



## **Sure Start delivery in 2012/3: Delivering for Families**

Produced by the All Party Parliamentary Group for Sure Start

## **Delivering for Families**

APPG Sure Start: Inquiry Session, 6<sup>th</sup> September 2012

### **Background**

The All Party Parliamentary Group for Sure Start was founded in June 2010 in order to enable Parliamentarians to build the understanding and promote the development of Sure Start centres, and to share best practice across the country.

Over the past year, the Group has invited representatives from local authorities, voluntary sector providers, health professionals, parents groups and early years experts to provide evidence to inquiry sessions designed to shape and influence the policy and delivery of Sure Start Children's Centres.

In February 2012, the Group published an interim report into its findings to date<sup>1</sup>. During 2013 the Group will publish a further series of reports which will aim to influence and inform the continuing development of Sure Start Children's Centres and the services they provide.

### **Delivering for Families**

In September 2012, the Group met to identify how Sure Start Children's Centres can effectively manage increasing budgetary pressure and significant reform in order to give families and children the support they need to grow and prosper in the long term. The session, entitled 'Delivering for Families', brought together a range of experts with the aim of identifying examples of best practice, and proposing areas for improvement.

"Delivering for Families" heard from the following witnesses:

- Louise Harrington, Director and Principal Researcher of the NLH Partnership;
- Una Summerson, Policy & Public Affairs Director, and Jo Hardy, Head of Service Development, at Contact a Family;
- Samantha Lyle, of the Coventry Save our Sure Start Campaign;
- George Hosking, Chief Executive of the Wave Trust; and
- Joanna Tucker, Clinical Director at OXPIP.

Key themes and findings from the session are set out below.

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<sup>1</sup> <http://www.4children.org.uk/News/Detail/Interim-APPG-report-on-Sure-Start-network>

## **Partnership Working**

### **Key issues:**

- **Importance of partnership working – particularly with health professionals**
- **The importance of peer to peer support**

Research shows that the take up of services is highest where centres deliver a “one-stop shop” in partnership with other organisations. This is particularly true where children’s and health services work in partnership – for example with health professionals such as Midwives and Health Visitors based in centres.

This makes the most of the contact that health professionals have with all families, including those who are harder to reach and was for example one of the main ways in which families with disabled children came into contact with Children’s Centres.

In addition contributors argued that the lack of stigma attached to accessing universal health services also made it easier for more families to engage.

Collaborative work with parents, to deliver the services that communities really need, has also proven to be particularly effective in involving parents of disabled children. Indeed, peer-support at the core of service delivery was argued to be vital, particularly for parents of disabled children, as many feel isolated from other families in their communities. By improving peer support, families can get really practical help and ‘survival tips’ from each other, as well as vital emotional support.

Partnership working was identified as key to effective early intervention. Participants argued that Children’s Centres were better able to identify and intervene with families at risk where they were seen as an integral part of the local service infrastructure and not an ‘add on’. This then allowed for more effective work with vulnerable families through the timely sharing of information, providing a multi-disciplinary approach and ensuring the family’s needs were met in a holistic way.

Increasingly Children’s Centres in some areas are working with some of the most troubled families and this will increase as the focus moves towards a more targeted approach. Health links, signposting and partnership work was seen as key to delivering effective safeguarding, as recommended in the Munro review<sup>2</sup>.

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<sup>2</sup> Munro, E, 2011, The Munro Review of Child Protection, Department for Education

## **Outreach**

### **Key issues:**

- **Working with families in their own home**
- **The importance of retaining a universal element**

With the balance of Children's Centre work shifting from universal to targeted services contributors to the discussion highlighted the importance of effective outreach work for reaching the families who can benefit the most from services. They highlighted that outreach works best where centres deploy staff to physically go into families' homes. Initially to work with them on a one to one basis with the aim on bringing them into the Centre and accessing mainstream services as appropriate.

In addition, effective use of neighbourhood networks to identify families in need of support was also highlighted. Examples of centres engaging with religious and cultural leaders to reach diverse communities, and of asking families who are accessing services to speak to their friends and neighbours who they felt might also benefit were identified as effective methods of reaching new parents.

However, participants warned that targeted services should not be offered alone – because of the risk that services would become stigmatised. Participants were concerned that stigma has increased in some areas as a result of an increased focus on outreach, and a reduction in universal service provision. For example in some areas, participants reported that some parents were being driven away from accessing Children's Centre services as a result of an excessive focus on outreach. This had had impacted negatively on the diversity of parents using the services, and undermined the creation of representative and diverse communities around the centre.

Participants argued that the use of both universal and targeted approaches is essential to allow both drop-ins and outreach work to reach the largest number of parents.

Participants also noted that staff need more training and support to properly engage families with disabled children and other families with particular needs or vulnerabilities. Parents' biggest concern is that centres will be unable to meet their children's needs and so it is vital that Children's Centre staff are able to win the trust and confidence of these families.

Contributors were concerned that changes to management structures and reductions in staffing levels at centres risked a loss of expertise and also an increasing case loads for remaining staff – meaning they would be less able to spend the necessary time with families who needed support. Whilst peer to peer support and the use of volunteers may be able to provide some additional capacity, this work needs to be properly supported and managed by professional staff.

Further, accessible sessions for Dads – particularly those directed specifically at fathers, such as ‘Dads days’ are key to ensuring both parents are encouraged to use the services on offer to build stronger parental bonds and improve parenting skills.

Participants felt that awareness of centres and the services they provide still needed to be raised among first time parents, and that many are not aware of the services and support on offer until long after their children are born. In centres where health partnerships were not strong often health professionals were not actively referring parents to Children’s Centres – a real missed opportunity.

## **Measuring Outcomes**

### **Key issues:**

- **Measuring outcomes effectively**
- **Intervening at the right time**

With both national and local government increasingly looking at how to get best value for money out of their children’s centre provision – and the ongoing Payment by Results trial, which began in summer 2011 and was recently extended to run until 2014, measuring outcomes is becoming more and more important to Children’s Centres nationwide.

Measuring outcomes, when undertaken effectively, can provide a vital evidence base to children’s centre services, allow centres to accurately compare the value for money and positive outcomes of their services, and ensure that they are delivering programmes that help children and families. However, where evaluations are performed too rigidly or where the data that is required for evaluations fails to take full account of the positive impact of services, effective services could be undermined.

Participants raised some concerns about the data being sought by Payment by Results trials resulting in a ‘tick box’ culture, which constrained innovative delivery and squeezed out practices without a strong existing evidence base, in order to meet government requirements. It was stressed that for Payment by Results to be effective, it should capture the best practice being delivered around the country – including those services, for example, that may work well in rural areas, but not work well in urban areas. To ensure that results could be effectively captured, respondents stressed that a responsive and flexible system of outcome measurements should be adopted.

Participants also stressed the strong existing evidence base in favour of early intervention approaches. Clear positive benefits can already be seen from parenting and mental health interventions that can be delivered via children’s centres including: mental health risk assessments for expecting parents, parenting support, health and Special Educational Needs check for children, and assessments of secure attachment at 12-15 months.

## **Recommendations:**

As a result of the evidence gathered at the 'Delivering for Families' session, the All Party Sure Start Group has made the following recommendations:

### **To Government:**

- Department for Education should work collaboratively with Local Authorities and providers to ensure that the Payment by Results system does not discourage innovative new practices, or penalise a more localised approach;

### **To Local Authorities:**

- Local Authorities should consider requiring parents to register their baby's birth at a Children's Centre, as a means to ensure all new parents are aware of the support available through the Centre.
- Where possible universal service delivery should be maintained to ensure elements of stigma do not discourage vulnerable families from accessing Sure Start centres;

### **To Children's Centres and health professionals:**

- Centres should work to ensure expertise around disability and outreach are not lost as a result of management changes and staffing reductions;
- Centres should do more to work with parents before the birth of their children to ensure that they feel comfortable accessing available services, and those in need of additional support ideally before the baby is born. Close partnership working with health professionals especially midwives is one way to do this