
Best Practice for a Sure Start: The Way Forward for Children's Centres

Report from the All Party Parliamentary Sure Start Group



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Ministerial Forewords



“It is clear that a good start makes a crucial difference in securing good outcomes for children. Evidence from across the world confirms this.

“I will study the recommendations in this report carefully, and think about what more can be done across Government to support those working to provide services for children and families.”

Elizabeth Truss MP, Minister for Education and Childcare



“The work of the Sure Start APPG highlights the need to intervene earlier, and demonstrates that Children’s Centres are a crucial part of achieving better outcomes for families, and particularly the most vulnerable babies and young people.”

Dr Daniel Poulter MP, Minister for Health

About the All Party Parliamentary Sure Start Group

The All Party Parliamentary Group for Sure Start (APPG) was founded in March 2010 in order to enable Parliamentarians with an interest in early years policy, and specifically in Sure Start Children's Centres, to come together to build the understanding of the role and benefits of Centres; promote the development of Sure Start Centres; and to identify and share best practice across the country.

Over the past year, the Group has invited representatives from local authorities, voluntary sector providers, senior civil servants, 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 the future. This is the final report of this inquiry.

The APPG is chaired by Andrea Leadsom MP, with Sharon Hodgson MP as Vice Chair. Secretariat to the group is provided by 4Children.

The purpose of this report

1. To highlight best practice gathered as a result of the inquiry sessions held by the Group, and disseminate it as widely as possible.
2. To reflect on the current position of Sure Start Children's Centres, given changes to both the policy and funding context.
3. To make recommendations for the future which will ensure that Sure Start Children's Centres are able to make a significant contribution to improving the life chances of our children.



Andrea Leadsom MP



Sharon Hodgson MP

Executive Summary

In recent years, a considerable body of evidence has highlighted the enormous influence that the earliest experiences in a baby's life can have on later life chances. In this context, Sure Start Children's Centres have an absolutely vital role to play in supporting babies, children and families.

While these are challenging times for all those involved with Sure Start Children's Centres, local authorities are working hard to try and protect services, and we believe that real opportunities exist for the future. However, as we move forward it will be vital for Children's Centres, and those Departments and agencies that support them, to share best practice and understand which interventions are most effective. This report aims to contribute to those objectives.

This is particularly relevant given the new Ofsted inspection framework, under which 'satisfactory' ratings will be reclassified as 'requires improvement'. While we have found examples of exemplary work, Ofsted currently say that around one in three Centres is only 'satisfactory'. This needs to be addressed, and the downward trend in Centres achieving 'good' or 'outstanding' ratings reversed. In doing so, it will be essential to build a strong evidence base around the positive impact that Centres have, and to establish a coherent partnership between Centres and other key local delivery agencies, particularly health and Jobcentre Plus.

The recommendations in this report offer new ideas to enhance the lives of babies, children and their families, and we look forward to working with Sure Start's stakeholders to see that they are implemented. Some of our key recommendations include:

1. A holistic approach is required to 'the age of opportunity' and should be a priority for future delivery. Children's Centres should continue to provide advice, support and services to all families with children under 5 but with a renewed focus on conception to age two.
2. Local Authorities, Health and Wellbeing Boards and their local partners must make greater use of pooled budgets to allow for more innovative commissioning of perinatal and Children's Centre services, taking a more holistic and preventative approach to working with families, particularly in these straitened times.
3. Registration of Births should take place in Children's Centres – no legislation is required but cross-Government political commitments will be needed to make it happen.
4. The systematic sharing of live birth data and other appropriate information between health and Children's Centres must be put in place.
5. All perinatal services should be delivered under one roof with midwifery, health visiting and Children's Centre services all being accessed from the Children's Centre.
6. Government must put early intervention at the heart of the 2016-18 Comprehensive Spending Review, with a commitment to shifting 2-3% of spending from late intervention to early intervention each year.
7. Children's Centres should measure and compare outcomes for the children and families they work with over the longer-term, at least until the point that the child starts school.
8. Local authorities should monitor relative performance of Children's Centres in their area and share information on best practice.

What is a Sure Start Children's Centre?

According to the Department for Education¹, a Sure Start Children's Centre is 'a place or a group of places:

- Which is managed by or on behalf of, or under arrangements with, the local authority with a view to securing that early childhood services in the local authority are made available in an integrated way;
- Through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and
- At which activities for young children are provided.'

The 'core purpose' of a Children's Centre is 'to improve outcomes for young children and their families and reduce inequalities between families in the greatest need and their peers in:

- Child development and school readiness;
- Parenting aspirations and parenting skills; and
- Child and family health and life chances².'

There are currently 3,116 Children's Centres in England³. As a result of changes to the policy and funding framework these Centres are changing and developing, both in the way they provide services and the services they provide.

Evidence from the 2012 Children's Centre Census⁴ produced by 4Children showed that in the year 2011/12 Centres were:

- Placing a greater focus on early intervention and parenting – mirroring Government priorities.
- Most likely to be reducing universal sessions including stay and play and baby massage. This reflected the change in emphasis towards a greater focus on reaching more disadvantaged parents⁵.
- Increasingly being managed in 'clusters', with management and staffing being coordinated across a number of Centres. This has now been reflected in a revised Ofsted inspection framework which inspects such Centres as a group⁶.
- Resisting introducing charges for the majority of services.
- Still overwhelmingly run by Local Authorities. A survey of Centre managers in phase 1 and phase 2 Centres conducted as part of the Evaluation of Children's Centres in England (ECCE)⁷ found that around 80% of Centres were still run by the council or by a school.
- Modifying their childcare offer, with some Centres reducing the number of full-time childcare places they offer and some withdrawing from direct childcare provision altogether – although the latter was very small⁸.
- Increasing their use of volunteers. The ECCE found that 18% of staff (in phase 1 and 2 Centres) were volunteers⁹.

3 Answer to Parliamentary Question from Sharon Hodgson MP (Hansard, 20 May 2013, Column 584W)

4 4Children (2012) *Sure Start Children's Centres Census 2012*

5 Only those Children's Centres reaching 85% of disadvantaged parents with children under 5 in their 'reach' area can be considered 'outstanding' by Ofsted.

6 <http://www.ofsted.gov.uk/early-years-and-childcare/for-early-years-and-childcare-providers/childrens-centres/childrens-centres>

7 The Department for Education (2012) *Evaluation of Children's Centres in England (ECCE) – Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas*, p. 21

8 In 2011 the requirement for 'phase 1' Children's Centres to provide full-time day care was removed by the Department for Education. Anecdotal evidence since the 2012 Census suggests that the trend towards withdrawal from direct childcare provision from some Centres has continued.

9 The Department for Education (2012) *Evaluation of Children's Centres in England (ECCE) – Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas*, p. 31

1 The Department for Education (2013) *Sure Start children's centres statutory guidance*, p. 6

2 The Department for Education (2013) *Sure Start children's centres statutory guidance*, p. 7

Do Sure Start Children's Centres make a difference?

The evidence for whether or not the Sure Start programme – begun in 1998 as Sure Start Local Programmes (SSLPs) and now Sure Start Children's Centres – has made a difference has been hotly debated.

One of the significant hurdles Sure Start Children's Centres have had to climb is that the full impact of early years investment is often not fully evident for several years, especially for new programmes. For example, investment in the early years took a generation to clearly demonstrate its value in Scandinavia. Much of the evaluation that has taken place has sought to measure impact within 3 or 5 years of a Centre opening.

In addition, the National Evaluation of Sure Start (NESS) – the major programme evaluation commissioned by Government – sought to measure the impact for the entire 'reach' area of a Sure Start Centre, not just for the families that use the services.

Despite this tough yardstick, a growing and positive evidence base has begun to emerge.

The Evidence Base: a potted history

Early assessments of the Sure Start Local Programmes (SSLPs) showed that, while the policy was making small differences in some areas, these were not universal. In addition, the first study carried out by the NESS found that SSLPs had actually had a negative effect on some of the most disadvantaged families, though the report itself questioned its own methodology.

However, by the time Sure Start Children's Centres began to be rolled out, practitioners had learnt from early experiences of Sure Start and in the second half of the last decade the evidence in favour of Children's Centres began to grow. Research from Durham University in 2005 found small positive differences in the attainment of those living in Sure Start areas and those living outside them. By 2008 the follow-up study by NESS found that SSLPs were having a positive effect across the board, with three-year-old children in SSLP areas having better social development than those living outside these areas. The report put this down to "better organised and more effective services" which had "matured over time".

The Children, Schools and Families Select Committee report published in the Spring of 2010 said that in their enquiries they had heard almost no negative comments about the intentions and rationale behind Sure Start. The Committee concluded that, although there was a limited empirical evidence base around Sure Start, the testimonies of those working in Children's Centres and the case studies of individual families showed it was having an impact. They added that it was "vital" that the investment put into Sure Start was allowed to bear fruit over the long term and that cutting back provision to just the most disadvantaged areas would be "a backwards step".

The most recent NESS survey into the impact of SSLPs on children living in the areas at five years old was published in November 2010 and found a number of positive benefits of the scheme, particularly for parents. The study concluded, though, that Sure Start should concentrate more on improving the "school-readiness" of children.

Sure Start also featured heavily in Frank Field MP's review of poverty and life chances, published in December 2010. The MP suggested that the scheme was one of the most useful instruments to deliver the early intervention programmes which prevent poor children from growing up to become poor adults.

What do Ofsted say?

Since 2010, 1,443 Sure Start Children's Centres have been subject to Ofsted inspection.

The inspection outcomes of these Children's Centres at their most recent inspection (as at 31 August 2012) are set out on the next page in Table 1¹⁰:

This shows that a substantial majority of Centres are judged either 'good' or 'outstanding' with 72% judged in the top two categories for 'How good are outcomes for families?'. However, Ofsted note that fewer Centres were 'good' or 'outstanding' in 2011/12 than in the previous year – a fall to 65% from 73%. Ofsted suggest this reflects the differential quality of those Centres that have been established the longest and those that are more recent. It also reflects the tougher inspection framework that Ofsted have been applying since autumn 2011¹¹.

10 Ofsted (2012) *The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills: Early Years*, p. 22

11 Ofsted (2012) *The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills: Early Years*, p. 8-11

Table 1 : Inspection outcomes of Children’s Centres at their most recent inspection as at 31 August 2012

	Total number inspected	Percentage of providers%			
		Outstanding	Good	Satisfactory	Inadequate
Overall effectiveness	1443	13%	56%	29%	1%
How good are outcomes for families?	1443	13%	59%	27%	1%
The centre’s capacity for sustained improvement	1443	15%	56%	28%	1%
How good is provision?	1443	16%	58%	25%	1%
How effective is leadership and management?	1443	15%	56%	28%	1%

Giving evidence to the APPG inquiry session held in March 2013, Susan Gregory HMI, Director of Early Childhood at Ofsted, set out the common factors which underpin the best Children’s Centre provision. The best Centres ensure:

- The effective removal of barriers to access.
- That they identify the most vulnerable target families and their needs.
- They focus on development of parenting skills.
- They work in partnership with other agencies.
- They are characterised by high quality leadership, governance, team work and excellent staff.
- They set themselves challenging targets with clear benchmarks.
- That local authorities actively contribute to improvement and development.
- They successfully draw on the views of children and families.
- They make good use of data, and don’t rely on anecdotal evidence.
- They know how much progress children are making and can show families where parents are better able to engage in parenting as a result of their intervention.
- They have a good understanding of local childcare provision¹².
- They continue to track children and family outcomes when they leave – e.g. when children start school.

What do parents say?

According to the ECCE parents’ survey¹³, satisfaction with services and activities at Centres is high. 49% of parents using phase 1 or 2 Centres were ‘very satisfied’ and a further 29% said they were ‘fairly satisfied’. Further, the proportion of parents who rated services either ‘very helpful’ or ‘fairly helpful’ was between 88-100%.

12 The evidence is clear that childminder provision is better when they are involved in networks which promote and support professional development and share pedagogy.

13 The Department for Education (2013) *Evaluation of Children’s Centres in England (ECCE) – Strand 2: Baseline Survey of Families Using Children’s Centres in the Most Disadvantaged Areas*, p. 4

How has the funding for Sure Start Children's Centres changed?

As part of the 2010 Comprehensive Spending Review, the funding for Sure Start Children's Centres became un-ringfenced and instead formed part of the wider Early Intervention Grant. As a result of spending reductions and prioritisation of resources for the new childcare offer for disadvantaged two year olds, the funding available within this grant, from which Local Authorities provide Sure Start services, will have reduced by almost £0.9bn by 2014/15¹⁴.

2010/11	£2,483m
2011/12	£2,223m
2012/13	£2,074m
2013/14	£1,709m
2014/15	£1,600m

From April 2013 the Early Intervention Grant has been abolished and funding for early intervention and family services is now being provided as part of the 'General Fund'.

Despite these considerable changes, the APPG has heard from many local authorities about their determination to maintain a Sure Start service – recognising the value of supporting families with young children and the role Sure Start Children's Centres can play in early intervention and prevention, with the potential to contribute to significant savings down the line.

¹⁴ Answer to Parliamentary Question from Sharon Hodgson MP (Hansard, 29 January 2013, Column 749W)

The Children's Centre role in early intervention

There is a growing evidence base on the importance of children's development from the point of conception to age two, leading it to be called the 'age of opportunity'¹⁵. A recent report, published by The Wave Trust has highlighted the need to:

- Intervene earlier to promote infant mental health and reduce the risk of child development being hampered by abuse, neglect, and parent-infant relationship difficulties. Preventative interventions are more effective than reactive ones in addressing potential future problems.
- Ensure full delivery of the Healthy Child Programme.
- Intensify targeted work through Children's Centres, Midwives, and Health Visitors aimed at delivering these objectives.
- Improve information sharing between professionals working with families to facilitate earlier intervention.
- Introduce modules on child development in pregnancy and early infancy into all health and early-years practitioners' training and development, to build awareness of how the first two years are critical to later life outcomes.
- Implement a maternal mental health questionnaire, delivered by Health Visitors and Midwives, to identify potential post-natal depression, mental health issues, or relationship problems.

In addition, research by the NSPCC has highlighted the fact that children under 1 are at significantly greater risk of harm than other children¹⁶.

This evidence has highlighted the importance in Children's Centres effectively 'reaching' families with children at the earliest possible opportunity, in order to have the most significant positive impact. Centres that are working with families from pregnancy onwards can help support and promote key parenting behaviours which are increasingly recognised as important for future development. These include:

- Smoking and alcohol cessation during pregnancy
- Breast feeding
- Secure attachment
- Responsive parenting
- Talking and communication

Working with families early on can also support the early identification of post-natal depression and provide vital social and emotional support to families affected. Recent research by 4Children has shown that half of women who had suffered post-natal depression sought no professional help, and half of those that did waited more than 3 months to do so, leaving thousands of families to suffer in silence¹⁷. A report published in June by NSPCC on perinatal mental health called for 'a step-change towards better prevention of perinatal mental illnesses, and early intervention when they do occur... With the right action from midwives, GPs, health visitors, specialist mental health services and others, much of the harm done by perinatal mental illness can be prevented'¹⁸. Children's Centres are a key part of that prevention network.

Evidence from a range of sources submitted to the inquiry has highlighted the importance of professionals working together to identify and support families during this crucial phase, in particular the vital relationship between midwifery care, health visitors and Children's Centres. A holistic approach is crucial to achieving the best outcomes for babies, children and families.

Many of those who have given evidence to the inquiry have highlighted the importance that universal health services can play in bringing parents and prospective parents into contact with Children's Centres, either as a result of being based in the Centre, as a result of recommendation and encouragement to attend or through the provision of data about births that Centre outreach workers can then follow up.

The inquiry has heard repeatedly that data sharing remains a tricky issue in many areas, with Children's Centre leaders in particular highlighting the difficulties still being experienced in accessing live birth data from their local NHS.

¹⁷ 4Children (2011) *Suffering in Silence: 70,000 reasons why help with postnatal depression has to be better*, p. 8-10

¹⁸ NSPCC (2013) *Prevention in mind – All Babies Count: Spotlight on Perinatal Mental Health*, p. 6

¹⁵ WAVE Trust (2013) *Conception to age 2 – the age of opportunity*
¹⁶ NSPCC (2011) *All Babies Count: Prevention and protection for vulnerable babies*, p. 12

It has been hard for the inquiry to draw firm conclusions about the state of the relationship between Children's Centres and health services across England. The ECCE report shows that:

- 82% of phase 1 and phase 2 Centres are offering health visitor clinics, 70% are offering midwife clinics and 66% are offering ante-natal classes.
- Expectant mothers are seen as a high priority group by 82% of Centres¹⁹.

These figures offer a positive vision of the collaboration between health and early years services on the ground. However, it is likely that, given these figures are for the Centres that have been established the longest (giving them the most time to establish positive working relationships), they may not be representative of the experience in every community. Despite the fact that section 5 (e) of the Childcare Act 2006 states that local authorities, local commissioners of health services and Jobcentre Plus must consider providing early childhood services through Children's Centres, many of those giving evidence to the inquiry continued to find this vital collaboration a challenge at a local level. In addition, as the ECCE data was gathered before the changes to the health system in England brought in by the Health and Social Care Act 2011, it is not clear whether the current picture on the ground remains as positive as this suggests.

From April this year, health visiting commissioning has transferred from Primary Care Trusts to become the responsibility of the NHS Commissioning Board in England – known as NHS England. In the medium term, the Government is committed to transferring commissioning of children's public health services for the 'pregnancy to 5' age group from NHS England to local authorities, as part of their new responsibilities for public health more generally. However, in the short term, the Government's view is that the commitment to transform the service, raising the numbers of health visitors and at the same time strengthening the Healthy Child Programme and expanding the Family Nurse Partnership by 2015, is best achieved through national commissioning.

Further innovative proposals for getting more parents through the door of their local Children's Centre as early as possible have been made during the course of the inquiry, building on recommendations made by Frank Field MP in his report to government 'Preventing Poor Children Becoming Poor Adults'²⁰. These include birth registration and submission of Child Benefit claim forms in Children's Centres.

Case Study:

Benchill Sure Start Children's Centre, Manchester

Baby registration has been delivered from Benchill since 2001. It was established initially to support parents in registering their babies locally as the trip into central Manchester from Wythenshawe could be difficult to access, especially with a new-born baby. Public transport was costly, and if a car was used it was difficult to park. It was also hoped that dads would be more likely to attend if births could be registered more locally.

Conducting registrations locally was recognised as a key lever in engaging with *all* families – particularly those that are deemed 'hard to reach' – because everyone has a legal obligation to register their baby. From the beginning the Centre has taken the opportunity to register families automatically for Sure Start during their visit, and also provide information about all the Sure Start services in the area.

Impact:

Since 2001, 7,500 families (from both within the Centre's 'reach' area and beyond) have registered their babies' birth at Benchill – on average 680 births a year. In the year 2012-2013, 128 families from the Benchill 'reach' area registered at the Centre, of whom 112 (87.5%) subsequently re-engaged. The Centre also registers families from other areas in Wythenshawe crossing six Centres. The Centre has had particular success in engaging with young parents – with 100% of young parents who registered their birth at the Centre being re-engaged in services afterwards.

Whilst Government has confirmed that no legal or regulatory changes are needed to enable birth registration to take place in all Children's Centres²¹, at present the practice is not widespread.

¹⁹ The Department for Education (2012) *Evaluation of Children's Centres in England (ECCE) – Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas*, p. 52

²⁰ Frank Field (2010) *The Foundation Years: preventing poor children becoming poor adults*, p. 23-24

²¹ Children and Families Bill Committee Debate: 19th Sitting, House of Commons (Hansard), 25 April 2013, Columns 770-71)

During the Committee stage of the Children and Families Bill 2013, Ministers showed support for the potential of expanding the practice.

“The registration of births in children’s centres might be an effective means of alerting new parents to the services available ... We have to raise awareness of the existing opportunity for local authorities to use children’s centres in that way, the resulting benefits that may accrue, and what some of the barriers and obstacles to overcome would be ... Work is under way to establish the potential of a pilot exercise involving several local areas that are supportive and aware of the potential benefits of registering births at children’s centres. I hope that work can continue and be used to encourage local areas that are not doing this to consider whether it would be sensible for their area.”

Jo Swinson MP, Minister for Women and Equalities²².

In light of this commitment, research was undertaken by the Department for Education into the positive benefits of registering births in Children’s Centres. This was submitted as evidence to the APPG inquiry and is published as part of this report in Annex A.

The APPG calls on the Department for Education and Home Office to send out a clear and unambiguous message that it expects local authorities and Registrars to make this happen and consider amending the Children’s Centre guidance to mention explicitly the provision of birth registration in Centres.

Funding a shift to early intervention

Despite the political consensus about the desirability – both social and financial – of moving a greater percentage of public money to services that achieve early intervention and prevention, this remains a long way off. It is still the case that huge sums of public money are spent on the costs of social failure, including the police, prisons, social security, public health.

The APPG recognises that it will take time to ‘turn the tanker around’ but calls on Government to commit to put early intervention at the heart of the 2016-18 Comprehensive Spending Review with, for example, commitments to shifting 2-3% of spending from late intervention to early intervention each year.

Recommendations

1. The period from conception to age two provides a critical opportunity to achieve the best outcomes for children. A holistic approach is required to ‘the age of opportunity’, which would require the pooling the budgets for health visiting, midwifery and Children’s Centres, and this should be a priority for future delivery. Children’s Centres should continue to provide advice, support and services to all families with children under 5 but with a renewed focus on this crucial early phase.
2. Local Authorities, Health and Wellbeing Boards and their local partners must make greater use of pooled budgets to allow for more innovative commissioning of perinatal and Children’s Centre services, taking a more holistic and preventative approach to working with families, particularly in these straitened times.
3. Registration of Births should take place in Children’s Centres – no legislation is required but cross-Government political commitments will be needed to make it happen.
4. The systematic sharing of live birth data and other appropriate information between health and Children’s Centres must be put in place once and for all. It is clear that there are no legal impediments but there still seem to be barriers at a local level.
5. All perinatal services should be delivered under one roof in the Children’s Centre. Duplication of services or professionals working in silos can no longer be justified – particularly when every penny of public money is being scrutinised. There can be no more excuses as to why midwifery, health visiting and Children’s Centre services are not being delivered under one roof – or where physical building space is not available – in an entirely seamless way and badged as a single service.
6. Government must put early intervention at the heart of the 2016-18 Comprehensive Spending Review, with a commitment to shifting 2-3% of spending from late intervention to early intervention each year.

²² Children and Families Bill Committee Debate: 19th Sitting, House of Commons (Hansard , 25 April 2013, Column 771)

Children’s Centres and disadvantaged families

Evidence submitted to the inquiry has highlighted the significant role that Children’s Centres can play in supporting families on the lowest incomes as well as ameliorating some of the immediate symptoms of poverty.

There are three key ways that Centres can play a role in supporting these families:

1. Linking parents to employment information and support; and providing training/volunteering opportunities.
2. Provision of high quality childcare or supporting parents to access local childcare.
3. Practical support for low income parents – debt advice, money saving tips, cooking from scratch, cooking and eating together at the Centre, toy libraries, provision of free activities.

The journey back to work

As organisations that build a trusting relationship with families and engage with parents on a full range of issues, Children’s Centres are well placed to begin a dialogue about training or employment, a long time before benefit conditionality applies (i.e. when a parent’s youngest child turns 5). For the most disadvantaged parents using Children’s Centres, the journey back into the labour market or into work for the first time may be a long one. This may need to begin with confidence building, basic skills training, work experience or volunteering and ESOL. Centres can encourage parents to begin this journey without parents feeling the imminent pressure to move into paid employment that they will eventually receive from Jobcentre Plus.

According to the ECCE Centre Managers survey, a significant minority of Centres are providing a range of employment, benefits/tax credits, and training advice and assistance. In about a third of cases this includes Jobcentre Plus services provided on-site, for those that want or need it.

Table 2: Types of services offered by the children’s centres²³

Employment and benefits services and advice	%
Benefits and tax credits advice	74%
Teenage parents – get into work or training	52%
Basic IT and job skills course	49%
Jobcentre Plus advice	42%
Jobcentre Plus appointment only	35%
Jobcentres Plus	34%
Next Steps	30%
Women’s back to work support	28%
Adult education for parents	
Adult learning	87%
ESOL	48%
Further education	30%
Life coaching	16%

²³ Table extract from: The Department for Education (2012), *Evaluation of Children’s Centres in England (ECCE) – Strand 1: First Survey of Children’s Centre Leaders in the Most Deprived Areas*, p. 41

Research suggests that where such services are available, they can play an important role in supporting parents back into work. In 2011, the Department for Work and Pensions published an evaluation of a set of pilot programmes that provided “work-focused services” through Children’s Centres (such as integrating a Jobcentre Plus adviser into Centre settings), which found that:

Perceived, attitudinal outcomes achieved [by parents in the pilots] include increased levels of confidence, aspirations, better awareness of work-focused opportunities and options, and attitudinal change towards Jobcentre Plus and work. In this way, the pilot made significant progress in preparing parents for work, in getting parents to think about work and in linking them into wider support and provision which they might need in the interim period. There is also indicative evidence from both qualitative and MI that the pilot moved parents closer to the labour market and moved some into paid employment.²⁴

Figures from the 2012 Children’s Centre Census show that of Centres that were planning to expand in 2012-13, about half were planning to grow their ‘employment support services’²⁵.

Whilst these figures represent a significant contribution to supporting parents into work, there is still more that can be done. Despite the ECCE data covering only Centres in deprived areas, a majority of Centres report no ESOL provision, job skills courses, or Jobcentre Plus advice. This leads us to believe that the total figures from across the Centre network would be lower still. This has been reiterated in their evidence to our inquiry sessions, which has highlighted the continuing challenge of engaging with Jobcentre Plus in some areas.

One aspect of employment support that has been passionately advocated during the inquiry is the power of volunteering, specifically in the Children’s Centre, to supporting parents’ transition back to work. Further detail of this is discussed in the next section.

Childcare

Access to high quality, affordable childcare is a crucial factor supporting parental employment ambitions and determining whether or not families are better off in work and are lifted out of poverty. This is equally true for parents with pre-school and school aged children. Children’s Centres have a key role to play in this – whether providing childcare directly, where appropriate, or supporting parents to access quality provision elsewhere.

Contrary to popular belief not all Children’s Centres provide childcare directly on site. Indeed, ‘phase 3’ Centres were never intended to. For ‘phase 1’ and ‘phase 2’ Centres, the decision about whether or not to directly provide daycare is one for local authorities. They gained the power of local decision-making on this in 2011. The duty for Children’s Centres to link to local childcare remains²⁶.

The latest figures from the Department for Education suggest that a total of 550 Children’s Centres provided full day care on site in 2011. This represents a fall from 800 Centres in 2010, and from a peak of 1,000 Centres in 2009 and 2008²⁷.

However, according to the ECCE Children’s Centres are also playing a key role in supporting childminders with 76% offering childminder drop-ins and 66% undertaking childminder development²⁸. In many areas Children’s Centres have run ‘childminder networks’ which were aimed at providing support, training and quality assurance in local areas.

Ofsted have been clear of the positive role Children’s Centres can play in ensuring that childcare is of a high quality, stating that:

Our evidence suggests that the quality of early years provision that is directly linked to a children’s centres is better overall than the quality of early years provisions without such an association.²⁹

Similarly, in her evidence to the March inquiry session, Susan Gregory HMI, Director of Early Childhood at Ofsted, highlighted that childminder provision was of a better quality when they are involved in networks which promote and support professional development, including those run by Children’s Centres.

Other contributors to our inquiry sessions have highlighted the additional trust and confidence that parents have in childcare that is provided or associated with Children’s Centres. They report that in some cases this gives parents who have not used formal childcare before the confidence to do so. This will be

24 The Department for Work and Pensions (2011) *Work-Focused Services in Children’s Centres Pilot: Final Report*, p. 5

25 4Children (2012) *Sure Start Children’s Centres Census 2012*, p. 13

26 The Department for Education (2013) *Sure Start children’s centres statutory guidance*, p. 12

27 The Department for Education (2012) *Childcare and Early Years Providers Survey 2011*, p. 20

28 The Department for Education (2012) *Evaluation of Children’s Centres in England (ECCE) – Strand 1: First Survey of Children’s Centre Leaders in the Most Deprived Areas*, p. 40

29 Ofsted (2012) *The report of Her Majesty’s Chief Inspector of Education, Children’s Services and Skills: Early Years*, p. 17

particularly valuable for the effective promotion of the new two year old childcare offer – ‘Early Learning for Two-Year Olds’. This has been underlined by the learning from the trial areas which showed that many local authorities have put Centres at the heart of their two-year old programme.

In particular good practise has shown that Centres are well placed to:

- Work with particular communities and undertake targeted outreach, writing to all parents registered and following up with phone calls and door to door visits.
- Share information on take-up of places within the reach area and feed back to the early years teams – tracking families in this way not only encourages take-up, but also increases Children’s Centre registration.
- Include childminders as part of the Children’s Centre team and make sure there are opportunities for parents to observe childminders in centre-based activities.
- Arrange visits to childcare providers and drop-in sessions for parents in different venues.
- Support parents through the application process.
- Strengthen parental understanding of child minding by encouraging visits to a childminder’s home and encourage parental partnership with settings through home visits.
- Communicate the programme to parents by including the value of early learning.
- Support parents who are not entitled to the two-year-old programme by directing families to universal services within Children’s Centres and other relevant information on childcare.
- Arrange and host training, for example ‘Parent Champions’, to help engage ‘hard to reach’ families.

ECCE figures also show that between 20-25% of Children’s Centres are providing before/after school care for school aged children.

Given that proposals have recently been made to introduce Childminder Agencies as part of the Children and Families Bill, Children’s Centres may want to consider becoming Childminder Agencies themselves in the future³⁰.

Practical help to survive on a low income

At the most basic level Children’s Centres have been prolific providers of free or low cost services to babies, children and families in the last decade. This has meant that hundreds of thousands of babies and children have had access to stay and play, messy play, singing and story sessions. Their parents have also been provided with opportunities to meet other parents and to talk to through issues and challenges in a welcoming and non-judgemental environment. Without this more parents would have been forced to stay at home, with babies and children missing out on stimulating activity and parents feeling isolated, as a result of not being able to afford to access privately provided groups and activities that can cost upwards of £5 per session.

Despite budgetary pressures the majority of Children’s Centres have not begun charging for services or activities³¹.

In addition to this more than 60% of Children’s Centres are providing advice on issues like debt, housing, benefits etc³².

Almost half are providing a toy library, a facility which allows children to borrow toys from the Centre, as they would books from a library. This gives children access to a range of educational and developmental toys without having to purchase them.

30 The Children and Families Bill includes an amendment to the Childcare Act 2006 which enables the introduction of Childminder Agencies. Under the plans, anyone who wishes to offer childcare provision will have the option of registering with such an Agency, instead of with the Chief Inspector of Education, Children’s Services and Skills as is currently the case.

31 4Children (2012) *Sure Start Children’s Centres Census 2012*, p 19

32 The Department for Education (2012) *Evaluation of Children’s Centres in England (ECCE) – Strand 1: First Survey of Children’s Centre Leaders in the Most Deprived Areas*, p. 39

Recommendations

1. Jobcentre Plus must become a full delivery partner for Sure Start Children's Centres with JCP advisers delivering sessions in all Centres. In particular where Centres are delivering the two, three and four year old free childcare offer, targeted outreach to those parents should be made with the objective of encouraging them to consider accessing training or undertaking other work focused activity.
2. Retention of open access play sessions that are a vital component of the Children's Centre offer, providing as they do stimulating and safe play environments for babies and children.
3. Children's Centres must continue to play a key role in providing advice about childcare. Where appropriate, Centres should continue to provide childcare on-site, but they should also consider becoming childminder agencies, and working with local nurseries to ensure local childcare better meets parents' needs. Where no on-site provision is available, Children's Centres must take a proactive approach to working with local providers, actively supporting childminders to achieve high quality provision and being hubs of local childcare information for parents. In the future, Children's Centres may want to consider becoming Childminder Agencies, in light of recent proposals in the Children and Families Bill.
4. Children's Centres will be crucial to ensuring that eligible parents take full advantage of the new offer of 15 hours of free childcare for two year olds. There are clear benefits for both children and their families from high quality childcare and in particular this will offer the opportunity for many parents to begin the journey back into the labour market.

Harnessing the power of the community and volunteers

There is a long history of parental engagement in early years services, with many of the first playgroups set up by groups of parents and grandparents responding to lack of services in their area. Parental engagement is beneficial to parents and children, with parents able to spend time with their children in a positive learning environment, as well as developing their skills and allowing them to engage further in the community.

Parental involvement has been a feature of Sure Start Children's Centres from the beginning although it is acknowledged that some Centres have been more community orientated and taken a more comprehensive approach to volunteering and parental engagement than others. Evidence from 2012 Children's Centre Census³³ shows that the number of Children's Centres using volunteers increased substantially between April 2011 and April 2012, with more than 60% of Centres saying the number of volunteers they are using had increased. 50% also said that the number of hours being worked by volunteers had increased. The survey of Centre leaders for the ECCE found that in phase 1 and phase 2 centres, 18% of all staff were volunteers³⁴.

What kind of activities were volunteers undertaking?

1. Outreach work with families who could benefit from accessing centre services. This included outreach to traditionally 'hard to reach' groups including travellers.
2. Organising events, such as the summer holiday activity programme.
3. Delivering open access activity sessions, for example 'stay and play', thereby allowing paid staff the ability to focus on more 'targeted' activities.

Key benefits for the Children's Centre and the Community

1. Helps Local Authorities and Children's Centres build a stronger relationships with the communities they serve.

Evidence gathered by the inquiry suggests that volunteers were highly effective at taking the message of the Children's Centre and what is on offer out to the community, but equally importantly they were able to use their experience and knowledge of the local area to help shape services, ensuring they were responsive to community needs.

In some cases this process was capable of raising the 'aspirations' of communities. Interested community members

could see practical ways in which they could get involved and help to shape their local services. Further, individuals were empowered to give 'something back' to their community which provided a strong sense of achievement and pride.

This positive cycle was described to the Group as 'infectious' with the positive experiences of volunteers leading to greater interest in volunteering opportunities from others.

2. Improves the reach to those who could benefit most from the services on offer.

The inquiry heard evidence that because volunteers can avoid being tarnished with the stigma attached to some professionals working with children and families – particularly anyone who is associated with social services – they are able to 'open the door' to the Centre to a wider group of people.

Knowsley Council described in their evidence their use of parents as outreach workers – allowing them to provide support to parents "from people like them, [people] that they could identify with".

Action for Children reported that with the use of volunteers they had managed to increase their 'reach' – the percentage of families with children under 5 in their area – to 97.5% at some Centres³⁵.

3. Improves the sustainability of universal services and allows paid staff to spend more time on targeted services to families who need them.

The huge additional resource³⁶ that well organised and supported volunteers represent is being increasingly deployed to support and deliver open access services, allowing paid and more highly qualified family support workers to spend more time with families who were identified as more vulnerable, or in need of more targeted intervention or support.

Since 2010, Knowsley have been able to double their 'reach' and Centre registrations and improve the number and quality of activities while also reducing costs. Action for Children estimates that volunteers contribute the equivalent of £1.2m every year across the organisation³⁷.

However, those presenting evidence to the inquiry consistently stressed that using volunteers should not be viewed as simple cost cutting measure. The holistic use of volunteers alongside an ambitious commitment to community and parental engagement offers a different approach – a 'different insight'.

³⁵ Evidence presented to the November 2012 inquiry session.

³⁶ For example Knowsley Council reported that they now had more than 100 volunteers working in Children's Centres.

³⁷ NCVO/Office of Public Management (2012) *Evaluation of the impact and value of volunteers in Action for Children children's centres*, p. 34

³³ 4Children (2012) *Sure Start Children's Centres Census 2012*, p. 27

³⁴ The Department for Education (2012) *Evaluation of Children's Centres in England (ECCE) – Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas*, p. 31

Benefits of volunteering to volunteers

1. Improved self-confidence and improved parenting.

“Volunteering made me grow as a parent”

“Before [I began volunteering] I was buried within myself”

“After the training session I became an active part of the Sure Start system – I became a sponge for knowledge and enthusiasm”

Parents describing their volunteering experiences to the inquiry

2. Improved employability.

Witnesses stressed that volunteers are not there to “clean paint pots”. They work as integral members of the Children’s Centre team.

“We want our volunteers to think ‘I could do your job’.”³⁸

The provision of accredited training, an active support network and a chance to develop key transferrable skills sit at the heart of successful volunteering programmes – allowing volunteers to both substantially contribute to the Children’s Centre and improve their employability. Braunstone Children’s Centre reported that almost 100% of their volunteers move into work following their involvement at the centre³⁹.

“Our volunteers don’t stay long – because they go into work”⁴⁰

3. Delivering a comprehensive volunteer programme

Key components need to be in place in order to ensure an effective volunteering programme. These include:

- A volunteer agreement – this sets out expectations on both the Centre and individual and creates an atmosphere of professionalism.
- What is required of volunteers should be flexible and agreed in discussion with the volunteer.
- Accredited training and qualifications are part of the ‘deal’. For example, evidence presented to the inquiry by Action for Children set out that they have a 9 week volunteer induction programme, 1 afternoon per week, which introduces volunteering, the Children’s Centre and the organisation.
- A realistic attitude to building up the number of volunteers. It can take more than a year to establish a solid base of volunteers and an effective programme.

Recommendations

1. All Centres should develop a volunteer force.
2. The Department for Education / Cabinet Office should evaluate how Children’s Centres can develop more comprehensive volunteer programmes, based on Best Practice around the country.
3. Centres (or clusters of Centres) should appoint a senior member of staff, preferably an ex-volunteer, as a volunteer coordinator, who can develop an accredited training programme for volunteers; and recruit and support volunteers – with a particular emphasis on parents looking for a bridge back into the workplace.
4. Centres should harness the potential of volunteers to undertake outreach to harder to engage communities – making best use of their knowledge and credibility within their own community. They should also be tasked specifically with de-stigmatising the Centre within the local community.

38 Quote from a Children’s Centre manager.

39 Evidence presented to the November 2012 inquiry session.

40 Quote from a Children’s Centre manager.

Narrowing the gap – supporting parental engagement in children’s learning

Despite considerable investment in early education and early childhood services there is still a shocking and unacceptable gap between the poorest children and their better off peers when they reach school age. The Early Years Foundation Stage Profile measures children’s development across a range of areas including communication, language, social and emotional.

At a national level, the achievement gap between the lowest attaining 20% of children and the mean was 30.1% in 2012. The gap has narrowed by 1.3 percentage points since 2011. Of those children in the 30% most deprived areas in England, 56% achieved a good level of development in 2012. This compares with 68% of children resident in other areas and shows a gap of 12 percentage points. The gap has remained the same as in 2011.

Evidence from the work of Frank Field MP, amongst others, has shone an important spotlight on the role of parents in early childhood learning. For example, Field has said that children from poorer families hear an average of 23 million fewer words by the time they reach school than children from wealthier homes⁴¹.

Field has also highlighted analysis of the 1970 cohort study, which shows that only 18% of children who were in the bottom 25% in early development scores at age five achieved an A-Level or higher, compared to nearly 60% of those who were in the top 25%. Further, analysis of outcomes in the UK education system shows that around 55% of children who are in the bottom 20% at age seven (Key Stage 1), remain there at age 16 (Key Stage 4) and less than 20% of them move into the top 60%⁴².

The good news is that there are some very practical things that parents can do with their babies and children every day which can narrow that gap, and they are things that are not directly linked to family income. They include:

- Drawing their child’s attention to the names of things, particularly shapes and colours
- Singing songs and nursery rhymes
- Reading to children daily
- Cuddling them and showing them affection

However, too many parents do not know the importance of these simple actions on their children’s life chances. Children’s Centres have a key role to play in changing this, both through the direct provision of activities which in particular support emotional resilience, communication and language development but also through giving parents the information, confidence and support they need to create a stimulating home learning environment for their babies and children.

In addition to supporting general child development, Children’s Centres are well placed to help identify children who may have a development delay or an additional need and get them the help and support they need as quickly as possible. Partnership working with speech and language therapy teams is of particularly importance.

Recommendations

1. During ‘stay and play’ and other appropriate sessions, Centre staff should support and facilitate parents to play with their babies and children in ways that encourage their development – emphasising the benefits of talking to children and affectionate praise.
2. Centres should either provide or promote local singing and story sessions which encourage parents to sing with their babies and children and promote the benefits of reading even to very young children.
3. Ante and post-natal groups in Centres should encourage parents to speak to their baby, particularly in affectionate tones, despite the fact that they are not yet able to reply. They should help parents overcome any sense of shyness or embarrassment about doing so, particularly in public.
4. Dads should be encouraged to take up an active role in their baby or child’s life, particularly in communicating with them. Centres should approach Dad as an equal partner in parenting who has a key role to play in supporting their child’s development.
5. The Department for Education should provide advice materials for Children’s Centres to offer families explaining the benefits of engaging with their babies.

41 <http://www.dailymail.co.uk/news/article-2140306/Middle-class-children-hear-23MILLION-words-poorer-children-start-school.html>

42 Frank Field (2010) *The Foundation Years: preventing poor children becoming poor adults*, p. 38

Children's Centres in tough times

In an era when competing demands on public spending have never been greater and a greater proportion of funding is available for local authorities to spend at their discretion, it is no longer sufficient for Children's Centres to expect to be funded on the basis that they are popular with parents. Many have long acknowledged this was the case and the APPG has heard how many outstanding Centres are becoming increasingly sophisticated about how they measure the positive impact they are having. However, this is not the case in all Centres and must be a key priority for the future.

Going forward all Centres must put in place the systems to collect the data and evidence necessary to ensure that the work they are doing with families has a positive impact. This will require Centres to systematically 'baseline' the families they are working with – establishing their key strengths but also the challenges they face at the beginning of their engagement. Families must then be involved in setting clear objectives for the future – agreeing what changes they want to make and what help they need to achieve that. As the work with the families proceeds, progress against these agreed benchmarks must be monitored and action taken to keep things on track. Finally, Centres must do more to track the progress that children and families make in the medium term, to ensure sustained impact.

Whilst there is much that Centres must do to achieve this – and many of the best Centres are already showing what is possible – effective partnership working and data sharing with the local authority, health and local schools will also be key to ensuring the most systemic approach possible, particularly with regard to on-going monitoring of outcomes.

Further, greater efforts should be made to understand both the 'cost' of providing individual Children's Centre services and their relative 'value'. This more rigorous approach will enable Centres to make more effective decisions about how to prioritise what services they will maintain, reduce or develop in the future.

Notwithstanding the need for Centres to greater demonstrate the impact of their spending; the Group does not support the calls from some for large-scale closures or an exclusive focus on disadvantaged communities. One third of poor children do not live in poor areas, and there are challenges that affect early childhood experiences, such as post-natal depression, domestic violence, parental alcohol abuse, and special educational needs which are not exclusive to poor families. Most importantly, we fear that – at a time when we want Children's Centres to do more to engage 'hard to reach' families – the stigma around using them that such a policy direction would create would be deleterious to this work. So while we should expect Children's Centres to do more to justify their funding, local authorities need to carefully consider the full impact that any closures or re-organisations that they propose will have on the ability of the remaining Centres to deliver help to those families whose outcomes they need to improve.

Recommendations

1. All interventions from Children's Centres should be evaluated.
2. Children's Centres should undertake an annual review of which interventions work to inform service planning.
3. Children's Centres should "base-line" families' needs when they first start working with them, in order to enable them to evaluate their impact more effectively.
4. Children's Centres should measure and compare outcomes for children and families they work with over the longer-term, at least up until the point that the child starts school.
5. Local authorities should monitor relative performance of Children's Centres in their area, and share information on best practice.
6. Local commissioners and Children's Centre providers should monitor emerging evidence from the Big Lottery Better Start programme to inform and develop their practices.

The future for Sure Start - inquiry recommendations

It is clear that Sure Start Children's Centres have never been more valuable, as we increasingly understand the importance of the earliest experiences on later life chances and the benefits of improving the resilience and the abilities of families in these tough times.

These have been challenging times for those of us who are advocates of Sure Start Children's Centres. However, many local authorities are working hard to try and protect front-line Centre services from drastic cuts and real opportunities exist for the future.

Centres (and those who have a responsibility to support them including the Department for Education, Ofsted and the LGA), need to improve their sharing of good practice in Children's Centres. Our inquiry has heard about some truly inspiring work but we also know from Ofsted that around one third of Centres are currently only 'satisfactory' – which now means 'requires improvement' under the new inspection framework.

The Group is concerned that the downward trend in Centres achieving 'good' or 'outstanding' in their Ofsted inspection must be urgently reversed; 'satisfactory' cannot be tolerated. Key to this will be the ability of Centres to evidence the impact they are having. In addition, Jobcentre Plus, local health commissioners and NHS England, in particular, need to deliver a step-change in partnership working (and importantly data sharing) at a local level with Children's Centres. They have a statutory duty to do so and it is time for them to deliver.

We believe that the recommendations in this report offer vital new ideas to enhance the lives of babies, children and their families. By sharing best practice, Children's Centres can achieve the life changing improvements needed in family resilience, and they can achieve this within the current budget constraints. We look forward to working with all of Sure Start's stakeholders in the future to see our recommendations implemented.

Summary of recommendations

- 1** A holistic approach is required to 'the age of opportunity' and should be a priority for future delivery. Children's Centres should continue to provide advice, support and services to all families with children under 5 but with a renewed focus on conception to age two
- 2** Local Authorities, Health and Wellbeing Boards and their local partners must make greater use of pooled budgets to allow for more innovative commissioning of perinatal and Children's Centre services, taking a more holistic and preventative approach to working with families, particularly in these straitened times.
- 3** Registration of Births should take place in Children's Centres – no legislation is required but cross-Government political commitments will be needed to make it happen.
- 4** The systematic sharing of live birth data and other appropriate information between health and Children's Centres must be put in place.
- 5** All perinatal services should be delivered under one roof with midwifery, health visiting and Children's Centre services all being accessed from the Children's Centre.
- 6** Government must put early intervention at the heart of the 2016-18 Comprehensive Spending Review with a commitment to shifting 2-3% of spending from late interventions to earlier interventions each year.
- 7** Jobcentre Plus must become a full delivery partner for Sure Start Children's Centres with JCP advisers delivering sessions in key Centres.
- 8** Retention of open access play sessions that are a vital component of the Children's Centre offer, providing as they do stimulating and safe play environments for babies and children.

Summary of recommendations continued

9	Children's Centres must continue to play a key role in childcare – either providing it themselves or working with local providers, actively supporting childminders to achieve high quality provision and being hubs of local childcare information for parents. In the future, Children's Centres may want to consider becoming Childminder Agencies, in light of recent proposals in the Children and Families Bill.
10	Children's Centres will be crucial to ensuring that eligible parents take full advantage of the new offer of 15 hours of free childcare for two year olds.
11	All Centres should develop a volunteer force.
12	The Department for Education / Cabinet Office should evaluate how Children's Centres can develop more comprehensive volunteer programme, based on Best Practice around the country.
13	Centres (or clusters of Centres) should appoint a senior member of staff, preferably an ex-volunteer, as a volunteer coordinator, who can develop an accredited training programme for volunteers; and recruit and support volunteers.
14	Centres should harness the potential of volunteers to undertake outreach to harder to engage communities – making best use of their knowledge and credibility within their own community.
15	During 'stay and play' and other appropriate sessions Centre staff should support and facilitate parents to play with their babies and children in ways that encourage their development – emphasising the benefits of talking to children and affectionate praise.
16	Centres should either provide or promote local singing and story sessions which encourage parents to sing with their babies and children and promote the benefits of reading even to very young children.
17	Ante and post-natal groups in Centres should encourage parents to speak to their baby, particularly in affectionate tones, despite the fact that they are not yet able to reply. They should help parents overcome any sense of shyness or embarrassment about doing so, particularly in public.
18	Dads should be encouraged to take up an active role in their baby or child's life, particularly in communicating with them. Centres should approach Dad as an equal partner in parenting who has a key role to play in supporting their child's development.
19	The Department for Education should provide advice materials for Children's Centres to give to families explaining the benefits of engaging with their babies.
20	All interventions from Children's Centres should be evaluated.
21	Children's Centres should undertake an annual review of which interventions work to inform service planning.
22	Children's Centres should "base-line" families' needs when they first start working with them, in order to enable them to evaluate their impact more effectively.
23	Children's Centres should measure and compare outcomes for the children and families they work with over the longer-term, at least until the point that the child starts school.
24	Local authorities should monitor relative performance of Children's Centres in their area, and share information on best practice.
25	Local commissioners and Children's Centre providers should monitor emerging evidence from the Big Lottery Better Start programme to inform and develop their practices.

Bibliography

4Children, *Suffering in Silence: 70,000 reasons why help with postnatal depression has to be better* (2011). Available at <http://www.4children.org.uk/Resources/Detail/Suffering-in-Silence>

4Children, *Sure Start Children's Centres Census 2012* (2012). Available at <http://www.4children.org.uk/Resources/Detail/Sure-Start-Childrens-Centres-Census-2012>

Field, F., *The Foundation Years: preventing poor children becoming poor adults* (2010). Available at <http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>

NCVO/Office of Public Management, *Evaluation of the impact and value of volunteers in Action for Children children's centres* (2012). Available at http://www.actionforchildren.org.uk/media/3998027/evaluation_of_the_impact_of_volunteers_in_action_for_children_children_centres_may2012.pdf

NSPCC, *All Babies Count: Prevention and protection for vulnerable babies* (2011). Available at http://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/all_babies_count_pdf_wdf85569.pdf

NSPCC, *Prevention in mind – All Babies Count: Spotlight on Perinatal Mental Health* (2013). Available at http://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health_wdf96656.pdf

Ofsted, *The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills: Early Years* (2012). Available at <http://www.ofsted.gov.uk/resources/report-of-her-majestys-chief-inspector-of-education-childrens-services-and-skills-early-years>

The Department for Education, Childcare and Early Years Providers Survey 2011 (2012). Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167900/osr18-2012v2.pdf.pdf

The Department for Education, *Evaluation of Children's Centres in England (ECCE) – Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas* (2012). Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184027/DFE-RR230.pdf

The Department for Education, *Evaluation of Children's Centres in England (ECCE) – Strand 2: Baseline Survey of Families Using Children's Centres in the Most Disadvantaged Areas* (2013). Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/191007/DFE-RR260.pdf

The Department for Education, *Sure Start children's centres statutory guidance* (2013). Available at <http://media.education.gov.uk/assets/files/pdf/s/childrens%20centre%20stat%20guidance%20april%202013.pdf>

The Department for Work and Pensions, *Work-Focused Services in Children's Centres Pilot: Final Report* (2011). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/139124/rrep772.pdf.pdf

WAVE Trust, *Conception to age 2 – the age of opportunity* (2013). Available at http://www.wavetrust.org/sites/default/files/reports/conception_to_age_2_-_the_age_of_opportunity_-_web_optimised.pdf

Annex A - Evidence presented by Department for Education to APPG inquiry

Registration of births at children's centres

Children's centres are well positioned to provide a welcoming environment for many families in need of extra support. The opportunity to register births in children's centres is potentially a very effective means of alerting parents to the support services available and the benefits of accessing these services through children's centres.

Local authorities can already make children's centres one of the places where parents can register the birth of their child. Manchester City, Bury and York are three local areas where this practice currently happens.

- Manchester City have been registering births through children's centres since 2001. Currently 7 (Benchill, Gorton North, Longsight, Clayton, Harpurhay, Cheetham and Moss Side) out of 39 centres provide this service.
- Bury have been registering births at children's centres since 2008. Currently 4 (Besses, Coronation Road, Ramsbottom and Sedgley) of Bury's 14 children centres allow parents to register births. At 3 centres, the registration service is offered on a fortnightly basis for half a day. In Sedgley children's centre, it is offered weekly.
- In York births were registered at 3 Children's Centre's (Hob Moor, Knavesmire and The Avenues) until recently (March 2013). The service is currently offered at 2 of York's 9 centres (with registrations taking place at Hob Moor twice a week).

Six benefits of registering births at children's centres from the perspective of Sure Start

1. Improved reach

Children's centre's services should be easily accessible to their local communities.

The targets set for the number of children to be reached by children's centres relate to the number of children under five years old living within the children's centre area, i.e. those who potentially can access the health, family support and outreach services provided. Data from children centre teams in Manchester, York and Bury all suggested that the centres that offer birth registration generally have better 'reach' than other similar sized local children's centres that do not offer birth registration as a service.

- In general, the 7 children's centres in Manchester that have registration facilities are amongst the busiest Sure Start Centres in Manchester city, based on the reach figures of the centres. In 2012/13, 5 of the 7 registration centres were in the top 7 busiest children's centres with Cheetham and Moss Side performing around the middle.
- Data from York clearly shows the difference in reach and engagement levels between the 3 children's centres who offer registration services compared to the other 6 children's centres which don't. For example, Table 1 shows registration data is considerably lower for Clifton children's centre, yet there is a direct comparison with centre size and services offered (apart from birth registration) to Hob Moor. There is a registrar's office close to Clifton children's centre and so birth registration is not offered from this site.

“Conducting registrations locally helps us make sure we are engaging with as many families as possible... particularly those that are deemed ‘hard to reach’... because everyone has to legally register their baby.”
Children centre staff, York

Percentage of registered children aged 0-4 years as proportion of total 0-4s by children's centre in York March 2013

York children's centre	Carr	Clifton	Haxby Rd	Hob Moor	Knavesmire	New Earswick	St Lawrences	The avenues	Westfield
% registered (average York 59%)	64%	49%	62%	72%	64%	46%	53%	59%	67%

2. Parental re-engagement with children's centres services

Birth registration has been offered from Benchill children's centre in Wythenshawe, Manchester since 2001. The birth registration service is felt to be the main reason why the centre excels in engaging 'hard to reach' families', and is cited as one of the key factors in the centres 2012/13 re-engagement rate with families of 87.5% (122 families re-engaging with the services offered from the centre out of 128 who registered their births there).

Benchill has developed a Targeted outreach Engagement programme designed to work with the families who register births at the children's centre. The outreach programme gathers information at the child registration events and enables the outreach teams to make decisions about prioritising follow up from the centre around issues such as English not as a first language, SEN/disability, young parents, literacy and child protection concerns.

The early identification and targeting of young parents over the last few years has proved particularly successful: 100% of young parents who registered their baby at Benchill have re-engaged with the service.

"Our early engagement with families through birth registration helps with the early identification of individual family needs."

Outreach team, Manchester

At Ramsbottom in Bury, 88% (56 out of 63) of families who registered births at the children's centre continued to engage in 2012/13 and 86% (31 out of 36 families) in 2011/2012.

Besses children's centre in Bury also demonstrates high engagement rates with families post registration onsite. Table 2 shows the engagement rates for families of children of each specific age band (i.e. the children who are 4-5 would have been registered in 2008) since the birth registration service began.

Besses children centre, Bury - Engagement since registration started in 2008

Child age	% engagement
0-1	70% of the sample attended sessions beyond their registrar appointment 70% attend multiple sessions per month
1-2	90% of the sample attended sessions beyond their registrar appointment 50% attend multiple sessions per month 10% attended less than 15 sessions before their attendance stopped 30% attended less than 5 sessions before their attendance stopped
2-3	80% of the sample attended sessions beyond their registrar appointment 50% attend multiple sessions per month 10% attended less than 10 sessions before their attendance stopped 20% attended less than 5 sessions before their attendance stopped
3-4	70% of the sample attended sessions beyond their registrar appointment 50% attend multiple sessions per month 20% attended less than 5 sessions before their attendance stopped
4-5	20% of the sample attended limited sessions beyond their registrar appointment

3. Reducing stigma

It was felt that the universal nature of the birth registration service has helped to dispel misconceptions about the work of the children's centres. Staff in Bury and Benchill (Manchester) felt birth registration has helped to reduce the perceived stigmatisation of Sure Start services being only for 'problem families'.

"Everyone has responsibility to make it [children's centre] a welcoming place. We almost overcompensate for the fixed views of dads who may not feel welcome... to try and get dads to remain interested."

Outreach team, Manchester

Some of the centres in Bury and Manchester have fostered strong links with antenatal midwifery services. These relationships and contacts can be powerful when used to try and dispel myths about children's centres and promote the support they can offer, as well as signposting the opportunity to register upcoming births at the centre.

In Bury all families coming to register the birth at the Ramsbottom centre are already known through access of the local antenatal services. The registration service is offered in a room in the library, (i.e. the children's centre's administrative base), outside of which there is a children's centre notice board providing information about services on offer and a 'What's on Guide' that parents can take away. All the centres in Bury report that the provision of antenatal services linked to children's centres has meant that a large number of families who access these in the centre go onto use the registrar service. Key to this is active promotion of the registry offer at the local centre by midwifery teams.

4. Acceptability to parents

Due to the strategic way in which local children centres were selected for birth registration in each area, new parent/s usually find the children's centre more accessible than other alternatives on offer, such as the central Register Office. Children's centres can offer proximate parking, are accessible for buggies and small children and there may even be someone to 'meet and greet' and 'offer help to a new family with a car seat'.

"Over the years different centres have fought hard for a registrar's weekly visit so I guess they must feel that there is a benefit and feedback from customers, which we have gathered over the years, has always been excellent."

Registrar, Manchester City

The act of registering a birth is often the first family outing (or even contact) parents may have with wider society and the community at large post the birth of their child. It is really important that this contact is a positive experience, and this is exactly what the children's centres that register births aim to deliver.

In Bury, Besses, Sedgley and Coronation Road centres offer 6 appointments per session, while Ramsbottom offers 5. An appointment lasts for 20 minutes each and is booked through the centres administrator, who has a list of specific information that they need to obtain from the family. This information is then provided to the registrar the day before the session to allow for preparation for the appointments.

In Manchester, Benchill currently offers 16 places at each registrar session and there is currently a 3 week waiting list to register births at this children's centre setting. The fact that parents are willing to join a waiting list to register is a proxy indicator that they find the option to register births at their local children's centres acceptable and are keen to support and utilise the local service.

5. Involving fathers

There is a sense that providing the option to register births at children centres increases the likelihood that fathers also attend the appointment and get their names on the birth certificate. This could be due to the proximity of the location, allowing for easier attendance as well as the centre being a less formal environment, based in the community of residence. This is particularly important where the parents are not married. In such cases, if the father doesn't attend the registration with the mother, the father's details cannot be easily entered and will continue to remain blank on the birth entry unless the birth is subsequently re-registered.

"I certainly think that registering out in the community encourages families to register and probably increases the number of fathers that attend, where parents are not married."

Registrar Manchester City

Building on the birth registration offer, centres like Benchill are ushering in a cultural shift towards challenging the idea that ‘the mother is always the main carer’.

“We talk to dads and advocate that dads come and get their names on the certificates, give them an idea of the time it takes and a copy of the family photo. We emphasise and demonstrate that the centre is not just a mother’s area.”

Children’s centre staff

Benchill provide the offer of a free ‘family photograph’ taken after the registry appointment at the centre. This is a part of reinforcing the idea of celebrating births and parenthood and also building family links to the children’s centre to foster future engagement.

“We keep all the photos in an album – one month on a wall – celebration!”

Outreach team

6. Raising awareness to services for 0-2’s

A birth registration, because it is compulsory, is a unique opportunity to engage with a new family, and often they are a receptive audience. At the birth registration it is essential that children’s centres are able to showcase a range of relevant services and support on offer to new parents and young families.

“In terms of early years the greatest added value is likely to come from contact with a sure start centre, especially for those harder to reach families.”

At Besses, Coronation Road and Sedgley in Bury, it is part of the practice that families attending for their appointment are registered with the centre, if they aren’t already, or their registration updated. A member of staff will spend some time talking to the family about what is on offer at the centre and particular groups the family may be interested in. At Coronation Road there is particular promotion of the baby weighing clinic, at Besses ‘Baby Bistro’ and ‘Tummy Time’. The families are also given a copy of the ‘What’s on’ at the children’s centre guide to take away with them and any other relevant literature. In York they are developing the Parenting Track as part of a Universal offer for all families. Each children’s centre will dedicate one day per week to delivering the Parenting Track (ideally the day the 2 year old healthy child review is held).

Six benefits of registering births at children’s centres from the perspective of the registration service

1. A setting that adds value to the birth registration process

Local authorities need flexibility in determining where to locate registration facilities to meet local need, for example, if a large maternity hospital opens in a local authority the parents may prefer that a registrar attends at the hospital. The registration service is clear that parents should not be placed under any additional burden in carrying out their statutory duty to register births, so settings are chosen carefully and provision constantly reviewed in order to ensure that the location and facilities continue to be appropriate.

The registration services in Manchester, Bury and York were all highly positive about using children’s centres as settings to register births. It was acknowledged that, whilst there are a variety of delivery points for birth registrations (e.g. register office, customer contact centres, hospitals even supermarkets), none of these other alternative settings necessarily added value to the registration process.

“A good idea and we went out and did it. Before sure start the local hospitals were approached but they were not really interested. Linking with the children’s centres was the logical next step and [we are] keen that the process continues.”

Registrar, Bury

The use of children centres clearly added value to the transaction and allowed each centre access to the new parent/s in order to promote services or allied services, either waiting to register, or directly afterwards.

“In Manchester we have also led the way in using the registration to hand out Bookstart packs, encouraging reading at the earliest point.”

Registrar, Manchester City

Perceived risks to current birth registration service provision in children’s centres were linked to the withdrawal of funding for Sure Start. Without adequate resources to support the appointment booking system, children centre’s were in danger of becoming just ‘another venue’ to registration services and lose some of the special ‘added value’ elements of their unique offer.

“Sometimes the simple cutting of hours for a member of Sure Start staff (receptionist for e.g.) can have a major effect on the ability to deliver the service. Originally we received funding to cover our expenses e.g. IT, travel but with huge budget cuts affecting early years we have been forced to absorb these costs, adding to the significant budget pressures already being experienced by this service.”

Registrar, Manchester City

“Of course another risk would be the cutting of registration staff...I cannot spread the service in the way we currently do, without the staff hours to provide it.”

Registrar, Bury

If the convenience to register “elsewhere” becomes more practically and financially viable there is also potential for revisions to the portfolio of settings used to register births.

“We had an office in the ASDA store in York a few years ago. It was free...but for a number of reasons we could not continue to register births there, but at its peak, half of all registrations were taking place there! We would do it again if it were viable.”

Registrar, York

2. Extra registry capacity in populous areas

Lambeth birth registration service is one of the busiest in the country, currently registering over 12,000 births each year. The exceptional level of demand is due to the location in the borough of both Kings College and St Thomas' Hospitals. Most birth registrations currently take place at Lambeth's Town Hall in Brixton. Recently it has proved increasingly difficult to keep up with demand and so the local authority is exploring other settings and service models for birth registrations.

“Our predicament and current opportunity led us to look very closely at the needs of our customers. We want to increase access options whilst crucially adding value for our service users as we look at how we can work with other services when we register births.”

Head of Active Communities

Following feedback from parents and consultation across local services, Lambeth will pilot taking their statutory births

registration service into local community settings at 5 of their 26 local Children's Centres starting this summer. The children's centres have been carefully chosen due to their location in the borough, their strong links with local communities and estates, links with health and midwifery services and the availability of confidential space/rooms.

3. Proportionate and integrated service

The centres where birth registration is possible have been carefully chosen based on population demographics and the spread of other registry settings and options.

“Obviously one of the key issues is resources - everyone is struggling for staff. So if we are sending a register out to a venue we need to know that they will be fully employed and all appointments filled.”

Registrar, Bury

The key to getting the service right is down to strong relationships between the registration service and the children centres involved and a clear commitment to an on-going review, the evaluation of usage and, importantly, parental and staff feedback.

“There have been centres which have been trialled but proved to be unpopular, either because they were too close to the city centre or another centre with more facilities. Over the years I think we have achieved reasonable coverage around the city bearing in mind the limited resources we have.”

Registrar, Manchester City

In Bury, having the children's centres as community registration settings helped with contingency planning, as the children centres provide alternative settings if there was a problem with using the Town Hall for a period of time.

A good example of how the service is integrated and how the children centre can provide added value to the registration service is the process in Manchester and Bury settings, where children's centre staff set-up the appointments on behalf of the registrars. When parents local to the children centre ring the local registration service, they are given the option to register at the children's centre if they wish and contact details to make the appointment there.

“I would also advise that the centres book their own appointments as this makes it more of a service that they are then offering.”

Registrar Manchester City

Registrars need to know how many appointments they have booked at any one session at the children's centres in order to bring the appropriate quantity of materials. The issue of security, whilst still a concern, is managed by good information sharing between children's centres and registration staff about the number of appointments booked. The policy is to collect and return certificates and registers from/to the register office on a daily basis, so nothing of potential value to fraudsters is left at the children centres overnight.

The environment of some children's centres may not be appropriate for registrars to be based on site and feedback from registrars was consistent that birth registration wouldn't work for every children's centre in a local area. Local authorities may provide special facilities for bereaved parents who are registering the death of their new-born baby at the same time as the birth, such as separate waiting areas which might not be available at all children's centres.

4. Convenience of the service being in the community

The convenience for service users was highlighted as a real positive outcome of children centre birth registration in all three areas. This 'convenience' enhances the reputation of local authorities providing the service.

There is also a duty placed on Registrars to ensure that births are registered promptly and within the statutory time frame of 42 days. It could be argued that by providing the opportunity to register at children's centres, the service is reaching out to/ making it easier for families, who because of their circumstances, may be less likely to register within the 42 days. These may also be the very same families that the early years' team are most eager to make early contact with also.

The different perspective provided by the embedding of the service in Sure Start was the key point for some registrars. It was pointed out that children's centres were not necessarily the most efficient way to deliver a birth registration service (as registrars need to travel to children's centre settings) but they certainly seemed to be the most convenient for the local population.

There were added benefits such as the service being seen almost as a drop-in where parents could seek advice on other aspects of registry business such as name changes or marriages as an aside to the actual registration of birth. In Manchester, the decision was taken to rotate registrars so that they still felt a part of the core service based in the Town Hall, but had the opportunity to work out in the community also.

“We also have the luxury of being able to rotate the staff who work off site to prevent them becoming alienated from the rest of the service.”

Registrar, Manchester City

As Lambeth develop their new registration service, central to this is the notion that if families are introduced to a wide range of services through a birth registration 'community portal' they can be more effectively put in touch with local services, particularly at times of need. It is hoped that the resultant take up of support services and vision for future work in Lambeth will build stronger 'early trusting relationships' and ultimately offer more support and the space for family members to get involved in local community life.

“We understand that linking up birth registration and children's centres can be influential and beneficial to children and their families. This is also intended to help Lambeth colleagues to identify how the services they need to prioritise or target can best assist those in need of help and essentially do this before reaching crisis point. We want to encourage families to seek timely help from their local Children's Centre. We want to reach those that are particularly vulnerable and more at risk - children and parents.”

Head of Active Communities

5. Repositioning of the registrar service

Registrars in Manchester and Bury felt that by re-articulating the service through some children's centres the perception of the registration service has been changed in the eyes of the council and the population it serves.

“Registration was seen as an old-fashioned service, in Bury this has been changed for the better by the positive perceptions of being linked with SSCCs.”

Registrar, Bury

“Historically the Registration Service was somewhat separate from the rest of the council, steeped in hundreds of years of registration law and practice, many didn't even know it was a local authority function. But working with the Sure Start team has brought the service to the centre of council policy and its values, in supporting early years delivery at the heart of communities.”

Registrar, Manchester

Lambeth can also see the potential for registering births at children's centres from both an 'outcomes for communities' perspective and a commissioning approach as part of repositioning the service.

“In Lambeth our focus is to improve the outcomes for our communities as we step up our work and develop new ways to develop and deliver future services within our cooperative model whilst managing within reduced budgets.”

Head of Active Communities

6. Reduction in 'no shows' and missed appointments

In general there was the feeling that there was a reduction in missed appointments by offering the registration sessions through local community settings. There was also the option to be more flexible in "squeezing in" a registration session at the end of the day if it was felt to be appropriate for that family.

“Because we only attend once a week and you may have to wait a couple of weeks for an appointment families are more likely to attend compared to register office appointments and associated high levels of 'no shows' - this may also be linked to increased difficulties in travelling to the city centre, especially with all the uncertainties that a new baby brings.”

Registrar, Manchester

How to involve children's centres in registering births

Below is a list of the key points to consider if local areas wish to explore using children's centres as settings for birth registration.

1. Choosing appropriate children's centres

It is important, however, to recognise that there is no 'one size fits all' for local authorities. There are examples in other authorities where register of births at children's centres has been withdrawn as a service due to uptake or costs. Registrars felt strongly it should be left to local area's to determine the locations at which they register births.

- Must have all parties on board with what is trying to be achieved - Register Office, Sure Start (Centre Managers and staff) and IT technicians. The discussion should cover ensuring good coverage across the registration district and value for money.
- The IT provision from the children's centre must be robust, secure and reliable.
- The first centre in an area should be in the most populous area. The number of births registered in a district is an important consideration. If there are only a few then it's probably not viable.
- The children's centre should offer something that the Register Office site doesn't (such as parking).
- Publicity (leaflets) at the hospital baby unit is paramount, so that new parents are aware of the options to register.
- Negotiate a locally appropriate appointment system. This can be through the register office as in York so that staff can promote the service at the children's centre at first contact, or through Sure start staff that book slots and send the information to the registry service as in Manchester and Bury.

2. Set up and approving premises

Once a children's centre has been chosen as a potential birth registration setting, the process is fairly straightforward in order to get it to become an "approved premise" so that births can be legally registered.

- Share plans of the children centre buildings with the registration service.
- Establish the availability of a room with privacy for the appointment.
- Ensure reliable broadband or WIFI internet access (to allow access to the registration database through the portal).

-
- Ensure access to a Laptop and printer are available to use through a dedicated IT system.

3. On-going review of coverage

Careful on-going consideration needs to be given to the following areas to ensure the process remains viable:

- Strategic location of chosen children's centres to ensure good coverage across the registration district – the environment of a children's centre may not always be appropriate in all cases for registrars to be based at a centre.
- Cost of locating services and value for money of providing these services.
- Designated and secured office for the process and any storage of valuable materials (such as master registration page and blank birth certificates) and a clear system to ensure all security items are accounted for.
- Accessibility of the building and good transport links – reviewed.
- Develop strategic and efficient system of appointment booking and the process for sharing this with registry service to allow registrars to only take required stock out for the visit.

Important to then ensure:

- Centres are set up to showcase the offer services for babies and new parents. There must be an offer to parents for babies and the 0-2's to reinforce the relevance of the centre.
- Midwifery services are involved and know about the service lead.
- Proper integration of offer in both services – roles agreed and any resources required set aside to ensure buy in from both registration service and children's services.
- Awareness raising and publicity is on-going - the process takes time to build awareness among the local population. Important role for promotion through health teams, hospitals, libraries and the children centres and registration services themselves when parents phone up.
- Registrars establish and rotate the duty to attend.
- Reliability of service – reviewed.

Current legal responsibility

The responsibility for the registration service is split between the Registrar General, who is the Head of the General Register Office, and local authorities. The Registrar General administers the law relating to civil registration, and local authorities are responsible for the organisation and delivery of the service in their area, which includes determining the locations where births may be registered. Local authorities are also responsible for appointing the registrars to carry out the duty.

Each local authority in England and Wales is responsible for providing the registration service within its area for the registration of births and deaths. Local authorities are bound by statute to determine the location (and number) of registrar's offices (Registration Service Act 1953).

Although the Births and Deaths Registration Act 1953 provides for every child birth to be placed in a register kept for the sub-district in which the child was born, it does not stipulate where the registration should take place. Consequently, a range of settings are used by local authorities such as Town Halls, hospitals and libraries in addition to the local register office. Importantly, local authorities can, and some do, make arrangements for registrars to attend children's centres to register births.



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