

APPG Meeting: Sure Start

Section 1:

Matt Dunkley

Over the last year, Directors of Children's Services have had some of the toughest roles in public service. This is mainly due to the cuts to gross budgets which amount to between 14 and 15%, peaking at around 20% in the worst affected areas. There has also been an increase in the statutory requirements of child protection services, and as a result in many places both preventative and universal services have had to be cut heavily. On the whole, Local Authorities did not raid the Early intervention Grant for other things, so a ringfence around it is not necessary.

AB: Is Early intervention going to be a reality?

MD: The factors above mean that early intervention is going to have to be a reality as the current growth in child protection is financially unsustainable. Early intervention needs to have a bigger impact however, as we have found that sometimes early intervention programmes simply uncover greater need. The trick is to find those 'stiletto-like' interventions which have the biggest effect for the least investment. This is of course very easy to say and very difficult to do.

AL: Sure Start around the country has been variable. How well are they meeting needs?

MD: In regards to Sure Start, the service has been variable, with some families not always accessing the services that they need, but centres are becoming better at providing effective targeted services. In answering PQs by saying that there is enough money to maintain the network of children's centres, Sure Start has been given a 'moral ring fence' by ministers. In the past, Sure Start has often been guilty of assuming that if they provide the services then those who need them will find them – a sort of 'build it and they will come' approach. LAs are now developing different models with more effective outreach work to create a model which can target more forensically.

BW: You mentioned that there is a fear of uncovering need. Isn't this your job to do so? If you uncover that there is more need than previously assumed, doesn't that give you the platform to apply pressure to get the resources that you need.

Another concern is how to reach those most difficult to contact. This brings up the universal versus targeted services quandary.

MD: There are excellent Family Nurse Partnerships and Family Intervention Projects which target a small number of hard to reach families. We rely on universal services, such as schools and health services to refer hard-to-reach families. People do not always come to Sure Start without any outreach due to possible stigma. Early intervention so far has not delivered any reductions in expenditure but has tended to uncover more need. Asking for further resources in this climate is not the easiest argument.

AL: Child birth registration at children's centres could be a way to share information and help reach more families.

MD: DCSs are considering a number of different options. Sure Start is a group of services not a group of buildings. We need to provide pathways into services, rather than just a building with a label on it. At the same time there is a profound belief in the power and importance of early intervention.

AL: What is the role of social enterprise and voluntary funding?

MD: In the future we are looking towards a more blended approach, which includes social enterprise. However, one complication in working with the voluntary sector has been the complexity of employment rights for people employed by different types of organisation.

BW: Will all of this lead to closures of centres?

MD: This depends on how you define closures. We are looking at the hub and spoke model. The service to the public will remain unchanged, but its delivery may vary. We hope to be judged on the reach of the service and outcomes for children, not the number of buildings there are.

Local Authority speakers: Manchester, Cambridgeshire, Nottinghamshire and Haringey

Haringey: The service is looking to move towards a cluster and commissioning model. This is based on school involvement. There have been cuts of around 47% to children's centres and around 75% to youth service overall. This has led to more of a focus on services and outcomes rather than buildings. We have had to pull some services from some centres. One problem we have is that Ofsted has not yet come to grips with these new models of delivery. There is a new effort to link up services and creating a network that shares information to relevant parties. Outreach is key to this program.

Nottinghamshire: There are 58 children's centres in the area, which are all on course to stay open. 60% are externally commissioned but this is expected to move to 100%. There have been reprioritisations within the budget. The council is expected to save £5.2 million, with £2 million already saved. There is also an expansion of youth provision on a cluster basis.

Cambridgeshire: There is an effort to keep some universal elements but there will be a 10% cut in children's centre budgets over the next 4 years. Cambridgeshire is largely looking to protect centres which will continue to be 75% Local Authority run. The rurality of the area presents extra challenges for services and means delivery has to be adapted appropriately, for example through using village halls for outreach services. Most of the families that need targeted interventions are already known to services.

Manchester: There are 68 buildings, with 57 Sure Start Centres to be 'repurposed' as community assets. There has been a specific focus on early intervention in one ward, Ardwick, where a trial of a new form of service has taken place. Instead of simply providing the services, the local authority visited the home of every child aged under three. This was successful in reaching 85% of children compared with the 28% under 5's that are targeted by children's centres. Increasing outreach away from the centres is financially beneficial and allows scope to reach more families. With this form of delivery, Manchester

intends to save £22million. The Local Authority will also be withdrawing from the loss-making daycare market.

AL: Could you all comment on what MD was saying about reach? How many of the hardest to reach families are you able to target?

Haringey: This has been patchy for the council. We have used various methods to try and get people more involved. The IT systems have been linked up which has helped the sharing of information between services. There is an effort to target those at risk of entering the child protection system. This will be part of SLA with schools. Health is very important too. Although efficiency savings have been made we have tried to maintain standards of service.

Nottinghamshire: This has in the past been patchy. We are looking for consistency in service delivery across a rural element as well as an urban one. We are co-locating specialist family support in and around children's centres. We are looking to remodel community engagement, especially in terms of the voluntary sector and local providers. This is something that has to be improved.

Cambridgeshire: Services have been too variable in the past. The agreements made with all children's centres include targets. We are looking to get services out to families rather than waiting for them to come to us. The eastern European community has proved difficult to reach.

Manchester: We have an urban population which is very diverse. We have an assertive outreach model, as was trialled in Ardwick. The key to this is the sharing of data, especially live birth data. The 'Stiletto' like interventions that are very evidence based do really make a difference. Ardwick model shows this. Having children's centres in schools has made them more accessible. Manchester is proud of the amount of children it has that are school ready.

JW: I would like to ask about parenting support. What are the advantages of offering parenting support in children's centres?

BW: Are there opportunities for religious groups to help spread information to families around the community through parish magazines etc?

Haringey: We have a good relationship with the Church of England as well as other religious groups. The community is diverse so we also have links to Muslim and Jewish groups. We could be doing a lot more though. A few religiously specific centres have opened with some success. We have also been running parenting programs that have been successful. We are also looking to use more universal methods including home learning. Teenage parenting programs are also a focus. So far these have not had to be cut. These classes for teenage parents are not compulsory but they are strongly advised.

EL: The Health and Social Care Bill is relevant to this, as part of it looks at children's centres' role in health. Why doesn't the health service fund a larger proportion of the provision of children's centres?

Nottinghamshire: We are committed to maintaining parenting support that already exists. Nottinghamshire is looking to continue parenting programs that have been successful. All of the centres

in Nottinghamshire offer these programs, as do some schools. This is key to our early intervention program. The Local Authority looks to provide this support through as many different agencies as possible, not just Sure Start. Another important policy that has been implemented is the 'Language for Life' strategy, which looks to develop language in children. Every health visitor does a speech and language screening for children at the age of 2. We are targeting support for speech and language. We also work closely with the church and use their buildings.

We are keen to get church members to publicise information on fostering and adoption. There is a willingness on both sides to take this approach forward.

Cambridgeshire: There is a parenting workforce which targets families where parenting is a real issue. This is a vital part of the service offered. Its budget has been added to using money saved in other areas.

SH: To Manchester, looking at evidenced based areas and Graham Allen report, we must not forget the original evidence based Sure Start model. Manchester is the only one so far that is moving away from this original model. You are looking more at an outreach model now.

Manchester: There is a 3 month consultation on the new model. There is no proposal to close Sure Start centres. The proposal is to look at how we can repurpose buildings to other community services. The analysis we have done is that currently the reach from our centres is at 28%. The Ardwick pilot reach is beyond 80%. They are given lots of information they may need. Nothing to add on parenting classes, but Manchester has strong links with a variety of religious groups.

PG: Are parents being involved in redesign of services?

Nottinghamshire: There is a lot done in Nottinghamshire to inform parents of the changes to centres, and parents who use the centres are actively involved in designing services. The staff have also been personally reassured about the budget.

Haringey: There are parents' forums to engage parents. However the loudest voices were those of the most affluent parents. The new structure being proposed would be advisory boards. The engagement of parents is something that we need to continue to work at.

SH: What Manchester described is a community centre not a children's centre.

Session 2:

Ofsted:

LE: The remit of Ofsted in this context is to inspect children's centres. The areas that the law requires Ofsted to look at are:

- Leadership and Management (including the Local Authority role)
- Outcomes for children and families
- Quality
- Overall effectiveness

There have been 647 inspections, the majority of which have been of Phase 1 centres. 73% were good or outstanding. Only 13 centres were inadequate. 4 centres previously judged inadequate have been re-inspected and are now graded satisfactory. The quality of care, guidance and support were the most positive aspects the centres. The least positive were the development of skills for the future. Phase 1 centres are the most established and Ofsted believe this is why the data shows Phase 1 centres are performing better than Phase 2. The strongest centres are showing the impact through tracking of children through their performance at school. This demonstrates the way in which the gap is narrowing in terms of achievement. Effective links with health services are also evident in the best centres. In others there are too many barriers in the sharing of data which is preventing centres providing the best service they could. Often the leadership and management aspect is let down by the lack of accurate self evaluation and data gathering. There is a lack of nationally validated data, which is a real problem. The change in delivery models will have to be looked at in terms of future methods of inspections.

AL: What are the outcomes and how are they measured?

LE: Centres are expected to provide data to show that they are improving outcomes, but where this is not available it is difficult for Ofsted to evaluate success.

JW: In what ways are the effective centres tracking children after Sure Start? Why isn't everyone doing this - what are the issues that the Ofsted inspections have uncovered?

LE: It all depends on the links centres have with schools. A centre where most children go off to the same school has more chance of providing such information. Where there are several schools it is more difficult. There are still barriers though that makes the process more complex. An example of this is data protection. This is becoming less of an issue however and the best centres seem to have resolved their data-sharing issues with both health and education.

Joanna Tucker from OXPIP and Anne Woodward from The Spinney Children's Centre, Guildford

JT: Oxpip is an organisation that was founded in 1998. It is based in 7 Oxfordshire phase 1 children's centres, and is 50% statutory funded and 50% funded through its own fundraising. It looks to build the relationships between parent and baby. It works particularly with hard to reach families, often with different types of deprivation. It looks to tackle difficulties in the relationship parents and babies have. The use of baby massage is important, as well as talking and 'baby chatting.' The training of baby massage has been extremely successful around the area. It has been especially successful in targeting the hard to reach families. A new outreach program which looks to engage Asian parents is being set up. This type of therapy uses scientific approaches which are based upon theories which suggest that the first 4 years of a child's life are the most important in terms of developing empathy.

Guildford: AW

Although Guildford has a reputation of affluence, there is hidden deprivation in the area. We have effective multi-agency working as a result of good information-sharing and we provide both targeted and universal approaches. Families that go on to targeted interventions are often discovered through

universal services. There have been cases where children have started school not having been seen by services since their six week check. Universal services can be used to tempt these families in as it is hard to identify them if we don't know that they are there. We provide adult learning, support for young parents, stay and play etc, with 50 per cent of children coming from more deprived parts of the deprived area. We find it difficult to track children through schools if the link with that particular school is not good.

One of the most important things that helps us reach our goals is the dedication and skill of the workforce in Guildford. They are highly trained and as such are able to take on high level cases.

JT: The hardest to reach families are from ethnic minorities. There should be a premium paid to those who manage to reach these families, many of whom are hard-to-reach on a number of different measures – income, ethnicity, care leavers etc.

The relationship between health and children's centres is extremely important and co-location alone is not enough. Classes such as breastfeeding support are incredibly important for training health and education to work together.

(For more information on Oxpip, and The Spinney, please see the material on the APPG website)

Department for Education

SB: The department has launched several different documents based on a number of recent independent reports. This includes the Supporting Families in the Foundation Years policy statement and the early years Evidence Pack. The underpinning argument revolves around brain development and to target this we need to approach the whole family. We know the importance of having skilled professionals and integrated services. We are emphasising the need for better collaboration with health while improving outcomes for the most vulnerable families. The Department for Education needs to articulate better what they mean by 'need', which can be slightly ambiguous and difficult to categorize. We are hoping to learn through payment by results trials how to demonstrate effectiveness of sure start.

SR: The strategic partnership, chaired by 4Children, is a conduit for information to flow upwards from providers and children's centres on the ground to the DfE and to help distribute information from the DfE to providers through tools such as the Foundation Years websites and the newsletter. We also feed into policy formation. Recent examples of successful co-production include defining "school readiness" and the new core purpose of children's centres.

AL: How can best practice be shared nationally?

SB: Children's centres should be sharing best practice through forming networks with colleagues in the local area, through the ADCS etc.

SH: What happens if a Local Authority is found not to be fulfilling their statutory duties regarding children's centres?

SB: It is up to LAs how they manage and control Sure Start. I believe the Secretary of State has some powers of intervention if necessary.