

Children's Centres in 2011

Improving outcomes for the children who use

Action for Children Children's Centres

EXECUTIVE SUMMARY

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1. Introduction

Action for Children commissioned a research team at King's College London to evaluate the impact of *Action for Children* Children's Centres on outcomes for vulnerable children. The study took place during 2010-11. Within the wider context of early intervention to meet wider family support needs, the study also addressed key topics including health, inter-agency collaboration; access to services; and the role of outreach. The study period coincided with robust public and political debate around the allocation of public spending, alongside an extensive review of services and outcomes for children and young people, through five parallel reviews.¹

Proposed developments in the configuration of community health services for children and their families, put a spotlight on the existing and potential contribution of Children's Centres to undertake the co-ordination of services, as well as have a positive impact on child outcomes, alongside supporting workforce recruitment and retention; and the enhancement of inter-agency collaboration.

2. Existing knowledge

Evaluations already commissioned by both central government and other bodies have consistently shown that Children's Centres can 'host' a set of services delivered by a complex mix of other agencies, including health, social work, early years and employment-related services. Recent research studies which have explored Centre-based provision (including Tunstill et al 2007; Cameron et al

¹ <http://www.education.gov.uk/munroreview/> (assessed 31/05/11)

¹ <http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf>

¹ <http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>

¹ <http://media.education.gov.uk/MediaFiles/B/1/5/%7BB15EFF0D-A4DF-4294-93A1-1E1B88C13F68%7DTickell%20review.pdf>

2009; Tunstill et al, 2009²) have highlighted the necessity for making available a continuum of support, with the capacity to meet specific needs at a particular time. These researchers highlight the vital importance of interagency collaboration in creating and sustaining provision, at the same time as ensuring good communication with families (Anning et al, 2006³). Evaluations of Sure Start Local Programmes/Children's Centres which have been completed, at both national⁴ and local levels⁵, have pointed to the advantages for children and families of delivering targeted services within a framework of universal services. It also maximises the effective management of resources. In addition *boundaries* related to geography or age have also been found to raise serious problems for children and families such as:

- failing to meet the needs, including health of children across their developmental life course, that is, beyond the age of 4 years;
- failing to maximise access to services; and
- Increasing the risk of a sense of stigma, which can deter people who need services from using them.

² Synergy Research and Consulting (2009) Evaluating the Delivery by Action for Children of Targeted Family Support. Available via: <http://www.actionforchildren.org.uk/policy-research/research>

³ Anning, A. Cottrell, D., Frost, N., Green, J., Robinson, M. (2006) *Developing Multiprofessional team work for integrated children's services*. Maidenhead, Open University Press

⁴ Belsky, J., Barnes, J., Melhuish, E. (eds) (2007) *The National Evaluation of Sure Start: Does Area-based Early Intervention Work?* Bristol. Policy Press; Melhuish, E., Belsky, J., Anning, A. et al (2007) Variation in Community Intervention Programmes and Consequences for Children and Families: the example of Sure Start Local Programmes. *J Child Psychology & Psychiatry*. 48: 543-51.

⁵ Malin, N. & Morrow, J. (2008) *Evaluating Sure Start: inter-professionalism and parental involvement in local programmes*. Chichester, Wiley

3. Project objectives

The research objectives were:

- Which models of joint working operate within the Sure Start Children's Centres (SSCCs)?
- To what extent do SSCCs succeed in co-ordinating different agencies within their areas?
- Do, and if so in what way, SSCCs improve outcomes for vulnerable children?
- What do SSCC outreach services achieve for children (outcomes) and what is the state of the evidence behind the skills' sets which are required to deliver positive outcomes for children?
- What do family support services achieve for children (outcomes)?
- How good are SSCCs at achieving health outcomes (and how do their outreach and family support services support health staff in SSCCs to achieve improved outcomes).
- What are the implications of the available data for the nature of future service developments in Action for Children policy and practice?

In addition the design of the data collection process has sought to illuminate the overall nature and impact of Action for Children's family support work, including the role of outreach activity in facilitating access to services.

4. Findings

4.1 How we carried out the study?

The team used a mix of quantitative and qualitative methods, including site visits and face to face interviews with stakeholders; and an analysis of policy documentation and of case records. This approach captured data from a sample of five Action for Children Children's Centres across England chosen to capture a

range of demographic characteristics including socio-economic status and ethnicity. Data was collected on:

- Profile of children and families using services;
- Range of services delivered by the centre;
- Style and reach of service delivery (including outreach activity); and
- Services provided and outcomes achieved for a purposive sample of 53 cases drawn from the 5 centres (outcomes were assessed on a researcher rating scale developed for the study).

4.2 What did the data show?

The graph in Figure 1 (NB: analysis of cases allowed for the identification of more than one need) highlights the fact that in the majority of cases 'need was multiple' including parenting issues (94.3%) and family social issues (81.1%). However, it is also obvious that health-based needs, are widespread, e.g. mental health issues; general health issues; development issues; physical disability issues. At the complex end of the spectrum of health need, drug abuse featured in a significant minority of cases, and the behavioral and emotional issues identified, were themselves health related, even if less obviously so.

Unsurprisingly given this picture, referral routes included self referral as well as following a referral from another agency. Where parents came of their own volition this was frequently as a result of very positive "word of mouth" through their friends and neighbourhood networks.

Figure 1: What needs did the children and families bring to the centre?

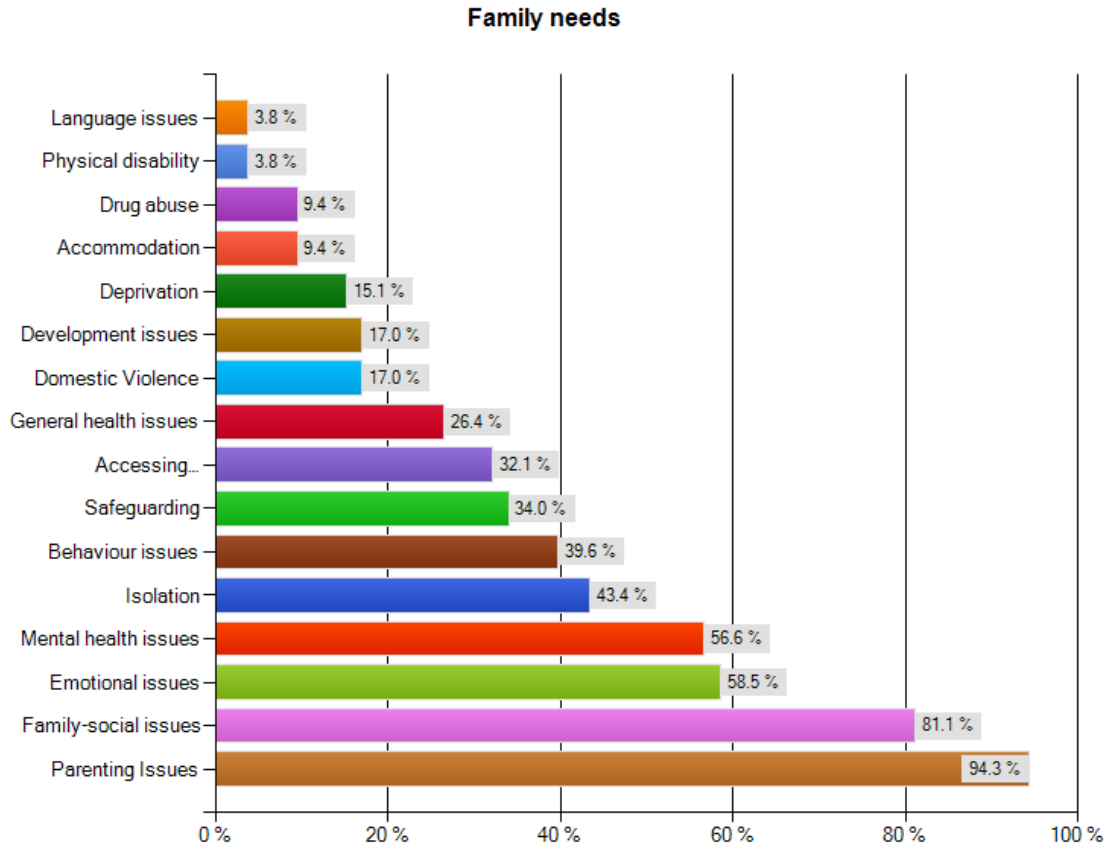
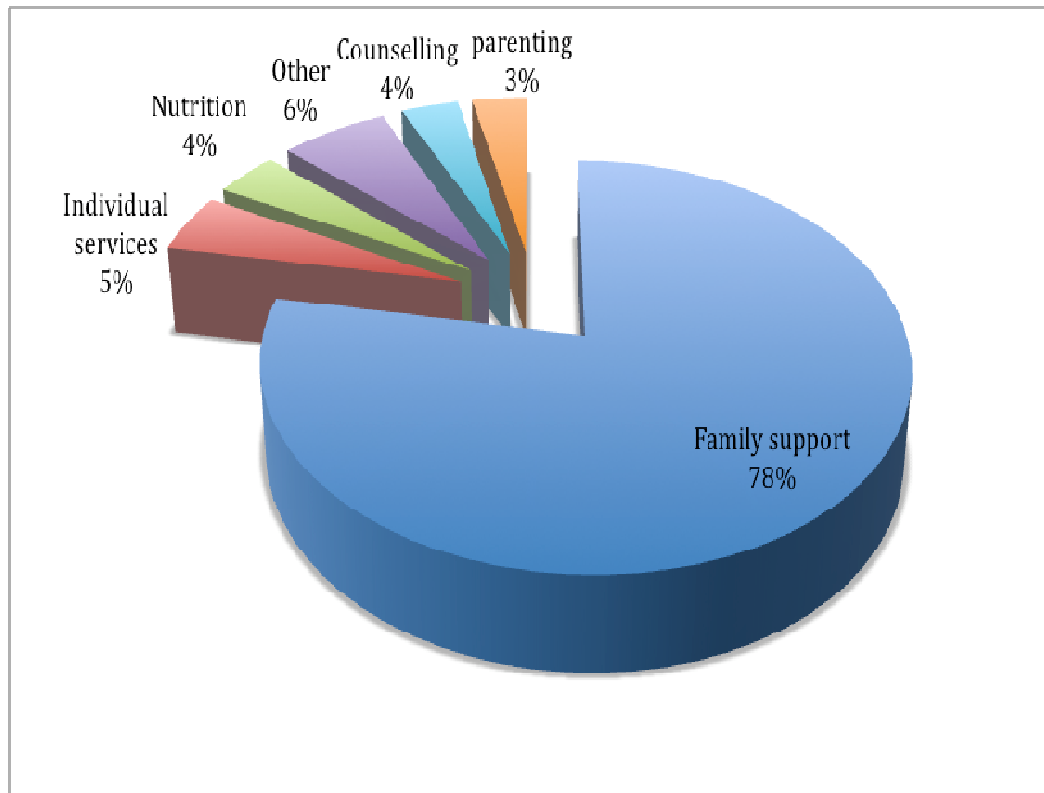


Figure 2 provides a percentage breakdown of the types of services provided by the five centres. Over three quarters fell into the category of *family support* which itself underlines the multifaceted and inter-related nature of parenting need.

Figure 2: What services were delivered to the children and families by the centre?



4.3 Focusing on outcomes

It is essential to acknowledge the complexity of measuring *outcomes* within the relatively short period of this study. In addition, in respect of a high proportion of the families whose service experience is reflected in Figure 3, the very maintenance of 'status quo' is itself a positive outcome. In terms of health outcomes, it is only realistic to expect very obvious measurable outcomes over a much longer period. This research reality underlines the validity of the concept of 'as long as it takes'.

Taking account of this challenge we devised a study-specific rating scale, including health related indicators:

THIS RATING SCALE WAS DEVELOPED SPECIFICALLY FOR THIS STUDY TO MEASURE OUTCOMES FOR THE CHILDREN, INCLUDING HEALTH OUTCOMES

A rating of 4 will reflect 'progression' in scenarios such as these typified below:

- Safeguarding concerns raised with regard to a young parent shortly after the birth - with intensive, support these concerns subsequently diminished.
- A family with very long-term concerns around the developmental delay associated with long-standing neglect remained fully engaged with the project over a long period, and in regular contact with the centre health visitor.
- The youngest child with a serious physical disability condition (cerebral palsy) the family came into local authority care. However this was done in a planned way, with the maintenance of close links with both birth family and the centre.

A rating of 3 will reflect progression in scenarios such as these typified below:

- Progress had been very fragile for a family where a parent had a mental health difficulty and was still in an unstable situation. There may have been progress with the children; there were some setbacks, including a disruptive hospital admission, but this established an on-going link with the practice nurse in the GP practice, who linked with a family support worker in the centre.
- A parent struggled in their relationship with a teenage child, but the family still access services and remain engaged, albeit with frequent crises.

A rating of 2 will reflect progression in scenarios such as those typified below:

- A young, new, mother was overcoming serious drug misuse problems, and working with the centre midwife to establish a healthy nutrition plan for herself, and persist with breast feeding. Significant problems remained.
- Parents of a young child had struggled with a volatile adolescent who continued to experience frequent crises but the centre were still able to periodically engage and make some progress. A link was made to the local CAMHS service, and the parents attended behavior management sessions. However the young person refused to engage and is currently excluded from school.

A rating of 1 will reflect progression in scenarios such as those typified below. :

- A family with concerns around neglect where problems had increased with no significant progress and parents had disengaged entirely.
- A family had begun to attend the centre but after a brief involvement in a parent education class, had stopped. There were concerns regarding domestic violence, and at present the father made threats to staff and the father in a family he knew who were using the centre.

Figure 3: An overview of outcomes at point of referral (T1) and point of data collection (T2, i.e. either case closure – four fifths, or open at file analysis – one fifth)

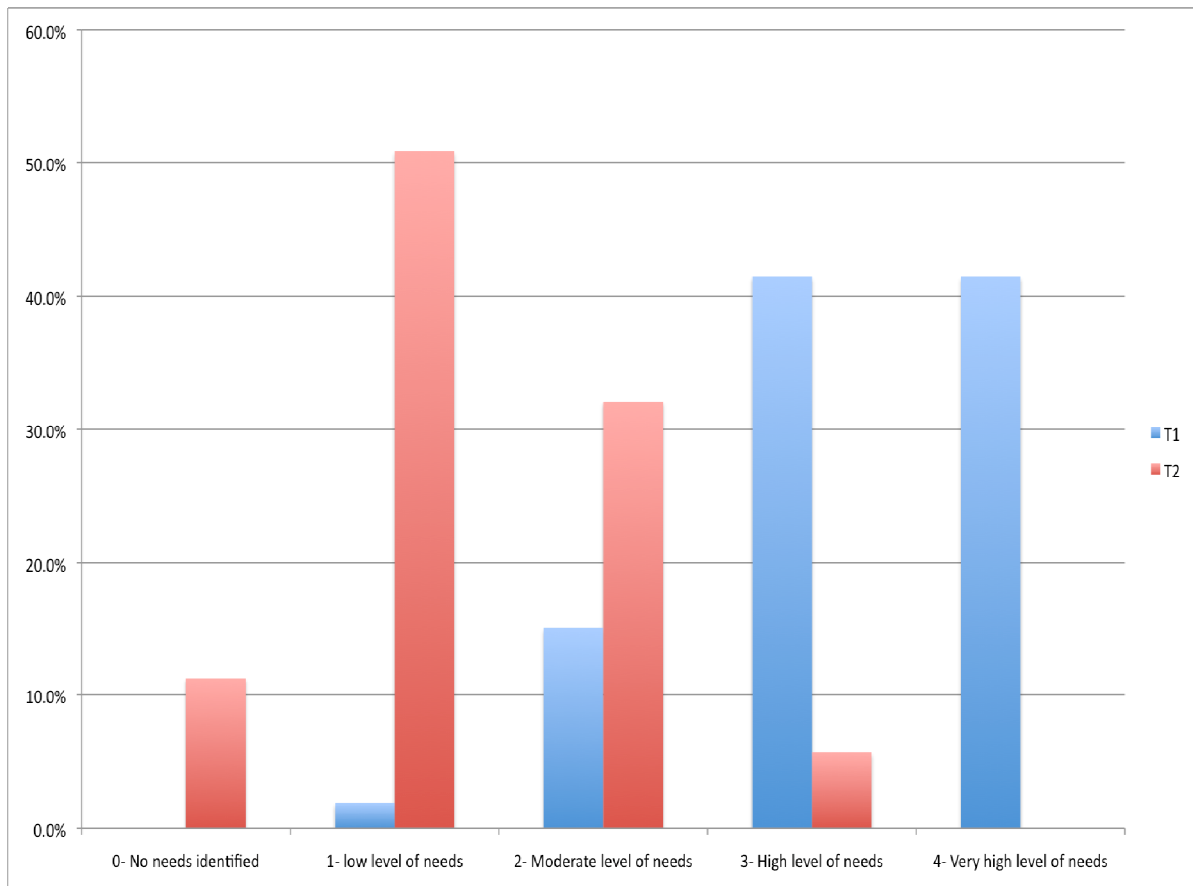


Figure 3 illustrates that overall families came to the centres with relatively high levels of need in respect of their children (blue bars). At the point the data was analysed to produce this table (red bars) the majority were considered to have lower of need with a minority (11%) having no needs and just under a third having a moderate level of need.

In other words the data provides an overall picture of '*children doing better*' in open cases *after the beginning*, and in closed cases *by the end*, of their contact with the centre staff and the services on offer.

5. Key Messages

5.1 Maximising Reach

Action for Children Children's Centres have evolved a sophisticated range of mechanisms to maximize "reach" in even the most challenging circumstances. The Action for Children agency *partnership style*, working with other local agencies, and crucially health, maximizes service responsiveness for families and can help protect local family support capacity by engaging with small/medium sized agencies.

5.2 Partnerships with health services and NHS professionals

The study has identified the potential role for Children's Centres to offer commissioners of health and children's services a joined-up service that achieves positive outcomes for children and adds value to their investment in respective services. Children's Centres offer centre-based opportunities for local health professionals to engage with parents in a family-focused setting; they seem to have had particular success in meeting health-related need through the engagement of community-based midwives and health visitors and the potential to consolidate links with GPs.

5.3 Maximising investment at the same time as building community capacity

Children's Centres offer a wide range of 'volunteer opportunities' for members of the local community. These are beneficial to users of their services and are also helpful in enabling parents and members of local communities to share in support for families. While some volunteers may use this as a stepping stone into employment, others may find it useful in developing social and community capital.

5.4 Access and acceptability for all parents

There is a strong sense that Children's Centres have been able to roll back a long history of perceived threat to families from well-meaning professionals and charities. Centres have been sensitive to the wariness of parents and have made efforts to reduce the risk of stigma. This will be a challenge if they are to become more targeted. A key part of Children's Centres' work has been that while they have stressed accessibility they have also engaged in outreach. It is this that may reverse disengagement and may strengthen the link to parents who are most isolated and vulnerable and least able to meet the health needs of their children. They also work with many children with disabilities and long-term health conditions. It is possible that their work with ill and disabled children will intensify, and they are in a strong position to respond to the many challenges involved.

5.5 Meeting some needs for *most* children to ensure that the needs of *vulnerable* children are identified and met

Action for Children Children's Centres can deliver a range of preventative services which make a major contribution to the range of outcomes for children - including health outcomes; behavioural outcomes; and developmental outcomes, all of which contribute short-term and life-long benefits, including the enhancement of school readiness. This breadth of early intervention applies as importantly both to children whose various special needs have already been identified; and to families who struggle with the challenges posed by the task of parenting, and who may need short periods of support in order to weather crisis or change.

A number of the children they work with have raised child protection concerns, although levels of risk vary. In a small but significant number of cases the Centres are part of a web of support for very vulnerable children.

6. Final word

Action for Children Children's Centres have the potential to act as a gateway, and in some cases one-stop-shop, for the early intervention which we know from the international and national evidence base, can improve outcomes, and especially health outcomes for children, both during their childhood and through to later life. Our findings highlight the value of the policy and practice approaches we found in the Children's Centres and would suggest that the Action for Children *service style* constitutes a very timely and effective way of delivering services in a period of particular resource challenge. For families the Children's Centres constitute a non-stigmatising and popular route into services; for service agencies and professionals they provide a crucial resource to help them co-ordinate their work to the benefit of children, at the same time as reducing inefficiency and lack of co-ordination.