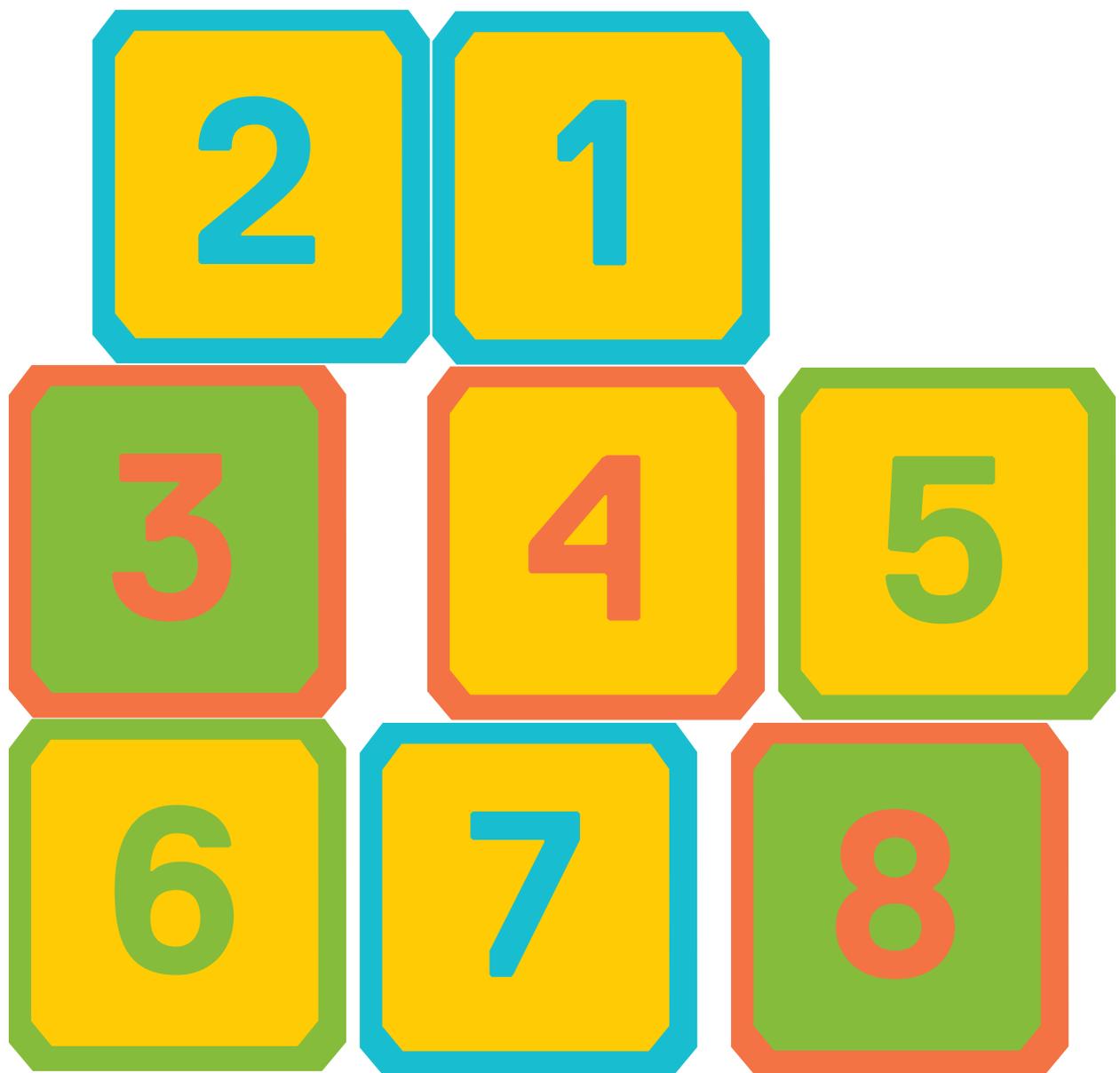


21st century children's centres



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Introduction

Children's centres matter. They matter to the families and children who use them, to the staff who work in them and for them, to the local authorities who are accountable for them and to those who share the ambition to reform the way in which public services are organized and delivered.

What makes children's centres so distinctive is the collaboration and co-operation of different professional groups, and how they bring together services for children and their families in new and radical ways.

Instead of defining families as hard to reach, children's centres have recognised that it is sometimes their own services that are unreachable. To make sure that families can access services and can actively engage with them

staff must work in different ways. Children's centres that explicitly address issues of poverty and social division can increase social support, friendships and inclusiveness. They can develop a rapprochement between those that traditionally deliver services and those that use them. In the most effective children's centres services are co-produced¹.

Children's centres need to be accessible to all but they have a particular responsibility to ensure they are accessed by the most vulnerable and disenfranchised.

Increasingly children's centres are expected to show how they really make a difference to individual children and families and how they are narrowing the gap between the most disadvantaged children and their peers.

How children's centres make a difference is by helping parents find the support and practical help they need to give their children the best start in life. For families living on benefit, struggling to manage on one wage or in overcrowded or poor quality housing with no access to outdoor space this can be transformative. Locating health, childcare seamlessly linked to early education, and parent support services on one site or close by and integrating them in such a way as to offer children and families one flexible, reliable service of consistent quality is the beginning of a social revolution. The historic divisions between daycare, early education, health and support to parents that made little sense to families in the 1990s now makes increasingly little sense to the services themselves.

Children's centres have been supported by all political parties. This is both testament to their huge popularity and to the impact they have had on how services to children and families can be integrated and transformed. All political parties are committed to policies which ensure that every child, irrespective of background, can achieve their full potential. All share a commitment to break cycles of deprivation, support parents into employment and reduce child poverty.

The recent report on Sure Start

children's centres by the House of Commons Children, Schools and Families Committee concluded that:

"The Sure Start programme as a whole is one of the most innovative and ambitious Government initiatives of the past two decades It has been solidly based on evidence that the early years are when the greatest difference can be made to a child's life chances, and in many areas it has successfully cut through the silos that so often bedevil public service delivery. Children's centres are a substantial investment with a sound rationale, and it is vital that this investment is allowed to bear fruit over the long term"
Select Committee, 2010 p.3

Children's centres may still be in their infancy but the influence of their ancestors' policies and programmes have been an important and valuable inheritance. Margaret McMillan had the vision of a nursery school that was in many ways a blueprint for a contemporary children's centre; located in disadvantaged areas, concerned about the nurture of very young children and committed to supporting mothers so that they could work and learn. In the 1940s the rapid growth of day nurseries allowed women to work in the war effort but by the 1950's few day nurseries remained. Some local authorities were beginning to open

nursery classes and nursery schools and the playgroup movement took its first steps. By the 1960's day nurseries had the role of caring for children deemed to be at risk and the children of working parents, particularly single parents. Many nursery schools reverted to offering only part time provision. In the 1970's and 80's Family Centres were introduced to try and support families in challenging circumstances. By the 1980s there were Nursery Centres combining daycare and nursery education in many English regions and a small number of pioneering Integrated Centres that were offering children and their families a wider range of support services.

An inquiry group to develop the concept of fully integrated centres for children and families was set up by Labour in 1996. This was followed by an intensive period of experimentation with different models and programmes: Early Excellence Centres (1997), Surestart Local Programmes (1999), and the Neighbourhood Nursery Initiative (2001). Surestart children's centres emerged in 2004, and in the first and second phase of this programme many of the „new' centres built on what had gone before; subsuming Surestart local programmes into new structures, extending the work of existing Early Excellence Centres or Nursery Schools (ibid; p14-17).



Children's centres' transition from infancy towards greater maturity comes at a time when there is an urgent need to identify what defines the most effective children's centres and how their models of radical efficiency can be replicated. But which models work most effectively and what is so significant about their practice? Which models have become firmly embedded in their communities and within professional services?

The Innovation Unit and the Pen Green Research Base were commissioned by the DfE (then DCSF) to organise a series of Think Tanks to ask some fundamental questions about children's centres and their future.

The 5 workshops drew together the perspectives of outstanding practitioners in the field and other thought leaders in the areas of social and economic policy.

The purpose was:

- to explore perspectives on the mission and primary tasks of children's centres
- to surface exemplars of the most highly effective means of achieving these tasks in the light of the experience and investment of the last five years
- to examine some key questions about the future of children's centres in the light of changing conditions
- to create a possible platform for future work on more radical, but practical, innovation in children's centres and related services.

This report describes what the 5 Think Tanks revealed and explores the possibilities for future innovation. Some of the themes that emerged are illustrated with examples of effective practices in children's centres. These are based on research visits to centres involved in the Think Tanks where best practice could be observed.

It is the right time to be asking some fundamental questions about children's centres and their future and to be listening to the perspectives of outstanding practitioners in the field and other thought leaders. The Select Committee asked similar questions and where appropriate their conclusions have been included.

“It is the right time to be asking some fundamental questions about children's centres and their future”

Think tank

#1

Mission and Core Tasks

This session explored the mission and core purposes of Children's Centres. The core purpose of a children's centre as defined in the National Standards for Leaders of Children's Centres¹ is to make a positive difference to the health and wellbeing of every child and family and to make the greatest difference to the most disadvantaged so that the gap between these children and their peers is reduced. Every child would be safer, healthier, more resilient and better able to enjoy new learning opportunities; every family would feel supported, involved, responsible for their own and their children's learning and more closely connected to their local community.

THE QUESTIONS

21st century children's centres have evolved both in numbers and roles over the last 6 years.

Given the changing conditions in which they now operate what are the current understandings about their core purposes?

What are the options for their future and how should these be reconceived in the light of current circumstances?

THE DISCUSSION

Participants in this workshop concurred that the core purpose of children's centres remained that of supporting all children within their families and communities. There was agreement that children's centres must ensure that the greatest benefit is felt by the most disadvantaged. To do this effectively children's centres must be clear that whilst encouraging all local families to use some aspects of their services, resources should be allocated in proportion to scale and intensity of disadvantage. They must also ensure that any focused intervention is well designed and meets the expressed needs of parents, as well as professionally identified needs.

There was strong consensus that the most disadvantaged families and children must derive the greatest benefit. However there

were concerns expressed that focusing solely on narrowing the gap between the extremes of most and least disadvantaged ignores the complex needs of other families that require significant help if they are to thrive. Reducing the gradient of all disadvantage was seen as a core task of children's centres.

Too often the core purpose of children's centres has been confused with the core offer of services that they are expected to provide. There was agreement that what distinguishes the effective children's centre is its core and shared purpose. This is achieved when staff share an understanding of what this is. The list of required services has been misinterpreted as the core purpose rather than the means to achieve it.

A list of ingredients is not the

same thing as a cake. Without an understanding of how ingredients are to be combined, what proportions are needed or how they should be cooked they remain separate and individual items. The best cake will include all ingredients blended and cooked with skill and experience. Some children's centres can show they include all the separate ingredients but cannot show that they have integrated them.

Other confusions have arisen. Children's centres were intended to be a universal service but one that began in the poorest areas. The assumption made by some centres

that all services prescribed in the core offer were of equal importance and that equality of access would happen without carefully focussed intervention was mistaken. Perhaps the greatest confusion has been that all children's centres are broadly the same and that they share all the same purposes. Those centres with no integrated education and childcare and no dedicated building have a more limited role. Such misunderstandings have interfered with clarity about the core purpose and its direct connection to improving outcomes.

Critical Issues and Future Models

Need for a seamless system of services

The current model of many children's centres is that the paid staff organise and run a menu of services either directly themselves, in collaboration with others or commissioned from others. Families may use more than one centre and any combination of services or none at all. In the best centres, where a sense of community has been developed, many families do experience the services and activities as one seamless system.

A future model could be different. The starting point could be that of local people co-constructing the design for their own children's centre. There would still be a need for qualified staff, and for professional services. The shift would be that in every centre local people would be supported to do more for themselves and would become far more discerning consumers of public services over which they have far greater control.

The key will be to redesign services to enable more mutual self-help, so that people identify their own solutions. Children's centres could become firmly rooted in their communities and one of their purposes would be to create and sustain strong, supportive relationships for people to draw on.

“There are good reasons for putting relationships at the core of effective public provision. Relationships are at the heart of what makes for a good life. Living as a solitary individual, for most people, is a recipe for unhappiness. Much of what we most value - love, friendship, trust, recognition, care - comes from relationships with family, friends and social networks. People grow up well and age well if they have supportive relationships.”

Charles Leadbetter, July 2009

Need to re-focus and re-name as Centres for Children and Families

Whilst recognising the importance of parents and families within the current model, the children's centres principal concern is for children. Indeed primacy is attached to the childcare and education and most outcome measures are about children.

In the future a change could be signaled by a change of name. Children's centres could be renamed as Centres for Children and Families. Such a change would indicate an increased focus on supporting families to support their children. Within ten years it would be widely accepted that it takes committed parents and a Centre for Children's and Families, rather than a village, to bring up a child. Staff in the new Centres for Children and Families will need to deepen their engagement with families.

Some innovative children's centres, in collaboration with partner organisations, published a vital set of principles² for successful and sustained engagement.

Successful and sustained engagement with families:

- 1** is maintained when practitioners work alongside families in a valued working relationship
- 2** involves practitioners and parents being willing to listen to and learn from each other
- 3** happens when practitioners respect what families know and already do
- 4** needs practitioners to find ways to actively engage those who do not traditionally access services
- 5** happens when parents are decision-makers in organisations and services
- 6** happens when families' views, opinions and expectations of services are raised and their confidence increases as service users
- 7** happens where there is support for the whole family
- 8** is through universal services but with opportunities for more intensive support where most needed
- 9** requires effective support and supervision for staff, encouraging evaluation and self-reflection
- 10** requires an understanding and honest sharing of issues around safeguarding

Need to recognise and respect parents as co-educators

The evidence is unequivocal. The quality of the home learning environment is the greatest single determinant of children's attainment. Thus a clear focus on working in partnership with families to build on this environment is seen as the best way to have effective impact on the development of children. Every children's centre has its preferred parenting programme and parents' involvement is currently welcomed as support for the professional educator and the child. What we do not have universally are well qualified early years educators who can

engage with parents respectfully and share their knowledge about children's development and learning effectively.

In a future model, children's centres might pioneer a shift from a conventional model of teaching and learning to a new model where parents and staff work together as co-educators. The conventional model of teaching still privileges the professional as the expert. Children's centres have shown their skill in engaging parents; now they need to develop a model of parental engagement which requires professional educators to share responsibility with parents for their children's learning.

“The roles of professional experience and parent's everyday experience are seen as complementary and equally important. The former constitutes a public (and generalised) form of theory about child development, whilst the latter represents a personal theory' about the development of a particular child. An interaction between the two „theories' as ways of explaining a child's actions may produce an enriched understanding as a basis for both to act in relation to the child. Only through the combination of both types of information could a broad and accurate picture be built up of a child's developmental progress.”
(Easen et al, 1992 pgs 282-296)

Think tank

#2

Co-location, Co-ordination or Integration? Which model results in the most embedded service?

This session explored the organisational and governance structures of children's centres and the impact on outcomes and centres' embeddedness in their communities. 'Embeddedness' was used as a proxy term indicating acceptability, accessibility, local ownership, high levels of engagement, sustainability, credibility and currency among parents and other professionals.

THE QUESTIONS

What are the strengths and weaknesses of particular organisational models?

To what degree are children's centres effectively linked both horizontally across all agencies that are engaged in work with children and families and vertically, from health services at the ante-natal stage to infant and maternal health services, both inside and beyond children's centres through to schools and extended services?

How can we know that children's centres are embedded within their communities?

The models explored were co-located, co-ordinated and integrated. The following definitions were used to describe the continuum of different organisational structures:

Co-located

Children's centres that share buildings or sites with other constituent organisations that are independently managed.

Co-ordinated

Children's centres that typically operate from one building and work closely with the other agencies involved.

Childcare and education separately managed and operated but with good working links.

Integrated

Amalgamated leadership and training. Most services run by the children's centre and most staff directly employed by the centre. Childcare and education run as one single service with staff employed directly by the centre.

THE DISCUSSION

Centre leaders and local authority representatives in this Think Tank all noted that there were features of co-location, co-ordination and integration within all their centres. An audit of current organisational structures would reveal a far wider range of complexity and variation than this typology might suggest.

The heritage and history of individual centres also affects their present organisational structures. Phase 1 children's centres that were formerly Early Excellence Centres, Nursery Schools or Combined Centres are much more likely to have adopted more integrated structures.

Organisational structures that support the most integrated models secured the strongest support from participants. Children's centres are most effective when all the staff of the constituent agencies share a common understanding of values and philosophy. It was the experience of participants that where governance and line management structures were unitary this was conducive to the development of shared values. The quality of relationships is crucial, whether between professionals and users, between individual professionals and between professional services.

Organisational structures can support such good relationships or can significantly mitigate against their development by cementing existing divisions and silos.

All models can work but those children's centres that are least structurally integrated rely more heavily on the quality of individual relationships between staff in different agencies and are highly vulnerable to changes in staff.

The success of family-nurse partnerships exemplifies the benefit of allowing a professional to see her patient as a whole person. Thus, helping a young mother to access training or get a job would not be deemed inappropriate. This is integration in practice. Whilst the number of children's centres benefiting from the family-nurse partnership scheme is relatively small, where such initiatives are managed through the children's centres they can influence and reinforce changes in professional culture and are more stable. Integrated structures within children's centres do not diminish the maintenance of strong relationships with other agencies. Where health visitors are members of an integrated staff team but also retain their connection to the health service, the benefits for all are striking.

Specialists can do much to support and improve the work of generic staff. The reciprocal benefits of staff from different professional

backgrounds and heritages working and learning together are an increasing asset for many centres.

Critical Issues and Future Models

Need to unify organisational structures

The organisational structures of too many children's centres are inimical to the radical reform of public services. Too many children's centres continue to underline and express the very divisions and differences between the public services they offer. The co-location of services on one site or through linked sites does not guarantee a seamless service or integrated multi disciplinary working.

Every single interaction between a childcare worker and a parent needs to be part of the ongoing relationship with that family. Every contact with an outreach worker needs to relate to the family and children's play sessions that parents are encouraged to attend.

There may be no perfect model but there are clear weaknesses if the childcare is run by an independent nursery, operating its own admissions policy and the outreach staff are all employed as part of a local authority-wide

contract. In such structures the opportunities for close and regular communication and joint planning, training and the management of a single budget are elusive and the centre is co-ordinated rather than led.

Future centres need to build on the success of children's centres where disadvantaged families are benefitting from a comprehensible and accessible system, not a series of individual services. For example, a young parent who has had continuous and regular contact with one consistent midwife who attended the birth, visits the home and co-ordinates a weekly group for teenage mothers has experienced a seamless system in which she has exercised control and influence.

Future models of children's centres need to be increasingly integrated in their structures and operation. Funding should reflect and incentivise integration. Changes in professional training should require all nurses, teachers, social workers and early

childhood educators to have an understanding of community development. All staff working in children's centres could undertake a mandatory post graduate module in community engagement, consultation and co-production. Continuing professional development would include shared training to promote consistent practice and shared understanding. Centres will have a responsibility to maintain a detailed understanding of their patch which is updated and comprehensive. Each children's centre will recruit and train 'parent champions' who will act as advocates for those in their communities who find it hardest to engage with public services. Reductions in public funding will be matched by a commensurate reduction in the levels of reliance on professional interventions and a growth in a culture of mutual community support.

Most centres currently offer a range of services in response to the mandated core offer often without much reference to the particular needs of the local community. Services need to be both locally relevant and personalised. Different activities will appeal to different groups of people, for example single mothers, fathers, families where parents are divorced or divorcing, families where English is not their first language, survivors of domestic violence or abuse in

childhood and refugees. However we need to move away from the simple assumption that all fathers would engage with or benefit from one generalised offer such as a Saturday Dad's group, or that all parents with infants will be able to appropriately use a support group such as baby massage or a stay and play session.

Activities such as baby massage seem to be universally popular and clearly have a general appeal both to the professionals running them and some, but not all, of the potential users. It is undoubtedly enjoyable and beneficial for most babies and many parents. Babies stress levels can be reduced, infant-parent attachment can be enhanced. However, some local parents may feel excluded by the massage mummies, some of whom come from outside the immediate area and may find it difficult to engage with these sessions. Individual fathers may prefer to engage in baby massage sessions in their own homes with support from their midwife or health visitor. When baby massage is carefully planned and thoughtfully delivered as part of a focused intervention it can have a much greater impact. Baby massage sessions run by highly skilled and trained staff working alongside parent mentors can be used to identify women with post-natal depression. Staff can forge close relationships with those who are vulnerable to mental

health problems or who need help in developing warm, companionable relationships with their babies. An integrated response to such emerging concerns by other staff in the centre at this early stage can ensure preventative help is given by outreach home visitors, childcare staff, health visitors, psychotherapists and other relevant professionals as well as very significant support from other parents. The quality of social networks forged at this early stage through parent support groups is critical to sustaining family life and enabling all children to thrive.

In future the segmentation of services will be fundamental. Children's centres will need to understand the 'fine grain' of their communities: they will need to be able to understand and interpret the data they already collect on families and children. What such interpretation must be able to reveal is the complexity and variety of family needs within a community rather than a list of deficits. All single parents cannot be assumed to be vulnerable or struggling. The particular and detailed knowledge and understanding that can be assimilated by a skilled home visitor must be used to inform services that reflect this. Some teenage mothers may be coping well and wish to continue their education. Others may require comprehensive family support over an extended period.

Segmentation

Four children's centres engaged in a total place exercise during which 40-50 local parents and workers developed a map to illustrate the segmentation within current users and non users of their centres. They identified:

- **Service champions – active/passive**
- **Engaged stakeholders**
- **Self sufficient families**
- **Multi-service users**
- **Single service users**
- **Disenfranchised users**
- **Restricted engagers**
- **Suspicious and uncomfortable**
- **Culturally alienated**
- **Uncertain or uniformed disengaged**
- **Disengaged and disillusioned**

Subsequently they embarked on an ethnographic study to follow through and explore the experiences, concerns and needs of the disillusioned and disengaged families.

Total Place Corby: Pen Green Research, Development and Training Base & Leadership Centre.

The need to develop social networks and social capital

Children's centres are not simply changing communities in terms of the services they provide to parents; they are also places where community is being built. For the most part families are no longer passive recipients of services but there is still enormous potential to do more to support social networks, friendships and to create local communities of interest. Although the creation of social capital is not included in the core offer, it should be seen as part of the core purpose. This is a crucial and perhaps underestimated role; one that is central to how embedded a centre becomes within its community. Stay and play sessions with little purpose or direction and sterile community cafes with no customers have little to offer; but well run and managed by parents who are meeting different cultural and social needs, they can electrify civic engagement.

There is no standard recipe for success. Norms and values may collide with the commitment to reach the most disadvantaged: a no smoking policy is clearly essential to promote health, but it may exclude the very families the children's centre wishes to welcome and engage.

In a future model, the importance of creating more social capital would be central to developing strong families that are able to give children the best foundation. Parents can get to know each other before the birth of their babies and make friends in the way the National Childbirth Trust does for those parents who can access their classes.

Births could be registered at children's centres, child benefit channeled through them, and they could be used far more as contact centres for separated or divorced parents. Weekend and evening access for working parents and fathers in particular could be managed by well trained volunteers supported by staff. Facebook, blue tooth technology, mobile phones and email could be far more imaginatively and creatively deployed to communicate with parents and between them.

Think tank

#3

Narrowing the gap – a targeted or a universal service?

Children's centres have been described as the new frontier of the welfare state. At the same time, they are regarded as the first phase of the education system working with all children from 0-4. Their role is now however becoming increasingly contested. This think tank explored the ways in which, within a universal service, it is possible to develop targeted interventions which can systematically narrow the gap in terms of children's well being and achievement.

THE QUESTIONS

Should they continue to offer universal services that are open to all children and families?

Or should they revert to the original purpose' of the Sure Start local programme and concentrate on early intervention and focus on the poorest and most vulnerable families?

THE DISCUSSION

Was the original purpose of Sure Start to provide a targeted service? Think tank participants recalled the history of Sure Start and the provenance of children's centres. The original 200 Sure Start local programmes which began in 1998 were concentrated in areas of deprivation, but they were not confined to poor families. There was a clear expectation that everyone in the programme

area should be encouraged to participate in some way. The core areas of health (child and maternal), early education and play, and family support for the under-fours were all prescribed but there was also autonomy to add extra services such as debt counseling or benefits advice.

Sir Norman Glass, the senior Treasury civil servant properly credited as one of the original creators of Sure Start, wrote some years afterwards:

“The aim was resolutely child-centred and drew on evidence that outcomes for children from disadvantaged backgrounds were to a large extent influenced by early-childhood experiences, and that there were sufficient examples to suggest that the launch of a sizeable programme was a worthwhile risk. The principal focus was the child; it was all about child development.”

What Norman Glass himself described as the “one fatal flaw” was that not all disadvantaged children live in deprived areas.

“What I learned from visits to successful early years programmes and local communities was that it was necessary, in the case of early years at any rate, to involve local people fully in the development and management of the programme if it was to take root and not simply be seen as another quick fix by middle-class social engineers. “What works” is important, but “how it works”, at least in this policy area, is equally, if not more, important.”

Surely some mistake? Norman Glass, The Guardian 05.01.05

The context was seen as crucial. There was agreement that publically funded services must be targeted at those that need them most. This is good policy, good practice and good economics (Horne, 2010). There was also agreement that the most effective targeted services need to have a universal gateway. Universal in this context was defined as a service that is both accessible

and desirable. Families vote with their feet and do not readily engage with services that carry a stigma. Services for families with problems can often be perceived as services for problem families. Participants felt that programmes seen as being targeted at the most disadvantaged run the risk of carrying a stigma for families in general.

“The ability to firstly identify and then be in a position to offer services to high needs children on the same site as universal services reduces the stigma of take up of these specialist services. The continuity provided by staff allowed relationships of trust to develop and aided the achievement of positive outcomes”.

Backing the future, Action for Children (September 2009)

The culture of aspiration and ambition that is so central to good children's centres relies on an open, universal service in which all parents are welcomed and the only passport to entry is a child or a pregnancy. Services targeted at the poor risk being poor services.

John Harris, representing the Association of Directors of Children's Services, summed up this view succinctly in his evidence to the 2010 House of Commons Children, Schools and Families Committee:

"Children's Centres in my view, model the joined-up delivery of services for vulnerable children and families envisaged in Every Child Matters and the Children Act. They provide the most visible evidence of impact to date of Every Child Matters in action, particularly in targeting work with the most vulnerable children and families through universal services" (op.cit., 2010).

A commitment to offering public services at times when they are most needed would be a big step forward. There is clearly a need to "sweat the assets" of children's centres, as high cost institutions capable of accommodating the needs of the wider community both during and out of normal hours. Children's centre staff must ensure that families who need the most intensive help receive it

and welcome it because it is part of a universal and desirable local service, not a consequence of some perceived failure or deficit. Identification of families who need help can only be accurate and effective if children's centres have good and accurate data about their population. Children's centre leaders lamented the lack of consistently available child health data.

Participants did not consider that enough had been done to consistently direct resources or keep a sharp and concentrated focus on the most disadvantaged. Children's centres have not always fully understood or identified the neediest families in their communities and have not recognised the need to offer minoritized groups distinct and finely tuned services. The sensitive and accurate identification of problems and difficulties requires highly qualified staff: early educators, social workers, midwives and health visitors. Significant developmental delay, serious physical or mental illness, bereavement, isolation or domestic abuse may not be easily recognised or identified by workers with limited training and experience.

If we are to meet the complex needs of all the families within our communities then a multi-agency approach that preserves the conventional boundaries between

professions is not good enough. The failure to shift professional practice and establish new conventions of how professionals work with families and with each other has contributed to low levels of engagement of families with a long held distrust of public services. Shared values and attitudes are as important as raising skills and capabilities.

Centre leaders spoke about a range of targeted services that operated within their children's centres such as speech and language, infant and adult mental health and child psychology. Attendance had increased sharply with almost no missed appointments when services were offered locally. Costs per session had gone down, parental satisfaction had improved, and more children and adults were receiving the targeted specialist help they needed. The fact that such services operated from centres regarded as desirable and popular by the wider community was seen as contributing to their acceptability.

Targeting works much more efficiently and effectively within a universal core. A mother may be identified as having post-natal depression through a universal service such as a parenting group or growing together group or a community drop in. Subsequently they might receive time-limited intensive support

from a trained counsellor and then attend a focused support group within the centre for women with similar issues run by a mental health trained social worker, a psychotherapist and an experienced parent volunteer. Later the mother might attend an open access community drop-in with no further need for additional support.

A model that limits centres to working exclusively with families referred by social workers with concerns about child protection would be a regressive step. The experience of social services day nurseries in the 70s, 80s and early 90s should be a poignant reminder. A highly selective disadvantaged group of children with diverse and sometimes acute needs were concentrated in nurseries. Parents, almost exclusively mothers, were engaged with difficulty in time-limited work. Costs were high but improved outcomes were rarely evidenced.

There was a view among the participants that differential charges could apply to different families. Many participants felt that charges for some services would not compromise the values or ethos of the children's centre as a whole. A fundamental principle adopted by one local authority in its charging policy for childcare in children's centres is that 10% of places are reserved for local

residents who can afford to pay commercial rates. Such families are content to pay these fees because they consider that the quality of the care makes this good value. Indeed fierce competition to pay nearly £300 a week for a service that is free or very low cost to the poorest not only does much to boost quality but also contributes to the social mix of children for the benefit of them all. The richest families are effectively underwriting some of the costs so that the poorest can benefit. For the first time public services (children's centres) set up for the poorest communities were seen as highly desirable by the middle classes. At the same time, there needs to be recognition that there will always be children living in challenging circumstances who require full time places. With the change to single formula funding, only the wealthiest families can afford full time places. Participants were deeply concerned that for the first time in living memory, the most vulnerable children will no longer be able to access full time places.

Targeting is not always accurate. Serious physical or mental illness, bereavement, isolation or domestic abuse may not be identified. Indeed, families may go to some lengths to hide issues such as postnatal depression or sexual abuse for fear of being labelled or at worst losing their children. These families find the social support

and easy access to professional help within their local children's centres an attractive and welcome alternative. Children's centres should remain universal services but there must be a continued and substantial improvement in ensuring that those families who could benefit most are being reached and engaged. This is pragmatic, sensible and cost effective.

Participants pointed out that the policy imperatives underpinning each of the four early education and care initiatives of the previous government were full of contradictions and inconsistencies. Early Excellence Centres were required to integrate their education and care provisions but without clear guidance. Provision in most Early Excellence Centres was often highly differentiated. There were human resource anomalies: childcare staff being relatively under qualified and poorly paid and working year around, nursery education staff including teachers and nursery nurses being better paid and working school terms only. Sure Start local programmes in the trail blazer and early phases had no requirement to set up childcare. Childcare only became an integral part of all Sure Start local programmes in 2002/2003. Since many Sure Start programme managers had a health or social work background it was perhaps inevitable that childcare was on

the whole commissioned from the private sector and self managed. Under the Neighbourhood Nursery Initiative most of the childcare provision was also in the private sector with very limited teacher input. In phase 1 and 2 Children's Centres, childcare was once again a requirement, but in most cases it was offered through a private provider with a few children's centres/nursery schools developing fully integrated education and care provision for the first time with children from 0-5 years.

Participants commented on the fundamental confusion that exists over the notions of childcare and early education, at all levels of the system. The Rumbold Report made the case in the 20th century and the EPPE study confirmed in the 21st century that care

without education is unlikely to transform any child's life chances, and education without care is unprincipled. The rights of children to have the same level of contact with highly qualified teaching professionals cannot be contested. It takes a highly qualified worker trained in education and care to make a difference. Quality matters and has a direct and measurable impact on outcomes.

The tensions between encouraging nurseries from the private and voluntary sectors to become involved in children's centre activity and encouraging the most integrated public sector children's centres to reach out to autonomous PVI provisions set up for a very different purpose has not been resolved.

Critical Issues and Future Models

The primacy of education and care in 'narrowing the gap'

Children's centres have had much attention as the first phase of the education system. Early education and childcare in the best children's centres, where there are significant numbers of graduate teacher early educators, has undoubtedly raised the levels of achievement of the most disadvantaged children.

These highly effective centres are often former nursery schools with local authority admissions policies or phase 1 children's centres. OFSTED confirms this. However the numbers of children involved are comparatively small. Few phase 1 or phase 2 children's centres offer more than 100 places and the great majority of children within a centre's reach area attend other forms of early years childcare and

UK's ARRESTED DEVELOPMENT

“13 years on, we still have an ECEC system split between childcare’ and education’. The split is structural – different access criteria, different funding systems, different costs to parents, different workforces. But is also conceptual. The government (and in fairness, most of the country) seems unable to get beyond thinking and talking about Childcare’, as private provision for working parents, and nursery education’, a public good and part time entitlement for all 3 and 4 year olds.”

Peter Moss – Nursery World Feb 2010

education. There continues to be a tension between those childcare and early education settings that are targeted at supporting families to work and those that select children on the basis of their needs.

Children’s centres provide childcare to support families when parents are working or when parents are undertaking training to return to work. Children’s centres in the public sector currently privilege those families living in poverty. PVI nurseries managed and led by organisations that are not part of the management or leadership structure of the children’s centre may be excellent and may work in close partnership. However, in general, commercial constraints not unreasonably take precedence. Private nurseries cannot select children on the basis of need unless these children’s fees are paid.

Targeting cannot work effectively without admissions policies that reflect priorities based on need.

The free entitlement to child care through working families tax credits are not enough to make sure that the most disadvantaged children always get priority for nursery places. Indeed it may well be that the most advantaged families within the children’s centre area, or indeed from outside it, are the beneficiaries of the children’s centre childcare places.

Schools and most local authority-run children’s centres give priority to children in greatest need of places, those with special needs and looked after children. Almost all families need childcare for work but this can be done better and more imaginatively to enhance the emotional and relational needs of parents and children’s emotional and intellectual needs. Most strikingly EPPE3 showed that children who had attended poor quality/less effective nurseries and play groups generally showed no significant aged 11 benefits in improved outcomes compared with

those who did not attend any early education or childcare provision.

The inconsistencies of terms and conditions within and across children's centres remain in 2010, including large discrepancies in staffing, salaries, qualifications, working hours, working year, purposes and practices. Despite the enormous investment of the last 14 years, it is still possible in 2010 to go into the most vulnerable 1% communities and visit children's centres with some outstanding aspects working alongside underfunded, poorly staffed private childcare struggling to make any difference at all in terms of child outcomes.

Recognition must be given to the overwhelming evidence from national and international studies (Barnett 2010) that a workforce made up of graduate level early years teachers is essential if there is to be substantive lasting impact on children's development and learning in children's centres.

A future approach would see Centres for Children's and Families as the preferred form of provision for all children in the UK, replacing the current 'childcare versus education muddle'. Existing phase 1 and 2 children's centres could lead the way. Virtual and under-performing children's centres could be decommissioned.

The most disadvantaged children and parents would receive the highest level of funding. A child premium could be developed. This would involve accurate and up-to-date information and would result in improved local data collection and data sharing. Child premiums would apply to childcare and early education, thus creating an incentive for all nurseries to select the most disadvantaged children. This could be tied to quality so that outstanding early education settings take the highest proportion of disadvantaged children.

Need to develop integrated services for vulnerable two year olds

The new funding for two year olds in the most disadvantaged areas was welcomed as the early childhood education and care equivalent of manna from heaven. Participants were critical however of the piece meal nature of the response of some local authorities. Gate keeping of the funded places for two year-olds was inconsistent, with Common Assessment Framework identified needs being used as a requirement for eligibility in some local authorities. Other local authorities had insufficient outstanding settings to engage with these children, and some of the most vulnerable children were not able to be placed. The

need for additional family support was putting pressure on some private provision because there were insufficient staff competent to engage with complex family situations. In some cases family support was having to be offered at the children's centre, and children were being placed with private childcare providers several miles away.

If we are to 'narrow the gap' then future models of centres will have to address the needs of the most vulnerable two year olds, as well as those two year olds needing childcare places because their parents are returning to work. Centres will have fewer highly qualified professional staff working with more well-trained volunteers. There will be fewer outreach workers but at least one attached qualified social worker, working alongside teachers, early years professionals and health professionals.

The national standards for children's centre leaders are demanding; they are equivalent to those of head teachers and should be determined by national pay scales, as they are in the primary and secondary phase. In the future, centre leaders will need to work more effectively within reduced budgets. An embedded system of staff supervision will be paramount if centres are to achieve their core purposes: narrowing the gap in children's attainment, and safeguarding children, so that no child falls through the gap.

The most outstanding children's centres will need to become training and development centres in a similar way to teaching hospitals. Their role could usefully be extended to include staff training for other centres, mentoring and advisory work. All other local authority, private and voluntary sector early years settings could receive their support and training through these children's centres.

Think tank

#4

Who drives children's centres?

Most public services are beginning to see that co-production is the way forward to ensure the most effective use of resources, greater personalisation, community cohesion and satisfaction. Co-production⁴ is defined as a strong and equal partnership between the users and providers of public services to achieve a valued outcome. Within a philosophy of co-production everyone has something to contribute, reciprocity is important, social relationships matter and social contributions (rather than financial contributions) are encouraged. This session explored the extent to which children's centres enable and engage users in shaping and delivering service.

THE QUESTIONS

Is the concept of co-production applicable to children's centres?

How can centres engage families and empower them to plan, deliver and evaluate services?

**Are centres open on days and at times that suit families?
At weekends or evenings?**

Are different groups and families offered different services?

THE DISCUSSION

Whilst the Neighbourhood Nursery programme had one inflexible principle, not one penny of the funding could be used for posts within the local authority, participants commented on the large bureaucratic silos that had been created to manage subsequent ECE policy and practice. Middle management posts have become an established and expensive part of many local authorities somewhat inflexible top down approach.

The consensus was that the most effective Children's Centres built on the values of co-production. How-

ever it was regretted that some of the energy and intense involvement of parents that had been a feature of many successful Trailblazer Sure Start programmes had been lost in the less demanding requirements for advisory groups that now applied to children's centres.

Participants reported that in some centres parents and staff are working together to support children's learning and development. Parents develop their own skills and deepen their understanding about how children learn. This in turn supports them to become confident parents.

Co-production

from Boyle and Harris (2009) „The Challenge of Co-Production’ NESTA/NEF/ The Lab

‘Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.’ (p. 11)

Figure 1: User and professional roles in the design and delivery of services

		Responsibility for design of services		
		Professionals as sole service planners	Professionals and service users/community as co-planners	No professional input into service planning
Responsibility for delivery of services	Professionals as sole service deliverers	Traditional professional service provision	Professional service provision but users/community involved in planning and design	Professionals as sole service deliverers
	Professionals and service users/community as co-deliverers	User co-delivery of professionally designed services	Full co-production	User/community delivery of services with little/no professional
	Users/communities as sole deliverers	User/community delivery of professionally-planned services	User/community delivery of co-planned or co-designed services	Self-organised community provision

London Borough of Newham described children's centres as, "the best approach to collaborative and potentially cost-effective models of local delivery that currently exists in the public sector"

Children, Schools and Families Committee Report 2010

Children's centres are incubators for communities of interest. All parents want more for their children than they had themselves. A shared, common interest in babies and small children has proved to be, unsurprisingly, a powerful motivating force. Parents want to do what is best for their child and opportunities for them to become part of a community of families reinforces and increases their enthusiasm and ability to do so.

The best children's centres harness parental enthusiasm, and staff and

parents share a conviction that parents' involvement in their children's learning is fundamental to children's healthy and successful development. The EPPE5 study endorses the crucial importance of home learning. The research found that the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. What parents do is more important than who parents are.

Critical Issues and Future Models

Need to engage parents as co-educators

When parents are helped to interpret their babies and young children's responses better, they influence not only their children's emotional processing, but also their own. In this approach parents become equal and active partners with their children's key workers in observing their own children and interpreting what they see.

A radical shift in future professional practice would mean that a parent's role as their child's first and most consistent educator was given much greater prominence and acknowledgement. Children's centres would make greater use of video, shared assessment and other technology so that parents can record learning at home and share this with staff so that they can adapt the curriculum to re-enforce and extend this learning.

Need to increase level of parental voice and participation

Many of the children's centre leaders, and their staff, worked as community co-ordinators with the skills and local knowledge to act as brokers and mediators. They had invested resources and time in encouraging parent participation. Parents who volunteer to support other parents gain as much from the experience as those they help. Some children's centres are run by local people as governors or on management committees. Others have a joint leadership model whereby one element of the centre is run as a social enterprise, community organisation, charity or mutual.

Future models of governance will increasingly consider mutualism if local families are to be significantly engaged in conceptualizing, co-delivering and co-evaluating services. Children's centres will provide a fertile area to pilot community dividend schemes whereby volunteers and the whole children's centre is incentivised to reduce costs and improve outcomes by allowing the centre to share in any savings achieved by such measures.

Need to devolve power and resources to communities and their children's centres

Views about some aspects of current best practice differed. In many local authorities some elements of children's centre services such as outreach workers who visit families at home, are managed centrally or through locality teams serving a number of children's centres. Some participants felt that this can work well even if the culture and governance of the agency providing these services are different. However others felt strongly that managing all the family support staff centrally and then deploying them without reference to the centres is an ineffective and inefficient model.

In some centres this work was commissioned and undertaken by voluntary organisations such as Home-Start. Examples of best practice were where Home-Start home visitors worked alongside the children's centre social work and family support team and provided a comprehensive home visiting service for a whole town.

In the future, giving individual children's centres greater autonomy and control could produce better

and more effective local solutions at cheaper cost. Substantial efficiency savings could be made by introducing transparency of all children's services' expenditure within all localities. Children's centres as sites for co-production, in charge of their budgets, with strong local management and governance structures, could galvanize local communities in the most disadvantaged areas.

Need for centres to be at the hub of decision making re local funding

Children's centres receive funding from their local authorities and use some of it to purchase services from other professional agencies such as health or social services. Typically such funding is organised centrally in respect of all the children's centres within the authority. In the future children's centre leadership teams committed to Public Service Reform would work with health, children's services, education, libraries, economic development, Job Centre Plus and other public services to combine their contributions to the children's centre locality. All agencies would co-design their collective and individual outcome measures with the children's centres governance group. In a model of co-production the children's centre advisory group might become a management committee or governance structure with a devolved budget. The advisory group would know their budget, control its use and decide priorities. Working within the concept of 'Total Place'⁶⁷ with a commitment to explicit and shared budgets reduced inputs could produce better outcomes for children and families and efficiency savings.

Need to recognise the role and contribution of community volunteers

Volunteering and volunteer policy within children's centres is at this point variable and inconsistent. Levels of volunteer involvement vary widely. The legacy of Sure Start local programmes is slow to evaporate. Many roles that might previously have been held by volunteers, such as Parent and Toddler group organisers, became paid posts through Surestart local programmes. There is good evidence that trained parent volunteers working alongside professional staff can be both cost effective and lead to better outcomes.

With increased levels of local autonomy future centres will be able to promote higher levels of engagement and participation by families. The principle of reciprocity whereby volunteers learn and train in return for working in the centre would become the norm.

New volunteerism conventions will distinguish between roles of paid and unpaid staff and indeed question some of these boundaries with a view to changing them where the use of volunteers might lead to more effective outcomes and greater impact. The currently overlooked and under utilised energy and commitment of retired professionals will be an important asset. Better links will be created with national voluntary organisations such as Home Start, Family Action and CSV, that have the expertise and experience to design protocols, training and share good practice in recruiting and retaining volunteers.

6 Places, People and Politics: Learning to do things differently. Leadership Centre for Local Government. www.localleadership.gov.uk

7 For information on 'Total Place Corby' contact Pan Green Research, Training & Development Base

Think tank

#5

Measuring impact: How do we know we are making a difference?

The continued case for children's centres rests on their capacity to have a greater impact on children, families and their communities than other, separate existing services. This impact must extend to many levels and must be shown to have the greatest effect on the poorest children and families. Children's centres have the capacity to impact on children, families and communities at many levels:

- Children's learning and development
- Better supported and stronger families
- Parental involvement in their children's learning
- Community engagement
- Stronger sense of citizenship and
- More cohesive communities

THE QUESTIONS

Is it reasonable to expect children's centres to have an impact on all these aspects?

How are the best centres measuring the impact of services and the difference that services are making to users?

Where are the examples of highest leverage practice (i.e. greatest impact for least resource/effort)?

How do we know this is what they are? What are their key features?

THE DISCUSSION

The issue is not that impact must be shown but rather how impact can be measured and assessed meaningfully over a limited time frame. There are currently three main strategies for measuring impact: performance management by local authorities, Ofsted inspections of daycare/early education and full children's centre inspections, and the national evaluation which will be completed in 2016. Children's centres are expected to contribute to public service agreement targets across a number of cross cutting areas. Advice and guidance given to children's centre leaders fails to differentiate between central

government or local authority population outcomes and local outcomes over which a centre leader could properly be held to account. The lack of tessellation between national and local outcomes has often caused confusion. Outputs as defined by the number of families attending a service or the number of babies being seen have frequently been confused with outcomes, for example has our intervention made any difference to the child or family?'

Centre leaders were clear that until recently their responsibilities to show impact had been limited.

Even those centres that had been trying to measure impact systematically had only considered the impact they were having on those families and children currently using their centres. In some regions local data is still not readily available. In many of the centres the families regularly using services are among the more advantaged within their community. Measures of health and cognitive assessment are likely to be higher and impact could appear greater in such centres. In contrast, a centre with a far higher proportion of the more vulnerable families might be making a greater impact but, without appropriate baseline data to demonstrate the added value, would appear to be less effective.

Children's centre leaders were committed to developing their centres as learning communities, extending their own responsibilities as practitioner researchers and training their staff to undertake small scale practitioner research projects. They encouraged their staff to work within action learning groups with a shared focus. Some centres, particularly those that had participated in the Early Excellence Centres programme (1997 – 2004), made strong links between developing new practices and evaluating these developments. Some centres had well established review processes which ensured systemic continuous improvements.

There is overwhelming evidence that parents and families generally feel that children's centres make a wonderful and substantial difference to the quality of their lives and those of their children. Such evidence is typically anecdotal or based on parent satisfaction surveys. Although this evidence may not be considered scientific it indicates that centres are meeting existing service users' identified needs.

Some kinds of impact defy easy measures but still have great importance. In marketing terms, children's centres appear to have secured an appealing and positive image, attracting families from most social, economic and racial groups. The significance of this success should not be dismissed, since engaging families that might avoid other kinds of public services is indicative of initial and potential impact on their lives.

It is too early to be able to measure some outcomes. We cannot yet measure the impact on children whose parents have been supported into education and employment. We do not yet know what difference it will make to families and children to be part of close and consistent social networks. What might be the proxy measures that we could use to judge impact? The level of volunteering, attendance and participation in community

activities and management committees? The level of involvement and engagement in activities that support their own and their children's learning and development?

Most children's centres are simply too young to be able to show longer-term impact on both children and their parents. Tracer studies⁸ conducted in the more established children's centres have shown that participation in Parents Involvement in their Children's Learning programmes resulted in parents becoming advocates for their children throughout their time in the children's centre and on into the school system. Parental advocacy could be used as a proxy indicator for children's school success. Children's centres' potential role in raising aspiration and generating community development may prove to be their most effective and enduring success.

⁸ Pen Green Tracer Study: Whalley and Arnold 2010 Pen Green Research, Development & Training Base & Leadership Centre

The policy and practice guidance that accompanied the original Sure Start Programmes and children's centres was steeped in the language of partnership, integration and new ways of working. Inevitably the work to achieve this change in professional

practice in different authorities and in individual centres varied widely in its breadth of ambition, scale and interpretation. There seemed to be little evidence of any systematic enquiry into the degree to which practice had changed and improved since the children's centre programme was launched. Measures of motivation, knowledge and skills in community engagement, knowledge and understanding of the client base - the fine grain of the community - would need to be identified. Without a clear sense of the most important aspect of the delivery model it is hard to see how best practice could be replicated. Without a clear sense of the delivery model it would be almost impossible for local authorities to help staff think about their practice and hold them to account.

In hindsight, perhaps more prescriptive, more rigorous and more demanding standards could have been applied when approving children's centre plans. If a fundamental shift in how things were done was to be more than cosmetic re-arrangement, bold moves should have been rewarded and acknowledged. The most integrated models could have been encouraged and promoted. Instead, the pressure of scale and number encouraged local authorities to create almost virtual centres, centres that were composed of a loose coalition of different

services each under different management and accountable to different organizations. Impact is extremely difficult to measure in such organisations. In many cases one co-ordinator manages 2 or 3 centres. Any debate about the approaches of a federated model of children's centres has been neglected, and exigency has overridden concerns with best practice.

The view emerging from the last think tank was that it is premature to draw conclusions or make accurate assessments of the value of children's centres. We don't always have accurate or quantitative measures of outcomes and this must be improved, but we also struggle to measure outcomes such as the impact of community drop-ins and the establishment of friendship groups on isolated and vulnerable families. Parents may describe these groups as a „lifesaver', may claim that without them their depression or loneliness would have been intolerable. They may describe eloquently the empathy and mutual trust they have experienced. They may go further to reflect on the improvements in their parenting, which have been the result of this kind of contact. Assessing the benefits of these interventions requires the use of complex qualitative measures over extended periods of time.

In some children's centres a significant number of staff have started as volunteers and parents using the services. The reservoir of talent, skills and enthusiasm amongst parents, some of whom have no qualifications or experience, has been harnessed and developed. Good training, shared learning with the paid staff and supportive supervision have all been major factors in growing a good local staff. Schemes such as the CSV's Volunteers in Child Protection (ViCP) scheme matched volunteers with families with children on child protection plans. Volunteers who can understand the difficulties faced by families provide friendship, advice and support. They work closely with social care and act as a strong role model giving practical help and support.

Whilst it is relatively easy to measure referrals and re-referrals to the child protection register it is more difficult to measure community capacity building and the development of cultural capital. For example, when a parent attending a Parents' Involvement in their Children's Learning group goes on to become a paid member of staff supporting their own child so that they stay on and achieve well across the school system. Measures need to be devised for these kinds of adult engagement.

Critical Issues and Future Models

Need to develop practitioner research and rigorous evaluation

Currently children's centre staff work with other relevant professionals and parents to design and carry out small scale evaluations of particular areas of children's centre work often in their own time. Such evaluations are used to make immediate refinements or changes that improve impact.

In the future there would be an expectation that practitioners set out to evaluate the impact and 'value-added' of the services (co-produced or otherwise) offered by the children's centre. This would entail identifying baselines and appropriate measures and means to assess changes over time.

Staff could be supported to become practitioner researchers skilled in community consultation. Staff will be allocated non-contact time to undertake systematic reviews of practice. Working with parent champions as co-researchers staff could carry out local needs assessments making sure that all interventions are highly focused. Services will then be used by those who need and want them most. Instead of satisfaction survey questionnaires, parent-to-parent interviews would be carried

out in the family home to identify strengths and weaknesses within services. Using a 'mass observation' approach parents could be encouraged to keep written and audio diaries about their use of the centre and all the other public sector services they engage with over a week. This would generate critical data on the importance of children's centre services to family life in the 21st century and potential barriers to access.

Need to ensure that funding follows children and families and agree definitions of 'engagement'

Children's centre funding is not delegated in the same way in every authority. There are enormous variations in the funding of each centre. Nursery schools, primary schools and PVI organisations running centres may also receive additional funding, which can, in some authorities, contribute to the overall costs of the centre. Local authorities and governing bodies appear to be interpreting funding guidelines and regulations differently.

In future, when children's centre funding is more closely related to impact and outcomes, funding will need to follow the children

and families. Rather than being predicated on general levels of disadvantage within the children's centre reach area, individual family income and needs will determine funding and entitlement. 'Engagement' will need to be defined and determined through intensity of usage and participation sustained over time. The notion of engagement as simply 'registration' has led to some centres making widely inflated claims about uptake of services. Despite the difficulties that arise when assessing complex outcomes for children and families over short timescales, the children's centres key concern must be whether participation has made a difference to the child and the family.

Need to monitor and evaluate the impact of services

Currently most children's centres simply record parents and children's take up of activities, whilst some children's centres attempt to monitor shifts and change in parental and child behaviours. For example, improvements in parental self-esteem, parents' self-reported improvement in their parenting, parents' increased participation in their children's documentation and parents' increased understanding of child development. Some centres have effectively collected family case studies and family narratives

and „costed' them in terms of probable costs of non-intervention versus costs of intervention.

In the future, new practitioner research and evaluation methodologies will need to be developed to assess impact over time and identify the most effective local interventions. Governors and advisory committees need to engage in centre self-evaluation projects and will have a responsibility to monitor the comparative effectiveness of different interventions in terms of their relative impact and cost.

Need to embed seamless assessment of development and learning

In some children's centres, most often with education leads, staff systematically collect data on every child, which is both quantitative and qualitative. Through „celebration of achievement' files and „learning stories', children's experiences both at home and at nursery can be documented, and children's learning and development can be tracked. Summative mapping of children's progress against the EYFS helps staff to identify children with additional needs and to focus staff development on curriculum and pedagogical issues, where staff need to sharpen their knowledge and skills.

In the future there should be seamless data collection from the home to the children's centre through Foundation Stage to Key Stage 1, 2 and beyond. The capacity of both parents and professionals as good collectors of data would be acknowledged. Early childhood educators would value and use parents' knowledge as valid data. Teachers from primary schools would recognise the importance of collecting data from the Centres for Children and Families. All transitions would be well supported through the assessment process. Data would be presented in a positive and accessible way.

Need for professional reflection and self-evaluation

Currently there is very little evaluation of the effectiveness of staff engagement with children or their families. Whilst Nursery schools that are children's centres formally assess the pedagogical practice of teachers, there is little evidence generally of systematic staff self-evaluation. Supervision as part of safe, efficient and effective practice is often ad hoc and badly understood. Opportunities for whole team and individual development are idiosyncratic to non-existent across children's centre. If children's centre staff and volunteers are to improve their practice and understand its impact, then they need help in rigorously examining the thinking that drives their current practice and to support improvement in practice.

In future, staff and volunteers in all children's centres would be entitled to and receive regular supervision, training and development opportunities to support and improve their performance in terms of engagement with children and families. There will be a recognition that supervision is at the heart of improving professional practice. Through effective supervision, staff and volunteers learn how to challenge their own performance and can be held publically accountable for it.

The conclusion of the Children, Schools and Families Committee's recent report on children's centres was unequivocal in its support of children's centres.

"The Sure Start programme [ie. Sure Start local programmes 1999 – 2004 and Sure Start children's centres 2004 – 2010+] as a whole is one of the most innovative and ambitious Government initiatives

of the past two decades. We have heard almost no negative comments about its intentions and principles: it has been solidly based on evidence that the early years are when the greatest difference can be made to a child's life chances and in many areas it has cut through the silos that so often bedevil public service delivery. Children's Centres are a substantial investment with a sound rationale and it is vital that this investment is allowed to bear fruit". (op.cit., 2010) Centres for Children and Families have the potential to do more and do it better.

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