

## **All Party Parliamentary Group on Sure Start Children's Centres**

**Meeting, 29<sup>th</sup> January 2014**

### **The role of Children's Centres in early years and childcare provision**

#### **Minutes**

##### **Members Present**

Andrea Leadsom MP (Chair)

Sharon Hodgson MP (Vice-Chair)

##### **Elizabeth Truss MP, Minister for Education and Childcare**

The Minister began her speech by affirming that Children's Centres were seen as very important within the Department for Education, and that the work of the APPG as well as the recent report from the Education Select Committee had been very helpful in informing the Department's views. She noted that research from 4Children had shown that over 1m families are now using Centres, and they are becoming a key part of what it means to be a parent and a child in this country. She discussed the revised list of core objectives for Children's Centres published last year – the Department wanted to make it clear to local authorities that the core purpose for Children's Centres involved improving outcomes for children in their local area, helping parents (particularly in the early years), acting as a gateway for other services, and supporting "hard-to-reach" families.

The Minister noted some very good examples of Children's Centres working on school sites, allowing children to progress through, but that less than 4% of Children's Centres were currently providing childcare (as opposed to 30% of schools), so it was important to recognise that Centres have a crucial role to play beyond this in terms of improving outcomes for children. She stressed a firm view that Children's Centres should be a universal service, arguing that until a parent has difficulty we don't really know which families will need to make use of Centres' services, so there needed to be good geographical coverage, and the importance of Centres being within reach of people's homes if they were to use them. She said while this did not mean every Centre should specialise in everything, in her view there did need to be a service available, which would also help provide a network for parents to meet and support each other. The Minister also asserted that she did not want to see Children's Centres close, and that there was a presumption against closure in the new guidance – while she wanted to see better use of resources by local authorities, which might include co-location with schools or health services, but not a reduction in the services available to parents.

A number of examples of good practice were highlighted, including Children's Centres in Watford which had midwives on site allowing them to develop relationships with parents throughout pregnancy. The provision of ante-natal services in Centres in Bury and Manchester was also cited, as well as the impact that delivering birth registration had had in Centres in

Manchester, Bury and York (it was noted that in the former, this had contributed to a parental re-engagement rate of 86% in Wythenshawe).

The Minister then spoke about the importance of integrating health and education services, saying that “we are on a journey to achieve this as set out in the core purpose”. Information sharing formed part of this – the Department had recently responded to Jean Gross’ report on this issue, and was working with the Royal College of Paediatrics and Child Health and 4Children to produce an e-learning package for health and early years professionals. Equally, health visitors had a key role to play, and the Government was looking to increase the health visitor workforce by 4,200 by 2015 to improve outcomes and reduce inequalities. The Minister added that by 2015 the two-and-a-half year check would also be in place, and that the Department was currently consulting on the Early Years Foundation Stage Profile. She was interested in how these could be linked together, with a check taking place at the start of school to see how children are progressing through their lives, which would help to identify problems as they arose. She stated her belief that with the localisation taking place through Health and Wellbeing Boards and a more coherent system of checks, we would be able to track vulnerable children and families who may need additional support.

Ofsted inspections were also linked to this. At the moment Ofsted are only able to inspect individual Children’s Centres with statutory status, but this does not capture all those sites operating as part of local networks, of which there are around 500 across the country. Therefore, the Minister would like to explore an approach where local authorities are assessed in terms of their overall provision of early childhood services, in terms of both reach and quality, as the wider impact of Children’s Centre networks is not necessarily captured by the current regime. The Minister also said that she had met with Councillor David Simmonds of the Local Government Association to discuss the issue of birth registration, something she was keen to work with the APPG to progress.

As there is no “one-size-fits-all” approach for Children’s Centres – the services needed in somewhere like rural Norfolk would be different to those required in central London – the core purpose has to be a focus on improving outcomes for children. She said this was important to enable local authorities to be held to account for how they provide these services, but added that it was also important to make it easier for local authorities to reconfigure things to better suit their local area. The Minister highlighted the DCLG’s Transformation Fund as something where few local authorities had yet made applications relating to children’s services as yet.

#### **Question and Answer session with Elizabeth Truss MP**

*The Group’s Chair, **Andrea Leadsom MP** asked about: 1) the idea of Centre staff becoming qualified registrars; 2) why registrars can’t inform Centres about births, and the child protection issues which arise when births are not registered; and 3) whether psychotherapeutic services and talking therapies could be delivered through Centres.* The Minister said she thought that there was an opportunity to reconfigure the way we do registrations in general, but in the absence of this Councillor Simmonds of the LGA is willing to look at the idea of working with Children’s Centre staff. She said issues of child protection when a birth wasn’t registered was

something she would take away and look at as it was not an area she was immediately able to comment on. Finally, with regard to psychotherapy, the Minister said that this was another part of how health and education services might be better integrated, noting work with Edward Timpson on the delivery of CAMHS services in schools, and was keen for these to be delivered through Centres.

**James Morris MP** said there was an opportunity to deliver psychotherapeutic services through Centres as a way of getting things right in the crucial 0-2 period. The Minister agreed, and said there were other areas for better integration too, including doing more with schools. She said the best schools will all be helping parents look for work and offering wider support.

**Simon Dennison** of Southampton City Council asked for thoughts on Children's Centres sharing budgets with safeguarding services, saying this created challenges as the latter always tended to be given priority "when the chips were down". The Minister said these were the sorts of issues she had been trying to get at when discussing the Ofsted inspection regime, and that a system which looked at what a local authority as a whole was providing, rather than just focusing on statutory Centres, was preferable, and also mirrored what was going on in the safeguarding world much more.

**Anne Longfield, CEO of 4Children** asked how messages about the role of Children's Centres could be pushed through into the complex world of health and for thoughts on integrating Centres with the Troubled Families programme. The Minister agreed health was a complex system, and suggested that a lot of points that had been made with respect to registrars could also apply in a health context (for example, some health visitors did not necessarily want to relocate where they were doing their practice). The Minister added that the Children's Centres have a broad impact, and are funded through DCLG. It is important that the Department of Health and the Department of Education work together, and that Ofsted is engaged, to make sure their impact is fully captured. There were steps in the right direction, such as the joint check at two-and-a-half from 2015, Jean Gross' report and the localisation of health visitors – more could undoubtedly be done, but this wasn't just about regulating from the centre but also a culture change in how we see these services. The Minister said there was a significant opportunity, in terms of talking about things like attachment and development not only in the context of health services but also education services, to encourage closer working, as well as by working with organisations such as the WAVE Trust and Early Intervention Foundation to push out key messages, particularly to families. On Troubled Families, the Minister noted that there were examples of good practice, such as Havering which has integrated with Children's Centres, but stressed the importance of universal service, so they aren't seen as something only available if you were "troubled", but that their universal character as "where you go when you have a baby" is preserved.

**Vicki Lant** of Barnardo's welcomed the commitment to universal services and noted the Education Select Committee's call for a national outcomes framework to help enforce accountability. The Minister said that the Early Intervention Foundation is looking at compiling best practice guidance for lots of different sorts of service provision (for example, what's the

best way of integrating ante-natal care, or birth registration), and that in her view this might be a better approach than having a framework, given the variety of things Centres do. Ultimately, she wanted to get to a position where local authorities were looking at outcomes, and asking questions like “where is a child at two-and-a-half”, “what has happened between two-and-a-half and five”, “what happened at birth”. She said the evidence base is more difficult to come by in the early years but that the two-and-a-half year check will help, as will Ofsted looking at things in a much broader way. **Andrea Leadsom MP** noted that assessing maternal mental health during pregnancy can be one important indicator of infant mental health, with the Minister noting that this was one of the things she could look at in conjunction with the Department of Health.

**Eunice Lumsden** of the University of Northampton asked how Children’s Centres workers can be supported to work more closely together, with evidence of a tendency towards quite “siloed” working practices. The Minister noted the importance of the Early Years Teacher Standards, which included a focus on things like understanding attachment, and 25% rise in applications since the new Standards. She said slightly different professional skills might be needed in different Centres. The Early Intervention Foundation would be building a network of expertise, and the Department expected them to be communicating and set up a network of best practice across the country so that people could learn from each other.

**Marc Mason** from North Yorkshire County Council asked about empowering communities and supporting “hard to reach” families. The Minister said there were examples of programmes aimed at these groups such as Home Start which visited parents at home. There was also a role for technology in disseminating information and best practice, which is one of the things the Early Intervention Foundation is looking at.

**Maria Bavetta** of the Maternal Mental Health Association welcomed the discussion of maternal mental health.

Finally, in response to a question on whether there would be any increases to nursery ratios, the Minister said that the Government was not pursuing the proposals it had put forward last year. She also reiterated that what the Government wanted to do was focus on outcomes rather than inputs: to look more at how money is spent and whether this was making a difference for children, families and their outcomes, such as with the Troubled Families programme and supporting parents to get back into work, areas in which Children’s Centres were doing a lot of good work.

#### **Simon Dennison (SD), Southampton City Council**

SD opened by outlining the situation in Southampton, where there are 14 Centres operating in four clusters, and they had tried to “hit the ground running” in terms of working with health partners – for example, health visiting services had been re-configured around Children’s Centres, and in some cases midwives were also co-located within Centres. Community engagement had also been an important part of the development of some of the Children’s Centres’ offers, through public consultations and engaging with parents. Another key aspect of

the offer, which was aligned with Ofsted frameworks, was adult learning, and this had helped to supplement the cost of things like crèches. Southampton was also part of the child poverty pilot, with Jobcentre Plus advisers in some Centres working successfully.

Centres had not initially been involved in the delivery of childcare, as there was a strong private market in Southampton they had not wanted to go head-to-head with. However, they were now “dipping their toe in the water” as part of the early-learning for two-year olds offer. SD said that the science around early brain development and attachment was even stronger now than it was in 2000, with evidence showing this as the key period for impact from intervention. SD noted that Southampton was part of the national pilot for the two-year old offer, so had been getting ready for this for some time. On paper, they had now matched numbers with places, albeit with challenges, for example in terms the geographical distribution of places, or the fact that some parents need places at the same school. However, staff have “thrown themselves” into addressing these challenges head-on – for instance, parents were now receiving postcards about free childcare which were followed up by staff to explain what these meant and where places were available. Overall, childcare places were now being delivered in four Children’s Centres in Southampton.

One key challenge is the preferential rate for three and four-year olds, meaning there was a need to coax providers into the two-year old market. Supporting children with special needs also posed challenges, as unless they were in the “top 2%” there was no additional funding, meaning there were a large number of quite vulnerable children with complex needs who, in purely financial terms, were not particularly attractive to providers. SD also said that Financial pressures are also significant: safeguarding and Children’s Centres now shared a budget and there is no ring-fence around Children’s Centres, which created concerns given the feeling that safeguarding would always win over other programmes. He said Southampton hoped to wrap midwifery into provision a lot more, with case-working midwives paired off with expectant parents to enable consistent contact with one professional through to birth. Although still taking quite a clinical approach, they were a crucial service, and knew families very deeply, something important in addressing issues such as domestic violence and housing.

#### **Harriet Price (HP), Homerton Children’s Centre and Nursery School**

HP began by noting that Homerton is both a Children’s Centre and a Community Childcare Hub; the Centre included a maintained nursery school on which all practice was founded, and provided childcare including funded places for two-year olds. She said that Homerton did provide midwifery services, but that her presentation would focus on two-year olds and the benefits of delivering childcare in a Children’s Centre. The reach area for Homerton included 1,885 children. Immediately around the Centre was quite an affluent area, but the reach area also included more deprived neighbourhoods, including one Super Output Area in the 20% most deprived. Door-to-door services are used to reach families in need: the most troubled families wouldn’t walk through the door and join groups.

HP said that one of Homerton’s strengths was that its work with children ran parallel to work with adults, and often the Centre would have been engaged with a family from the point they

had had their baby or even before. As trust had been built up with Family Workers, these families came very readily for places at the Centre. The other major advantage to this was when it came to getting troubled families into the Centre – they could often be quite guarded, and wary of group settings or institutions, but because they had daily contact with the Centre (dropping off and picking up for example), trust was built up and parents tended to engage much more, even getting involved in volunteering, and take a very different approach to somewhere like school.

HP then discussed a case study of Homerton's work with a vulnerable mother and child (Case Study 1 of the attached PowerPoint presentation). HP also referred to the Powerpoint slide titled "The difference this has made to a child's pathway", which highlighted outcomes for a small cohort of two-year olds that she had been monitoring, comparing children who had childcare places funded through the two-year olds offer with those who were paying for provision. Though numbers were small and the measures were quite broad brush-stroke, the figures showed the number of children jumping by two development bands or more was larger for those in receipt of the two-year old funding, suggesting they were catching up.

Reviewing key benefits of integrated provision (the final two slides of the PowerPoint presentation), one was staff quality. Homerton's maintained nursery school had never failed to achieve an "Outstanding" rating in its Ofsted inspections, with an excellent SENCO working across the Centre allowing information to be shared effectively across all staff involved in the child's care such as the Family Worker and childcare room leader. This also enabled the Family Worker to hold informed follow-up meetings with parents. Similar meetings also took place around transition. Children were also tracked alongside the parent's development, so at any stage she could, as Manager, look at the child's development and see the impact of the family and determine what had made a difference, and next steps.

#### **Question and Answer session with Simon Dennison (SD) and Harriet Price (HP)**

***Pamela Calder*** from the Early Childhood Studies Degrees Network asked SD whether a Centre mentioned in his presentation, which had tripled its Foundation Stage outcomes over six years, had provided childcare. SD said that childcare wasn't directly provided by the Centre at the time, but there were three maintained nurseries nearby which were linked to schools, as well as a large private provider and a couple of other nurseries with spare capacity. The Centre linked with all these, so parents using this Centre would have been able to access these services. He added that in his personal view, one of the key factors in the success of this Centre was that although it was in an area of high deprivation on paper, it had a large reach – particularly with a sizeable local South East Asian population, a significant Somali population and a reasonably sized East European population who were quite willing to engage with the Centre. They had already come a long way to improve their lives in the UK, so once they felt welcomed and understood how the service worked, they were keen to make use of it. Staff at the Centre also had relevant language skills.

***Pamela Calder*** also asked HP about which staff roles were particularly important to achieving high quality provision. HP said that Homerton benefitted hugely from having qualified teachers,

and they had been able to do job swaps across different areas of the Centre's provision. In terms of childcare, Homerton had invested entirely in Level 3s who it was felt would be able to provide high quality provision. Investment in staff meant those who joined Homerton tended not to leave, with the benefit of an almost "rolling programme" of training and built up expertise, with the Centre reaching a "critical mass" of quality. However, she added there would be difficulties in holding on to staff in the face of cuts.

**Andrea Leadsom MP** noted that only around 4% of Children's Centres currently offer childcare, and asked SD and HP how would they prioritise this in relative terms compared with providing support during the very earliest years of a baby and family's life. Both SD and HP found it difficult to answer this question. HP said that both were providing preventative care so she hoped she would never have to be in the position of having to choose. SD added that in Southampton they knew that high quality childcare worked, but they also knew about all the evidence around the importance of early brain development.

In response to a question about how Homerton assigned Family Workers to work with specific families, HP said that in most cases they would already be working with the family and co-ordinating with the room leader for two-year olds and the SENCO. HP added that even in a time of cuts, she felt it was important to invest in a Family Worker, and that their skills were a powerful complement to those of other staff. No matter what happened in a childcare space, if it wasn't supported from home there was limited difference that could be made.

**Shirley Daretan** of Little Hayes Nursery School and Children's Centre asked about what impact the new Ofsted requirements around reach would have on Centres. SD said that in Southampton, they said that they know all the children as they had a partnership with health. In terms of registration, SD explained that where there were midwives on-site they registered the parents, and then registered the baby once it is born; this could then be cross-checked through health commissioned staff based in the Centres. With regard to sustained contact, a good level was 65%, and they worked to this framework in Southampton, which was quite a challenging area given the number of families moving in and out of the area. HP said that at Homerton they were at 62% for registration, so could only possibly come up as "Good" under the new framework, whatever else they did. She cautioned against putting too much focus on the overall registration figure, as if they spent too much time on registering they wouldn't necessarily be doing the work that was needed.

Finally, **Jo Verrill** of Ceeda asked HP how transferrable the experience of Homerton might be to those looking to offer two-year old places within primary schools. HP responded by saying that when looking at their local area, this looked very possible, as schools already had a lot of the necessary policies in place, and safeguarding would not be an issue. Also, schools would often be willing to let premises at a lower rate than elsewhere, but the key issue was quality. She said she didn't see any problems with delivering provision for two-year olds in schools in principle, but the important thing was ensuring that they weren't "tagged" on to inappropriate offerings within the school. It was crucial for an understanding of child development to be there, and that the setting leader understood what two-year olds needed. **The meeting then closed.**