

BEYOND THE BUILDING: FOCUSING ON THE FOUNDATION YEARS



BACKGROUND

Laying the foundations for children means supporting them and their parents in the earliest years. This is when children begin to develop their social and emotional skills as they learn how to interact with others and the world around them.

Getting this support right has a positive impact on children as they grow. Being healthy and happy from birth to age five is strongly associated with better developmental outcomes, and prevents children from falling behind when they begin school.¹

The importance of this period has now been recognised by Government through a range of initiatives including children's centres, the healthy child programme and free early education for many disadvantaged children.

We want to see this commitment continue, with children's centres retaining a central role in providing effective integrated support to children and parents in the foundation years.

This doesn't restrict local authorities from putting in additional resources and expanding their offer to older children, but does emphasise the need to ensure all children are reaching a good level of development by age five.

This briefing will look at:

1. Prioritising the foundation years to make the best use of resources as they come under considerable strain.
2. Locating antenatal support and health visitors in children's centres to strengthen work with expectant parents.



What are the challenges facing children's centres?	How could these challenges be overcome?	What impact would these changes have?
<p>Children's centre budgets are under pressure and there is a need to prioritise resources.</p>	<p>Local authorities should take a 'foundation years first' approach, prioritising resources for programmes and services for children aged birth to five.</p> <p>The Department for Education should develop a national outcomes framework for children's centres so that children consistently reach key development milestones by age five.</p>	<p>Resources are focused on this crucial developmental period. The potential to achieve long-term positive outcomes for children is maximised.</p> <p>Local authorities use resources effectively and meet the aims of the 'core purpose' guidance for children's centres to support young children.</p>
<p>Children's centres need to be seen as a core way in which local authorities can deliver the healthy child programme within new commissioning arrangements.</p>	<p>Local authorities should use new public health commissioning responsibilities to place children's centres at the heart of an integrated pregnancy to age five service offer.</p> <p>Children's centres should be a hub for support around the antenatal period, delivering and signposting to classes and health services.</p> <p>Children's centres should be used as the permanent base for health visitors.</p>	<p>More parents and children would benefit from the holistic support on offer at their local centre, helping to increase engagement at the earliest point and receive additional support when needed.</p>

BEYOND THE BUILDING BRIEFING SERIES

The difference children's centres make to children and parents can be significant. Few other local services in the last decade have proven to be as popular or sought to address such an important goal - to give children the best start in life.

The programmes and support children's centres offer do make a difference. Research has found improvements in parenting and the home environment amongst parents taking part in programmes.² These in turn benefit children. There is strong evidence that the right support at this early stage has a positive impact across a child's lifetime.³

One of the strengths of centres has been to bring services and programmes together for families and young children to have access to integrated, easily accessible health, early years and family support. There is a lack of alternative provision that offers this range and combination of support to families on a daily basis.

In a difficult funding climate children's centres are facing the same challenges as other local services. Budgets across England have been reduced annually over the past few years.⁴ At the same time national policy is directing centres toward more targeted work and away from universal programmes.

As a major voluntary sector provider of children's centres we understand the challenges children's centres are facing, as well as the ways in which they are changing. Support services are increasingly being delivered across an area, rather than from a single building. There is potential for children's centres to evolve further to better meet children's and parents needs.

We believe that children's centres should and can retain a vital role in supporting children and families in communities across England. To achieve this, we need to go beyond the debate about centre closures and funding issues, and consider how centres can innovate and develop to meet current and future challenges.

METHODOLOGY

Our series is based on a survey of 450 children's centre staff working across England. We also interviewed a number of staff working in our children's centres to develop our recommendations.

FOCUSING ON THE FOUNDATION YEARS

“We must not lose the importance of the critical early years for a child – some areas place higher importance on school age children and young people. They do not understand the importance of early intervention in pregnancy and early years.”

Children’s centre staff (Action for Children Children’s Centre Survey 2015)

1. WORKING WITH YOUNG CHILDREN AND PARENTS MAKES A DIFFERENCE

The foundation years are crucial to child development and children’s long-term outcomes.⁵ High quality interventions in the early years can have a lasting effect on young children’s development.⁶ Children’s centres are now at the heart of this provision.

Although some children’s centres work with older children, supporting younger children is where staff spend the greatest amount of their time. Our survey found:

54% OF CHILDREN’S CENTRES ARE DOING THE GREATEST AMOUNT OF WORK WITH PARENTS AND CHILDREN AGED 0-12 MONTHS⁷

57% OF CHILDREN’S CENTRES ARE DOING THE GREATEST AMOUNT OF WORK WITH PARENTS AND CHILDREN AGED 1-5 YEARS OLD⁸

This compares to just two per cent of centres that are doing a great deal of work with families of children aged 5-11 and one per cent who are doing the greatest amount of work with families with children aged 11-19.⁹

The activities targeted at young children have a positive impact on their development in a number of ways.

- **Supporting parenting:** As primary caregivers parents have a pivotal role setting boundaries and creating the warm, positive relationships that children need.¹⁰ Parenting programmes delivered by children’s centres, such as Triple P, have a strong international evidence base. They give parents greater confidence in managing their children’s behaviour, understanding the importance of boundaries and improving the relationship between parent and child.¹¹
- **Learning at home and being ready for school:** In the pre-school years, the time children spend at home has a big influence on their development. Parents can provide an enriching home learning environment by daily reading and helping their children develop their language and cognitive skills. These positive learning activities are strongly associated with better academic performance in primary school.¹² Programmes available at children’s centres help engage parents in their child’s learning.¹³
- **Language and communication:** Early communication provides the foundation for vocabulary development and understanding of language, which provides the springboard to good literacy skills.¹⁴ Language development helps children to interact with their peers and caregivers, and allows them to confirm their understanding or feelings.

- **Behaviour and emotional resilience:** In their early years children explore emotions such as happiness, sadness and anger.¹⁵ The ability to cope with these emotions is an important factor in how they go on to develop positive social behaviours.¹⁶ Helping children learn how to manage their own emotions and behaviours is an important developmental transition in the preschool years.

87% OF CHILDREN'S CENTRE STAFF VIEWED CHILD SOCIAL AND EMOTIONAL DEVELOPMENT AS A HIGH PRIORITY FOR THEIR CENTRE¹⁹

Evaluations of Action for Children's centres found that:

- 76 per cent of children improved their communication skills
- 91 per cent of children were more sociable
- 86 per cent of children developed their language skills.¹⁷

89% OF CHILDREN'S CENTRES STAFF VIEWED LANGUAGE AND COGNITIVE DEVELOPMENT AS A HIGH PRIORITY FOR THEIR CHILDREN'S CENTRE¹⁸

"I think the vision for children's centres should maintain a focus on under 5's and enhancing family's strengths. There should be a focus on early intervention and more work should be done with expectant families so they are more prepared to be parents."

Children's centre staff (Action for Children Children's Centre Survey 2015)

TAKING A 'FOUNDATION YEARS FIRST' APPROACH

There is now wide acceptance amongst policymakers about the importance of the foundation years, and that it makes good sense to invest resources effectively so that all children get the best start in life.

However, there is a lack of clarity about what outcomes children's centres should be working towards, despite a robust evidence base on what developmental outcomes are important for young children. A range of resources and guidance are used by children's centres to shape their services and measure impact. These include:

- Statutory Guidance for Sure Start Children's Centres
- Early Years Foundation Stage and associated guidance
- Ofsted Inspection Framework
- Public Health Outcomes Framework
- Individually set local authority measures.

We believe that developing a national outcomes framework would help to clarify requirements and direct resources more effectively. This would help children to consistently reach important developmental milestones and ensure the most disadvantaged children are being reached.

Sam Gyimah, the Childcare and Education Minister, agreed to consider this proposal in response to the Education Select Committee's Inquiry.²⁰ Given the importance of the foundation years, taking this forward would be a significant step in the right direction. Children's centres would be able to build on what they already do effectively, whilst retaining the freedom to work with older children where this may be effective.

2. INCREASING WORK WITH EXPECTANT PARENTS

The earliest possible support will have the greatest impact on children's development by age five. This means help before they are even born, as we know that problems in the antenatal period can have a negative effect into childhood.

Professor Marmot's review of health inequalities highlighted that many social inequalities are present before a child is born and increase during early childhood.²¹ These can take the form of poor maternal health, often characterised by substance misuse, smoking and an unhealthy diet, which can have a negative impact on an unborn child.²² Substance misuse is a particular concern as it can limit parenting capacity and have a direct negative effect on a child during pregnancy.²³

The emotional wellbeing of expectant parents is linked to positive child outcomes. For example, antenatal stress and anxiety is associated with behavioural and emotional problems in early childhood.²⁴ Exposure to enduring stress when children are young can impede their ability to cope in later life. A number of factors can influence antenatal stress levels, including external trauma and problems in the parents' relationship.²⁵

"Joint identification and support at the earliest opportunity, namely antenatal. We need to share information and embed the importance of early child development and attachment."

Children's centre staff (Action for Children Children's Centre Survey 2015)

WHAT ROLE CAN CHILDREN'S CENTRES PLAY?

From October 2015, local authorities will gain commissioning responsibilities for public health services for children under-five.²⁶ This presents a golden opportunity to evaluate how best to bring health and early years services together from conception onwards.

Children's centres should play a central role as they already provide a base for integrated interventions, and are well placed to develop their work with expectant parents. We suggest that an effective approach would be to develop antenatal support in children's centres and make them a base for health visitors.

ANTENATAL SUPPORT

Currently antenatal support is spread out across a range of services and professionals, including GPs, health visitors and midwives, children's centres, and local charities, such as the National Childbirth Trust (NCT). Parents will have different levels of interaction with each of these services, depending on the mother's health and other family circumstances.

ANTENATAL CLASSES

These help mothers and partners prepare for birth and prepare for life with a new-born. There is a great deal of flexibility and choice for parents and each family has different motivations for attending. Some parents want to learn about birth and baby health and others want to meet those going through similar experiences, making important social connections.²⁷

Antenatal classes benefit parents and children, helping parents to be better informed about breastfeeding and care for the baby.²⁸ Importantly, research shows that parents often want more than just education about birth and labour, seeking support that addresses both the physical and emotional needs of expectant parents.²⁹

BENEFITS OF A BROAD APPROACH

In many areas, children's centres provide antenatal and postnatal classes alongside health drop in clinics for new mothers and babies.³⁰

Unlike other forms of antenatal provision, they provide a package of support for expectant parents which takes into account physical and emotional wellbeing. They are well placed to deliver classes and refer parents to other local classes and activities.³¹

We believe that a greater role for children's centres in delivering support in the antenatal period would result in:

- **Increased take up of antenatal support:** Children's centres are well placed to increase the take up of antenatal classes amongst hard to reach groups, including expectant parents living on low incomes.³² Importantly, some parents, such as older, younger and single mothers-to-be need to be reassured that they will 'fit in' and that there will be other people like them there.³³

Staff in children's centres are able to understand the concerns of parents and support them into a class that best suits their needs.

- **Integrated support:** Children's centres can directly provide classes that help parents with the wider aspects of having a child. They provide a complementary role, alongside the clearer physical health focus of other professionals, which is the primary focus of other antenatal support.³⁴ In particular, children's centres can support parents in their relationships with partners and wider family members as part of the transition to parenthood. Parents can access relationship support, learn about child development and parenting strategies, and gain opportunities to meet other families.
- **Continuity with children and parents:** Children's centres can offer parents and children a range of activities and interventions throughout the early years. Routing access to antenatal support through children's centres would help create better continuity of support. This is something that parents have indicated they would like to see.³⁵
- **Effective early help:** Early intervention by midwives or other health professionals through children's centres can improve paternal bonding and reduce child neglect and abuse.³⁶ Evidence from Action for Children's centres shows that antenatal courses result in a reduction in anxieties about birth, and parents report improved awareness of breastfeeding, attachment and child development.³⁷

The importance of the antenatal period is recognised by children's centre staff as a window to start providing support. Our survey found:

74% OF CHILDREN'S CENTRE STAFF WANTED TO INCREASE THEIR LEVEL OF WORK WITH EXPECTANT PARENTS³⁸

We know that staff place a high value on establishing relationships with parents at the earliest opportunity, so that they can effectively support children as they grow up.³⁹ An earlier relationship between expectant parents and children's centres would support them to do this.

A PERMANENT BASE FOR HEALTH VISITORS

Children's centres frequently have health visitors based on site, as part of their requirement to work in partnership with GPs, maternity services, and early years services.⁴⁰ The degree to which health visitors operate from children's centres varies, taking the form of weekly or fortnightly classes. Many offer baby clinics in children's centres and their classes are one of the most popular services amongst parents.⁴¹

Health visitors are a crucial form of assistance for expectant and new parents, providing a combination of universal and targeted support through outreach and home visits. Health visitors undertake a holistic assessment of the family and parental capacity to meet their infant's needs, enabling early identification of needs and risk.

The drive under the last Government to achieve public health outcomes for children under five, such as higher breastfeeding rates and decreased obesity levels, has seen a significant increase in the number of health visitors across England. There are close to 12,000 in post.⁴²



Health visitors are a hugely valuable resource for local authorities. We believe that basing them in children's centres would bring benefits including:

- **Continued integration:** Health visitors are moving towards greater integration with early years' services, through the integrated review.⁴³ There is room to build on this. In one local authority, staff from our children's centres jointly attend new birth visits with health visitors to introduce parents to what children's centres can offer. Equally, health visitors working from children's centres have a good awareness of the activities and programmes available.
- **Early identification of problems:** By working together closely, children's centre staff and health visitors are better placed to quickly identify problems and provide the right support. In one local authority, our children's centre staff are now attending new birth assessments held by health visitors in parents' homes. This provides family workers from children's centres the chance to meet families face-to-face and use their expertise to identify those who may benefit from additional help.
- **Support capacity:** To help manage workloads, children's centre staff can provide more targeted support for families, allowing health visitors to focus on universal appointments. This approach would allow extra universal appointments to be delivered, already practiced in some local authorities.⁴⁴ Many health visitors report taking on more work in the past 12 months, and a significant number say that it has not been possible to hold universal appointments with all parents.⁴⁵
- **Maximise reach:** As children's centres increase targeted interventions, open access services have been scaled back.⁴⁶ Health visitors can help children's centres retain a universal gateway through their contact with every family in their local community. This would also help children's centres achieve targets to reach parents in their area.⁴⁷

"We need to ensure our vision is the early help service providing intervention at the earliest stage - before pregnancy and onwards."

Children's centre staff (Action for Children Children's Centre Survey 2015)



CONCLUSION

Their are few other periods in a child's life as important as their earliest years. The experiences and development before they reach five are the building blocks for their future.

We believe that local authorities should take a 'foundation years first' approach. This would ensure children's centres deliver support when they can make a significant difference to children's later outcomes, including readiness to start school. This is where children's centres are already effective and do most of their work.

The Government should introduce an outcomes framework for children's centres so that resources are directed effectively and more children consistently reach important developmental milestones by age five.

Children's centres are ideally placed to strengthen support to expectant parents. Maternal health in the antenatal period has a significant impact on children at birth and into childhood. It is a crucial window that allows professionals to help prepare for the transition to parenthood. Routing antenatal classes and support through children's centres will bring many more parents into contact with staff who can provide extra support at the earliest point.

Health visitors are playing an increasingly important role in delivering universal support to families and young children. Using children's centres as a permanent base for health visitors will increase the reach of centres, the capacity of health visitors and early identification of problems families may face.

Changes to public health commissioning have given local authorities a means to achieve greater integration and maximise resources. Local authorities should seize this opportunity to truly develop integrated health and early years services.

ENDNOTES

1. Independent Review of Poverty and Life Chances (2011) 'The Foundation Years: Preventing poor children becoming poor adults', http://stats.cesi.org.uk/events_presentations/EV470_W2WUK_2011/EV470-S59.pdf
2. The National Evaluation of Sure Start (NESS) Team (2010) The impact of Sure Start Local Programmes on five year olds and their families. London: Birkbeck University of London.
3. Field, F., (2010) Preventing Poor Children becoming poor adults. London: HM Government.
4. Davy, R., James, E., (2015), Fulfilling their potential. London: Barnardo's
5. Dyson, A., et al (2009) Childhood development, education and health inequalities, Report of Marmot Review task group. London: University College London.
6. Barnett, S. (2008) Preschool Education and its Lasting Effects: Research and Policy Implications. Colorado: University of Colorado.
7. Action for Children's Children Centre Survey 2015. N= 169.
8. Action for Children's Children Centre Survey 2015. N= 167.
9. Melhuish, E., et al. (2008) 'Effects of fully-established Sure Start Local Programmes on 3-year-old children and their families living in England: A quasi-experimental observational study' in *The Lancet*.
10. Evangelou, M., (2009) Early Years Learning and Development Literature Review. London: Department for Children, School and Families.
11. Action for Child (2014) Impact Report 2014, London: Action for Children.
12. Melhuish, E. C., et al. (2008). Effects of the Home Learning Environment and preschool center experience upon literacy and numeracy development in early primary school' in *Journal of Social Issues*.
13. Melhuish, E. C., et al. (2008). Effects of the Home Learning Environment and preschool center experience upon literacy and numeracy development in early primary school' in *Journal of Social Issues*.
14. Evangelou, M., (2009) Early Years Learning and Development: Literature Review, Oxford: Oxford University.
15. Denham, S., Von Salisch, M., Olthof, T., Kochanoff, A., & Caverly, S. (2002). Emotional and social development in childhood. In Smith, P. K., & Hart, C. H. Blackwell Handbook of Childhood Social Development. Oxford: Blackwell Publishing.
16. Blair, K. A., Denham, S. A., Kochanoff, A., & Whipple, B., (2004). Playing it cool: Temperament, emotion regulation, and social behaviour in pre-schoolers in *Journal of Social Psychology*. Memphis University of Memphis.
17. Action for Children (2015), Impact Report 2015. London: Action for Children.
18. Action for Children's Children Centre Survey 2015. N= 374.
19. Action for Children's Children Centre Survey 2015. N= 372.
20. Parliament (2015) 'Childcare and Education Minister questioned on Sure Start centres', <http://www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/news/sure-start-follow-up-session/>
21. Marmot, M. (2010) Fair Society, Healthy Lives. London: University College London
22. Wave Trust (2013) Conception to age 2 – the age of opportunity. Surrey: Wave Trust.
23. Cuthbert, C. (2011) All babies count: Prevention and protection for vulnerable babies. London: NSPCC.
24. Wave Trust (2013) Conception to age 2 – the age of opportunity. Surrey: Wave Trust.

25. Leadsom, A., et al (2013) The 1001 Critical Days: The Importance of the Conception to Age Two Period.
26. Health and Social Care Act 2012, London: The Stationery Office.
27. Department of Health (2011) Parents' views on the maternity journey and early parenthood. London: Department for Health
28. Spinelli, A., (2003) Do antenatal classes benefit the mother and her baby? The Journal of Maternal-Fetal Feb; 13 (2):94-101.
29. Department of Health (2011) Parents' views on the maternity journey and early parenthood. London: Department for Health
30. Goff, J. (2013) Evaluation of Children's Centres in England (Strand 3) Delivery of Family Services by Children's Centres. London: Department for Education.
31. Evangelou, M., et al (2014) Evaluation of Children's Centres in England (Strand 3) Parenting Services in Children's Centres, London: Department for Education.
32. Royal College of Midwives (2011) 'Low-income women 'poorly served' by midwifery services', <https://www.rcm.org.uk/news-views-and-analysis/news/low-income-women-poorly-served-by-midwifery-services>
33. Department of Health (2011) Parents' views on the maternity journey and early parenthood. London: Department for Health
34. The Organisation for Economic Co-operation and Development (2009), Doing better for children: the way forward. Paris: The Organisation for Economic Co-operation and Development.
35. Nursery World (2014) 'Guidance for multi-agency working', <http://www.nurseryworld.co.uk/nursery-world/news/1145365/guidance-multi-agency>
36. Wave Trust (2013) Conception to age 2 – the age of opportunity. Surrey: Wave Trust.
37. Action for Children (2011) Evaluation of antenatal service in Northern Devon Children's Centres. Devon: Action for Children.
38. Action for Children Children's Centre Survey 2015. N=376.
39. Action for Children (2015) Beyond the building: Data sharing. London: Action for Children
40. Department of Health (2011) Health visitor implementation plan. London: Department of Health.
41. Evangelou, M., et al (2014) Evaluation of Children's Centres in England (Strand 3) Parenting Services in Children's Centres, London: Department for Education.
42. NHS England, Indicative Health Visitor Collection: July 2015. London: NHS England.
43. From September 2015 the Early Years Foundation Stage (EYFS) Progress Check at age two with the Healthy Child Programme (HCP) 2-2½ year health and development review into an integrated process.
44. The Early Intervention Foundation (2015) 'Greater Manchester: Integrated 8 Step Universal Assessment' <http://www.eif.org.uk/case-study/greater-manchester-integrated-8-step-universal-assessment/>
45. Nursing Times (2015) 'Health visitor caseload escalating despite workforce boost' <http://www.nursingtimes.net/nursing-practice/specialisms/public-health/health-visitor-caseload-escalating-despite-workforce-boost-finds-survey/5089472.article>
46. Slyvia, K., et al (2015) Evaluation of Children's Centres in England (Strand 3) Organisation, services and reach of children's centre. London: Department for Education.
47. Ofsted (2013) The framework for children's centre inspection. London: Ofsted

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