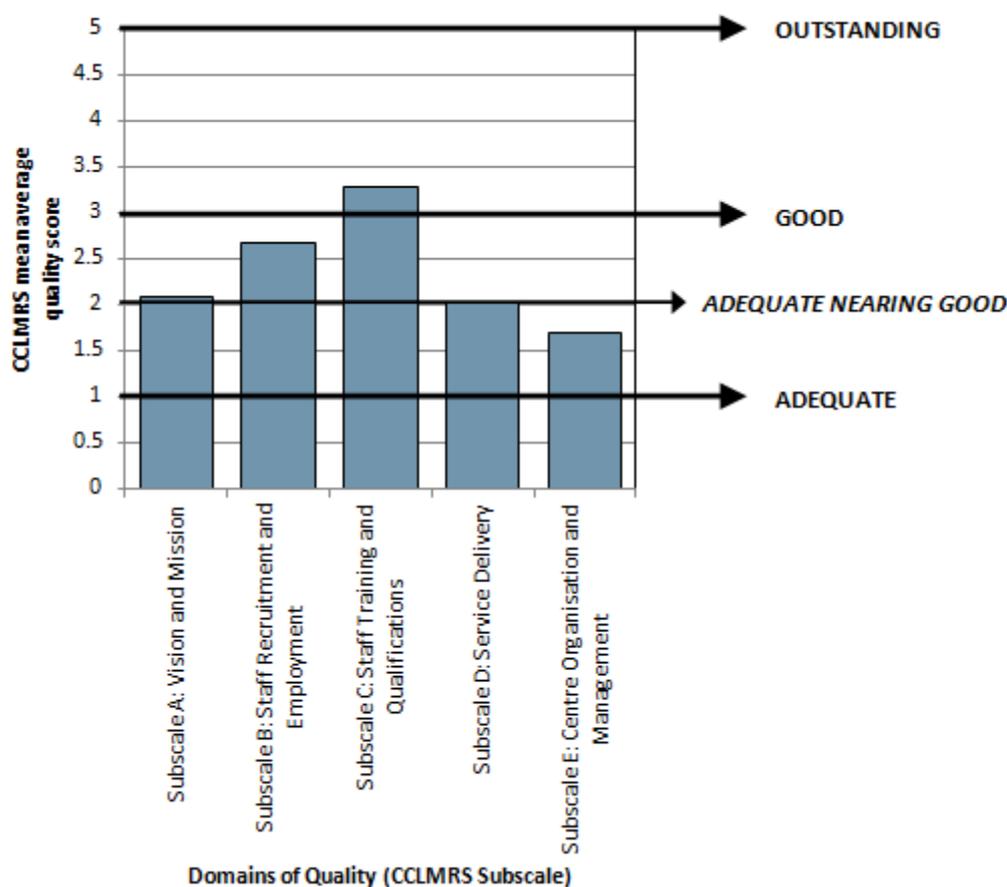


Figure 3.2 compares the mean scores across the five subscale domains of quality (i.e. *Vision and Mission*, *Staff Recruitment and Employment*, *Staff Training and Qualifications*, *Service Delivery*, *Centre Organisation and Management*). Centre scores varied across the domains, with the lowest mean score of 1.7 achieved for the pure management subscale, *Centre Organisation and Management* (a rating of 'Adequate'); and the highest of 3.3 on *Staff Training and Qualifications* (a rating of 'Good', see Appendix C2 for mean scores). Three domains of quality were scored between the 'Adequate nearing Good' range (scoring between 2 and 3): the *Vision and Mission*, *Staff Recruitment and Employment*, and *Service Delivery* items.

No domains of quality were rated as 'Outstanding' or 'Progressing towards Outstanding' (i.e. a score of between 4 and 5). It is likely that reorganisation (such as that reported in Chapter 2) would make it more difficult to score highly, particularly if managers were newer in post and unfamiliar with previous centre protocols.

Figure 3.2 Comparison of mean quality ratings across the five domains of quality within the CCLMRS



3.2.1 Linking leadership and management to other features of centres

The quality of centre leadership and management was compared with particular centre characteristics.

- **Age and gender of the centre manager** - Older managers were associated with better scores for several leadership factors (higher levels of *CPD*, stronger *vision and standards* and more *valuing staff*), and were more likely to run centres with high levels of *Staff Training and Qualifications*. Key staff from centres led by older managers were more likely to report higher levels of *safeguarding*. Female managers gave significantly higher ratings to their centres for *safeguarding* in comparison to males.

- **Length of time manager had been in post** – 37 per cent of the managers had been managing the centre for *less than three years*, a third *between three-five years* (33%), and 30 per cent for *five years or more*. Centre managers of three-five years reported higher scores on *monitoring value for money*, and *partner agency communication* than those in post for less than three years. Managers in post for three-five years worked in centres where key staff reported higher levels of *integration*, *monitoring through observation*, and *monitoring and evaluation activities*. *Service Delivery* (CCLMRS) tended to be rated as poorer in centres where the manager had been in post for longer than five years.
- **Staff absence** – The majority of centres rated levels of staff absence across the last 12 months as being low (58%). Where centres were rated as having better scores for *Organisation and Management* (CCLMRS), there was a small but significant tendency for lower staff absence. Staff from centres with higher staff absence gave less favourable ratings to their centres for *CPD opportunities*, *vision and standards of the centre*, *valuing staff*, and *distributed leadership*. They also gave lower ratings for *collaboration and integration* (key staff); and lower levels of *data use*, *monitoring and evaluation activities*, *focus on learning*, *monitoring value for money* and *monitoring through observation* (managers).

There were a number of significant relationships between leadership and management measured via the CCLMRS, and other features of children's centres measured within this report (Technical Appendix 2.2: Sylva et al., in press):

6. **The Ofsted rating of centre effectiveness**⁵ (Appendix C3)

Higher leadership and management quality was significantly related to higher Ofsted effectiveness scores. This reflects the sensitivity of the Ofsted inspection to better leadership and management practices (in keeping with guidelines laid down in Ofsted 2014c).

7. **The Vision and Partnership Multi-agency Scale**⁶ and **the Management, Governance, and Multi-agency Infrastructure Scale** (Chapter 4)⁷

Higher leadership and management scores were related to better multi-agency working in terms of greater *vision and partnership* and *management, governance, and multi-agency infrastructure*.

8. **The total number of services that were offered in 2012** (Chapter 5)⁸

Leadership and management quality was also related to service delivery, with better leadership and management being demonstrated in those centres with a tendency to offer more services in 2012.

9. **A centre's 'Organisational Model'** (Chapter 2)⁹

There was also a relationship between leadership and management, and centre organisational model but this was only evident in 2013: *One Centre Units* (the traditional standalone model) have better leadership and management than *clusters* (Chapter 2). Furthermore, staff from

⁵ Appendix C3, Technical Appendix 2.3. $\eta^2=0.08$, $p=0.018$, a 'weak' effect size.

⁶ $\rho=0.30$, $p=0.002$, a 'weak' effect size.

⁷ $\rho=0.41$, $p<0.001$, a 'weak' effect size.

⁸ $\rho=0.24$, $p=0.014$, a 'weak' effect size.

⁹ $\eta^2=0.11$, $p=0.011$, a 'weak' effect size (Highest for *One Centre Units* [standalone models], lowest for *Cluster or locality models*).

'main-site setups with single-lead centre managers'¹⁰ rated particular elements of leadership more highly (such as *monitoring through observation* and *focus on learning*, specifically a strong focus on both children's learning and development, and promoting parents'/carers' learning and development). 'Main-site setups with single-lead centre managers' also scored highest on *Training and Qualifications*, and *Organisation and Management* (rated through CCLMRS). This may be because single centres have experienced less restructuring and change in management, and therefore have managed to maintain a stronger leadership over the centre. This may also be due to the focus and clarity of leading a single centre and team compared with the complexity of leading a cluster of centres and staff. This is a possibility which future research would need to test.

3.3 Qualifications of managers

In 2012, the majority of centre managers held high levels of academic qualifications. Three quarters held degree level qualifications or higher (n=83; 77%): Of these, the most common academic qualification held by managers was degree or equivalent (45%); and master's degree or equivalent (32%). A similar proportion (78%) also held the highest level of leadership qualification (National Professional Qualification for Integrated Centre Leadership [NPQICL], National Professional Qualification for Headship [NPQH], or a master's in a related subject). The majority of these would have obtained the NPQICL/ NPQH leadership qualification (75% of managers).

Managers were asked in 2013 again to report their highest qualification. The most common academic qualification held by managers was master's degree or equivalent (62%) followed by degree or equivalent (14%) showing an increase in academic experience across the year. Perhaps centre restructuring may have resulted in a change in manager (or managerial position): greater responsibilities as a cluster manager may require higher levels of qualification.

3.3.1 Linking qualifications of managers to other features of centres

Strand 3 measured two types of qualifications of managers in 2012 (through self-report): 1) the manager's highest achieved academic qualification and 2) whether they held the NPQICL/NPQH leadership qualification. Lower academically qualified managers were normally only found in centres where services were managed by an outside body or team in 2013¹¹. These teams worked across a number of centres, but were managed not by the centre manager, but by a senior manager from the organisation that directly employed the team, often the local authority. While these centres had 'managers', they were largely managers in name only, as most of the services provided were externally managed.

While the total CCLMRS scores were directly related to the extent of multi-agency working, the qualifications of managers were not. It's unsurprising to find that better multi-agency working comes from what managers do in terms of leadership, rather than how they are qualified. While there was little evidence that the general qualifications of centre managers in 2012 were related to the quality

¹⁰ Using "Typologies of Provision" developed for the ECCE baseline Strand 1 Report (Tanner et al., 2012). See Goff et al., 2013 for details.

¹¹ $\eta^2=0.04$, $p=0.039$, a 'weak' effect size. See Technical appendix 2.7 for details (Sylva et al., in press).

of centre leadership when measured by a researcher rating scale (CCLMRS), this does not necessarily mean that highly trained staff are not important; it may be a consequence of the vast majority having achieved higher qualifications, hence there would be little room for comparisons. Key staff from centres run by managers with higher academic qualifications were significantly more likely to report stronger centre *vision and standards*. Specialist qualifications in leadership were related to higher *vision and standards*, and better ratings by key staff on *safeguarding and leadership delegation*. This phase of the study measured the quality of leadership and management using the overall (mean) CCLMRS score¹². A further Hierarchical Cluster Analysis conducted on both the CCLMRS and questionnaire factors was significantly related to the CCLMRS. A full account of the analysis is given in Technical Appendix 1 (Sylva et al., in press).

3.4 Summary and Conclusions

Higher leadership and management scores on the researcher-rated CCLMRS scale were positively related to external Ofsted judgements of overall centre effectiveness. Better leadership and management scores were also given by staff from centres run by older managers (higher levels of *CPD*, stronger *vision and standards*, higher scores for *valuing staff*) and those in post for between 3-5 years (higher levels of *monitoring value for money* and *partner agency communication*). Those centres with higher leadership and management demonstrated better multi-agency working in terms of *shared visions*, and *management and governance*; they also offered higher numbers of services in 2012. The results show a significant relationship between better leadership and management, and single site standalone models. Single centres in 2013 scored most highly on leadership and management, with several aspects being rated as better than in clusters (i.e. *Organisation and Management, Training and Qualifications of Staff*). This might reflect the focus and clarity of leading a single centre, or the fact that it takes time for reorganisation to bed down. Lower scores on *Organisation and Management* in clusters might be explained by bedding down during restructuring, but reorganisation on its own should not bring about lower qualifications and training of staff.

Of the five subscales measuring quality of leadership and management, the *Training and Qualifications* of staff were rated as highest across the centres, with centre *Organisation and Management* rated lowest. This may be a result of the 'thinning' of services. The percentage of centre managers holding a master's level academic qualification nearly doubled between 2012 and 2013, perhaps as a direct result of centre restructuring and the increasing prevalence of clusters, resulting in a change of manager (or more senior managerial position). While leadership qualifications were not directly related to total leadership measurement on the CCLMRS, they were related on the staff questionnaires to greater levels of *safeguarding* and *managerial delegation* to the Senior Management Team.

¹² CCLMRS data was available for 117 centres (with scores ranging from 0-5).

4 Towards Multi-agency Working and Integration [*Smith, Hall and Goff*]

Key findings

Multi-agency working was seen by both centre managers and staff as a problematic area for future improvement. There was already, however, a moderate to high level of collective vision sharing with partners, particularly over providing services to target groups, with centres often working with a very long list of organisations and agencies. The most common collaborative working practices that managers reported were, on the one hand, formal statutory referral procedures and on the other, informal methods of keeping in touch: building infrastructure for collaboration and partnership (for example, through joint training and sharing family information) received less attention and happened less often.

Accessibility was considered important for the engagement of families at the centre. Centre managers placed particular importance on four aspects of service delivery and ethos:

- Being able to talk informally to staff like health visitors, midwives, or social workers;
- Having workers willing to ring up other professionals or services if parents need information or a referral to another service;
- Workers visiting families at home;
- The physical accessibility of the centre.

Note these aspects were considered by managers to be more important than the co-location of services for young children and their families, that is, having all services under one roof – though parents might have taken a different view about accessibility.

It was evident that multi-agency working takes time and commitment to develop. There were long-standing problems in some areas over data-sharing, particularly accessing live birth information. There were fundamental difficulties in communication, misunderstanding different professional roles and backgrounds, as well as practical difficulties over different funding arrangements and availability.

There was concern over the shift to more targeted interventions with targeted groups, requiring higher level social work skills for which staff felt ill-prepared. While clustering was seen as a way to improve multi-agency working, centre managers reported that funding pressures on other agencies meant the loss of some partner agency resources, for example staffing.

Linking multi-agency working and integration to other features of children's centres

Leadership was rated higher in centres with the closest shared *vision and partnership* with other agencies and better *multi-agency, governance and infrastructure*. A stronger ethos towards making services accessible to families was found in centres which were offering more services in 2011.

4.1 Multi-agency working and integration: 2012 findings from centre managers

Data on multi-agency working was collected through fieldwork in 2012. A semi-structured interview and questionnaire was carried out in face-to-face discussions with centre managers. Key themes that emerged from managerial responses in relation to multi-agency working and integration were vision, collaborative working practices, accessibility, trust, and the importance of shared communication as well as the length of time required to build partnerships – ‘an evolving idea and practice’.

4.1.1 Vision and Partnership

Three sets of findings stand out in the multi-agency study. The first is vision and partnership; Findings revealed a high level of ‘shared vision’, particularly in regard to providing services to target groups.

The majority of centre managers considered all agencies and organisations that they worked with to be their ‘partners’. Their responses to four questions (shared vision, target groups, reaching families, and conflict) were rated on a scale of *Vision and Partnership* devised to assess managers’ self-rated perceptions of shared priorities with their partners (detailed in Appendix E). A median score of five (out of eight) was found across the 119 centres responding to this element in the questionnaire.

Centres worked with a very long list of organisations and agencies, ranging from statutory and voluntary, to community organisations. Six clusters of service were delivered in partnership with outside agencies: 1. health, 2. social work/social care, 3. schools, 4. Jobcentre Plus, credit unions and the Citizens Advice Bureau (CAB), 5. other agencies (housing, adult education, youth service, police, fire service), and finally, 6. community services and groups (libraries, women’s refuges, parenting and safeguarding services, childminding networks and teams, Home Start).

Particularly important partnerships included health (particularly close to the centres in terms of shared vision, and particularly important in providing services to their target groups); social care (considered to provide the best quality support with the best outcomes) and JobCentre Plus (seen as a partner most likely to reach families within the catchment areas).

There were, however, also tensions within particular partnerships. Some highlighted communication difficulties: the result of different professional backgrounds and consequent misunderstandings as well as different expectations of job roles. Data-sharing was raised as a particularly difficult issue, as were difficulties working with social care and JobCentre Plus. Managers emphasised the importance of other agencies understanding and respecting the roles and skills of each other “*in order to work harmoniously to deliver the support and care that families need*”. Other tensions highlighted practical difficulties arising from different funding streams, priorities, targets and thresholds, and the sharing of space.

In contrast to the positive findings on multi-agency vision, other data collected in 2012 on leadership (see Chapter 3) showed that multi-agency partnerships were rated by ECCE researchers (on the CCLMRS scale) as no higher than ‘*Adequate*’: further, 40 per cent of managers thought that there was room for more development of multi-agency work. This was also confirmed during the

'Parenting Services' fieldwork in 2013, with just over half of the managerial staff '*Moderately*' or '*Strongly*' agreeing to the statement that the *multi-agency focus and partnership needs further development* (53%); and staff from 35 per cent of centres wanting developments in the future in terms of *maintaining or developing the multi-agency approach*.

4.1.2 Management, Governance, and Multi-agency Infrastructure

The second set of findings is about collaborative working arrangements. Essentially this concerns communication, professional understanding of roles, and understanding of strategy. Managers were asked about information-sharing protocols, joint training, referral procedures, and informal ways of keeping in touch. Their answers were used to create a measure of *Management, Governance and Multi-agency Infrastructure* (see Appendix E).

The most common collaboration was over formal statutory referral procedures – the Team Around the Child (TAC: 66% of managers said they had collaborative working arrangements with all partners) and the Common Assessment Framework (CAF: 77%), and at the other extreme, informal ways of keeping in touch with partners (62% of centres). Building infrastructure for collaboration and partnership (e.g. joint training and information-sharing) was found less often.

Obtaining birth data for families in the centres' catchment areas (essential for strategic planning and setting priorities) was a major difficulty. Although many managers spoke positively of their relationships and links with health visitors and midwives who helped with data-sharing, others were deeply frustrated by the difficulties. There were also problems over data-sharing as part of the referral process with social care (families were referred to social care only when they reached serious levels of need); and the lack of statistical data to plan ahead, target resources and intervene earlier¹³. Another issue raised by centre managers was the lack of legal right or responsibility to intervene with families. Multi-agency collaboration and especially the maintenance of a good working relationship with partner agencies were very important in order to address this difficulty.

Joint events and regular meetings were seen as important ways of building up trust with partners. However, fundamental difficulties over different operating systems and professional cultures, as well as practicalities such as time and funding, were limiting factors. Recent changes in funding and in partner agencies' availability had implications for children's centres: "*We cannot plan in the long term, we are more reactive than pro-active, resulting in a fragmented service year on year; and cuts bring staff insecurity*". JobCentre Plus had withdrawn from a number of centres (note: this service is no longer part of the 2013 core purpose [Chapter 1]). Other agencies had reduced their input, which meant that in some cases particular teams and services were cut, or centre staff were asked to take-up additional tasks such as breastfeeding support (formerly health) or higher level support for families in difficulty (formerly social care).

¹³ These problems with data-sharing confirm the findings by Roberts, Donkin and Pillas (2014b) who noted difficulties in data-sharing with health services, social care, the Department for Work and Pensions (DWP) and schools, often as a direct 'consequence of data protection and confidentiality guidelines' (p.109); regular data-sharing meetings and simple protocols helped to resolve these difficulties.

4.1.3 Ethos of Integration: accessibility

The third set of findings concern accessibility. There was very strong agreement amongst managers across the centres regarding what was important for making services accessible to families. Four aspects were rated as ‘*Very Important*’ or ‘*Critical*’: 1) Workers willing to ring up other professionals or services if parents needed information or a referral (97% of centres); 2) The physical accessibility of the centre, for example to wheelchair users (91%); 3) Workers visiting families at home (89%); and 4) Being able to talk informally to staff like health visitors (88%). Three of these feature communication, and one features more practical aspects. The centre being open in the evening or at the weekends, and having services together in one place, seemed less important to managers (parents might have expressed different views). These findings are particularly striking, given the original aim of children’s centres to bring together services for families and young children under one roof.

A scale measuring the strength of a centre’s ethos for making services accessible to families, the ‘*Service Delivery and Ethos*’ scale, was devised in 2013 (see Goff et al., 2013 and Appendix E). A mean average score of 31 (out of 44) was found across the 115 centres responding to this section on the questionnaire. This shows that managers scored their centre higher rather than lower when rating the importance of their centre’s structure, organisation and operation for accessibility.

Accessibility was vital for engaging families, a point confirmed by Royston and Rodrigues (2013). Managers also thought that the quality of services was important, as well as creating an openly accessible and welcoming atmosphere. Staff in 2013 also stressed that a *welcoming and comfortable environment* was particularly helpful for families attending *Play and Learning* sessions at the centre.

4.2 Linking multi-agency working and integration to other features of centres

Centres which scored higher on the *Multi-agency, Governance and Infrastructure* scale were also more likely to score highly on the multi-agency *Vision and Partnership* scale¹⁴. This was the only significant correlation found when the three measures of multi-agency working were statistically compared (Technical Appendix 2.5: Sylva et al., in press). This is perhaps not surprising as we might expect centres which have a closer shared vision with partners to be more inclined to integrate these partners into collaborative working arrangements.

When ECCE considers how the three scales of multi-agency working were related to other features of children’s centres, two distinct patterns were observed. First, better leadership was found in centres where there was a closer shared *Vision and Partnership* with other agencies¹⁵ (see Chapter 3) and where there was also better *Management, Governance, and Multi-agency infrastructure*¹⁶.

¹⁴ $p=0.28$, $p=0.002$, a ‘weak’ effect size (see Technical Appendix 2.5 for details: Sylva et al., in press).

¹⁵ $p=0.30$, $p=0.002$, a ‘weak’ effect size (CCLMRS).

¹⁶ $p=0.41$, $p<0.001$, a ‘weak’ effect size.

Second, a stronger ethos of making services accessible was found in centres offering the most services in 2011¹⁷.

4.3 Outreach and family support staff views on multi-agency working in 2013

In 2013, a number of non-senior outreach and family support staff were interviewed as part of the 'Parenting Services' study and provided information on multi-agency working. They spoke about their working relationships with other agencies through pooling resources, but also acknowledged the more challenging aspects of multi-agency working. They gave examples of close working with partners through referral systems (particularly social care), regular meetings and information sharing, as well as partners working on-site (particularly health colleagues: "*Midwives now come on-site so pregnant mothers come in – so [we] get them early [which is] very important*"; "[It's an] *exciting time, with health visitors and social workers based here*"). Others talked of improvements in their relationships with multi-agency partners and maintaining links with colleagues, and a couple recognised ways that their partners were helping them to maintain current levels of service provision: "*Many groups [are] run by outside agencies, at no cost to the children's centre*"; "*Sometimes staff from [the] nursery help [with] cover on Friday with a group*". Developing a shared vision with partners was also voiced as important by a few staff: "*There's a lot of expertise – if we could all get on [the] same page we could be great!*"

Staff from nearly half of the sample spoke about working with families on social workers books, or those falling into higher level categories of need such as Children in Need (CiN) or Child Protection (CP). Work with social care was widespread with meetings and referrals, but some staff emphasised the difficulties of involving social workers with centre work and data-sharing, while others were concerned about high social care thresholds for referring families into the social care system and having to work more intensively with families with more difficulties than ever before: "[Families have] *been referred to social care but don't meet their threshold*". As noted in Chapter 2, a few outreach and family staff interviewed in 2013 raised concerns about changes to their role as a result of increased responsibility and increasing levels of work with families with more complex needs, and some of the comments made by staff suggested that they would like more training to deal with such families.

Some of the more challenging elements of multi-agency working noted by these staff were: the impact of losing resources from other organisations (for example, the loss of debt advisors, educational psychologists, breastfeeding specialists, nursery staff, and children's centre teachers); or reductions in the capacity of partners to allocate time to children's centres. One example was given by a centre worker who spoke dearly of the need for more time with a speech and language therapist: "*Need more support [it's a] real issue for parents – she's brilliant but we need more of her time*". Some agencies were more difficult to engage (such as Jobcentre Plus, social workers and midwives) – this was not a surprise given the revisions to the 2013 core purpose (Chapter 1). Data-sharing was again raised as a major problem, particularly concerning health and social care: "[The] *health team have lots of information about families, yet this is not always shared, so they may not*

¹⁷ $\rho=0.20$, $p=0.029$, a 'weak' effect size.

know the risks". The different professional agendas of partner organisations also concerned some staff: partners had different funding priorities, or did not understand the role of the children's centre: "[It's been difficult] *getting social care to recognise and acknowledge our knowledge and experience of families*"; "*The relationship with health visitors hasn't been always easy... because of the ignorance of what a family support worker does, what is our role*".

4.4 Summary and Conclusions

Three key themes emerged from the study of multi-agency working in children's centres in our sample: the vision of partnership (4.1.1), collaborative working arrangements in practice (4.1.2), and accessibility (4.1.3). Crucial elements were trust, the length of time it took to build trusting relationships and the commitment to maintain trust, and the importance of understanding the different professional roles and backgrounds of partners. Conversely, there was concern for the impact on families as a result of partner agencies having less time or resources in times of austerity. Partnership is fluid rather than a fixed state.

A major shift observed in this study was the move away from open-access services towards more complex interventions for targeted groups. This posed challenges for managers and staff who were required to work more intensively with families with higher levels of need, at a time when partner agency staffing and funding was reduced (as discussed in Chapter 5) – in effect, taking on what might be seen as social work tasks without social work training.

5 Centres and Services [*The ECCE Team*]

Key findings

a) More Targeted Service Delivery

The 'top five' services (mentioned by over 90% of centres) were stay and play, evidence-based parenting programmes, early learning and childcare, developing and supporting volunteers, and breastfeeding support. While this shows little evidence of variation, there was clear variation in service provision over time. When a comparison was made between the services that were offered in 2011 and 2012, and qualitative discussions with staff in 2013, centres appeared to be shifting towards a more focused and targeted range of services for parents and outreach to families at home, in line with the revised core purpose (DfE, 2013a).

Changes in services due to direct reductions in funding or indirect funding restrictions were widely reported, and more were anticipated in the future (in line with reduced expenditure on children's centres recently reported by Waldegrave, 2013). When asked to clarify the nature of the reductions or restrictions in funding (2011/12) that led to changes in services, managers most commonly reported withdrawal of staff by partner agencies (43%); withdrawal of funding from lead agencies (42%); indirect restrictions/reductions (38%); and direct funding cuts by partner agencies (32%) although we have no data to suggest disproportionate effects in a context of generally reduced public expenditure.

While the majority of the impact of funding restrictions and reductions was directly on staffing, 30 per cent of managers also reported an overall reduction in aspects of centre services: the hours or days when services were provided had been cut in 24 per cent of the centres; and managers in 21 per cent of the centres noted that the number of locations where services were provided had been reduced. However, there appeared to be a smaller impact on the take-up of services by users on a regular basis (11% of centres).

Concerns about the shift away from open-access services

Centres appeared to be following the revised core purpose (DfE, 2013a) in focusing on families in greatest need. There were however, reservations about the emphasis on targeted work. Staff recognised the importance of involving a range of families with mixed levels of need; and the importance of maintaining open-access provision which staff considered valuable for the non-stigmatising manner that could engage parents' interest in the centre.

The 'thinning' of service provision (i.e. reductions in frequency of service delivery and range of families served) was a key worry for centre staff, and its effect on families (see 5.1.1 and 5.1.3 within the report). The increase in work with families with very complex needs expected to be taken up by children's centre staff, was accompanied by a reduction in support from partner agencies (in terms of both funding and staffing). This was in keeping with staff views of inadequate training to take on highly intensive work (Chapter 4). While services most affected were open-access, they were thought to be vital for reaching and engaging with families (such as playgroup, interpreters, transport services, and Stay and Play).

A distinction between *service clustering* (i.e. the collaborative working of centres to provide a service, see 5.1.4) and *centre clustering* (i.e. the joint management of multiple centres, see Chapter 2) was noted. Service clustering across centres significantly increased between 2011 and 2013.

While at first it may appear that the *number* of services on offer remained broadly stable between 2011 and 2013, the *nature* of these services was changing: the frequency of the service at any one centre was often 'thinning' and open-access services were being reduced, in favour of more targeted services.

Linking service delivery to other features of centres

The move towards service clustering was associated with centre managers having lower qualifications; running fewer named programmes or interventions at the centre, and providing fewer services aimed at supporting the needs of the whole family (for example, partners' emotional support, home safety, or groups for families to spend time together).

Centres offering the most services had higher leadership scores, better Ofsted ratings of effectiveness and a stronger ethos towards making services accessible for families.

b) Evidence-Based Practice

Staff reported a widespread use of well-evidenced programmes (particularly *Incredible Years* [IY], *Triple P* and *Family Nurse Partnership* [FNP]) and other 'named' programmes not considered to be evidence-based at the time of Allen's (2011) review (for example *Baby Massage*, *Every Child a Talker* [ECAT] and the *Solihull Approach*).

The actual numbers of participants (mainly mothers) who were reached by well-evidenced programmes over the course of a year was relatively small (for example, of those reporting on *IY* and *Triple P* an average of families reached was 22 and 23 respectively). In contrast, other 'named' programmes that were not listed by Allen as being well-evidenced, reached more families (for example, 47 families for *Baby Massage*, and 104 for *Parents Early Education Partnership* [PEEP]).

The majority of staff reporting on Allen list programmes said they were delivered 'in full'. Moreover, well-evidenced programmes were implemented with more fidelity than the other 'named' programmes (not on the list of Allen, 2011) when measured through researcher-rating scales. However, their fidelity to the programme was rated on average as only 'Satisfactory'. Because greater fidelity is known to be linked to better outcomes for children (Webster-Stratton, 1992), it is worrying that staff beliefs that they were running a programme 'in full' were at odds with the researcher-rated lower scores on fidelity.

Changes in the delivery of programmes or strategies across centres

There was no change in the number of 'named' programmes that centres offered between 2012 and 2013. Centres were implementing an average of five programmes in both years, of which only one was likely to have been on Allen's list of well-evidenced programmes (2011).

There was no change in the most commonly used well-evidenced programmes (*Triple P*, *Incredible Years* and *Family Nurse Partnership*) and the top four most commonly used non-Allen programmes remained broadly similar: *ECAT*, *Baby Massage*, *Family Links Nurturing Programme*, and the *Solihull Approach*. (The Freedom Programme appeared in the second wave of fieldwork).

Linking Evidence-Based Practice to other features of centres

There was a positive relationship between the number of well-evidenced programmes offered by centres in 2013 and the external Ofsted inspection measure of centre effectiveness. Centres offering more well-evidenced programmes in 2013 also tended to have a greater focus on improving parenting behaviour and in general offered higher numbers of services.

c) Supporting Parenting and Children's Development

The offer of parenting services for both parents' personal and family needs was variable. This variability addresses both type and form of provision and reflects the core purpose of children's centres to support: *child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances* (DfE, 2013a).

A strong focus of services was to improve parenting behaviours, particularly encouraging parents to model behaviours that their children might copy. Focusing on the parent-child dyad allows children's centres to support parenting aspirations and skills, and reflects a holistic view of the modern family and the importance of the interactions that take place within them.

Linking parenting services to other features of centres

Children's centres with a greater focus on improving parenting behaviours were more likely to have a stronger ethos towards making services accessible for families.

5.1 More Targeted Service Delivery [Smith, Hall, Goff and Parkin]

5.1.1 Managers' views in 2012

Providing integrated services in the community for families with young children has a long history, dating back at least to the 1930s. As we report in Chapter 4, centre managers said that the most important aspect of service delivery was the willingness of staff to help families get access to the services or professionals they needed, through contact on their behalf rather than providing all services together in one place. Fieldwork visits to children's centres in 2012 also explored the range of services for families, and changes to service delivery since the first survey of centre managers in 2011 (Tanner et al., 2012). In general, our visits to centres in 2012 suggested that service delivery was '*Adequate nearing Good*' when rated by researchers using the CCLMRS Leadership and Management rating scale (Sylva, Chan, Good and Sammons, 2012: Chapter 3).

Three themes stand out from this study of service provision between 2011 and 2012: the shift from open-access services to more targeted interventions; changes to early education and childcare; and the shift in service configurations to 'service clusters', reflecting the changing centre configurations (Chapter 2). The data collected in 2012 (as well as the first survey data in 2011) came from centre managers. Later on in this section we draw on data collected in 2013 from centre outreach and family support staff rather than managers, collected as part of the 'Parenting Services' study (Evangelou et al., 2014).

In 2012 children's centre managers were asked about a list of 50 services, including a mixture of child-centred and family-centred services, services targeting adults' skills and needs, and services focused on 'capacity building' within the community. Centres on average offered 28 services out of

the possible 50, led equally by children's centre staff and partners. Centres showed a spread across different categories of service and before/after school care for older children was relatively uncommon (reported by only 22% of the sample).

The 'top five' services provided by the centres in 2012 were 'Stay and Play' (98% of the sample), evidence-based parenting programmes (93%), early learning and childcare (91%), developing or supporting volunteers (91%) and breastfeeding support (90%). These were usually offered directly by children's centres through their own staff, and delivered during weekdays (over 94% of the sample). There was, however, some variation to this pattern, with particular services more suited to particular delivery times or methods (for example, antenatal classes, child-minder development, and working with youth groups provided in the evenings). The mix of staff from the centres and partner agencies, and the mix of specialist and basic activities was complex, with more specialist services (speech and language therapy, specialist clinics, benefits and housing advice, and English for Speakers of Other Languages [ESOL]) provided by partner agencies.

Fieldwork visits in 2012 also showed that services were more likely to be provided across a broader 'cluster' of children's centres, confirming findings reported in Chapter 2 that the original model of children's centres as discrete 'standalone' units was already changing to a more 'distributed' form of service provision.

Comparing the services offered by children's centres between 2011 and 2012

When service provision of the centres in 2012 was compared with the same 121 centres answering questions in the Strand 1 survey of children's centre leaders in 2011 (Tanner et al., 2012), the number of services was more or less stable. The picture was very different, however, when we look at changes to specific services between 2011 and 2012. Four services were offered by significantly *more* centres in 2012 than 2011; three of which are for parents (evidence-based parenting programmes, sport and exercise for parents, and outreach); and one which focused on early learning and childcare for the under threes (which may have been reflective of the two year old pilot). On the other hand, six services were offered in significantly *fewer* centres in 2012 than 2011 (Stay and Play for older children; child-minder development; Next Steps employment support; peer support; activities and hobbies for parents; and other specialist support). In some cases more targeted services such as evidence-based parenting programmes replaced more informal services which were less important to the centres' core programme.

The impact of funding cuts on service delivery

Fieldwork in 2012 also aimed to explore the impact of the changing economic climate on children's centres (although we have no data to suggest disproportionate effects in a context of generally reduced public expenditure). All centre managers were asked about recent funding changes, and whether their work had been affected. Changes in services due to direct reductions in funding or indirect funding restrictions were widely reported (by 93% of managers in 2012), or were anticipated in the future. Very few managers claimed that their centre had never experienced such changes leading to a reduction in services. Similar reductions in funding are noted within other reports on children's centres (Waldegrave, 2013, Royston and Rodrigues, 2013). Indeed, Waldegrave (2013) notes that there was a 20 per cent reduction in expenditure on children's centres between 2010 and 2012/13. The most recent Sure Start Children's Centre Census (4Children, 2014) reported that the majority of the surveyed centres (70%) were expecting a change to their budget in the coming year, of which 82 per cent were expecting a budget decrease (pg. 18).

When asked to clarify the nature of the reductions or restrictions in 2011/12 funding that led to changes in services, managers most commonly reported withdrawal of staff by partner agencies (43%); withdrawal of funding from lead agencies (42%); indirect restrictions/reductions (38%); and direct funding cuts by partner agencies (32%). This is an interesting finding as, while centre staff recognised that a *potential benefit* of reorganisation might be improved partnership working with specialists and professionals (noted in Chapter 2), in reality, reductions or restrictions in funding were commonly a result of reduced support from partner agencies (in terms of both funding and staffing). Data drawn from Strand 1 of the evaluation (Poole et al., in press) suggested that there was a greater decline in proportion of funding from partner agencies (nearly halved on average from £10,489 in 2010/11, to £5,017 in 2012/13) than in local authority funding (which declined by approximately 10%, from £327,387 in 2010/11, to £296,095 in 2012/13): although the amount contributed by partners was only two to three per cent, far lower than that of local authorities. Reduced staffing and funding from partner agencies is important given the increase in demand for intensive work with families.

Considering the impact of the funding restrictions and reductions noted in 2011/12, managers reported an overall reduction in some aspect of services in 30 per cent of centres: the hours or days when services were provided had been cut in 24 per cent of the centres; and managers in 21 per cent of the centres noted that the number of locations where services were provided had been reduced. There appeared to be a smaller impact on the take-up of services by users on a regular basis (11%)¹⁸. Managers also reported a direct impact on staffing (56% reported increased managerial responsibility, 48% noted loss of staff, and reduced opportunities for professional development were mentioned by 38%). The direct impact on staff is in line with Strand 1 findings across 2011-2013, which showed both a reduction in the average numbers of staff for each centre (which fell by a quarter), as well as a reduction in the proportion of staff employed full-time (and an increase in the proportion employed part-time). Other managers interviewed as part of Strand 3 fieldwork spoke about the introduction of charges for families using services, the impact of cuts on the balance between open-access and targeted services, and increasing reliance on volunteers and parents to run open-access services.

When asked to anticipate changes in provision for the following year (2012/13), the biggest predicted change from 2011/12 was in the expected impact on users, with 41 per cent of managers anticipating a reduction in the user take-up of services (an increase of 30 percentage points). Together, these changes suggest that funding restrictions and reductions in 2011/12 were most commonly affecting staff, then reductions in services, and least commonly the take-up of services by users. However when reflecting upon the potential of future impact, it is clear that managers feared there would be a reduction in the take-up of services by regular users. More recent findings from Strand 1 (Poole et al., in press) suggested that staffing was still greatly affected by reductions in funding in 2012/13 (52% of centres reporting this). Moreover, an increased proportion of leaders (42%) reported that reductions in funding had affected the *services or resources of their centre*, particularly regarding a general withdrawal or reduction in services, a reduction in universal services, impact on centre resources, and impact on quality or standards.

¹⁸ This fieldwork could not investigate the nature of these reductions in further detail.

5.1.2 Linking service delivery to other features of centres

When the number of services provided by centres in 2011 and 2012 was compared to other features of children's centres, two points stood out (see Technical Appendix 2.7 for details: Sylva et al., in press). First, centres providing more services in 2012 were more likely to demonstrate better leadership¹⁹. Second, the number of services provided by a centre in 2011 (but not in 2012) was significantly related to two other measures: the Ofsted rating of overall centre effectiveness, where centres providing more services were more likely to have higher rates of effectiveness²⁰; and a centre's accessibility rating, where centres providing more services were more likely to have a higher rating of accessibility²¹. This second relationship highlights the importance of managers maintaining a culture of multi-agency working. Where there was a stronger ethos for the multi-agency delivery of services, there was a tendency for more services to be provided, and this in turn is linked to higher Ofsted scores.

5.1.3 Staff views on service delivery in 2013

Changes to services

While the findings from 2012 were based on interviews and questionnaires with centre managers, the following findings from 2013 were based on discussions with family support and outreach centre staff during fieldwork visits for the 'Parenting Services' study (see Evangelou et al., 2014); while they are not directly comparable, they may illuminate some of the same issues. In 2013, non-senior staff from nearly all centres were interviewed about service provision. The pattern of service change across centres is by no means clear. Some talked of running at maximum capacity with the number of families and groups increasing. Staff from the majority of the centres however, talked about funding cuts, budget restrictions and reductions: "*Reduced budget has affected services*"; "*Can offer less to parents*"; "*Budget-difficult to maintain services*". Some staff reported making more informed decisions about relevance (what was the aim of the service? what would be the outcomes?): "*Not setting up groups in areas where [it] is not really needed... Work around our budget; choose the activity which is more relevant, more needed*"; "*Budget cuts have limited events...Have lost special frills*". Others said that the financial situation was affecting their ability to do their job and to support families as best they could: "*Challenges around funding, expecting more cuts. Can't plan properly*". Some staff mentioned positive ways to generate income, for example by tendering bids for funding, or (reluctantly) charging for activities such as Stay and Play or for snacks: "*Now [we ask for] voluntary contributions for sessions – [but we] would never stop a family [if they don't pay]*"; "*Now [we] ask for donations for snacks at all sessions – but they don't have to*".

The 'thinning' of services was a key theme throughout staff discussions in 2013. The reduced availability of staff has particularly affected centre capacity to run a range of sessions at different places and times; just over half of the centres reported a reduction in at least one element of their service delivery. Examples of reduced provision included cuts to activities which are important for reaching and engaging families (such as publicity and leafleting, crèche and interpreters, playgroup, family trips, snacks and transport). Examples were also given of reductions in services on-site,

¹⁹ Number of services in 2012 CCLMRS: $\rho=0.24$, $p=0.014$, a 'weak' effect size.

²⁰ $\eta^2=0.07$, $p=0.018$, a 'weak' effect size.

²¹ $\rho=0.20$, $p=0.029$, a 'weak' effect size.

including open-access sessions; as well as less flexibility in the timing of services and limiting the centre opening hours to when services were running: *“Less services on-site, so less opportunity to meet [families’] basic needs, for example, finance support”; “Had to drop some of the ‘softer’ groups”; “Daycare has stopped”*. In some cases, budget difficulties also resulted in the withdrawal of resources and services supplied by partner agencies (reflecting the funding reductions and withdrawal of staff by partner agencies noted both within Strand 3: Goff et al., 2013, and Strand 1: Poole et al., in press), reduced capacity for the centre to hire out rooms for outreach, and heavier responsibilities for staff: *“Budget cuts [have meant we] end up losing partner services”*.

Staff spoke about the effects service changes were having on their work with families, particularly the time available to support them: *“Budget cuts and new Ofsted guidelines means I spend a lot of time with [the] Local Authority rather than my families at the children’s centre”; “...concerned about the impact on families if there are further cutbacks because this can be a lifeline”*. The majority of non-senior staff responses in 2013 suggested a shift towards targeting, threatening open-access services.

Balancing Targeted and Open-Access Provision

The balance between open-access and targeted services was a second key theme in the 2013 interviews with non-senior staff. The focus on targeted services had increased, with centres concentrating on more narrowly defined groups such as the most disadvantaged families: *“We have to work 80 per cent targeted and only 20 per cent universal”; “The focus is now on targeting... All families are still registered but only some are targeted for attendance”; “We are now asked to pinpoint our support on vulnerable families”*. The number of families attending children’s centres with Child Protection plans or with increased vulnerability seemed to have increased dramatically. Staff in more than half of the centres, were experiencing a greater number of targeted families with complex needs: *“Clients are more difficult. Needs are more complex now”*, although this was in the context of a rise in numbers generally: *“busier in terms of numbers of families [but] family need is still the same – just more of them now”*, and many staff said they tried to work ‘with anyone and everyone’, providing they were able to do so: *“[I] work with any – work with them all if I have [the] capacity”*.

It is positive that centres appeared to be following the new 2013 core purpose in focusing on those in greatest need. However, some staff had reservations about focusing only on targeted groups, at the expense of the less intense open-access services. Some staff raised concerns about stigma and the ‘heavy’ atmosphere of more targeted groups: *“[The] categorisation of parents into groups can cause a rejection of service, so groups on this basis are less successful”; “The more targeted the sessions, the more difficult it is to get vulnerable families in. It works better when targeted families are mixed in with universal groups”*. Open-access services or groups were still run by a number of centres, and recognised as a method of identifying target families and their needs, and engaging more reluctant families: *“We are re-introducing universal services to actually have a point of contact with as many users as possible. One foot through [the] door so we can identify target families rather than rely on other agencies such as health visitors.”* Some staff felt that a mixture of open-access and targeted families within groups was important. One staff member gave a clear example of a targeted group which *“fell apart after a few weeks”* due to containing only *“targeted”* and *“too needy”* parents; a follow-on group which contained both targeted and self-referred families *“gelled, working beautifully”*, all due to the mixed attendance of an open-access group. But there were a few cases of the open-access provision being outsourced to other agencies, or managed by

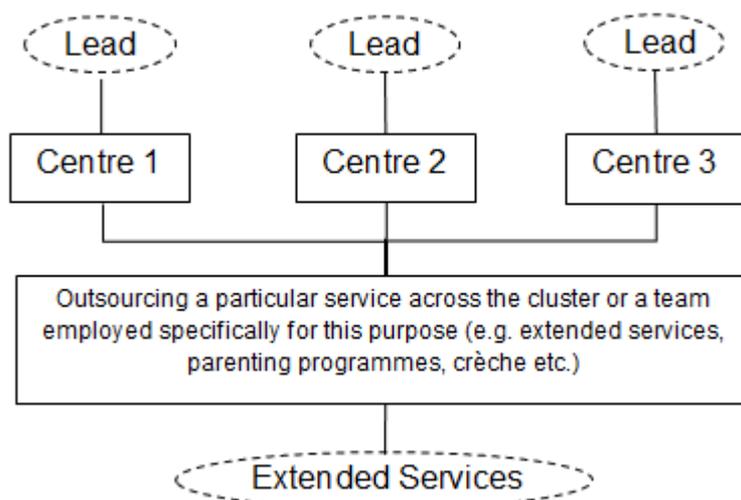
volunteers: “[There is a] *move to allow [open-access] groups to be run by volunteers. We are unhappy with this as volunteers lack expertise. [We] need greater funding so we can maintain staff input to universal groups*”. Another centre reported on the difficulties with meeting Ofsted’s requirement for a universal open-access approach, and balancing this against the more targeted provision, echoing the 2012 findings.

Children’s centre provision of Early Learning and Childcare

A third key theme was the low visibility of early education and childcare, no longer a requirement in children’s centres since 2011 (DfE, 2013a; House of Commons Education Committee, 2014) - this was mentioned by staff in 2013 in less than a third of the centres. Most of the comments were about crèche and playgroup facilities, moves to make childcare self-financing, and changes to childcare or nursery facilities or management. Some spoke of the challenges of affording crèche to support centre groups, and the impact that this has had on family support: “*Not able to run the crèches anymore, so some programmes/courses will have to stop*”. Centres were mixed in their use of the two year old childcare funding: on the one hand, “*Two year old funding is frozen now*”; on the other, “*Two-Year-Old entitlement – gone up a lot – will take fourteen children more – will increase the space*”.

5.1.4 Service clustering

Figure 5.1 Service clustering



Additional information for Figure 5.1: This setup does not necessarily require a formal clustering of centres (in terms of a joint leadership) but the centres work collaboratively to share a joint service. This joint service or team might alternate the centres in which the service is provided (and thus the centre might be required to signpost or transport their families to the centre which is currently running the service) or the team/service might run concurrently at each centre, on different days.

Fieldwork visits in 2012 and 2013 showed a model of working which was clearly distinct from the ‘clusters’ of centre organisational models (Chapter 2). Centres were beginning to work together to coordinate the delivery of services across larger regions, delivering or outsourcing services to another team either in one particular centre and alternating this throughout the year, or by training an expert ‘team’ of individuals who work across the cluster to deliver a particular session. Figure 5.1 shows service clustering; see Appendix D1 for defining characteristics.

Service clustering increased significantly between 2011 and 2013 (see Technical Appendix 2.7: Sylva et al., in press) and in 2013 was associated with centre managers holding significantly lower academic qualifications²², fewer ‘named’ programmes or strategies run by the centre for families²³ and fewer services aimed at family needs²⁴.

5.1.5 Summary and Conclusions

Children’s centres provided a range of services in 2012 across health, childcare and early learning, employment and benefits services and advice, adult education, and outreach, both directly by their own staff and with their partner agencies. The ‘top five’ services in 2012 were Stay and Play (reported by staff from 98% of the centres surveyed), evidence-based parenting programmes (93%), early learning and childcare (91%), developing and supporting volunteers (91%), and breastfeeding support (90%). More specialist services tended to be provided by partner agencies. However, funding reductions in 2011/12 were most commonly leading to withdrawal of staff or funding by partner agencies who would normally carry out such work – despite centre staff reporting a potential benefit of improved partnership working as a result of reorganisation (Chapter 2).

When provision was compared across 2011 (the first telephone survey of centre managers), 2012 (in-depth visits to centres, with a questionnaire and face to face interview with managers about provision and multi-agency working) and 2013 (interviews with non-senior staff during fieldwork visits for the ‘Parenting Services’ study [Evangelou et al., 2014]), there was a clear shift in focus away from open-access services towards more targeted work, with a narrower range of vulnerable families with very complex needs. This was in line with the Coalition Government’s revised core purpose for children’s centres (DfE, 2013a), but with reduced staff support from partner agencies, this meant that children’s centre staff were expected to take on work for which they felt ill-prepared. Also, centres lost the open-access services which in many ways provided the first point of engagement with families and the first opportunity to assess their needs in a non-stigmatising environment.

While targeting smaller numbers of highly vulnerable families may be considered a more efficient use of staff time and resources, this may provide a less effective service for larger number of families on the cusp. Funding cuts had exacerbated this situation, by squeezing partner resources as well as the resources of the centres themselves. Despite the pressures of austerity, staff remained committed to meeting the needs of local families and were seeking new resource avenues, especially training volunteers.

There was also a shift towards a ‘service cluster’ model, where services are spread across a number of centres at different times or on different days. While this could again be a more efficient use of staff time and resources, those centres with service clustering however had lower qualified managers, and so, staff in them dealing with families with complex needs did not have access to highly qualified managers.

²² $\eta^2=0.04$, $p=0.039$, a ‘weak’ effect size.

²³ $\eta^2=0.05$, $p=0.021$, a ‘weak’ effect size.

²⁴ $\eta^2=0.07$, $p=0.005$, a ‘weak’ effect size.

At first glance it may appear that the *number* of services delivered by centres appeared to remain more or less stable between 2011 and 2012 (when centre managers were presented with a list of possible services that centres might deliver). On closer examination however, there were important changes to the *nature* of such services over this time period, both in terms of targeting (for example, towards more evidence-based programmes and reduced open-access provision) and reduced intensity (in terms of reduced services, hours/ days, or locations where services were provided). Clustering of services might also contribute to the ‘thinning’ of service delivery, and ultimately result in restricted availability of sessions for families (i.e. to particular sites or days). The importance of procedures to ensure service ‘thinning’ does not affect those most vulnerable families who may be unable to attend services as a result, is discussed further in Chapter 7.

5.2 Evidence-Based Practice [Sylva, Goff, and Hall]

5.2.1 Introduction

Two previous Strand 3 ECCE reports have provided a comparison of programme delivery across 2012 and 2013. The term evidence-based practice²⁵ came originally from medical research, where Randomised Control Trials (RCTs) form a strong body of evidence justifying the use of particular treatments (Metz, Espiritu and Moore, 2007). For this study ‘practice’ was considered to be evidence-based if the skills, techniques or strategies used within programmes were demonstrated to be effective through rigorous evaluation (especially RCTs), typically on more than one occasion so that the results are shown to be replicable (Lederman, Gómez-Kaifer, Katz, Thomlinson and Maze, 2009).

Evidence-based practice was a key concept within the widely-reported review of Early Interventions (Allen, 2011). Allen aimed to identify the most promising early interventions that could be applied *‘before the development of impairment to a child’s wellbeing or at an early stage of its onset; interventions which either pre-empt the problem or tackle it before it becomes entrenched and resistant to change’* (Allen, *ibid*, p.67). Allen’s Early Intervention Team evaluated whether a number of age-appropriate interventions met the criteria of ‘Best Quality’ or ‘Good Enough Quality’ via the application of four standards of evidence (evaluation quality, size of impact, intervention specificity, and system readiness). From the resulting list of most promising early interventions, 23 programmes (i.e. those aimed at the children’s centre age group of 0-5) were shortlisted for assessment by the ECCE team within their fieldwork (Table ApD2.1, Appendix D2).

The ECCE study aimed to explore the range and type of age-appropriate ‘named’ programmes or strategies²⁶ on offer to families in the ECCE sample (i.e. families being visited as part of the Strand 2 survey of families: Maisey et al., 2013), any changes in programme implementation between the two waves of visits in 2012 and 2013, and whether programmes being offered on the ground were well-evidenced according to Allen (2011).

²⁵ Here we distinguish evidence-based *practice* as being the result of the implementation of evidence-based *policies*. Further, this evidence-based *practice* is commonly achieved via the use of evidence-based *programmes*. Taking these definitions on-board, this report focuses on the evidence-based *practice* that was taking place within children’s centres as reflected in the *programmes* that were used.

²⁶ From here on shortened to ‘programmes’.

Measuring Evidence-Based Practice

The extent to which a centre implemented evidence-based practice was measured by the number and type of programmes that they used (and whether these were classified as well-evidenced according to Allen, 2011). A short questionnaire was sent to centres ahead of the fieldwork in both years to assess the range of programmes that were being rolled out across the centres, the self-reported level of implementation, and to collect information on who was running the programme. Centres were presented with a list of 61 programmes in 2012 and 2013, which included both well-evidenced programmes and other 'named' programmes or strategies known by the research team, but which were not listed on the well-evidenced list of Allen (Tables ApD2.2 and ApD2.3, Appendix D2). It is important to note that the Early Intervention Foundation have since released an online database entitled the 'Guidebook' to enable practitioners to 'base their choices on the best available evidence, as well as more tacit considerations of circumstance and implementation' (2014).

The use of 'named' programmes or strategies across centres

Centres were implementing 11 of the 23 well-evidenced programmes in 2012 (Table ApD2.2, Appendix D2²⁷) and 35 of the 38 other 'named' programmes (Table ApD2.3, Appendix D2²⁸). Only three well-evidenced programmes were widely used across the sample in 2012: *Incredible Years* (IY), *Triple P*, and *Family Nurse Partnership* (FNP). Of the 35 other 'named' programmes, two came out as most popular: *Baby Massage* and *Every Child a Talker* (ECAT), followed by a further five commonly implemented programmes (the *Solihull Approach*, *Family Links*, *Early Support Programme* for Disabled Children, *ICAN*, and *Parents Early Education Partnership* [PEEP]).

Although the majority of the widely used well-evidenced programmes were run by children's centre staff²⁹, a large number were also led by staff from another agency or a separate (unrelated) children's centre³⁰. In terms of implementation, the majority of centre staff self-reported that they followed the programme '*In Full*'³¹ with much smaller numbers reporting that the programme was only '*Substantially Followed*'³² or '*Inspired or Based Upon*'³³ the original. The seven other 'named' programmes were again most commonly run by children's centre staff³⁴, and self-classified as being followed '*In Full*' but also '*Substantially Followed*'³⁵. Comparatively then, the programmes not on Allen's list were more often '*Substantially Followed*' than the well-evidenced programmes, indicating more variation in the implementation of programmes with a less secure evidence-base.

Researchers used a more objective measure of programme implementation in 2012 and found that two well-evidenced programmes (*Incredible Years* and *Triple P*) had stronger implementation

²⁷ Ranging from between 1 and 49 centres on each programme.

²⁸ Ranging from between 1 and 86 centres.

²⁹ For example *Triple P* and *IY* who were run by centre staff in 38 and 34 centres respectively.

³⁰ For example, *FNP* in 22 centres.

³¹ 41/49 centres implementing *IY*; 39/46 centres implementing *Triple P* and 18/28 implementing *FNP*. It is important to remember that classification of 'implementation type' was through respondent self-report and therefore has not been validated. No verification was carried out by the researchers with regards to the actual content and roll out of the implementation.

³² 7/49 implementing *IY*; 5/46 implementing *Triple P*, and 3/28 implementing *FNP*.

³³ Only 1/49 implementing *IY*, and 2/28 implementing *FNP*.

³⁴ 68 centres running *Baby Massage*, and 46 centres running *ECAT*.

³⁵ 76 centres reportedly carrying out *Baby Massage* noted that the programme was followed 'in full', compared with 8 reporting that it was 'substantially' followed; 34 centres reportedly carrying out *ECAT* were following this 'in full' compared with 17 centres 'substantially' following, and so on.

compared to three other 'named' programmes (*Baby Massage*, *Family Links* and *PEEP*)³⁶. Typically, the well-evidenced programmes scored higher on 'Manual Use' and 'Feedback and Evaluation'. However, their scores on 'Ensuring Fidelity to the Programme' were at best 'Satisfactory' rather than 'Good', and in many cases, 'Inadequate' (Table ApD2.6, Appendix D2).

Of the 28 centres self-reportedly following *Incredible Years 'In Full'*, only seven were scored by researchers as 'Good' on 'Ensuring Fidelity to the Programme'; a similar disparity between staff judgement and researcher judgement was found for *Triple P*, *Baby Massage*, *Family Links* and *PEEP*³⁷.

While 70 centres reported that they were running at least one of the top three well-evidenced programmes in some form, further questioning to some of the centres running these programmes suggested that they were reaching fewer families per year (for example an average of 22 families for *IY*, and 23 families for *Triple P* out of those centres which were questioned further about these programmes) than other 'named' programmes which were not currently classified as well-evidenced by Allen (for example, an average of 47 families for *Baby Massage*, and 104 families for *PEEP* out of those centres which were questioned further about these programmes). This might be explained by large start-up or running costs for the more well-evidenced programmes.

Changes in the delivery of 'named' programmes or strategies across centres

Fieldwork in 2013 investigated whether there had been any change in programme implementation across the two years. The 61 programmes (made up of the 23 well-evidenced programmes and a further 38 other 'named' programmes defined earlier) were presented to centre staff in both 2012 and 2013³⁸. Centres implemented an average of five programmes in both years, with an average of one well-evidenced programme (according to Allen's list, 2011).

The three most common well-evidenced programmes saw no change in use: *Triple P*, *Incredible Years* and *Family Nurse Partnership* (Table ApD2.4, Appendix D2). There were slight differences to the top five other 'named' programmes which were mainly the same as those most used in 2012: *ECAT*, *Freedom Programme*³⁹, *Baby Massage*, *Family Links Nurturing Programme*, and the *Solihull Approach* (Table ApD2.5, Appendix D2). There was mainly consistency across 2012 and 2013 in terms of the programmes offered, and only two significant changes emerged⁴⁰ – the use of *Family Links* decreased, whereas the *Solihull Approach* increased. One year on from the initial field-visit, it remained the case that well-evidenced programmes were much less common than programmes with a less secure evidence-base.

³⁶ Using a Programme Implementation Scale. Further details on this scale are available in Goff et al. (2013).

³⁷ 27 centres reportedly following *Triple P* in full scored *good* on 'fidelity to the programme', as did only one of the 53 centres reportedly running *Baby Massage* in full; one of the 20 centres reportedly running *Family Links* in full, and none of the 11 centres reportedly running *PEEP* in full.

³⁸ Appendix E presents full descriptive statistics on these measures.

³⁹ Freedom Programme was introduced as an additional programme in the 2013 version of the questionnaire, after having being listed frequently as a programme in 2012.

⁴⁰ *Family Links* was implemented by significantly fewer centres in 2013 (change = -5 centres; $Z=2.2$; $r=0.2$; $p<0.05$), whereas the *Solihull Approach* was implemented by significantly more (change = 13 centres; $Z=2.8$; $r=0.3$; $p<0.01$). See Evangelou et al. (2014) for details.

5.2.2 Linking Evidence-Based Practice to other features of centres

The number of well-evidenced programmes run in 2013 was higher when: 1) centres had a higher overall effectiveness Ofsted score⁴¹; 2) centres had a greater focus on improving parenting behaviour⁴², and when more services were offered in 2011⁴³, and in 2012⁴⁴ (see Technical Appendix 2.8: Sylva et al., in press).

5.2.3 Summary and Conclusions

ECCE staff reported offering a wide range of 'named' programmes or strategies for families at their children's centre. Centres typically offered an average of five 'named' programmes, one of which was well-evidenced according to the criteria defined by Allen (2011). While it is positive to see a widespread use of well-evidenced programmes across centres, the actual numbers of families reached by such programmes per year was relatively small (for example, 22 families for *IY*, and 23 families for *Triple P*) compared with other 'named' programmes (for example, 47 families for *Baby Massage*, and 104 families for *PEEP*).

When comparing staff self-reported implementation against researcher-ratings on fidelity, it was clear that well-evidenced programmes were implemented with more fidelity than the other 'named' programmes (which is known to be linked to better outcomes) - scoring more strongly on elements such as 'Manual Use' and 'Feedback and Evaluation'. Their fidelity to well-evidenced programmes however was on average, at best, only 'Satisfactory', and staff beliefs of running the 'named' programme 'In Full' were at odds with researcher-rated fidelity – few centres reportedly running their 'named' programme in full, scored 'Good' on the researcher rating for 'Ensuring Fidelity to the Programme'.

While the programmes offered remained consistent across the years, a centre was more likely to run a greater number of the well-evidenced programmes in 2013 if they had a higher effectiveness rating from Ofsted, or if they had a greater focus on improving parenting behaviour at the centre. It seems likely that more effective centres, or those prioritising parenting as a key aim for centre work, were those that chose to prioritise well-evidenced programmes for their families. The introduction of the Early Intervention Guidebook in 2014 (Early Intervention Foundation, 2014) will further influence the choice of programmes across centres in the coming years, as this will provide an updated source of new evidence, including both 'well-established' and 'promising' programmes or strategies.

5.3 Supporting Parenting and Children's Development [Evangelou, Goff and Hall]

As noted in Chapter 1 of this report, the current Coalition Government has three goals in early childhood policy: ensuring all children are 'ready for school'; female participation in the labour market, and supporting the most disadvantaged families. The policy concepts of 'access, affordability and quality' (Stewart, Gambaro, Waldfogel, and Rutter, 2014) can be used to reflect on

⁴¹ $\eta^2=0.06$, $p=0.043$, a 'weak' effect size.

⁴² $\rho=0.21$, $p=0.030$, a 'weak' effect size.

⁴³ $\rho=0.30$, $p=0.001$, a 'weak' effect size.

⁴⁴ $\rho=0.24$, $p=0.009$, a 'weak' effect size.

the children's centres provision of parenting services. In order to support all three, the Government has put in place a number of services and interventions; children's centres and their work on supporting parenting are part of a wider set of provision for families with young children. However, their role remains unclear. Should children's centres offer services under the big umbrella of the 'brand' Sure Start Children's Centres as an intervention; or through a number of targeted interventions within children's centre's services? This section summarises parenting services offered by children's centres across the ECCE sample.

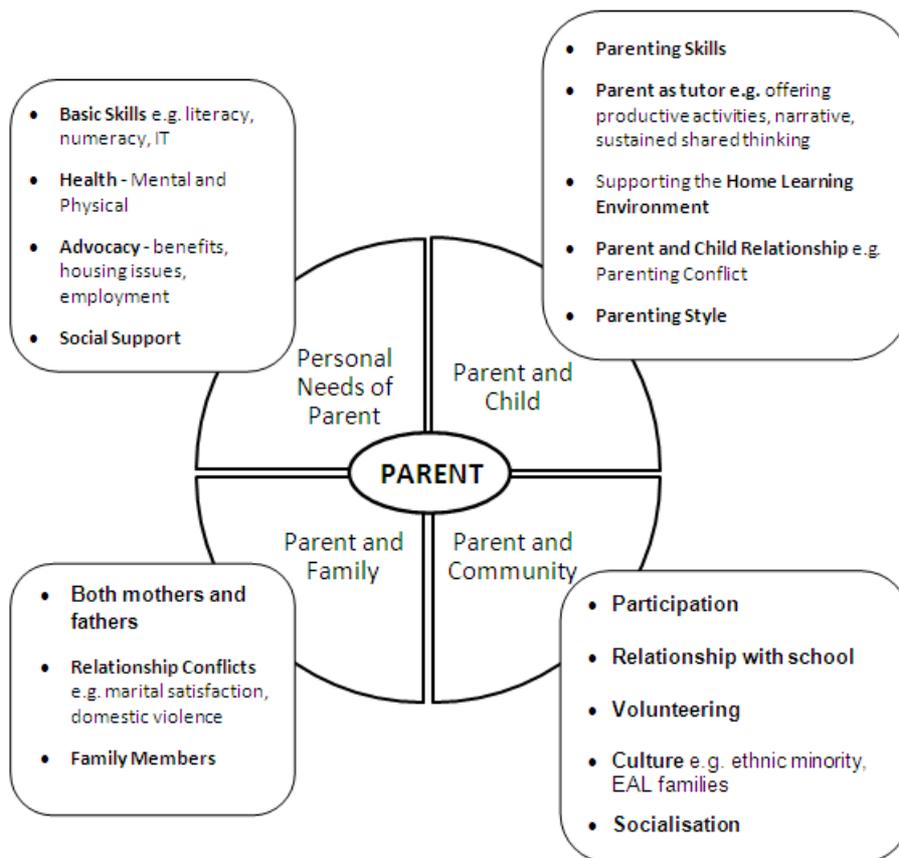
5.3.1 Introduction

Parenting support can be conceptualised 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). Although it is considered ideal, Moran et al. (2004) suggested that addressing the needs and concerns of parents in all four areas is a difficult task indeed; a task which children's centres attempt to deliver upon, through a broad remit of services including outreach/home based 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 (Belsky et al., 2006).

Evangelou et al. (2014) conceptualised parenting services in terms of a holistic model of parenting support (Figure 5.2). This figure categorises parent needs into four 'areas' of parent's lives. Two of these areas represent needs which relate to individuals that are close to the parents, 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 involvement in the community. The rationale for the holistic view of parenting is based on evidence that parents' personal needs can have a large influence on child outcomes (Roberts, Donkin and Pillas, 2014b). Roberts et al (*ibid*) report how parents' needs can directly influence child outcomes. For example, improving literacy and numeracy skills in parents with lower levels of qualification is strongly associated with improved child outcomes (DeCoulon, Meschi, and Vignoles, 2008 cited in Roberts et al., 2014b). Parental worklessness is associated with poorer educational achievement in children (Bowers and Strelitz, with Allen and Donkin, 2012). Accessing employment is considered as an important way of 'lifting a family out of poverty' (Child Poverty Unit, 2009) although this is very much dependent on a number of factors, among them: jobs being both sustainable and of decent quality, as well as paying a decent living wage with in-work development opportunities (Marmot, 2010). Financial difficulties are linked to higher stress and lower maternal mental health (Roberts et al., 2014b); and poorer maternal mental health (elevated levels of stress, anxiety and antenatal depression) can lead to lower levels of child cognitive ability, less attachment, poorer child physical health and more emotional difficulties (Bowers et al., 2012). Strong social networks of the parent can act as 'a buffer to the daily challenges of parenting' (Crnic and Greenberg, 1990; in Roberts et al., 2014b, p.15) and those mothers with more extensive social networks were described as having more positive parent-child interactions (praising more and demonstrating less controlling behaviour: Roberts et al., 2014b). Centres appeared to be taking a holistic approach to delivering parenting services (considering the personal as well as wider needs of the parent), assuming that such an approach will have ongoing benefits for the child.

Two questionnaires were sent to children’s centres ahead of fieldwork visits in 2013 to collect information on each centre’s provision for parenting services. These were completed by the manager and another member of staff with relevant knowledge of parenting service provision, noted as the ‘Parenting Co-ordinator’. Centre respondents provided information about the support that their centre offered to parents in terms of *Parent Needs* and *Family Needs*, as well as other details regarding the delivery of parenting services within their centre. Services for parent needs were grouped into six areas (*Education, Employment, Housing, Finance, Childcare, Health*); and services for family needs were grouped into seven (*Partner Emotional Support, Improving Home Environment, Child Services, Parenting, Child Health, Child Development, Family Services*).

Figure 5.2 Possible needs of parents that may be targeted by children’s centres



Additional information for Figure 5.2. EAL: English as an Additional Language

Supporting Parent’s Needs

When considering the six areas of parental need, there was substantial variation in the range of support offered by children’s centres in 2013. While all centres provided support in terms of *parental mental health* and *healthy eating*, it was less likely for centres to provide services for particular areas of parental needs; and there was also substantial variation in the levels of support given. When it came to directing parents to services outside the centre, *signposting* (i.e. the passing on of information to families about other services) was much more common than *referrals* (i.e. the passing on of family’s details to other agencies, usually with the family’s permission) although this varied across types of parent need. Centres infrequently offered services which supported parent needs off-site⁴⁵. When centre staff rated their centre’s offer of provision (from “*Very Limited*” to

⁴⁵ No more than 21% of the 107 centres.

“Excellent”) within each of the six areas of parental need (*Education, Employment, Housing, Finance, Childcare, Health*), the areas with the highest level of provision were *accessing childcare* and *parental health and lifestyle*. By contrast, the area rated as having the lowest level of provision was *accessing housing*.

Supporting Family Needs

When considering the seven areas of family need (*Partner Emotional Support, Improving Home Environment, Child Services, Parenting, Child Health, Child Development, and Family Services*) there was again substantial variation observed between both the services provided for supporting family needs, and the ways in which this support was provided. All centres offered services that targeted *Parenting* or *Child Development*: Other services however, such as *facilities for the registration of new births* and *before/after school care for older children*, were offered far less. As before with parent needs, there was also substantial variation in terms of the type of support offered to families towards different needs: for example, the vast majority of centres reported offering sessions at the centre for *Stay and Play* and *messy play* (in line with findings in section 5.1). *Signposting* of services in support of family needs was again more common than *referrals* (although there were a few exceptions⁴⁶) and centres also infrequently offered services for supporting family needs off-site⁴⁷.

Centre staff were asked to rate their centre’s offer of provision (from ‘*Very Limited*’ to ‘*Excellent*’) within each of the seven areas of family need (*Partner Emotional Support, Improving Home Environment, Child Services, Parenting, Child Health, Child Development, Family Services*). Those services rated as having the highest level of provision involved child services and parenting: for example, *Family Services, Improving the Home Environment, Child Development, Child Health, Parenting, Child Services, and Partner and Emotional Support*. At least 44 per cent of all centres felt that they offered ‘*Good*’ provision across the seven areas. By contrast, the lowest offer of provision was rated as at least ‘*Adequate*’ (*Child Services, Child Development, Improving Home Environment and Parenting*).

Other Parenting Services

A strong focus of services was to improve parenting behaviours. All 110 respondents reported placing a strong focus on improving parents’ ability to ‘*model behaviours to children*’ and over 90 per cent of centres reported giving a strong focus to a number of target parenting behaviours. This tallied with other qualitative findings from 2013 fieldwork which suggested that parent-child needs were a key aim of children’s centre working (including improved parenting skills and furthered parent knowledge about good parenting and child development), a fact supported by the large number of parenting programmes delivered through children’s centres (Section 5.2). Outreach and family-support staff informed the research team that the greatest benefits to parents who attended centre activities were related to improving parent-child needs, for example improved parenting skills, greater knowledge of child development, and increased confidence in parenting.

⁴⁶ 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*.

⁴⁷ No more than 22% of the 107 centres.

It became clear from 2013 data that particular procedures were more commonplace across centres, such as induction (the distribution of activity timetables, registration documentation and the recording of a family's cultural background). Half of the centres encouraged parents to become involved in the running of their centre 'A great deal' 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 attendance was developing relationships with parents, a strategy reported by nearly all centres. Parent relationships with staff was the most common challenge to working with families, and this was acknowledged by centre staff, who invest time and resources into ensuring improved and sustained relationships with families.

Respondents reported greater spending on resources (time or money) that targeted parents and younger aged children, in comparison to groups involving older children, traveller communities, and parents whose children required wraparound care, perhaps not surprising given that these were in the minority of attendees at centres.

5.3.2 Linking Parenting Services to other features of centres

Three measures were used that together give an overview of the parenting services offered by children's centres. The first two were simply counts of the number of needs that a centre targeted with services, where a distinction was made between the needs of parents and the needs of the wider family unit. Managers or coordinators of family and parenting support were presented with two separate lists of needs: 34 services to meet the needs of parents⁴⁸, and 44 services to meet the needs of the wider family unit⁴⁹. The third and final measure considered was the extent to which a centre focused on improving 14 parenting behaviours (with three response options: *No focus*; *Some focus*; *A strong focus*). Responses to these 14 areas were then summed such that a higher score was achieved by centres that had a stronger focus on improving parenting. Descriptive statistics on these three measures can be found in Appendix E.

Statistical relationships between these three measures are shown in Technical Appendix 2.9 (Sylva et al., in press). A centre's focus on improving parenting behaviour was found to be unrelated to the number of needs that a centre targeted (be these the needs of parents or families). Conversely, there was a (significant) tendency for centres that targeted a greater number of needs to do so for both the needs of parents and for the needs of the broader family unit⁵⁰. Technical Appendix 2.9 (Sylva et al., in press) details the associations between the parenting measures and other features children's centres. Centres with a greater focus on improving parenting were more likely to have a stronger multi-agency ethos towards making services accessible for families⁵¹.

⁴⁸ Across six areas: education, employment, housing, finance, childcare, health.

⁴⁹ Across seven areas: partner emotional support, improving home environment, child services, parenting, child health, child development, family services.

⁵⁰ $\rho=0.32$, $p=0.001$, a 'weak' effect size.

⁵¹ $\rho=0.20$, $p=0.046$, a 'weak' effect size.

5.3.3 Summary and Conclusions

The National Evaluation of Sure Start (NESS: Barlow, Kirkpatrick, Wood, Ball and Stewart-Brown, 2007) report into family and parenting support as provided by Sure Start Local Programmes (SSLPs) concluded evident variation in family and parenting support programmes. While parenting support was on the agenda of most SSLPs, the level and quality of provision was not sufficient enough to deliver a major impact on parenting at a population level. Their concluding remarks addressed variability on behalf of the children's centres on how much they believed in and used evidence-based parenting programmes (precluding the similar findings in Section 5.2 of this report); the offer of open-access services rather than targeted service provision (a move away from this has been observed in Section 5.1); and the challenge of delivering a high volume of effective programmes across children's centres.

The most important finding from their case studies was the evolution of a culture within SSLPs, of trusting and using theoretical approaches that support work with parents; some centres were already focusing on promoting good parenting and emphasising the parent/child relationship. The authors concluded that training in recognised parenting programmes may take some time to implement, and the ECCE evaluation has seen that this has taken place.

Revisiting the results of the NESS evaluation on parenting is important as it allows the current evaluation to identify whether and how the provision of parenting services in children's centres has moved on over time. The ECCE results show that there clearly is more emphasis now on using proven approaches and evidence-based practice, and less emphasis from the early days of local programmes on community involvement. In summary, there are two key areas of the current research findings: what do children's centres do and how do they do it?

What do centres do? A key finding is the great variation of the emphasis of services for both parent and family needs. This variation is understandable within the context that children's centres operate and their core purpose (Chapter 1). The variation is evident through staff ratings of 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. In a similar fashion the centre services reported as targeting *family needs* were variable. All centres offered services that targeted *parenting or child development*. The centre services targeting *family needs* were rated consistently higher than those for *parents' personal needs*.

A strong focus of services was to improve parenting behaviours, particularly demonstrating modelling behaviours to children. Centres demonstrated a strong focus on the parent and child together, particularly aiming to improve parenting skills, further parent knowledge about good parenting and child development and increase parental confidence in parenting.

Secondly, how do children's centres work? Children's centre staff, regardless of their role, are very aware of the challenges in their work with the families who they aim to support in the best possible way, whilst also giving consideration to the individual needs of families and the challenging situations within which some of them live. The provision of parenting services through children's centres is an important part of making services accessible. The managers of children's centres surveyed in this part of the study have clearly indicated a focus of work towards parenting and helping parents to access childcare and support child development. What is important to offer is continuity of a framework of provision that will allow centre staff to plan for the future. Between 2007

and 2014, children's centres have changed in response to several policy directives and the economic climate. Although the variation of offer has been evident for many years, it is positive to witness a development towards services supporting parenting, often by using well-evidenced programmes and in the longer term, child outcomes. One needs to acknowledge that it takes time for such interventions to be embedded with staff cultures in centres and in the communities they serve. Therefore stability of the provision becomes of paramount importance.

6. Centre Reach [*Smith, Goff and Hall*]

Key findings

Are children's centres reaching the intended groups?

Analysis of the neighbourhood data for the reach areas supports previous findings that local authorities were indeed targeting children's centres towards more deprived local areas. There is considerable variation in terms of area deprivation but over half (52%) of the *Lower-Level Super Output Areas* (LLSOAs) in the reach areas fell within the 30 per cent *most* deprived areas on the Income Deprivation Affecting Children Index (IDACI). The majority of users/potential users from the centre (59%) were drawn from the 30 per cent most deprived areas. The small number of centres (8.6%) physically based in the 50 per cent least disadvantaged areas drew many of their users from similar less disadvantaged neighbourhoods, with 46 per cent from the 50 per cent least disadvantaged areas, and 28 per cent from the most disadvantaged 30 per cent. Centres physically located in the most disadvantaged areas tended to draw most of their users (67%) from these disadvantaged areas, and relatively few (16%) from the 50 per cent least disadvantaged areas.

Analysis of socio-economic indicators of poverty and low income, unemployment, education, health, housing, crime and transport shows an overall picture where the children's centre reach areas are, on average, more deprived than both the national average and the local authorities in which they are located. However the overall picture conceals significant variation across the reach areas. It is important to remember that centres from this study come from phase one and two of the children's centre roll out, intended to be in poorer areas.

Change over time?

There is a great deal of movement across deprivation levels for reach neighbourhoods. In general, reach areas showed a bigger fall in child poverty levels than their corresponding local authorities and England as a whole from 2006-2011 (3.3% points fall, compared with a 1.1% point fall across England). This finding is more striking for the most deprived areas, with child poverty levels falling by five percentage points over the same period. We have no data on child poverty levels in reach areas after 2012, and the wider economic climate and benefit changes may have altered this picture.

How well were the centres serving these areas in terms of take-up or 'reach'?

Centres typically had very large numbers of registrations. The average number attending each centre in a year was 770 children aged 0-4, ranging from 250 to well over 1,000 children. Variations in registration were possible, with some Local Authorities allowing families to register at any centre (or indeed more than one), while others formally registered families only at the centre in whose area they lived. In almost all areas the proportion of registrations in a single year, judged against the reach area's 2011 census population aged 0-4 was very high (median 93%), though in a few centres it was much lower (around 60-65%). This could be affected by local authority boundaries if users registered and used centres in a neighbouring authority. The proportion of 0-4 year olds *using* the centre or its services over the year was generally lower than the proportion *registered* (as might

be expected). Over half (55%) of the 0-4 age group in the reach areas were found to be using centres, which in the main (middle 50%) ranged from 42 per cent to 66 per cent.

Family Characteristics

Comparing the main ethnic groups from the 2011 census for children aged 0-4 living in each reach area against the numbers of children aged 0-4 who attended the centres, suggests that overall, the proportions in the main ethnic groups using the centres closely matched the expected levels; that is, no major ethnic group appeared to be significantly under-represented. The most common age group were infants under one year (27% of all user families), with subsequent percentages tailing off to the 'four years and above' group (11% of users), when other early years facilities take over (e.g. reception classes).

Data on the levels of use recorded by centres (which may well undercount the true figure) consistently showed that more than half (62%) of the users made relatively light use over the year (five or less contacts); 25 per cent had between 6 and 19 contacts on average, and around 13 per cent had 20 or more contacts.

6.1 Introduction

To be eligible for inclusion within the evaluation, centres had to be classed as either a Phase 1 or Phase 2 children's centre, which was intended to serve an area that fell into the 30% most disadvantaged on the Income Deprivation Affecting Children Index (IDACI)⁵². The recent ECCE report by Smith et al. (2014) considers 'centre reach' in detail, and is summarised here, alongside findings from other Strand 3 reports by Goff et al. (2013) and Evangelou et al. (2014).

6.1.1 How were the local areas, served or 'reached' by each centre, defined?

The 'reach area' of a children's centre is defined as 'a designated geographical area within the local community which is the centre's catchment area' (Ofsted, 2013a, p.41). In a survey of 67 local authorities (LAs) containing one or more of the 128 sampled ECCE children's centres, 96 per cent of responding LAs stated that they had a defined 'reach area' for each centre⁵³. These were commonly based around LLSOA boundaries (63%) although some LAs used electoral wards or other definitions. A few local authorities (LAs) were moving to a 'locality' model where a group of centres served a larger area rather than a standalone model of a single centre and its neighbourhood (this change in centre model is discussed in detail in Chapter 2).

Detailed information on reach area boundaries was provided for 117 of the ECCE sampled centres, and a sample of home postcodes collected through NatCen's user survey data⁵⁴ demonstrated that the large majority of users/potential users at each centre came from their reach area (average

⁵² 'IDACI, part of the national Indices of Deprivation, is a measure of the proportion of children living in households on a low income. The measure is available in standard form across England at a very local level (technically at Lower Level Super Output Areas - LLSOAs - with populations of 1500 on average)', Smith et al., (2014, p.1).

⁵³ This finding reflected the similar finding in Goff et al., 2014 which reported that all but one of the interviewed managers noted that their children's centre had a reach area that was defined by the Local Authority.

⁵⁴ Maisey et al., (2013).

82%). This is important because Ofsted now uses local 'access' by families as one of the three key judgements on a centre's overall effectiveness. Analysis of the 'crow flies' distance between the home addresses of families who access or potentially access their named centre, and the centre itself, showed that 78 per cent of these families lived within 1.5km of the centre; 61 per cent within 1km and 30 per cent within 500m thus indicating that most centres serve a relatively local area.

6.1.2 What were the principal characteristics of these areas and how were they changing over time?

Principal characteristics

On average, each of the 117 defined reach areas covered 11 LLSOAs, and had 1,350 children aged 0-4 living within the area; although these reach areas varied widely in size. Analysis of the neighbourhood data for the reach areas support previous findings that local authorities were indeed targeting children's centres towards more deprived local areas. There is considerable variation in terms of area deprivation: over half (52%) of the LLSOAs in the centres' reach areas fell within the 30 per cent most deprived areas on the IDACI measure and these contained 60 per cent of the eligible children aged 0-4; less than one tenth of the eligible children aged 0-4 lived within the least deprived 30 per cent (findings supported by preliminary analyses in Goff et al., 2013, where the majority of centres [76%] were physically located in the 30 per cent most deprived areas on the IDACI, and drew the majority of their users/potential users [59%] from such areas). The centre reach areas tended to be more deprived than the parent LAs in which they were based, and the more deprived reach areas in the sample tended to be located in more deprived authorities.

Open-ended discussions with centre managers in 2012 (Goff et al., 2013) and outreach and family support staff in 2013 (Evangelou et al., 2014) suggested that poverty and unemployment were among the biggest neighbourhood problems affecting the families in their reach area. The neighbourhoods served by the centre were said to contain the highest concentrations of deprivation; for example high unemployment, high rates of illness and long-term illness, high mortality rates, poor housing, high rates of children growing up in families on benefit and lone parent families amongst others (Goff et al, *ibid*). In terms of families attending children's centres in 2013, staff spoke about working with vulnerable or needy families (reported in Evangelou et al., *ibid*), such as lone parent families, young parents, fathers, minority ethnic families or those from other cultures, and extended families/grandparents. Families attending the centres were said to portray specific needs including presenting with domestic abuse, additional needs and deprivation, as well as individual family needs. Particular parent needs were also cited frequently including poverty and lack of finance, housing issues, and unemployment and worklessness.

When comparing 0-4 year old children from the centre reach area, against their counterparts for the national average and the 'parent' LA in which they are located, Smith et al. (2014) found that centre reach areas were more likely to present higher deprivation (although again this varies), potentially providing further support that LAs are targeting centres towards local areas with the highest deprivation. Examples given in Smith et al. (2014) include socio-economic indicators of poverty and low income (children in reach areas are more likely to live in poverty; in families where no adult works; or in families receiving work and tax credits), unemployment (more likely to live in households where no adult is in work; or where family members are employed in semi-skilled or unskilled occupations rather than professional occupations), education and emotional development (more likely to score below their counterparts on emotional development and pupil attainment both

in the early years, and in later Key Stage results), health (more likely to be in poor health, receiving Disability Living Allowance; or have a limiting long-term illness), housing (more likely to live in overcrowded housing; housing lacking central heating; or have no sole access to bathrooms or toilets), crime (more likely to live in areas with higher overall crime rates, as well as specific crime) and transport (more likely to live in households with no access to a car or van).

While Smith et al's findings supported findings in both Goff et al., (*ibid*) and Evangelou et al., (*ibid*), it is important to recall that some managers and staff in 2012 and 2013 also reported serving and reaching a few families from more 'mixed' backgrounds. Smith et al reported that a centre's reach area may characterise some of the socio-economic indicators of poverty and low income, but the overall picture conceals significant variation in terms of level of deprivation across reach areas. In support of this, staff from centres in 2012 talked also of the existence of 'better-off pockets' in some reach areas, which is important given that just over half of the staffing sample in 2013 spoke about targeting 'all' families within their reach (which may include the 'better off pockets', or varied backgrounds, ages and needs: "*there are needs in ALL areas and 'type' of people. We have target area/groups but could be anyone*"; Evangelou et al., *ibid*).

Change over time

There was a good deal of movement over time between LLSOAs and whether or not they fell into the most deprived 30 per cent indices on the IDACI scale (between 2004 and 2010) highlighting the fact that LLSOAs can both improve or slip back into higher levels of child poverty over time. Indeed more than half the LLSOAs in the reach areas moved to a different decile (10% band) on the IDACI scale between 2004 and 2010 in either a more deprived or less deprived direction⁵⁵.

In general, reach areas showed a bigger fall in child poverty levels than their corresponding local authorities and England as a whole over the 2006-2011 period (from 30.6% in 2006 to 27.3% in 2011; 3.3% points fall, compared with a 1.1% point fall across England). This finding is further enhanced in the most deprived areas, with child poverty levels falling from 40.5 per cent to 35.5 per cent (five percentage points) over the same period. Thus, those areas starting with the highest levels of child poverty were also those areas that showed the largest reduction in child poverty. In general, reach areas with large reductions in child poverty were located in parent local authorities which also saw large reductions in child poverty; thus the improvement may have been partly the effect of being 'pulled up' by improvements in the local authority or region.

Data on children achieving a 'good' level of development at the Early Years Foundation Stage Profile (EYFSP; i.e. 78 points) showed a general improvement in the *majority* of the reach areas, with a steady increase between 2008/09 and 2011/12 (47.8% in 2008/09 to 61.2% in 2011/12; an increase of 13.4%). This improvement was however similar to that seen within the comparator areas (11.3% and 13.5%) and thus was not specific to the reach areas. There was also wide variation among the reach areas, with the greatest improvement seen in the areas with the worst starting position. Additionally there was some evidence of a relationship between the improvement of EYFSP scores within the reach area and of their parent local authority: reach areas seeing improved EYSFP performance were generally located in local authorities also seeing improved

⁵⁵ Smith et al (2014) provides further detail on the number of centre reach areas falling back into, or moving away from poverty.

EYFSP performance. Whilst the most improved reach area saw an increase of 39 per cent in the proportion of children achieving a good EYFSP, it must be noted that seven reach areas also saw a *fall* in the number of children reaching target EYFSP scores (one falling by 14%).

6.1.3 How well were the centres serving these areas in terms of take-up or 'reach'?

Reach, Registration and Usage

All LAs⁵⁶ stated that they used a uniform program to collect and analyse data on children's centres in their area, and the majority (94%) were able to distinguish between families of different centres living in the 'reach area' of any centre in their authority⁵⁷. While families were most likely to be registered to the local children's centre within their reach area, variations in registration were present, with some LAs allowing potential attendees to register at any centre (thus multiple registration across the LA was possible); other LAs formally registered families at the centre in whose area they lived although allowing use at any centre.

Centres typically had very large registration and family numbers. The average number attending each centre in a year⁵⁸ was 770 children aged 0-4, ranging from 250 to well over 1,000 children. In almost all areas the proportion of registrations in a single year, judged against the reach area 2011 census population (children aged 0-4) was very high⁵⁹ (median 93%), though in a few centres it was much lower (around 60-65%). This could be affected by local authority boundaries if families were in fact using centres in a neighbouring authority. Registrations above 100 per cent were also possible for areas of high population turnover or those with a registration drive in that year, although this could be the result of double counting across multiple centres, or data error (further information on this can be found in Smith et al., 2014). It was not surprising that those centres with more automatic registration processes (for example doorstep form-filling versus active registration at the centre) tended to have higher registration rates.

The proportion of 0-4 year olds *using* the centre or its services over the year was generally lower than the proportion *registered*⁶⁰ (as might be expected). Over half (55%) of the 0-4 age group in the reach areas were found to be using centres, with the core of centres⁶¹ ranging from 42 per cent to 66 per cent.

⁵⁶ Total n=67 LAs covering 123 children's centres.

⁵⁷ This echoes findings reported by centre managers in Goff et al. (2013): all managers from 121 children's centres claimed to keep data on who was using their centre from within their local reach area.

⁵⁸ Data drawn from the 84 centres providing information on registrations and usage over the last complete year (April 2012-March 2013, or a near equivalent 12 months) for both the sampled centre and its reach area.

⁵⁹ Data drawn from 65 centres providing data on registrations for children aged 0-4 for the latest year *only*. This total does not include those LA respondents who were unable to distinguish registrations by year or by reach area, nor a few (n=5) providing data that seemed impossibly high for a single year and may have been for all registrations.

⁶⁰ Data drawn from 77 centres providing data on the number of children aged 0-4 living in the reach area of the sampled centre and in the last complete year using either that centre or another centre in the same authority. This total n does not include four cases where the proportion of users was calculated to be over 110% of the population aged 0-4.

⁶¹ This covers the inter-quartile range of centres: 25-75th percentile.

Family characteristics

Although LAs were asked to provide data on the number of families (with children aged 0-4) who used children's centres according to particular family characteristics⁶², this proved challenging as many did not collect or analyse this data, or considered it to be unreliable. The exception was data on ethnicity which was available from 80 centres, although this was affected by the large number of families for which this data was 'not given' (15%). Comparing the main ethnic groups from the 2011 census for children aged 0-4 living in each reach area against the numbers of children aged 0-4 who attended the centres, suggests that overall the proportions in the main ethnic groups using the centres closely matched the expected levels; that is, no major ethnic group appeared to be significantly under-represented.

LAs were asked to give the age distribution of all children attending children's centres, who lived in the reach area of the centre during the most recent completed year. Across the 84 centres for which this information was provided, the most common age group were infants (under one year, 27% of all families), with subsequent percentages tailing off to the 'four years and above' group (11%), when other early years facilities take over (e.g. reception classes).

Levels of children's centre usage between 2012-2013

Data on the levels of use was provided for 60 centres. This is use recorded by centres and may well undercount the true figure. Results consistently showed that more than half (62%) of the users made relatively light use over the year (five or less contacts), 25 per cent had between 6 and 19 contacts on average, and around 13 per cent had 20 or more contacts. The heavy users (20+ contacts) were typically concentrated among the top 8 per cent-17 per cent of users, with a few centres recording around one third of their users making 20+ uses over the year. These patterns varied by centres and may reflect the type of service offered. For example centres offering childcare will have more heavy users.

6.2 Measuring centre reach

The analysis in Smith et al. (2014) goes beyond the centres and their registered families: it also considers the local neighbourhoods and the 'reach areas' that centres served, drawing on data from three main sources:

10. **Stage 1:** A survey of 67 Local Authorities, covering 123 (96%) of the 128 sampled centres. The survey collected information on local authority policy on 'reach areas', and how these were defined; how information from centres was analysed; and information on whether they could distinguish between families attending different children's centres who lived in the reach area of the centre in the national sample. Use was also made of locational data from the 14,000 users at the 128 centres collected from the user survey (Maisey et al., 2013).
11. **Stage 2:** Analysis of a wide range of relevant national neighbourhood data (based on demographic and socio-economic data) that covered local areas - available through 'open

⁶² E.g. Ethnic group; number of single/lone parent households; numbers on low income means-tested benefits or on a disability related benefit; numbers of children in receipt of a disability benefit or with special needs.

data' sources published by government. 117 centre 'reach areas' were defined in Stage 1 (covering 91% of the 128 centres in the study). Data was constructed for three additional areas, used as comparisons: a) 'All reach areas', b) 'IDACI Local 30%' and c) England.

12. **Stage 3:** A follow-up survey of the local authorities that processed children's centre data centrally, to supply data for the last complete financial year (April 2012-March 2013) or a near equivalent, on the number of registrations and users for both the sampled centre and also the sampled centre's reach area; the age distribution of users aged 0-4; patterns of usage over the year; ethnic group of user; family status (in terms of couple, lone families etc); benefit status; and disabilities and special needs. The research also drew on recently released 2011 census data to give local population figures for the 0-4 population for each centre reach area, which has been released at LLSOA level⁶³.

The reach measure used within this report was the percentage of registered-families that had postcodes within a centre's defined reach area. Centres with higher percentages of families were taken to be those with a greater ability to 'reach' families. Percentages were obtained from 117 children's centres⁶⁴ with a mean 'reach score' of 82 per cent (standard deviation: 22.7), a minimum of 21, and a maximum of 100 (details of which are presented in Technical Appendix 2.6: Sylva et al., in press).

6.3 Summary and Conclusions

This part of the overall evaluation set out to establish how the sampled centres defined the area they served and how successfully they reached the children and families in these areas. This information was obtained from the local authorities in which the sampled centres were based, rather than from the centre itself or its users. There was a very high response rate from local authorities. They also provided quantitative data on users and patterns of use based on the records completed by children's centres in each authority which were analysed centrally.

Results showed that almost all centres had a precisely defined local 'reach area' and, with a few exceptions drew most of their users from that area. The reach areas were predominantly in areas falling into the 30 per cent most disadvantaged areas on the national measure of children in low income households (IDACI). The majority of their users came from these disadvantaged areas, though a few centres covered more mixed areas with a similar mix of population. Neighbourhood data showed that though most areas were highly disadvantaged overall, there were significant variations in their underlying characteristics. Centres typically achieved a very high level of registration among families with children aged 0-4 in their reach area, though in some cases 'registration' was little more than completing the form while in others it ran alongside actual use. The proportions of families actually using the centre, in a calendar year, was rather lower but still a substantial proportion of the age group in the local area (around 55% on average). There was no evidence that ethnic minority families were under-represented judged against their numbers in the local population in the relevant age group. Patterns of use suggested that the majority of users were

⁶³ Middle Level Super Output Area (MLSOA) data were drawn on and modelled down to centre reach area to give a population estimate for the main ethnic groups.

⁶⁴ Constituting 91% of the n=128 children's centres that Strand 3 fieldworkers aimed to visit at least once.

actually quite light users (five uses or less), with heavy users (20+ uses per year) making up on average about 13 per cent. These figures were based on data provided by the centres so may possibly under-record actual use. Centres with childcare typically had more heavy users.

7 Conclusions and Policy Implications [Sylva, Eisenstadt, Smith, Evangelou, Goff and Hall]

7.1 An evolving service

Children's centres were a moving target for the research team. Some changed their names, or disappeared from email at one moment only to emerge again as part of a new cluster, complete with a new email address and a new lead agency. Despite organisational turbulence, staff who were interviewed or completed questionnaires were committed to their work and willing to change 'for the good of the families'.

In the period 2011–2013 a shift from single-site centres (sometimes with nearby satellites) to multi-centre clusters was evident, with 'one stop shops within pram-pushing distance' replaced by clusters of two or more centres under the management of one lead. A popular variant of the cluster model was the hub-and-spoke organisation, with a central hub with offices and shared resources, and spokes radiating off to satellite buildings or fully-fledged children's centres that were now directly led by a 'coordinator' instead of a more senior and better paid 'manager'. The move towards clustering coincided with an increase in the qualifications of managers, virtually doubling the percentage of those with master's degrees, although these were more likely to manage several centres instead of one.

Staff were divided in their views on change; they struggled with new line management, 'cross-authority timetabling', new IT systems and even new partners. However many staff saw the good sense in sharing very expensive services like evidence-based programmes across several centres, even if this required families to travel some distance to their parent group. The rich qualitative findings within this study attest to staff reflecting on pros and cons in a balanced way.

Contextualising these findings are the comments made in the Ofsted report on Early Years Inspections (Ofsted, 2014a). Ofsted reports that in recent months children's centres have been characterised by *'turbulence and volatility'* (p.8). Moreover, *'the purpose of children's centres now varies considerably in different parts of the country and, as a result, is becoming less clear overall'* (p.27).

7.2 Leadership is key

Centre leadership and management (measured on a scale with items related to both) was significantly related to Ofsted judgements of overall effectiveness. This scale also allowed assessment of distinct aspects of centre functioning. It is however, concerning that the management and organisation of centres received the lowest rating amongst the subscales. Leadership and management were better in single, standalone centres – a finding also supported by the 2014 Ofsted report on higher overall effectiveness in standalone centres (Ofsted, 2014a). Higher leadership scores on the CCLMRS scale were also associated with better multi-agency working, a greater number of services provided and a greater likelihood of shared vision and partnership working.

Features that require stability for the smooth running of organisations were affected by the shifts towards clustering or new lead agency bodies; often resulting in changes to finance systems, human resources procedures, staff appraisals, and leave agreements. However, changes take time to bed down, and it is possible that management of more complex structures will improve.

While managers reported some possible advantages of shared management across a number of centres, it seems that the risks inherent to the clustering had not been identified nor managed. Perceived advantages of the move to clustering included: better qualified managers, more strategic use of shared resources and specialist services, and better sharing of information and best practice among children's centres. However, managers of single sites were more effective at organisation and management, staff training and development, monitoring and observation and had a stronger focus on children's and parents'/carers' learning and development. The likely conclusion is that detailed experience and close attention to the day to day activities in children's centres are critical for centre effectiveness. Overall, single centre sites would have experienced more stability in leadership, with managers spending more time at the centre and in the community.

7.3 Multi-agency working

The findings from this report are consistent with other reports on multi-agency working; Barriers to collaboration were due to 1) problems with information sharing, and 2) cultural differences between organisations and professions. These barriers to collaboration made it difficult for centres to appropriately target or undertake assertive outreach. Conversely, when fewer barriers to collaboration were identified (as measured via scales of 'shared vision and ethos' and 'multi-agency governance of centres') so multi-agency working was found to be most prominent, for example in centres having collaborative working arrangements.

Some findings which were related to the changes in working practices that occurred between 2012 and 2013 have subsequent implications for practice within centres and for multi-agency working. For example, increased pressures on the budgets of other agencies (particularly children's social care and some specialist health services) were making it more difficult for families to access the services and staff that these agencies provided. In turn, this lessened the time for informal contact to build professional relationships. With pressures on services to reach those in greatest need, children's centres were being asked to work with families who would have formerly received a specialist service from more highly trained professionals. Concern about this was expressed by both children's centre staff and managers; they worried about being asked to work with families with complex problems without the requisite training or experience.

7.4 Services and their Delivery

Much of this report is about what services are provided in children's centres - by who and for whom. The 'for whom' has been a constant tension within this policy area, and has been raised by several of the respondents in this study. Children's centres have been moving from a service originally for poor children living in poor areas, then for poor children living in all areas, and finally for any family with complex needs living in any area, but with a presumption that there will be more families with complex needs who are poor, and who live in areas of concentrated disadvantage.

This report indicates a steady move towards targeting based on particular family risk factors and a move away from open-access services. The risk of this change is two-fold: one of the benefits of children's centres, as commented by Elizabeth Truss in her evidence to the Education Select Committee in 2014, is their huge popularity with parents. The reach evidence reported in Chapter 6 indicates a diversity of users, another indication of popularity without stigma and some success in reaching the poorest 30 per cent of the population (those known to be at higher risk of poor child outcomes). The danger of losing some open-access services is that the centres become increasingly more stigmatised. Moreover, there is less opportunity to identify those families on the brink of difficulty who, with a little support at the right time, can be helped. Indeed, given the core purpose of narrowing the gap in outcomes between disadvantaged children and their better off peers, families on the cusp of need or just below the radar are a crucial group with which to work. Effective interventions and activities with this group are most likely to shift the curve in outcomes overall.

'What service provision?' has also been a key theme in this report. We have found what appear to be contradictory stories: experiences of reduced budgets, pressure on staff, and concerns that needs of families are not being met. Yet, the quantitative evidence indicates little change in the total number of services provided, and a move towards the provision of more evidenced-based interventions and away from the less formal services that have less relevance to the core purpose. So how are these two stories reconciled?

On closer examination it appears that while the same numbers of services are being provided in children's centres, the types of services and the pattern of provision are changing. Consistent with the revised 2013 core purpose and Government guidance, some of the more informal services like child-minder support were dropped, while more formal and targeted evidence-based programmes are increasing. Moreover, many of the services may be taking place across a cluster rather than a single site. If this means that the service is available for fewer days in a number of centres, it may be a more efficient use of scarce resources. Unfortunately it sometimes means that the service is only available through a limited number of sessions at one of the cluster sites, hence some families may need to travel to use the service, or may miss out altogether. Similarly, Waldegrave (2013) also warns against centres 'spread(ing) their resources too thinly' with the risks being that 'not all children needing support will live within easy reach of the 'hub' centres' (p.24): a potential risk that needs to be managed.

Clustering of services across centres was associated with fewer programmes and strategies being run by individual centres for families, and centre staff holding, on average, lower academic qualifications within individual centres. This process involves the 'thinning' out of resources (like more qualified staff members) and activities at any one site. While the number of different services across centres remained relatively stable, the intensity and frequency of the services provided was reduced. The centres used in this study are all aimed at reaching higher need communities, as they are selected from the first two phases of children's centre policy development. Achieving the core purpose as articulated by Government is indeed, a huge challenge in a time of change and volatility.

7.5 Reach

From data supplied by the local authorities in which the sampled centres were based, it was clear that almost all centres had a precisely defined local 'reach area' and, with a few exceptions drew

most of their users from these areas. The reach areas were predominantly located in areas falling into the 30 per cent most disadvantaged areas on the national measure of children in low income households (IDACI). Neighbourhood data showed that though most areas were highly disadvantaged overall, there were very significant variations in their underlying characteristics. This meant that each centre needed to tailor its work to the local needs/demands, making it very difficult for there to be a one-size-fits-all national policy.

Centres typically achieved a very high level of registration among families with children aged 0-4 in their reach area, though in some cases 'registration' was little more than completing the form, while in others it required actual 'use'. The proportion of families using the centre in a calendar year was rather lower but still a substantial proportion of the age group in the local area (an estimated 55% on average) made use of the centre. There was no evidence that ethnic minority families were under-represented judged against their numbers in the local population with children under four. Patterns of use suggested that most users were light users (5 'user events' or less in a year), with heavy users (20+ uses per year) making up on average about 13 per cent. Thus, slightly more than one in ten users were receiving intense support from the centre in their reach area, although in some cases this would have been for childcare.

7.6 Parenting Services

The findings on parenting services reflect much of the ongoing policy debate on how best to support parents, enabling them to provide the best start for their children. Parenting support includes services that are particularly aimed at reducing the stress in parents' lives with the intention of enabling them to pay closer attention to the needs of their children; services to reduce conflict within families like relationship support; services to enable community participation; and finally services to foster particular parenting behaviours known to have a direct bearing on better outcomes for children.

The overwhelming majority of centres in both waves of Strand 3 data collection (in 2012 and 2013) concentrated primarily upon supporting families, especially those who were most in need of help and support, using a very wide variety of approaches. Qualitative and quantitative findings agreed on the dominant aim of provision: to support the kinds of parenting skills that enhance children's life chances. This aim requires a focus on supporting 'family needs', but they were often aligned with supporting the 'personal needs' of family members in terms of mental health, literacy and/or employment. A prominent finding in support of 'family needs' was the encouragement that children's centres offered to parents, to enable them to model the life skills that they wished their children to acquire.

Parenting services became increasingly focused on more formal approaches directly linked to child outcomes, with a reduction in some services related to wider family needs including Next Steps employment services and *Stay and Play* for older children. Evidence-based programmes and practice targeted at high need groups became a key theme for children's centres, although inconsistently applied in practice.

7.7 Evidence-based practice

Evidence-based programmes were used by 70 centres, a welcome finding. There was confusion centred on the word 'evidence'. Who decides what is sound evidence? Is the best evidence research published in academic journals? Or electronic 'Toolkits' that list 'named' programmes and link them to evaluations measuring the strength of their effectiveness? Or conversations with families who have participated? Managers and mid-level staff were vague about the standards of evidence they relied on when choosing 'named' programmes.

Although staff replied on questionnaires that their well-evidenced programmes were implemented '*In Full*', researchers using an objective rating scale did not rate their fidelity so highly. The majority were only '*Satisfactory*' in terms of fidelity and thus our objective ratings contradicted the staff reports about implementing a programme '*In Full*'.

The programmes with the strongest evidence-base on effectiveness (at the time of writing) were also those that were offered in the majority of centres, although often this included only one of those that featured in Allen's list (2011) of 'well-evidenced programmes'. This may be because they were too expensive to offer more: they need to be led by highly specialised staff and follow strict procedures of fidelity. Hence, the number of families taking programmes with a strong evidence-base ranged from 22-24 over the course of a year while other 'named' programmes not on Allen's list (such as *Family Links* or *Baby Massage*) reached many more families, often more than 100 in a year. Moreover, these other programmes were often considerably cheaper to deliver and reach a greater number of families. However, we do not know if they will be better value in the long term.

7.8 A series of trade-offs

As expressed within these conclusions, this report has highlighted a number of trade-offs in the evolving policy and practice of children's centres. All of these have been seen as potential tensions, but also opportunities. In our conclusions here we focus on three.

First, focus has shifted from targeting neighbourhood to targeting family risk factors and/or the individual needs of children. This is a change in focus over time from *poor neighbourhoods* to *poor families* (who may or may not live in poor neighbourhoods), towards *families with high risk factors* and/ or *children with high levels of need or disability*. We should remember, however, the distinction in the report on Sure Start (Belsky, Barnes and Melhuish, 2007, pp.8-9) between '*high prevalence/ low severity*' problems, and '*low prevalence/ high severity*' problems. The shift in policy and practice is markedly in line with this distinction, from '*high prevalence/ low severity*' to '*low prevalence/ high severity*' problems, matching the shift in policy documents such as the revised core purpose for children's centres under the current Coalition Government (DfE, 2013a). Centres also now add intensive work with families with more complex needs to their workload. Clearly the intensive work is of vital importance, but the implication is that more families with preventable low-level needs (e.g. young children in unstimulating home environments) may miss out because they are no longer considered eligible for services provided by children's centres or their partner agencies; or the services themselves have been withdrawn. Many centres in our study recognised this as a tension which is difficult to resolve – providing for the complex needs of families in severe difficulty, while maintaining the availability of open-access services for a wider range of families. Basing complex interventions in children's centres is potentially more accessible and less stigmatising. However, it

runs the opposite risk of creating a stigmatising barrier for less vulnerable families – and centres were very well aware of this tension.

Our interviews with centre managers and staff reported that families with more complex needs, particularly families on the books of social workers (with children on Child Protection lists or already in care) were referred to children's centres and in many cases required to attend for a specific purpose. In many cases, attendance at the children's centres was not in addition to social care support, but rather a substitution for it. These interviews demonstrated with vivid detail the increase in both volume of this work and also the skills required. The increase in work with families with very complex needs expected to be taken up by children's centre staff, was accompanied by a reduction in support from partner agencies. Some staff reported that this meant they were expected to take on highly intensive work for which they did not have the specialised training and felt ill-prepared. Centre staff on the whole felt under-skilled and under-valued. Managers and centre staff also thought staff from other agencies such as children's social care misunderstood their role as centre workers, and failed to understand the differences in professional identity.

Second, our findings pinpoint the tension in focus between the efficient use of staff time and skills, and efficient access by families and young children. Clustering may maximise the efficient use of staff – a major plus when resources of staff and finances are in short supply and under great pressure. However, from the family perspective, the accessibility of services, as close to home as possible is critical. A particular service may only operate at a particular site. This may be some distance from families that need the service. Families close to the centre may be offered a service such as Stay and Play several times a week – but it may only be offered at 'their' centre on just one day. It may be helpful here to remember the tension between open-access and targeted services, and the clear shift during the time of this study from the former to the latter, despite the importance that managers and staff placed on maintaining open-access as a way of engaging families and assessing needs.

Third and finally, there was a clear tension between leadership ratings and the position of managers in the changing configurations of centres and services. The shift in organisational arrangements over time may provide opportunities for the more effective use of staff resources, and perhaps more inter-agency working at policy level. The challenge may be how best to provide the leadership where it is needed in the centres, especially for those in clusters where leadership has been shown to be weaker.

7.9 Overview and Policy Implications

Children's centres are popular with parents, and have the commitment of their staff, but the national programme has been described by Ofsted and the Education Select Committee as lacking coherent aims (Ofsted, 2014a; House of Commons Education Committee, 2013) and being insufficiently engaged in the development of school readiness and language development of young children (House of Commons Education Committee, *ibid*). Answering the question of how well children's centres are doing depends on what they are meant to do: shift the curve of underperformance in poor children, or improve the wider outcomes of children at highest risk through parenting programmes? This is a policy choice between focusing on the larger number of poor families and children (for example those defined as eligible for the Early Years Premium) versus targeting the smaller number of children at highest risk, i.e. those families most in need of help and support.

The move to clusters has led to churn in staff and practices, and volatility (as pointed out by Ofsted 2014a): It may be a solution to providing appropriately for the most disadvantaged families, but not to shifting the curve. Clusters offer the possibility of greater efficiency and links with specialised services. The fact that, on average, centres have not decreased the total number of services they offer, suggests that they are performing well in terms of what they are offering. And the fact that there is greater targeting (as seen in the services that increased over time or decreased) shows that they have acted in accordance with changing government policy.

On the minus side, there is a problem in terms of leadership and management within the forms of models that are developing: leadership and management scores were higher in single, standalone centres, the model that is being replaced by clusters in many areas. And also on the minus side is the fact many experienced staff worry that open-access services are reducing in favour of specialised work with families, for which there is often insufficient expertise in standalone centres. If this is true, and qualitative evidence suggests it is, children's centres may become stigmatised as centres for troubled families, lose their wide base in the community, and possibly not provide an effective service for the most disadvantaged.

The Government has been consistent in its view that it wants children's centres to reach the most disadvantaged families. These families often have very complex problems and a variety of needs, and it is likely that services that fail to address these will be unsuccessful in the more focused aims of school readiness and language development. However, a much wider group of families living in poor areas may indeed benefit from services that concentrate on child rather than parent outcomes. If centres are to increase their work with families with more complex needs while receiving reduced support by partner agencies, they should have the specialist staff to do so. Moreover, centres are losing the time and resources to work with families specifically on child outcomes of school readiness.

The evidence from this report suggests that steps should be taken to ensure some open-access activities are maintained in Phase 1 and 2 children's centres, i.e., the centres similar to those in this study, based in poor areas. It also suggests that if these centres are expected to work with families with the greatest needs, then they must be appropriately staffed, or have access to staff with appropriate expertise. This would require basing more specialist staff in centres, or improving inter-agency collaborative work to ensure that referrals are appropriate for the organisation meant to deal with the need. Finally, if centres are expected to deliver programmes with the strongest evidence-base, they need the resources to ensure that such programmes are delivered with fidelity to the families who need them the most, and that those families are given intensive support to attend such programmes.

Over the last three years children's centres have seen considerable change in funding, organisation and indeed core purpose. Children's centre staff remained fully committed to meeting the needs of the most complex families through developing innovative, cost effective ways to maintain a range of services. In a time of tightened funding, they are planning new ways of delivering the aims of children's centres through multi-agency working, such as close collaboration with health visitors when they move from Health to Local Authorities. They have devised new schemes for recruiting and training volunteer staff who, for example, support Stay and Play or the exchange of safety equipment. The success of staff in maintaining the total number of services during austere times attests to their determination to provide a quality service for local families. Many staff demonstrated

a willingness to take on heavier, more complex workloads, often beyond their timetabled hours. Delivering the impressive aims of the children's centre programme will require this high level of staff commitment and intelligent management and deployment of resources: it is tempting to add to this list an 'improving economy'.

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Appendix A – Chapter 1 (Introduction)

A1 Key events and dates related to children's centres (May 1997-July 2014)

Adapted from: Eisenstadt. N. (2011). *Providing a Sure Start: How Government Discovered Early Childhood*. Bristol: The Policy Press.

- 1997** **May:** Labour comes to power after 18 years of Conservative government.
- Establishment of Comprehensive Spending Review (CSR) process.
- 1998** Comprehensive Spending Review of Services for Children under Eight published, Sure Start funding announced in Parliament: total allocation of £450 million over three years, budget £184 million in final year if spending period, 2001/02.
- 1999** **January:** first Sure Start trailblazer areas announced.
- March:** Prime Minister Tony Blair announces the pledge to end child poverty in a generation and halve child poverty in 10 years.
- October:** reshuffle - Tessa Jowell goes to the Department for Education and Employment (DfEE) and Yvette Cooper takes over as Minister for Public Health at the Department of Health (DoH) and so takes on responsibility for Sure Start.
- 2000** First CSR after establishment of Sure Start in 1998, programme doubled from 250 local programmes to 500, budget settlement for final year of spending review (2003/04) was £499 million.
- 2001** **January:** Children and Young People's Unit established at the DfEE to coordinate all policy on children and young people across Whitehall and to administer the Children's Fund.
- 2001** **June:** general election, creation of the Department for Work and Pensions (DWP) and the Department for Education and Skills (DfES), David Blunkett leaves the DfEE to become Home Secretary; Estelle Morris becomes Secretary of State at the newly created DfES.
- November:** publication of *Tackling Child Poverty* (HM Treasury, 2001) as part of the Pre-Budget Report.
- 2002** **May:** Hazel Blears replaces Yvette Cooper as Minister for Public Health and takes over responsibility for Sure Start, reporting to Estelle Morris at the DfES for Sure Start matters. Andrew Smith replaces Alistair Darling as Secretary of State at the DWP.
- July:** CSR announcements include the merger of the Sure Start Unit with early years and childcare responsibilities at the DfES, and joint responsibility of Sure Start moves from the DoH to the DWP and DfES.

CSR settlement announced for combined childcare and Sure Start Children's Centres, budget for final year of CSR period (2005/06) was £1.5 billion.

Baroness Catherine Ashton takes over responsibility for Sure Start from Hazel Blears and reports on Sure Start to Andrew Smith at the DWP and Estelle Morris at the DfES.

October: Charles Clarke becomes Secretary of State at the DfES after registration of Estelle Morris.

2003 Machinery of government changes bring children's social care and aspects of family law into the DfES, Margaret Hodge becomes the first Children's Minister in overall charge of all children's policy including Sure Start, early years and childcare, with Baroness Ashton reporting to Margaret Hodge on these issues.

Publication of the green paper *Every Child Matters* (ECM) (HM Treasury, 2003), creating the framework for a radical restructuring of children's services in England.

2004 Children Act passed, encompassing most of the recommendations in the ECM green paper.

CSR settlement announced for combined childcare and Sure Start Children's Centres, £2.27 billion for final year of spending period (2007/08).

September: Baroness Ashton moves to ministerial post at Department of Constitutional Affairs; Margaret Hodge takes over Ashton's early years' responsibilities.

December: publication of *Choice for Parents, the Best Start for Children: A Ten Year Strategy for Childcare* (HM Treasury, 2004).

Charles Clarke becomes Home Secretary and is replaced at the DfES by Ruth Kelly.

2005 After the election, Margaret Hodge moves to the Department of Culture, Media and Sport, being replaced as Children's Minister by Beverly Hughes; David Blunkett takes over from Andrew Smith as Secretary of State at the DWP.

2006 Ruth Kelly resigns, replaced as Secretary of State at the DfES by Alan Johnson.

Childcare Act passed, encompassing many of the commitments in the 2004 Ten Year Strategy on children.

2009 Apprenticeships, Skills, Children and Learning Act passed, making the provision of children's centres a statutory requirement for local authorities.

Celebration marking 3,000 children's centres opened.

2010 **March:** just over 3,500 children's centres operating, as promised in the 2004 Childcare Strategy.

May: general election, Conservative-Liberal Democrat Coalition Government formed with renewed interest in early intervention, families with complex problems and commitment to Sure Start Children's Centres.

June: Frank Field MP appointed to lead an independent review looking at poverty and life chances, including consideration of the effects of the home environment on school readiness. Graham Allen MP commissioned to produce a report promoting early intervention (based on work done previously with Iain Duncan Smith).

December: Publication of the *Frank Field Review* (Field, 2010), which strongly recommends investment in the early years. Field looked at the nature and extent of poverty in the UK, the effect of the home environment on school readiness, and makes recommendations to the Government for action to reduce poverty and improve life chances.

2011

January: *Graham Allen Review* (Allen, 2011) – supports Field's view that it is important to invest in the early years and make sure children are 'school ready'. Allen's review considered early intervention as a means of breaking the cycle of deprivation and future family dysfunction. His emphasis is less on school readiness and more on evidence-based parenting programmes that would lead to better child outcomes.

March: Dame Clare Tickell publishes her *review of the Early Years Foundation Stage (EYFS)* (Tickell, 2011). This review was an evidence-based evaluation of the impact of the EYFS on both children's outcomes and on professionals working within the sector, with the aim of establishing areas of the EYFS that were working well and those that were in need of improvement. As a result of the review, the EYFS is simplified, concentrating on three key areas of learning: personal social and emotional development, communication and language, and physical development.

May: *'The Munro Review of Child Protection: Final Report'* (Munro, 2011) considers the Child Protection system in England and makes recommendations to reform the system to reinforce a focus on children (whether they are receiving the help they need and its effectiveness).

July: *'Supporting Families in the Foundation Years'* (Department for Education, 2011) – a joint document between the Department of Health and the Department for Education in support of focusing on child development in the early years. In particular, it suggests removing the core offer from children's centres, and replacing it with a more general statement of core purpose.

2012

June: Cathy Nutbrown Review – *'Foundations for Quality: The independent review of early education and childcare qualifications final report'* is published (Nutbrown, 2011). Nutbrown looks at the qualifications system and whether it equips practitioners with the necessary skills, experience and knowledge for their role; she also considers the level of support it offers them in relation to their professional development.

2013

January: *'More Great Childcare'* (Department for Education, 2013b) – the response to Cathy Nutbrown's report, announcing two new early years qualifications: the Early Years Teacher and the Early Years Educator, as well as for the first time, setting entry requirements for training, but rejecting most of the Nutbrown Review recommendations.

July: *'More Affordable Childcare: Budget Statement March 2013'* (Department for Education, 2013c) – a report which addresses the challenges of affordability and availability of childcare to parents in employment by introducing tax breaks on childcare expenditure.

September: 'Early Years Teach First' training begins. First cohort to go only into reception classes. No planning yet for participation in the voluntary or private sector.

December: The Coalition Government announce their plan to expand the 'two year old offer' from the bottom quintile of two year olds to 40 per cent of two year olds. The aim is to provide an annual early investment of £380m by 2014/15 to cover 130,000 places of fifteen hours per week free childcare for two year olds in families on low incomes.

The Education Select Committee publishes its report on Sure Start Children's Centres (Education Select Committee, 2013). Among a range of recommendations they call for greater accountability and measurement on the outcomes from children's centres, better data sharing, and a more detailed core purpose with greater clarity on what they are meant to achieve for whom. They also recommend that every centre has a qualified teacher.

2014

March: The Government announces introduction of an 'Early Years Premium' (i.e. £50m in 2015-16 for disadvantaged children aged three- and four-years-old), similar to the existing premium for poor primary school children, but at a much reduced rate per child.

July: Nicky Morgan replaces Michael Gove as Secretary of State for Education. Elizabeth Truss is promoted to the Cabinet, and replaced at the DfE by Sam Gyimah.

A2 Evaluation of Children's Centres in England (ECCE)

The evaluation has 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 centres⁶⁵ 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). A follow up survey of children's centre leaders was carried out using the centres sampled for Strands 2-4 (of which 98 took part). For further information on the second survey, see the forthcoming report, Poole, Fry and Tanner (in press).

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 128⁶⁶ 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). 3,600 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 was carried out in early 2014 when the child reached the age of three years in order to profile their development (via child assessments of cognitive and social development). This follow up survey of approximately 2,600 families, investigated 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 is the focus of this report. Strand 3 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 in 2013. Day visits were carried out by the 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. Further information on the second wave of fieldwork is available from the report by Evangelou et al. (2014).

⁶⁵ Representative of all Phase 1 and Phase 2 children's centres in the most disadvantaged areas across England.

⁶⁶ 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).

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 on this section of the work is available from the report by Smith et al. (2014).

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 12 case studies see Briggs et al. (2012). Follow up case studies of a further 12 children's centres were carried out in 2014.

A2.1 Sampling of Target 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, 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 has since been revised to a Core Purpose (Chapter 1), however it 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"

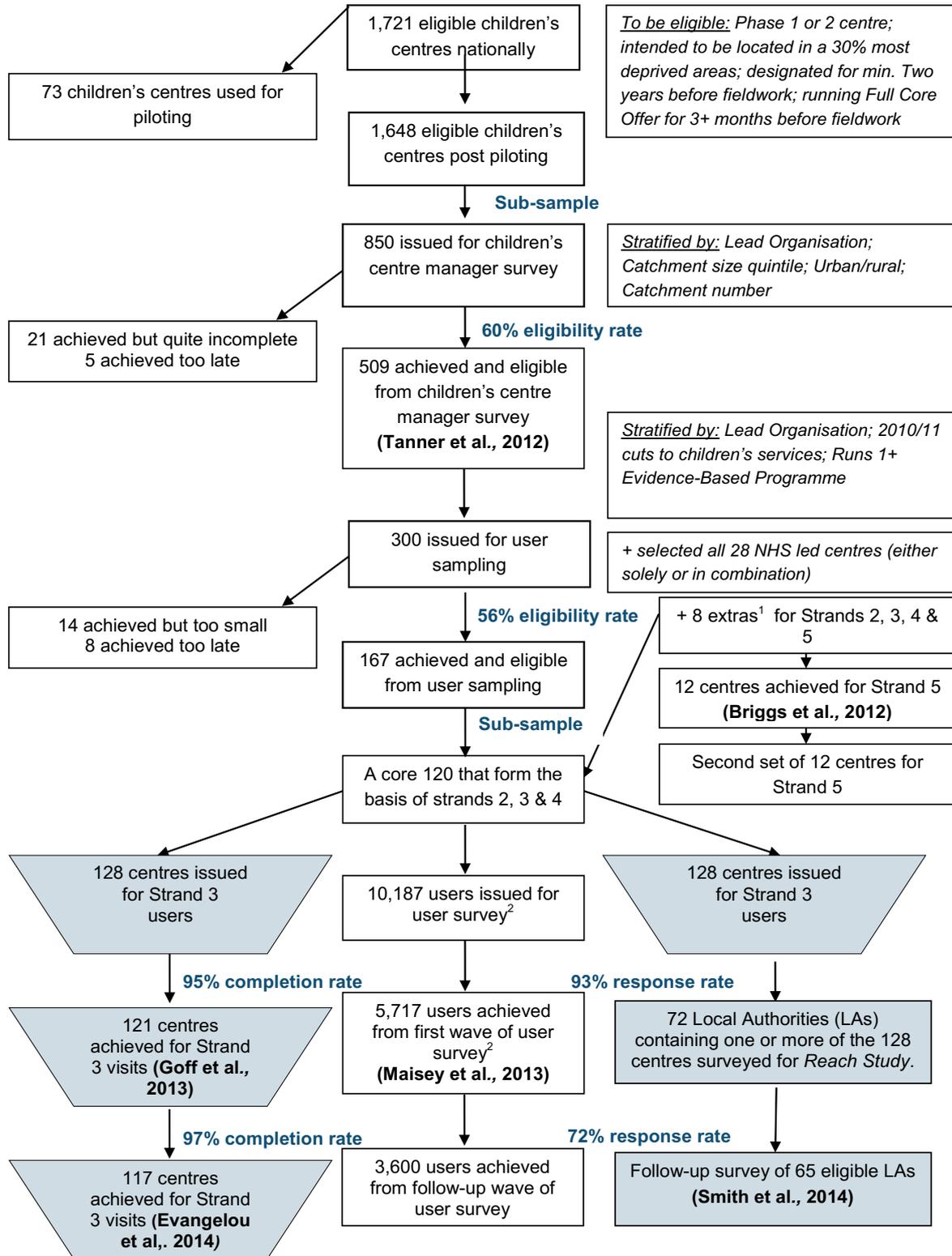
(House of Commons, Children, Schools and Families Committee, 2010).

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 Strand 3 '*visits to children's centres*' in 2012 were again invited to take part in the second wave of Strand 3 fieldwork in 2013 (of which 117 centres participated). Alongside this, 72 Local Authorities (containing one or more of the original 128 Strand 2 centres) were surveyed for the 'reach' wave of fieldwork. Figure ApA1 details this sampling strategy.

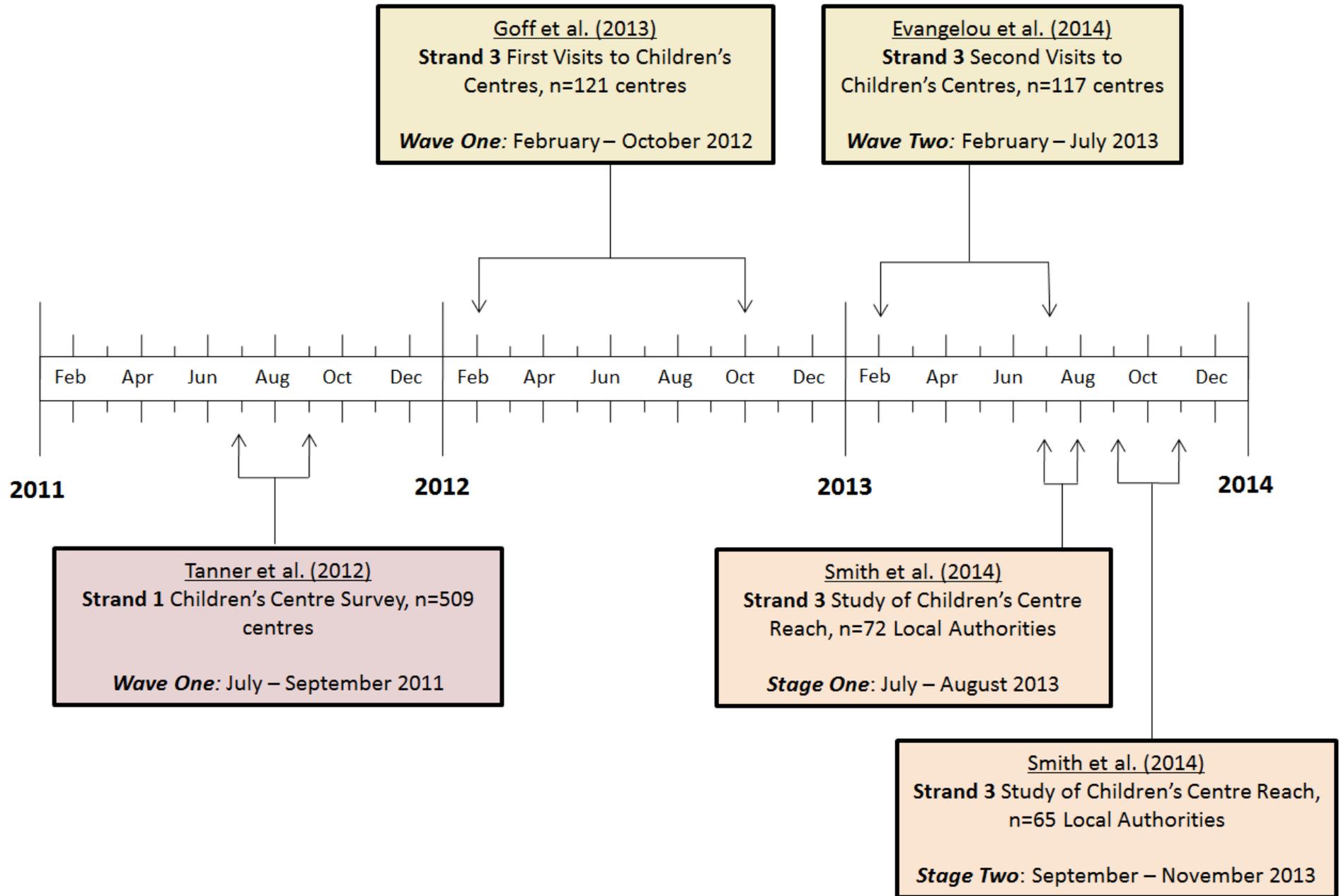
Figure ApA1 ECCE sample design



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

Figure ApA2 Fieldwork timeline for Strand 3 (including Strand 1 Wave one)



Appendix B – Chapter 2 (An evolving service)

All 117 children’s centres visited in 2013 provided data on this element of the evaluation, thereby allowing researchers to develop a revised set of core organisational models. Their responses were considered in detail to assess whether their suggested centre setups matched any of the eight organisational models (defined in Goff et al., 2013), or whether revisions or notes for clarification were necessary to adapt an existing model/develop a new model. The process was reflexive, allowing researchers to capture information both qualitatively through iterative revisions to the models and quantitatively via comparison of model change over time.

B1 One Centre (standalone) Units

a) Defining characteristics of the model

Managers reported delivering services across a wide range of additional venues (or ‘satellite sites’) ranging from nursery schools, primary schools, other children’s centres (in some cases de-registered children’s centres which have now become ‘service delivery sites’), activity centres, halls, schools, community buildings, and hospitals. Satellite sites were not always directly managed by the children’s centre (some held service level agreements with site owners). In other cases, managers reported that the centre might lease the property as appropriate, or have localised agreements in place with other bodies which give the centre access to satellite venues.

b) Prevalence in 2013

Researchers compared the number of centre managers who had indicated⁶⁷ that their centre resembled a *one centre unit* (traditional standalone model) both in 2011 (at the time of the first Evaluation survey; Tanner et al., 2012) and again in 2013 (at the time of the second field visits). In 2011 the *one centre unit* (standalone model) was the most common of all centre models (with 62 per cent of the sample most closely resembling this model). Comparatively, only 38 per cent of centres fell into this category in 2013. This shows a move away from the standalone *one centre unit* model across the two years.

⁶⁷ Centres were grouped into types of model primarily through the manager. In some cases diagrams or extra notes were given by the manager which suggested that centres would fit more appropriately into other models – in these cases, the researchers adapted the model as necessary.

B2 Clusters

a) Clusters in 2013

A *basic cluster*, highlighted by a single manager or lead, with formal responsibility for the management of two or more sites or children’s centres is presented in Figure ApB1.

Figure ApB2 details an example of *locality cluster* arrangements: one can see that it is plausible for the *basic cluster* arrangement to fit within the *locality model* structure. Within Figure ApB2 the overall manager of the cluster, locality or area might have originally been associated with another children’s centre and/or be based at one particular children’s centre. Their leadership can fall over a large group of centres (either directly or through the management of other leads/coordinators). The overall manager of the cluster, locality, or area might also co-manage particular *basic clusters* which are highlighted by the grey diamond within Figure ApB2 (perhaps with the lead/coordinator or admin for the basic cluster).

Figure ApB1 Basic cluster model

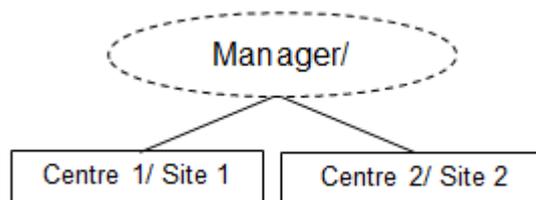
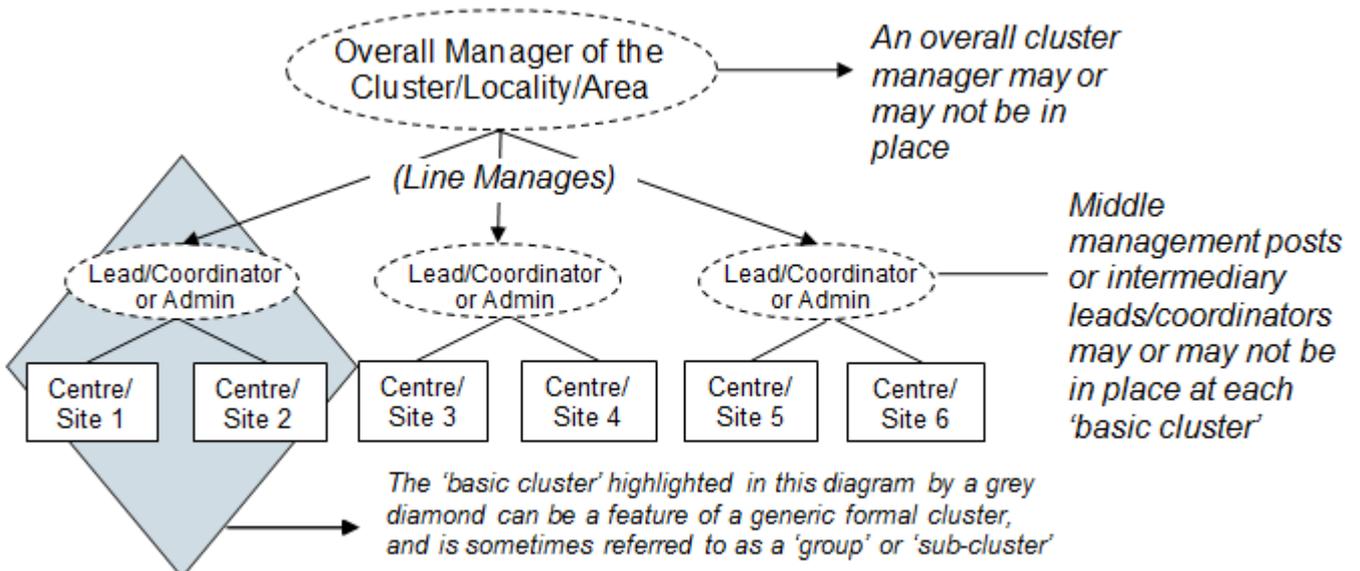


Figure ApB2 A cluster presented as a ‘locality model’ (also containing basic clusters)



b) Defining characteristics of cluster models

Basic clusters: The majority of managers referred to jointly managing other 'centres' rather than 'sites'. Few managers considered other 'sites' to be venues such as nurseries, day nurseries, or satellite sites. *Basic clusters* were unlikely to have any middle-management between the centre and the sites - in the few cases where this was shown to occur, the 'management' were of an admin or building management capacity, and had little managerial control over the running of the centre.

Clusters: Names for the middle management post varied according to the centre and included, amongst others, Lead, Centre Services Lead, Lead Coordinator, Centre Manager, Deputy, Lead Centre Officer, Services Coordinator, Practice Team Leader or Extended Management Team.

Locality clusters: The information supplied by managers appeared to be dependent on the role and expertise of the manager interviewed. For example, a centre coordinator was more likely to have knowledge of the *basic cluster* in which they worked; a higher level lead would be expected to have a better grasp of the *locality* structure. Higher level leads were often responsible for coordinating the delivery of a number of *basic clusters*, involving the distribution of staff and mapping service availability across the area.

As with the middle management posts, names for the higher level lead varied across centres and included amongst others: Area Lead, District Lead, Cluster Manager, Network Manager and Strategic Manager.

In one example, researchers were told about a locality manager responsible for a team of coordinators, working across a *locality* of eight children's centres; the eight children's centres had been split into four groups of two (i.e. each group of two now resembled a *basic cluster*). The locality manager was responsible for the whole *locality model*, yet also had responsibility for other services in the locality which fed into the children's centre remit. In a second example, a manager reported that the local authority had been split into a number of localities. This particular manager was now responsible for three *areas* within the locality. Another centre manager described a locality model as sharing 'joint policies, shared information, and joint training'.

c) Prevalence of cluster models in 2013

Thirty two per cent of centre managers reported that their centre was a *cluster model* in 2011. This proportion increased in 2013, with 47 per cent of centres falling into this category.

B3 Hub-and-spoke models

a) Hub-and-spoke models in 2013

Managers spoke about a non-hierarchical structure where one centre or basic cluster was chosen as the *hub* (sometimes referred to as the 'enhanced centre') with other centres or delivery points as the *spokes* (sometimes referred to as 'outreach centres' or 'gateways'). In a few cases there was little or no direct management from the *hub* over the *spokes* (who may in fact be independent children's centres with their own governing bodies) and input from the *hub* was strategic only. In other cases, *spokes* may have been pulled together by a lead agency or may share particular staff or line management. When a centre was highlighted as a *hub centre*, this was not in terms of line management as first assumed. Rather, in some cases this was the centre where the cluster lead was based, or where staff working across the *spokes* were based. The *hub-and-spoke* model was seen as a method to allow provision to be sufficiently and appropriately targeted across the locality – this works well in conjunction with the *locality cluster* aforementioned.

b) Defining characteristics of the hub-and-spoke models

Whilst some centres could define which of their *single centres* or *basic clusters* would be the designated *hub*, it became clear that the most important element was the attribution of a *strategic lead* across the *spokes* (whether or not this strategic guidance would be located within a *hub* centre or not). Whilst prior research in 2012 had presumed the *hub* to be another centre, managers often considered the *hub* to be a strategic presence above the centre. This *strategic presence* might be a team of individuals, or a lead agency/individual as opposed to an actual designated centre. The *spokes* described by managers included a range of children's centres, satellites, childcare settings, and nurseries.

While the *hub-and-spoke* model most commonly followed that of a *cluster* model, it could also fit with the *one centre unit* model if defined that way by staff. In one particular example, a manager claimed that their *spoke* was a named room within a school which was used for particular services. After losing provision of the room, the manager felt that they did not fit the *hub-and-spoke* model anymore.

c) Prevalence of hub-and spoke models in 2013

Only six per cent of the sample of children's centres categorised themselves as a *hub-and-spoke* model in 2011. In comparison, this percentage slightly increased to 14 per cent of the sample during the 2013 visits.

B4 Change between 2012 and 2013

A set of three organisational models were derived based on the managers' categorisations of their own centre structure and the qualitative notes provided by children's centres and fieldworkers. Table ApB1 displays their previous iteration (as detailed in 2012) compared with the models defined within this report.

Table ApB1 Development of the Organisational Models listed in 2012 fieldwork, compared to those in 2013

Organisational model as listed during 2012 fieldwork	...in 2013 now known as
Single centre configuration	One centre unit (standalone model)
Main sites with satellites	One centre unit (standalone model)
Multiple main sites configuration	Multiple main sites is renamed as 'basic cluster' Now known as a cluster (can include basic clusters and locality models)
Two examples of a cluster with a formal structure	Multiple main sites is renamed as 'basic cluster' Now known as a cluster (can include basic clusters and locality models)
Hub-and-spoke cluster	'Hub-and-spoke' model
Virtual centre configuration	Applied to less than five centres and removed as a model

Appendix C – Chapter 3 (Effective Leadership is Key)

C1 Detail regarding the measurement of leadership and management

CCLMRS

The CCLMRS is an interview and document-based assessment that measures the quality of management-level practices within a children's centre, as evidenced by documentation and interview. The scale is administered by a trained researcher who rates the centre using a set of statements (or indicators) which form an incline of quality. Administration also involved scrutiny of existing documents as evidence of their practice. The CCLMRS consists of 20 items, grouped under five domains of quality. Items are rated on a 6-point scale from '0=*Inadequate*' to '1=*Adequate*' to '3=*Good*' to '5=*Outstanding*'. The CCLMRS was validated through expert review and research into relevant literature and policy, and has since been shown to have a significant correlation with Ofsted-rated effectiveness scores ($\eta^2=0.08$, $p=0.018$, a 'weak' effect size) thus providing some validation of the measure. For further information on the scale, see Sylva et al. (2012).

Leadership Questionnaire

The questionnaire was developed as two coordinated versions: one to be completed by centre managers, and one to be completed by key staff. The centre manager version contained 17 areas that were grouped under five sections. Two types of question were responded to on a six-point scale (with a few exceptions): either extent of agreement with the statement (*Disagree strongly-Agree strongly*), or existence of a practice/activity within the centre (*Not at all – A great deal*). Where possible, the key staff version of the questionnaire contained questions that were adapted from the version designed for centre managers. Questionnaire responses were received by 108 centre managers and 267 key staff from 121 centres.

Factor analyses were carried out on the leadership questionnaires to obtain measures of distinct aspects of leadership as reported within Chapter 3.

C2 Leadership

Table ApC1 details the mean scores across the five domains of quality (i.e. *Vision and Mission, Staff Recruitment and Employment, Staff Training and Qualifications, Service Delivery, Centre Organisation and Management*). Whilst keeping in mind that the quality levels were initially relevant to centres visited during the period of development and piloting in 2010-2011, this study found that no domains of quality were rated as

'Outstanding' or 'Progressing towards Outstanding' (i.e. a score of between 4 and 5). *Staff Training and Qualifications* was the only domain of quality to score a rating of 'Good' (with a score of 3 or more). Three domains of quality were scored between the 'Adequate nearing Good' range (scoring between 2 and 3): the *Vision and Mission*, *Staff Recruitment and Employment*, and *Service Delivery* items. The *Centre Organisation and Management* item was scored only 'Adequate' (scoring between 1 and 2). Speculating, it would be less likely for centres to be able to receive high scores if managers were not involved in the day to day coordination of the centre, and therefore could not provide information or evidence for particular items.

Table ApC1 Mean subscale scores for all five of the Children's Centre Leadership and Management Rating Scale (CCLMRS) subscales, and for the total mean CCLMRS score

Measure	Vision and Mission subscale	Staff Recruitment and Employment	Staff Training and Qualifications	Service Delivery	Centre Organisation and Management	Total CCLMRS
No. centres providing data	115	115	116	112	111	107
Mean	2.0935	2.6609	3.2716	2.0089	1.6877	2.1785
Median	2.0000	2.6667	3.5000	2.2000	1.6667	2.1000
Std. Deviation	0.92626	0.95919	0.90504	0.91174	0.88965	0.71123
Minimum	0.00	1.00	0.00	0.00	0.00	0.50
Maximum	4.25	5.00	5.00	4.80	4.17	4.05

C3 Measuring centre effectiveness according to Ofsted

Ofsted inspections of children's centres officially began on 1 April 2010. Pilot inspections were carried out in two phases during 2009 encompassing 29 local authorities across England. Overall, centres have been inspected under three different frameworks since 2010 (UK Parliament, 2013). Frameworks used for inspections originally mirrored those for schools and registered early years providers (Ofsted, 2010) but are now understood to be more in tune with centre provision and specific characteristics such as cluster arrangements (Ofsted, 2013b). While outcomes of an inquiry by Parliament in 2013 generally agreed that Ofsted "*has had a beneficial impact on children's centres*" (UK Parliament, 2013), others have cautioned against decisions (for example by local authorities) being made on the basis of Ofsted grades alone - Mathers, Singler and Karemaker (2012, p.97) stress that Ofsted grades '*do not give a full and complete picture of quality*'.

In 2010 when the first post-pilot inspection framework was introduced, a change was perceived in the Government's 'vision' for children's centres and the manner in which local authorities commissioned and delivered services from children's centres (Ofsted, 2012; 2013). Ofsted stated that they intended to consult on a new inspection framework

in order to focus more specifically on centre impact: *'Drive up the quality of children's centres and carry out inspections that are sharply focused on the impact a centre has on young children and families. These are the main reasons for consulting on a new inspection framework for children's centres'* (Ofsted, 2013b, p.4).

In response to parliamentary questions, it was announced that the new inspection framework allowed Ofsted to: *"Look at qualifications of staff and was 'much more focused on outcomes; much more focused on high quality engagement with children; less focused on ticking boxes'. . . [F]ollowing moves to allow Ofsted to inspect groups of centres, 'There is possibly more scope for them to inspect children's centres at the same time as they inspect children's services, to see how it is all linked up and how it works together'."* (UK Parliament, 2013).

In addition, in response to reports that many local authorities were redesigning their children's centres so that more operated in clusters, increasing opportunities to function under *"shared leadership, management and governance arrangements"*, Ofsted stated that it had revised its framework so that it would be *"flexible enough to take account of the wide range of organisational structures that are emerging across and within local authorities"* (UK Parliament, 2013).

While there are different arguments around the origins and use of Ofsted measures to judge the effectiveness of children's centres, the purpose of including such a measure of 'effectiveness', is that it is graded and published by an external regulatory body. Ofsted inspections present one way of assessing the quality of early education and care settings, along with other validated instruments such as the *Infant-Toddler and Early-Childhood Environmental Rating Scales* (ITERS-R: Harms, Cryer and Clifford, 2006; and ECERS-R: Harms, Cryer and Clifford, 1998), and Quality Assurances Schemes: although it must be noted that no single measure can reflect all aspects of quality (Mathers, Singler and Karemaker, 2012) and *'a broad range of tools therefore should be used and administered over time'* (Roberts and Donkin, 2014a, p.48)

The Ofsted measure used within this report was simply the record of whether a centre's overall effectiveness was rated as *'Outstanding'*, *'Good'* or *'Satisfactory/Requires Improvement'*. Ofsted inspection data was obtained for both children's centres and early years providers in summer 2013, and then matched to the ECCE sample on the basis of organisation name and postcode. Inspection data based on *'Children's Centre'* frameworks was available for 93 centres in the sample. In order to obtain a greater number of Ofsted ratings, it was recognised that some centres may have achieved effectiveness scores based on other frameworks; in particular, the *'Childcare'* framework for Registered Early Years providers (Ofsted, 2014c). A further 22 centres were found to

have inspection results based on this framework which led to a total of 115⁶⁸ centres having some form of Ofsted overall effectiveness rating, carried out between 2010 and 2013. Although centres varied as to whether their Ofsted ratings were obtained from children's centre or early years and childcare frameworks, the words used to describe better effectiveness remained constant. Of the 115 centres with effectiveness data available, 23 centres were described as having '*Outstanding*' overall effectiveness (20%), 70 centres as '*Good*' (61%), and 22 centres as '*Satisfactory/Requires Improvement*' (19%).

Ofsted inspection outcomes data in the ECCE sample

Inspection data is published on a termly basis by Ofsted, listing educational institutions including children's centres and registered Early Years providers in Excel format by Unique Reference Number (URN), institution name, address, inspection date and judgement. Inspection data was obtained in summer 2013 for children's centres and Early Years providers, which was then matched on organisation name and postcode to the 121 centres. With regard to changes in children's centre inspection frameworks over time, documents published by Ofsted indicate the following:

- When inspections officially began in April 2010, Ofsted aimed, where governance was shared and it was '*sensible to do so*', to carry out inspections of children's centres at the same time as inspections of schools and registered early years (and childcare) providers (Ofsted, 2010, p.2)
- Inspection judgements were stated to be based on the '*extent to which the centre is effectively delivering the services it has been commissioned to provide*' (Ofsted, 2010, p.5).
- In 2012, Ofsted proposed that inspections would be carried out to allow for centres to be inspected as groups that shared management, services and worked collaboratively. Inspection criteria were revised, resulting in fewer judgements and revised inspection grades (Ofsted, 2012).
- In a similar move to that with inspections of primary and secondary schools, judgements were proposed to alter from '*Outstanding*', '*Good*', '*Satisfactory*' and '*Inadequate*'; to '*Outstanding*', '*Good*', '*Requires Improvement*' and '*Inadequate*' (Ofsted, 2012, p.8). It was also proposed that the number of "key judgements" made should be reduced from 20 to three.
- A new inspection framework was introduced in spring 2013.

⁶⁸ Constituting 90% of the n=128 children's centres that Strand 3 fieldworkers aimed to visit at-least once.

Ofsted states that *Children's Centre and Children's Centre group inspections* are based around the following guidelines (Ofsted, 2014d, p.26):

- '118. Inspectors must judge the overall effectiveness of the centre. This is the overarching judgement.
- 119. In order to make a judgement about the overall quality of a centre, inspectors must first make three key judgements. These are:
 - access to services by young children and families
 - the quality and impact of practice and services
 - the effectiveness of leadership, governance and management.
- 120. In judging the quality of the provision and the impact of service provided by the centre, inspectors will decide whether the centre is 'Outstanding' (grade 1), 'Good' (grade 2), 'Requires Improvement' (grade 3) or is 'Inadequate' (grade 4)'.

Childcare and Early Years Register inspections meanwhile have the following criteria (Ofsted, 2014e, pp.10-11):

- '35. The inspector will judge the overall quality and standards of the early years provision, taking into account three key judgements:
 - how well the early years provision meets the needs of the range of children who attend
 - the contribution of the early years provision to children's well-being
 - the leadership and management of the early years provision.
- 36. The inspector will use a four-point grading scale when making the judgements. The four grades are:
 - Grade 1: Outstanding. The inspector will make at least one recommendation to bring about minor improvement.
 - Grade 2: Good. The inspector will identify why provision is not outstanding and will make recommendations for further improvement.
 - Grade 3: Requires Improvement. The inspector will identify aspects of provision that require improvement and will make recommendations or raise actions where he or she judges that the requirements of the EYFS are not fully met. In most cases a re-inspection will take place within 12 months of the date of the initial inspection.
 - Grade 4: Inadequate. The inspector will set actions to bring about compliance with the requirements of the EYFS and/or Ofsted, and will take enforcement action including, in some cases, cancelling registration. Where registration continues, in most cases we will re-inspect within six months of the date of the initial inspection'.

One can see that there are some common, broadly related criteria used to judge 'overall effectiveness', particularly in terms of the quality of provision and leadership and management. There is also a difference around access to services for children's centres and the contribution to children's wellbeing in early years providers. The aim for ECCE was to obtain a wider proxy measure of effectiveness while maintaining as full a data set as possible within the ECCE sample of 121 centres, hence one variable was generated that unified 'overall effectiveness' as one broad measure of 'effectiveness in some form' of children's centres and Early Years providers. This variable is not meant to be a 'comprehensive' measure of effectiveness of centres but an indicator of effectiveness as judged by an external body. Results of Ofsted effectiveness relationships to features of children's centres are presented within Technical Appendix 2.3 (Sylva et al., in press).

Appendix D – Chapter 5 (Centres and Services)

D1 Service Clustering

Defining characteristics of the service clustering model

Commonly mentioned services were found to run across groups of centres including: family support and outreach teams, parenting programme delivery teams, and playworkers. Centre managers spoke about having dedicated teams for particular services, and training internal staff to carry out specific pieces of work across other centres in the locality. In one example a centre manager spoke about their team being trained to run '*Triple P*' across the local authority (i.e. in different centres).

In some centres, the playwork team or 'Stay and Play' sessions were managed by charitable organisations via service level agreements. In others, the local authorities were involved in the outsourcing of services across a group of children's centres. Managers reported on local authorities bringing together multi-agency teams, Early Childhood services (for example, outreach teams, Early Years Lead Professionals, and senior practitioners) and Early Help Teams (for ages 0-19, including educational psychologists and family support workers) amongst others. However, the services that were clustered across centres were wide ranging and included the following: qualified children's centre teachers, father workers, engagement workers, adult education, English as a Second Language, Special Educational Needs (SEN) work, health visitors and midwives, and Citizens Advice Bureau (CAB). In some centres senior staff would work across a group of children's centres in order to maintain the delivery of such services, including Community Involvement Coordinators, Outreach and Family Support Coordinators, Integrated Services Managers, Service Delivery Managers, and Business Support Officers (amongst others).

Prevalence of Service Clustering in 2013

When managers were asked to choose which model of centre they most resembled in 2011 and 2013, they could also independently pick the 'service clustering' model, as this was not dependent on the organisation of the centre. For example, a '*one centre unit*' (the standalone model) could work with a local authority commissioned service team. Equally, a '*cluster*' may employ a particular service team to work across the centres. In 2011, only four per cent of the centres were categorised as harnessing a *service cluster*. This percentage increased to 22 per cent of centres when they were revisited in 2013.

D2 Evidence-Based Practice

Table ApD2.1 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	AI'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

Additional information for Table Apd2.1:

¹Interventions printed in italics are intended 'for all children' as well as 'for children in need'. Table derived from the groupings of Allen (2011).

Table ApD2.2 List of well-evidenced programmes as defined by Allen (2011); and their implementation in 2012 (through self-report by children's centre staff)

Well-evidenced programmes	Implementation ²			Who ran these programmes? ¹				
	Currently Implementing n:(% of 119)	Ready to implement but not currently n:(% of 119)	Not implementing n:(% of 119)	This children's centre staff (n)	Staff of a linked or clustered centre (n)	Staff employed by the cluster specifically for this purpose (n)	Staff from another agency / unrelated children's centre (n)	Other (n)
Programmes, strategies or interventions used with families								
Incredible Years (<i>Webster Stratton</i>)	49 (41.2)	11 (9.2)	59 (49.6)	34	6	3	23	4
Triple P (' <i>Positive Parenting Programme</i> ')	46 (38.7)	8 (6.7)	65 (54.6)	38	6	3	13	2
Family Nurse Partnership (<i>FNP</i>)	28 (23.5)	2 (1.7)	89 (74.8)	1	1	1	22	5
Early Literacy and Learning Model (<i>ELLM</i>)	3	0	116	0	0	0	1	1
Parents as Teachers (<i>PAT</i>)	3	0	116	1	0	0	2	0
High/Scope Perry Pre-School	2	0	117	1	0	0	0	0
Success for All programmes (Other)	2	0	117	1	0	0	1	0
Parent Child Home Programme	1	1	117	1	0	0	1	0
Breakthrough to Literacy	1	0	118	0	0	0	1	0
Community Mothers' Program	1	0	118	1	0	0	1	0
Even Start (<i>Family Literacy Program</i>)	1	0	118	0	0	0	0	0
I Can Problem Solve (<i>ICPS</i>)	0	1	118	1	0	0	0	0
Al's Pals	0	0	119	0	0	0	0	0
Brief Strategic Family Therapy Program (<i>BSFT</i>)	0	0	119	0	0	0	0	0
Bright Beginnings Early Intervention Program (<i>BBEIP</i>)	0	0	119	0	0	0	0	0
Curiosity Corner (as part of the ' <i>Success for All</i> ' programme)	0	0	119	0	0	0	0	0

Well-evidenced programmes	Implementation ²			Who ran these programmes? ¹				
Programmes, strategies or interventions used with families	Currently Implementing n:(% of 119)	Ready to implement but not currently n:(% of 119)	Not implementing n:(% of 119)	This children's centre staff (n)	Staff of a linked or clustered centre (n)	Staff employed by the cluster specifically for this purpose (n)	Staff from another agency / unrelated children's centre (n)	Other (n)
DARE to be You (<i>DTBY: Decision-making; Assertiveness; Responsibility; and Esteem</i>)	0	0	119	0	0	0	0	0
Healthy Families America (<i>HFA</i>)	0	0	119	0	0	0	0	0
Healthy Families New York (<i>HFNY</i>)	0	0	119	0	0	0	0	0
Let's Begin with the Letter People (<i>Led by Abrams Learning Trends</i>)	0	0	119	0	0	0	0	0
Multidimensional Treatment Foster Care (<i>MTFC</i>)	0	0	119	0	0	0	0	0
Parent Child Interaction Therapy (<i>PCIT</i>)	0	0	119	0	0	0	0	0
Ready, Set, Leap! (<i>LeapFrog</i>)	0	0	119	0	0	0	0	0

Total n = 119 (Centres that provided data on the programmes used)

¹ Note: n= those currently implementing or ready to implement. Multiple providers may deliver or implement a well-evidenced programme per children's centre. Not all centres provided information on who runs the programme, and thus in some cases this is left blank.

² Percentages rounded to 1dp.

Table ApD2.3 List of other 'named' programmes or strategies (not on Allen's list) and their implementation in 2012 (self-reported by children's centre staff)

Other 'named' programmes	Implementation ²			Who ran these programmes? ¹				
	Currently Implementing n:(% of 119)	Ready to Implement but not currently (n:(% of 119)	Not implementing n:(% of 119)	This children's centre staff (n)	Staff of a linked or clustered centre (n)	Staff employed by the cluster specifically for this purpose (n)	Staff from another agency/unrelated children's centre (n)	Other (n)
Programmes, strategies or interventions used with families								
Infant/Baby Massage	86 (72.3)	2 (1.7)	31 (26.1)	68	3	3	10	3
Every Child a Talker (ECAT)	68 (57.1)	5 (4.2)	46 (38.7)	46	2	6	8	7
Solihull Approach/Programme	28 (23.5)	11 (9.2)	80 (67.2)	22	3	1	6	5
Family Links Nurturing Programme/'Parenting Puzzle'	27 (22.7)	2 (1.7)	90 (75.6)	23	1	0	4	0
Early Support programme	22 (18.5)	5 (4.2)	92 (77.3)	9	3	1	6	6
ICAN	21 (17.6)	3 (2.5)	95 (79.8)	16	3	0	6	1
Peers Early Education Partnership (PEEP)	21 (17.6)	5 (4.2)	93 (78.2)	19	2	1	1	1
Strengthening Families Strengthening Communities	17	3	99	7	4	2	8	1
Pregnancy Birth and Beyond	14	0	105	6	2	0	9	0
Preparation for Birth and Beyond	13	1	105	6	2	1	8	0
Parents, Early Years and Learning programme (PEAL)	11	6	102	13	0	0	0	1
Strengthening Families Program (SFP)	11	3	105	4	1	1	4	2
Wider Family Learning (WFL – funded by BIS)	11	1	108	1	2	2	3	3
Mellow parenting	10	5	104	7	0	1	5	3
Parents Involved in their Children's Learning (PICL)	10	2	107	9	0	1	1	1
Family Literacy, Language & Numeracy (FLLN)	10	0	109	1	0	3	6	0

Other 'named' programmes	Implementation ²			Who ran these programmes? ¹				
	Currently Implementing n; (% of 119)	Ready to Implement but not currently (n; (% of 119)	Not implementing n; (% of 119)	This children's centre staff (n)	Staff of a linked or clustered centre (n)	Staff employed by the cluster specifically for this purpose (n)	Staff from another agency/unrelated children's centre (n)	Other (n)
Enhanced Triple P	9	2	108	4	2	2	2	2
Targeted Family Support (Action for Children)	9	1	109	4	0	2	1	2
Relationship support programmes	8	2	109	4	0	0	4	1
Pathways Triple P- Positive Parenting Programme	7	3	109	7	1	1	1	0
Mellow babies	6	1	112	5	0	0	2	1
Stepping Stones (Part of Triple P)	6	1	112	4	1	2	0	0
Positive Parenting – Time out for Parents	6	1	112	3	0	0	2	0
Families And Schools Together Programme (FAST)	5	0	114	3	1	1	1	0
Parents Plus Early Years Programme	4	1	114	2	0	0	1	0
Video Interactive Guidance	4	1	114	1	0	0	3	0
"Noughts to Sixes" Parenting Programme	4	4	111	1	0	0	0	1
Mellow bumps	3	2	114	3	0	0	1	0
Parents as First Teachers – Born to Learn (PAFT)	3	0	116	3	0	0	0	0
Parenting Matters	3	0	116	2	0	0	2	0
New Forest Parenting Programme	2	1	116	3	0	0	2	0
Promotional Interviewing	2	0	117	2	0	0	0	0
"Fives to Fifteens" basic Parenting Programme	1	1	117	0	0	1	0	0
4 Children, Children's Centre Approach	1	0	118	0	0	0	0	0
Springboard Project	1	0	118	1	0	0	0	0
Hit the Ground Crawling	0	1	118	0	1	0	0	0

Total n = 119 (Centres that provided data on the programmes used)

¹ Note: n = those currently implementing or ready to implement. Multiple providers may deliver or implement a programme per children's centre. Not all centres provided information on who

runs the programme, and thus in some cases this is left blank.² Percentages are rounded to 1dp.

Table ApD2.4 What well-evidenced programmes were children's centres offering in 2013?

Well-evidenced programmes	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
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)												
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 (<i>as part of the Success for All programme</i>)	0	0	0	0	0	0	0	0	0	0	0	0
DARE to be you (DTBY)	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 (<i>Family Literacy Programme</i>)	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)	0	0	0	0	0	0	0	0	0	0	0	0
Health 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

Well-evidenced programmes	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
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)												
I Can Problem Solve (<i>ICPS</i>)	0	1	0	0	0	1	0	0	0	0	0	0
Incredible Years	35	11	2	7	4	34	14	2	16	9	44	20
Let's Begin with the Letter People (<i>Led by Abram's Learning Trends</i>)	0	0	0	0	0	0	0	0	0	0	0	0
Multidimensional Treatment Foster Care (<i>MTFC</i>)	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 (<i>PCIT</i>)	0	0	1	0	0	1	0	0	0	0	1	0
Parents as Teachers (<i>PAT</i>)	0	0	0	1	0	0	0	0	0	0	0	0
Ready, Set, Leap! (<i>LeapFrog</i>)	0	0	0	0	0	0	0	0	0	0	0	0
Success for All programmes (<i>Other</i>)	0	0	0	0	0	0	0	0	0	0	0	0
Triple P (<i>Positive Parenting Programme</i>)	38	3	1	6	2	32	8	6	10	3	40	11

Table ApD2.5 What other 'named' programmes or strategies were children's centres offering in 2013?

Other 'named' programmes	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
Forty two other 'named' programmes, strategies, and interventions, and the number of centres who responded positively to each question (for a max n=113 centres)												
4 Children, Children's Centre Approach	0	0	0	0	0	0	0	0	0	0	1	1
Early Support Programme (<i>for disabled children</i>)	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 (<i>ECAT</i>)	32	17	8	3	2	42	4	2	8	2	47	17
Families and Schools Together Programme (<i>FAST Programme</i>)	5	0	0	1	0	6	0	0	1	0	5	2
Family Links Nurturing Programme (<i>includes Parenting Puzzle</i>)	21	0	2	4	3	23	2	0	7	0	25	11
Family Literacy, Language and Numeracy (<i>FLLN - funded by BIS</i>)	6	2	1	0	0	1	0	0	8	2	8	3
Fives to Fifteens basic Parenting Programme	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 (<i>HENRY</i>)*	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
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

Other 'named' programmes	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
Forty two other 'named' programmes, strategies, and interventions, and the number of centres who responded positively to each question (for a max n=113 centres)												
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
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

Other 'named' programmes	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
Forty two other 'named' programmes, strategies, and interventions, and the number of centres who responded positively to each question (for a max n=113 centres)												
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

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

Table ApD2.6 Modal researcher scores on the Programme Implementation Scale, for Incredible Years, Triple P, Baby Massage, Family Links and PEEP

Programme	Modal score for <i>Feedback and Evaluation</i> (no. of centres/no. providing full data on the measure) ¹	Modal score for <i>Manual Use</i> (no. of centres/no. providing full data on the measure) ¹	Modal score for <i>Ensuring Fidelity to the Programme</i> (no. of centres/no. providing full data on the measure) ¹
Incredible Years	Good (23/39)	Good (33/34)	Satisfactory (13/34) & Inadequate (13/34)
Triple P	Good (20/35)	Good (30/33)	Satisfactory (17/33) & Inadequate (15/33)
Baby Massage	Satisfactory (36/60)	Good (45/58)	Inadequate (43/58)
Family Links	Good (20/21)	Good (21/21)	Inadequate (12/21) & Satisfactory (8/21)
PEEP	Satisfactory (9/14)	Good (10/14)	Inadequate (11/14)

¹ A score of 'Good'=2/2. A score of 'Satisfactory' =1/2. A score of 'Inadequate'= 0/2.
If two scores are listed (using &), they are both similarly common.

Appendix E - Measures used within the report

Table ApE1 presents descriptive statistics for all the measures that are considered in this report, with these presented within nine 'domains'.

The **reach measure** that was used in this report was simply the percentage of a centre's registered-families who had postcodes that lay within that centre's defined reach area. Centres with higher percentages of families from these areas were taken to be centres with a greater ability to 'reach' their target families. Percentages were obtained from 117 children's centres⁶⁹ with a mean of 81 (standard deviation: 22.7), a minimum of 21, and a maximum of 100.

The **Ofsted effectiveness measure** that was used in this report was simply the record of whether a centre's *overall effectiveness* was rated as '*Outstanding*' '*Good*' or '*Satisfactory/Requires Improvement*'. Although centres varied as to whether their Ofsted ratings were obtained from children's centre (n=93) or early years and childcare (n=22) inspection frameworks, the ratings were towards the same purpose (i.e. describing the overall effectiveness of a children's centre, despite their varying setups) and the words used to describe better effectiveness remained constant. Effectiveness scores were obtained for 115 children's centres⁷⁰ with 23 (20%) having their overall effectiveness described as '*Outstanding*', 70 (61%) '*Good*', and 22 (19%) '*Satisfactory/Requires Improvement*'.

Two measures of a **manager's qualifications** were investigated in this report (both were self-reported): 1. Their highest achieved academic qualification, and 2. Whether they held the NPQICL/NPQH leadership qualification. 108 managers self-reported their highest academic qualification, the most common of which was *degree or equivalent* (45.4%). However, the range of highest qualifications varied between *none* (1.9%) and *master's degree or equivalent* (31.5%). Again, 108 managers responded to the question concerning whether or not they held the NPQICL or NPQH children's centre leadership qualification, with 75 per cent of managers claiming that they did.

Centre leadership and management was measured in 2012 via two measurement instruments: 1. A leadership questionnaire to investigate perceptions and experiences of the quality and effectiveness of leadership; and 2. a rating scale to assess leadership and management practices (CCLMRS: Sylva et al., 2012). With two versions of the questionnaire (one for the manager, and one for key staff) this allowed more-accurate measurement (via triangulation). The rating scale was administered by a researcher during an interview with centre managers and other members of the Senior Management/

⁶⁹ Constituting 91% of the n=128 children's centres that Strand 3 fieldworkers aimed to visit at-least once.

⁷⁰ Constituting 90% of the n=128 children's centres that Strand 3 fieldworkers aimed to visit at-least once.

Leadership Team (SMT/SLT). Administration of this scale involved scrutiny of existing documents as evidence of their practice. Only the overall (mean) CCLMRS score was examined here, with 107 centres receiving scores, a mean score of 2.17 (given a range of 0-5).

Considered together, the data from the CCLMRS and the leadership questionnaire provided a means for ECCE to triangulate information on leadership. To this end, a Hierarchical Cluster Analysis was conducted on the 53 measures of centre leadership collected (i.e. 20 original CCLMRS items, 17 subscales originating from the self-report manager leadership questionnaire, and 16 subscales originating from the self-report key staff leadership questionnaire). Three levels of leadership practice were identified within the responses to the 53 measures:

13. '*Lower*': 19 per cent (n=23 of 121 children's centres)

14. '*Intermediate*': 49 per cent (n=59 of 121 children's centres)

15. '*Higher*': 32 per cent (n=39 of 121 children's centres)

The subjective labels of, '*Lower*', '*Intermediate*', and '*Higher*' were given to these distinct levels of leadership practice because all centres might have been objectively 'high' or 'low'. A full account of the Hierarchical Cluster Analysis used can be found in Technical Appendix 1 (Sylva et al., in press).

The two measures describing a centre's '**Organisational Model**' came from research that took place in 2013. During these visits, a member of each centre's managerial staff was asked to choose both the organisation model which they believed to most closely resemble their centre two years previously in September 2011, as well as the model which most closely resembled their situation at that current time (in 2013). There are three organisational models considered within this report: *one centre units* (standalone models), *clusters*, and *hub-and-spoke models*.

Three measures that summarise different aspects of **multi-agency working and integration** arose from ECCE fieldwork in 2012. A semi-structured interview with centre managers differentiated three areas of multi-agency working:

16. The extent to which a centre had a ***shared vision and partnership*** with other agencies. Centre manager responses to four questions (shared vision, target groups, reaching families, and conflict) were rated to assess their self-rated perceptions of shared priorities with their partners (between 0-8). Higher scores were awarded to managers that had a closer shared vision and partnership with other agencies. A median score of five (out of eight) was found across the 119 centres responding to this element in the questionnaire.

17. The extent to which multi-agency collaboration existed when it came to **management, governance, and multi-agency infrastructure**. Managers were asked about information-sharing protocols, joint training, referral procedures, and informal ways of keeping in touch. Higher scores were obtained by those centres where there was greater multi-agency integration in management structures (between 0-44).

18. The extent to which a centre had a multi-agency **ethos for the delivery of services**. A scale measuring the strength of a centre's ethos for making services accessible to families was devised. A higher score reflected a centre manager with a stronger multi-agency ethos for the delivery of services (between 0-8). A mean average score of 31 (out of 44) was found across the 115 centres responding to this section on the questionnaire.

The total number of services that a centre offered was measured in two consecutive years (2011 and 2012). Common across both years were a list of 47 services that managers used to self-report on the individual services that their centre provided.

The extent to which a centre implemented **evidence-based practice** was reflected in the number and type of programmes and strategies that they used, particularly in terms of whether they were well-evidenced according to Allen's (2011) list. To this end, centres were presented with a long-list of 61 'named' programmes twice, once in 2012 and then again in 2013. An average of 25 programmes were offered in both years. Furthermore, 23 of the full list of 'named' programmes were described as 'well-evidenced' in the list of Allen (2011), though centres offered only an average of one in either 2012 or 2013.

Finally, this report includes three measures that together gave an overview of the Parenting Services that were offered by the sampled children's centres. The first two measures were simply counts of the **number of needs that a centre targeted with services**. A distinction was made between the needs of parents and the needs of the wider family unit. As a result, centre staff were presented with separate lists of the needs of each: 34 for parents⁷¹, 44 for the wider family unit⁷². The third and final measure considered the extent to which a centre focused on improving parenting. Managers were asked the extent to which their centre focused on improving 14 parenting behaviours (*No focus; Some focus; A strong focus*). Responses to these 14 areas were then summed such that a higher score was achieved by centres that had a stronger focus on improving parenting.

⁷¹ Across six areas: *Education, Employment, Housing, Finance, Childcare, Health*

⁷² Across seven areas: *Partner Emotional Support, Improving Home Environment, Child Services, Parenting, Child Health, Child Development, Family Services*

Table ApE1 Descriptive statistics of the measures considered in this report

Domain	Structure of children's centres	n	% or mean (SD)
A. Centre Reach	1. Centre Reach in 2013 (percentage)	117	81(23)
B. Ofsted Effectiveness	2. Ofsted Rating of Effectiveness in the Early Years over 2010 to 2013	115	n/a
	Outstanding	23	20.0%
	Good	70	60.9%
	Satisfactory/Requires Improvement	22	19.1%
C. Manager Qualifications and Training	3. Manager: Highest Academic Qualification in 2012	108	n/a
	None	2	1.9%
	NVQ1 Equivalent	1	0.9%
	NVQ2 Equivalent	0	0.0%
	NVQ3 Equivalent	7	6.5%
	NVQ4 Equivalent	7	6.5%
	NVQ5 Equivalent	8	7.4%
	Degree or Equivalent	49	45.4%
	Master (or higher) or Equivalent	34	31.5%
	4. Manager: Held NPQICL/NPQH Leadership Qualification in 2012?	108	n/a
	No	27	25.0%
	Yes	81	75.0%
	D. Centre Leadership and Management	5. Overall (mean) CCLMRS Score in 2012 (0-5)	107
6. Centres clustered by leadership practice in 2012		128	n/a
'Lower'		23	18%
'Intermediate'		66	51.6%
'Higher'		39	30.5%
E. Organisational Models	7. Organisational Models in 2011	116	n/a
	One Centre Unit (standalone model)	72	62.1%
	Cluster	37	31.9%
	Hub-and-spoke model	7	6.0%
	8. Organisational Models in 2013	117	n/a
	One Centre Unit (standalone model)	44	37.6%
	Cluster	54	46.2%
	Hub-and-spoke model	17	14.5%
Virtual Centre	2	1.7%	
F. Multi-agency Working and Integration	9. Vision and Partnership in 2012 (0-8)	119	5.53(1.29)
	10. Service Delivery and Ethos in 2012 (0-44)	115	31.07(4.29)
	11. Management, Governance, and Infrastructure in 2012 (0-8)	119	5.53(1.29)
G. Service Delivery	12. Total services offered in 2011 (max.:47)	128	26.44(7.92)
	13. Total services offered in 2012 (max.:47)	128	24.89(8.25)

Domain	Structure of children's centres	n	% or mean (SD)
H. Evidence-Based Practice	14. Total 'named' programmes or strategies offered in 2012 (max.:61)	119	5.06(3.17)
	15. Total 'named' programmes or strategies offered in 2013 (max.:61)	113	4.78(2.77)
	16. Total well-evidenced (Allen-list) programmes offered in 2012 (max.: 23)	119	1.15(1.04)
	17. Total well-evidenced (Allen-list) programmes offered in 2013 (max.: 23)	113	1.04(0.85)
I. Parenting Services	18. Need-targeting, parent: Number targeted in 2013 (max.: 34)	107	31.50(3.17)
	19. Need-targeting, family: Number targeted in 2013 (max.: 44)	108	40.43(3.70)
	20. Centre focus on improving parenting behaviour in 2013 (0-28)	107	25.63(2.41)



Department
for Education

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Reference: DFE-RR433A

ISBN: 978-1-78105-452-9

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