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# targeting children's centre services on the most needy families

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Local Government Association

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INVESTOR IN PEOPLE

# Contents

# Foreword

The publication of this report coincides with the development of a major programme to support 'sector-led' improvement in children's services. The Children's Improvement Board (CIB) is a partnership between the Local Government Association (LGA), Association of Directors of Children's Services (ADCS) and Society of Local Authority Chief Executives (SOLACE). Supported by funding from the Department for Education, the CIB is working to engage all local authorities in understanding their own strengths and weaknesses and being open to challenge from their peers.

Part of the CIB's work programme supports local authorities to develop locally appropriate responses to national policy changes. This includes a dedicated work stream on children's centre services which has involved around forty local authorities to date. This work will continue during the remainder of 2011-12 as local authorities remain keenly interested in how to support the most needy families effectively.

This report which the LGA commissioned from NFER is a helpful addition to our understanding of what works locally in an important area of local provision for children and their families.

Alison Miller, Policy Adviser, Local Government Association.

# Acknowledgements

# Executive summary

## Policy context

In 2011, the Coalition Government announced its continued commitment to Sure Start children's centres, but introduced a requirement for children's centres to '**focus much more effectively on those families who need them the most**' (DfE, 2011a). This marked a clear policy shift towards 'targeted' services. Recent policy developments have also emphasised the importance of **early intervention** (Field, 2010; Allen, 2011a and b), **closing achievement gaps**, the importance of the foundation years (Tickell, 2011), and focusing on outcomes (as highlighted in the new core purpose for children's centres and in the payment by results pilots, DfE 2011b and 2011c). Given the economic downturn, there is a clear need to provide value for money and, while the Coalition Government wishes local authorities to continue to prioritise funding for early years provision, it has removed the 'ring fence' on funding for Sure Start children's centres (Puffett, 2010). Local authorities and children's centres therefore need to address the challenges of multi-priority policy agendas in the early years sector, and demonstrate their focus on supporting the most vulnerable families.

## About the research

This research aims to provide local authority early years and children's services leaders, and children's centre managers[1], with **evidence of how children's centre services are targeting the most disadvantaged families**. In particular, how they are defining, identifying and prioritising families in greatest need of support, and the practical implications of targeting for local authorities, for children's centres and for policy.

We carried out a **literature review** of 42 sources, followed by **case studies** in six local authorities which had given some consideration to the issues involved. The case studies included interviews with local authority staff, visits to seven children's centres, interviews and focus groups with children centre staff and staff from other services. The key findings are organised around a **concept map** (see page x), intended to support local authorities and children's centres in targeting services on families in greatest need of support.

## Who are children's centres targeting?

Children's centres are targeting specific groups and needs in response to their local communities. The most common groups targeted in our case studies were:

- **children** (e.g. those with additional needs, speech and language delay, challenging behaviour)

- **parents** (e.g. mental health issues, parenting difficulties)

- **families** (e.g. issues of worklessness, social isolation, poor housing)

- **groups** (e.g. teen parents, lone parents, black minority ethnic (BME) groups, dads).

In targeting these groups, children's centre staff were taking account of **risk factors** (see France and Utting, 2005), **child poverty** (see Mason *et al.*, 2011), and the importance of **early intervention** and prevention (see Bird and Rogers, 2010). They were also responding to local needs and demographics, and drawing on existing knowledge and services. However, children's centre staff framed their work as '**supporting the needs**' of children, parents and families, rather than in terms of 'targeting groups'. They avoided terms such as 'hard to reach' or 'needy', as they find them stigmatising and unhelpful.

## How do they define greatest need?

Neither the literature nor the case studies provided a definition of 'greatest need', and centre staff emphasised the importance of exercising professional

judgement and adopting **a case-by-case approach**: recognising that any child or family can be in great need at any time. However, in practice, local authority and children's centre staff were prioritising greatest need in terms of:

- **families with multiple risk factors** (reflecting the risk factors identified in the literature, see Speight *et al*., 2010a)

- **needs classed as levels 2, 3 and 4** using the well-known models of need used in the Common Assessment Framework (CAF) process (see Children's Workforce Development Council (UK) (CWDC), 2009)

- **preventing or responding to crises**, especially cases of domestic violence and child protection, where signposting to the relevant agencies is vital

- **early intervention**, where support can prevent escalation.

## What data do they use?

Children's centre leaders, data managers and monitoring officers used a range of data to support their targeting. They used it both retrospectively (to demonstrate that they are working with disadvantaged children and families) and prospectively (to engage families and refer cases appropriately). The most common data sources they used were:

- **area deprivation data** (e.g. percentage of most deprived households linked to postcode or Super Output Area (SOA) data)

- **live birth data** (where available) supplied by the health/midwifery service

- **other data from partner services** (e.g. health data, social care data, CAF/Team around the Child (TAC) referral data, housing data)

- **their own monitoring data** (e.g. of child development, of families' engagement in children's centre activities)

- **local needs analyses** (e.g. through consultation with families)

- **national data and trends** (e.g. national census).

For children's centres, **local data**, and data from **midwives and health visitors** were the most important. Live birth data is not always available to children's centre staff, due to difficulties in gaining the relevant permissions from health services. Key challenges in accessing data include finding ways to share data at a local level, obtaining consent and preserving confidentiality. Effective data sharing requires trust between professionals from the various agencies involved; and protocols to gain consent from families for their personal information to be shared.

## How are children and families identified?

Children's centre staff use a range of approaches to identify families in need of support. The most common approaches used in our case studies were:

- **discussion and information sharing across services** (formally and informally)

- **tools and models** (e.g. family assessment tools, CAF reports)

- **referrals and casework** (especially referrals from health visitors)

- **early intervention approaches** (which help identify families in need of further support from children's centres)

- **engaging with families** through universal services and becoming familiar with their needs

- **outreach** (especially to families experiencing social or rural isolation)

- **local knowledge** (of professionals, and of families).

The evidence suggests that it is important for children's centres and local authorities to adopt a **combination of approaches**, rather than using one or two. This represents a good investment of effort because it increases the chance of identifying needs and targeting support appropriately. Building **long-term relationships with families** enables services to be well targeted and attuned to address the needs of

children and families. There is also a need for staff to recognise when family or children's needs change, so that services can be appropriate and effectively managed.

## How are effective services developed for those in greatest need?

Identifying and targeting needs and services effectively can be challenging to achieve in practice. Children's centres and local authorities said they developed effective services for those in greatest need through:

- **strategic decision making** and panel discussions – with senior managers and heads of service

- **monitoring and reviewing** their services – including monthly, quarterly and annual reviews

- **consulting with families** – to determine their needs, the support required and their satisfaction with services

- **identifying facilitators and barriers** (e.g. building on effective local partnerships, and overcoming barriers to data sharing)

- **local authority support and challenge** (e.g. providing relevant data, and using the annual conversation to examine the business plan and the Ofsted self-evaluation form (SEF))

- **assessing value for money (VfM), outcomes and impacts** – using VfM exercises and tool kits to explore the costs of services, and evidencing outcomes through monitoring data and feedback.

In developing services for those in greatest need, children's centre staff were sensitive to their language around 'hard to reach' and sought to avoid stigmatising particular groups. They emphasised the importance of access to high quality childcare in order to support disadvantaged families. Their challenge is to deliver a mix of universal and targeted services whilst prioritising resources and refocusing on priority groups. Localism – local knowledge, targeting and partnerships – is key to the effectiveness of their work.

## Implications

This research raises a number of practical considerations for local authorities and children's centres which aim to be even more effective in identifying and prioritising their work with children and families. Implications for local authorities, for children's centres, and for government policy are outlined below.

## For local authorities

- ensure all children's centres have access to local area data, broken down by ward and street level (where possible) and assist children's centre staff in interpreting and using data

- help local partners to build trust, so they can share information and data effectively

- encourage children's centres to use several approaches in identifying needs

- share models of 'greatest need' with operational leads and partners, including front-line staff (e.g. health visitors), where appropriate

- share examples of effective practice in identifying and supporting needs, and in monitoring outcomes

- communicate effectively with children's centre leaders on local needs and priorities while supporting children's centre staff in making professional judgements in addressing the needs of individual children and families.

## For children's centre managers/leaders

- use several approaches to identifying needs, rather than relying on one or two measures

- build trust and relationships with local partners

- gather local knowledge from professionals

- gather local knowledge from families and parents (including through parent volunteers)

- identify parents who are not currently using the centre and seek to meet their needs

- promote universal services as the first step in engaging parents, building trust and identifying needs

- continue to promote targeted support sensitively to avoid stigmatising

- introduce family consent forms, where needed, to speed up both signposting families to services and information sharing between partners

- recognise the training and development implications, including: an understanding of data management; responsiveness to family needs; and an ability to engage with families, build trust and offer support.

## For policy-makers

- continue to recognise the value of 'universal' services as an opportunity for children's centres to engage with parents

- take account of the potential stigma attached to the term 'targeting the most needy families' and consider using the terms 'supporting families' or 'targeting support' instead

- emphasise the importance of targeting resources on disadvantaged families, but distinguish this from a focus on 'level 2 needs only' (i.e. 'targeted services' as identified in the CAF process) where misinterpretation might arise

- encourage children's centre staff to make professional judgements in addressing the needs of individual children and families

- consider what more could be done to encourage services to share essential data

- encourage national organisations to recognise and share best practice among local authorities and children's centres in improving outcomes for children and families

- consider the implications for workforce development of the skills associated with identifying and evidencing impact on the most disadvantaged families.

## Notes

1 In this report, we use the term 'centre managers' to include both leaders and managers.

**Figure 1  Concept map**



**1  Who are we targeting?**
- Children (e.g. additional needs, speech and language delay, challenging behaviour)
- Parents (e.g. mental health, parenting)
- Families (e.g. worklessness, social isolation, poor housing)
- Groups (e.g. teen parents, lone parents, BME groups, dads)

**2  How are we defining greatest need?**
- Multiple risk factors
- Windscreen/tier models
- Crisis prevention
- Early intervention
- Case-by-case response

**3  What data can we use?**
- Postcode and area deprivation data
- Live birth data
- Partners' data (e.g. health, social care, housing)
- CAF/TAC referral data
- Child development data
- Children's centre engagement/monitoring data
- Local needs analyses
- National/area data and trends

**4  How do we identify families?**
- Share information across services
- Tools and models
- Referrals and casework (especially from health visitors)
- Early intervention approaches
- Engage with families through universal services
- Outreach
- Local knowledge

**5  How do we develop services for those in greatest need?**
- Strategic decision making
- Monitoring and review
- Consultation and feedback
- Identifying facilitators and barriers
- local authority support and challenge
- Ensuring localism
- Assessing VfM, outcomes and impacts

**How do we target services and allocate resources to families in greatest need?**

# 1   Introduction

## 1.1   Policy context

The election of a Labour Government in 1997 saw a policy emphasis on reducing child poverty and social exclusion. This included an expansion of provision for young children and their families through the development of Sure Start children's centres (influenced by the US Head Start programme). The initiative was established in the 1998 Comprehensive Spending Review. It led to 260 Sure Start Local Programmes being established by 2001, which were expanded to 523 in the next two years. Sure Start children's centres were based in the 20 per cent most deprived areas of England. They were designed to enhance the health and development of children under four and their families living in deprived communities. They did this through offering 'integrated' services, including health and social care as well as education. The intention was to offer a range of services to all parents and families in the local community (i.e. a 'universal' offer within a targeted geographical area). They were also encouraged to develop more specialised services to help families with specific needs. This was deliberately intended to provide a relatively efficient delivery of services to those in need without stigmatising families using the services (Melhuish *et al.*, 2007).

The past two decades have seen an increasing recognition to the influence of deprivation on children's life chances, and the introduction of policies designed to 'narrow' or 'close' the achievement gap. In line with this, there has been a strong policy emphasis on early intervention, as set out in the reviews by Frank Field (2010) and Graham Allen and (2011a and b) Ian Duncan Smith (2008).

The original commitment to universal services was reviewed in the light of economic constraints and a change in policy focus. In 2011, the Coalition Government announced its intention to maintain funding for early intervention and prevention services, including Sure Start, through the Early Intervention Grant. However, funding for Sure Start was not 'ring fenced' and this spending round represented a cut of around 11 per cent for children's centres (Puffett 2010).

The Government introduced a requirement for Sure Start children's centres to target their services on families in greatest need of support. Although there was a continued acknowledgement of the importance of offering 'universal' access, this marked a change in emphasis from the former Labour Government's policy. As the guidance for the Early Intervention Grant states:

> *The Government is committed to Sure Start children's centres. Children's centres play a crucial role in early intervention, ensuring families can get help when they need it, tackling issues early and helping to prevent costly problems from emerging later on. The Government wants the network of children's centres to be retained but focused much more effectively on those families who need them the most*
>
> (DfE, 2011a).

The Government proposed a new 'core purpose' for children's centres, representing a shift in emphasis from providing services to achieving positive outcomes for children and families. The core purpose states that children's centres should aim to: 'improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness' (DfE, 2011b). This is to be supported by improved parenting aspirations, self-esteem and parenting skills; and child and family health and life chances. The Government has worked with sector leaders to consider evidence and good practice. This has resulted in a co-produced statement of intent about how the core purpose can be achieved, namely by:

- assessing need across the local community

- providing access to universal foundation years[2] services in the local area including high quality and affordable foundation years education and childcare

- providing targeted evidence-based early interventions for families in greatest need, in the context of integrated services

- acting as a hub for the local community, building social capital and cohesion

- sharing expertise with other foundation years settings to improve quality.

In another policy development, the DfE has begun a pilot study of 'Payment by Results' in Sure Start children's centres (DfE 2011c). A letter to all local authorities sought to recruit about 15 trial authorities to take part in the pilot. It set out the purpose of the scheme as follows: 'to incentivise a focus on the proposed core purpose of children's centres to improve child development and school readiness among young children and to reduce inequalities' (DfE 2011c, p1.). One of the potential measures being considered for the scheme is the percentage of families with children under five years who are identified as 'being in greatest need' and have 'sustained contact' with children's centres.

## 1.2  About the research

This research comes at a key time in the development of early years services in England. Its purpose is to provide local authority early years and children's services leaders, and children's centre managers, with **evidence of how children's centre services are targeting the most disadvantaged families**. In particular, how they are defining, identifying and prioritising families in greatest need of support, and the

practical implications of targeting for Local authorities, for children's centres and for policy.

We carried out a **literature review** of 42 sources, followed by **case studies** with children's centres in six local authorities (referred to as A-F in the rest of the report) which identified themselves has having recently gone some way to refocusing their work on the most disadvantaged families. The case studies were selected to represent a range of different types of local authorities in different areas of England. They involved interviews in six local authorities and seven children's centres, and speaking to local authority advisers, children's centre leaders, other children centre staff, other service staff and parents.

Our key findings are organised into a **concept map** (Figure 1), intended to support Local authorities and children's centres in targeting services to families in greatest need of support.

Further details on the study, the literature review and the case studies are provided in Appendices 1, 2 and 3 respectively.

## Notes

2  The term 'foundation years' was proposed by Field (2010) to emphasise the importance of the period from birth to five years.

# 2   Who are children's centres targeting?

The Coalition Government has charged children's centres with working more effectively with those families in greatest need of support. But who is being targeted and what are their needs? This section discusses local authorities' and children's centres' priorities, drawing on evidence from case studies in six local authorities. It also presents some evidence on the consequences of the move towards a more targeted approach.

A language of support and outcomes is emerging, drawing on evidence of risk factors and knowledge about the most common indicators of disadvantage. Children's centres are embracing localism and wish to encompass the needs of children, parents and families. They are targeting key groups (such as those of the Together for Children priority and excluded groups, and families where there are multiple risk factors (Linehan, 2010; Speight *et al.*, 2010a and 2010b)). They are also supporting individual families and addressing issues affecting whole disadvantaged areas by seeking to overcome problems, close gaps, improve school readiness, ensure children's health and wellbeing, and safeguard children from harm. Wider agendas include increasing community participation and contributing to economic wellbeing.

However, it is important for staff to remain sensitive to the needs of children and families from less obviously disadvantaged groups. Whilst the concept of 'target groups' can be helpful for monitoring and prioritising services, any family or child could potentially be in need of some additional support at any given point in time. The needs of families who have more material wealth ('the richer needy'), those who are new to an area ('the transient needy') and those where needs are less apparent (or perhaps actively hidden by family members – 'the hidden needy') are more difficult to identify (see Ofsted, 2009; Smith and Statham, 2010). The challenge of targeting these less obvious groups becomes easier, at least in principle, when 'need' is conceived of in terms of support and outcomes. Children's centre staff were keen to view all families with young children in their reach area as potentially benefiting from children's centre support.

## 2.1   Disadvantage and risk

The literature defines need in terms of **disadvantage**, **vulnerability** and the 'risk' factors relating particularly to children's life chances. Areas of disadvantage and risk can be grouped into three levels as set out by Kazimirski *et al.* (2008). Box 1 gives the most common indicators of disadvantage and risk at each level, according to the literature and evidenced in the case studies.

---

### Box 1  Disadvantage and risk[3] relating to:

- **Children** – for example, those with: special educational needs (SEN) including those with communication, language or literacy difficulties; a long-term illness or disability; behavioural difficulties; those living in poor housing or in rural isolation; looked-after children (LAC); those experiencing poor parenting; those on the child protection register (CPR); and children with low birth weight (although this risk was rarely mentioned in the case studies).

- **Parents**[4] – for example, teenage parents; lone parents; those who have experienced domestic violence; substance misusers; those with mental health problems; and those with a disability or long-standing illness.

- **Groups** – including families living in disadvantaged areas; families living in temporary/low standard accommodation; workless households; those on low income/benefits; newly arrived families; traveller/gypsy/roma communities; families at risk of breakdown; black minority ethnic (BME) groups[5]; and those with English as an additional language (EAL).

---

## 2.2  Whose needs? What needs?

Whilst the literature has highlighted the disadvantaged groups, children, parents and families with whom children's centres work, the people interviewed in our case studies emphasised the importance of targeting needs (including children's needs, parents' needs, and families' needs) rather than targeting specific groups (such as teenage parents, lone parents, and BME groups). This was so as not to stigmatise or stereotype, and is in line with a more outcomes-focused approach. Across our case studies, children's centres most commonly targeted:

- **children's needs**: children showing evidence of learning and developmental delays, particularly speech and language delay, poor behaviour, health issues (particularly childhood obesity), and school readiness more broadly

- **parents' needs**: particularly parenting support and adult basic skills, and supporting those with mental health problems, alcohol and substance misuse

- **families' needs**: preventing domestic violence (which was by far the most common area of need highlighted by our interviewees), as well as social isolation, and needs relating to living conditions such as poor housing, temporary accommodation, overcrowding and supporting child safety in the home (e.g. providing smoke alarms and stair gates)

These findings are supported by the research literature. The focus on children's learning, behavioural and social skills is key to their development (Belsky *et al.*, 2007; Bird and Rogers, 2010; Turney *et al.*, 2011; Taggart *et al.*, 2006; Smith *et al.*, 2009).

Supporting children's **communication**, **language and literacy** is particularly important, as Bird and Rogers (2010) argue: 'Of all the potential areas for intervention, it is in the combination of early years development, including language and communication skills … that the most significant impact could be made' (Bird and Rogers, 2010, p.5) (see also Springate *et al.*, 2008; Kazimirski *et al.*, 2008).

The research evidence suggests that parenting skills and parent–child attachment affect children's longer-term wellbeing (Dodds, 2009; DCSF, 2010; Smith and Statham, 2010; Springate *et al.*, 2008). Early

intervention is felt to be particularly important where developmental delays and attachment issues are identified (see section 5).

## 2.3  Localism

In addition to the common areas of disadvantage and needs which children's centres target, children's centres also **focus on local priorities**. Amongst our case studies local targeting focused on:

- parents' self-esteem and employability skills in an area of high unemployment (case study F)

- child development and school readiness, through identifying additional needs and speech and language delay (case study E)

- parents' health, wellbeing and social isolation in an outer-city estate with little mobility out of the area (case study C)

- a cluster of three children's centres each focusing on a key issue (teenage parents, outreach and postnatal depression) (case study C)

- cultural and familial issues affecting the local BME community (case study A)

- supporting families with multiple and complex needs through preventative CAF and TAC processes, in a newly restructured family centre (case study D).

Localism means that children's centres '**knowing their patch**' is important, as children's centre managers from two local authorities explained:

> … it's really crucial that each children's centre knows its area, knows its demographics and knows what its need is because it's going to be different across the city.

> … because the children's centres are rooted in their communities, we have that knowledge of who are the most likely families to need our services.

## 2.4 Supporting families and a focus on outcomes

As part of the localism agenda, and the reframing from targeting groups to targeting needs, the case studies revealed the considerable sensitivities involved in supporting local families. **A language of support and outcomes is evident** amongst the case studies, where important considerations for targeting include:

- **focusing on outcomes**: e.g. in terms of closing or narrowing the gap (see Springate *et al.*, 2008), or targeting on Every Child Matters (ECM) criteria with children's centre staff dedicated to focus on each ECM area (see also Smith and Statham, 2010)

- understanding the **risks of growing up in disadvantaged neighbourhoods** – all case-study interviewees seemed highly sensitive to this (see also France and Utting, 2005 and DCSF, 2010)

- addressing the challenges around the **richer and hidden needy** (including maternal mental health issues, family breakdown or loss of earnings in the current economic climate)

- addressing the challenges around the needs of **transient** families, especially related to immigration or where housing stock is poor and families move in and out of children's centre reach areas.

In addition, staff raised issues about the implications of using particular words and phrases, especially in communicating with families. They felt it was important to **avoid terms such as 'hard to reach'** because families would not describe themselves in this way. Indeed, from the parents' viewpoint, it may be the centre, rather than the parents, that is 'hard to reach'. As one centre manager explained:

> *... there used to be a term 'hard to reach'. But we don't use it any more, because we recognise it's us who are hard to reach, not the families. If you've not got any confidence, or not got any money, or it's too far, or you think that they will tell you that you're a bad parent – if that's what's preventing families from engaging with us we've got to try to reduce those barriers.*

Some centre managers said they preferred to speak about **supporting needs** (rather than targeting

them). For example, they described their aim as trying to address unemployment by supporting parents to gain confidence, self-esteem and new skills (case study F), 'so it's not about targeting the unemployed, but about tackling unemployment through supporting parents' employability skills'.

Much of the support provided by children's centres involves working with parents, and indeed, the parents we spoke to as part of the study confirmed the benefits of support they had received with parenting, their life and employability skills, and their self-esteem. Access to high quality childcare was key to some, confirming parents' recognition of its contribution to their children's wellbeing (see Sylva *et al.*, 2004). Others valued childcare because it allowed them to attend courses, or undertake voluntary work including becoming parent volunteers at the children's centre.

The literature also provides insight into **factors that protect** or prevent children from becoming 'at risk' (France and Utting, 2005; DCSF, 2010). The interviews with staff and parents confirmed the importance of these factors:

- strong 'social bonds' between children, their families, schools and communities

- positive parenting

- effective development of children's social and emotional skills.

## Notes

3 Supporting literature: Anning *et al.* (2007); Belsky *et al.* (2007); Boddy *et al.* (2006); DCSF (2010); France and Utting (2005); Kazimirski *et al.* (2008); Kendall *et al.* (2010); Linehan (2010); Ofsted (2009); Smith *et al.* (2009); Smith and Statham (2010); Speight *et al.* (2010a); Speight *et al.* (2010b); Springate *et al.* (2008); Taggart *et al.* (2006).

4 Including carers.

5 Although when child poverty indicators are taken into account, the association between risk and BME is largely removed (Coghlan *et al.*, 2010).

# 3 How is greatest need being defined?

Given the current policy focus on families in 'greatest need', we were particularly interested in any evidence illuminating this concept. However, neither the literature nor the case studies provided an encompassing definition of 'greatest need'. Nevertheless, local authority and children's centre staff were able to identify some of the characteristics of greatest need, which included:

- **multiple risk factors** – including the nine characteristics of disadvantage (see Box 2). While individually these risk factors might not result in a family being in disadvantage, multiple risk factors increase the likelihood of children and families experiencing difficulties and poor outcomes

- **needs classed as levels 2, 3 and 4** using the well-known **windscreen and tier models** of need used in children's services (see CWDC, 2009; see also Box 3). Some children's centres target the top of the tier or pyramid (i.e. working with families and social services to support CAFs and TACs); others use a 'mind the gap' model to focus their support on families who have just fallen 'over an edge'

- **crisis prevention**, especially cases of domestic violence and child protection, where signposting to the relevant agencies is vital

- **early intervention**, where support can prevent escalation.

Recognising the pervasive negative influence of **child poverty** is an important consideration for children's centres and local authorities in targeting greatest need (Speight *et al.*, 2010a; GHK, 2010). Child poverty is officially defined as follows: 'A household falls within the relevant income group, in relation to a financial year, if its equivalised net income for the financial year is less than 60 per cent of median equivalised net household income for the financial year' (Child Poverty Act, England and Wales, statutes, 2010, Section 3, income group definition of child poverty). Children who are living in severe or persistent poverty are defined as

> ## Box 2 Multiple risk factors – nine characteristics of disadvantage
>
> - lone-parent families
>
> - non-working families
>
> - families on low income (under £20k) or on benefits
>
> - families with three or more children aged 0–14
>
> - families living in one of the 20 per cent most deprived areas of the country
>
> - families where low or no qualifications have been achieved
>
> - families where at least one parent has a long-term illness or disability
>
> - families in rented accommodation as a proxy for social housing
>
> - families where at least one child has a special educational need or a long-term disability or illness.
>
> (Derived from Speight *et al.*, 2010b)

'either in low income for long periods or are going without the basic goods and services which are considered essential to maintain an acceptable standard of living' (DWP, 2011, p.1). Examples of children's centres' work to alleviate poverty included providing essential items such as children's winter clothing, and helping to provide domestic appliances such as fridges and ovens.

## Box 3  Tier models of need – 'Through the door first' model (local authority A)

This approach is used to prioritise children in need of support by encouraging them to come 'through the door' so staff can identify needs and offer relevant support. The model comprises three levels (indicating level of need):

**1) The top** – children who are most vulnerable and known to services. Through discussions with social care, the children's centre will identify gaps in support (e.g. basic parenting). The role of the children's centre then forms part of the existing plan around the child (e.g. through the 'team around the child' (TAC)).

**2) The middle** – families living in 30 per cent most deprived SOAs. Children's centres set targets to register and engage families with young children. Targets have to be realistic in order to align with the reach in each ward.

**3) The bottom** – targets are not made for families living in the 70 per cent more advantaged areas. However, it is recognised that families living in more affluent areas may experience difficulties or require support. Children's centres in such areas are Phase 3 children's centres, offering universal services. Needs are identified through universal engagement. Children's centre staff work with partner agencies to signpost and refer to services where appropriate.

# 4  What data do children's centres use?

This section sets out evidence from the literature and the case studies concerning the data used by children's centres to identify families in greatest need of support. Data is used both retrospectively (e.g. to demonstrate that professionals are working with children and families living in deprived areas) and prospectively (e.g. to engage families or to refer cases appropriately). The evidence suggests that the more prospectively children's centres use data, the more effective they become in targeting services and resources. However, in order to use data in this way, children's centres need access to high quality real-time data at a local level (e.g. ward or locality), and to build up a more rounded picture by drawing on data from a range of agencies and partners. This requires agreed protocols to overcome some of the challenges in data sharing and confidentiality and data systems that are fit for purpose and able to communicate with other systems.

## 4.1  Data and data sources

The literature identified a range of data and data sources that can be used by children's centres to identify families in need of support, including: area deprivation data to map service users' contact with children's centres (e.g. Belsky *et al.*, 2007; Neighbourhood Nurseries Initiative (NNI) Research Team, 2007); child health records (Anning *et al.*, 200y; GHK, 2010); and data from national surveys (e.g. Speight *et al.*, 2010b; DWP, 2011) – for example, the Millennium Cohort Study and the British Household Panel Survey both include information exploring the experiences and circumstances of children.

Data sources used by children's centres in our case studies and felt to be the most important were:

- **Postcode and area deprivation data**: often supplied by the local authority to children's centres and broken down by ward, or even street level. This can be used to identify the most deprived roads within the children's centre catchment area. It may be augmented by other geographical data, especially Super Output Area (SOA) data to explore

concentration of need in particularly areas; the 'green line' on SOA data is an indicator of multiple disadvantage (e.g. poor housing combining with low income). This type of data was used in most case-study areas

- **Live birth data**: supplied through the health/midwifery service, and used to determine attendance rates as a proportion of the population that could potentially access the children's centre(s) in an area (mentioned in most case-study areas).

Children's centre staff also reported using other data from their own monitoring, and through partners' local data sources. These sources are detailed below.

- **Children's centres' own engagement and monitoring data**: e.g. through examination of attendance records to explore trends, identify need and monitor access to the children's centres. For example, children's centres are asked to examine local area reports (based on information collated from services such as health) and put this together with their local knowledge, experience of working in the area and the prevalence of needs amongst those families coming into the children's centre. Monitoring data is also used to explore how many children from a particular group (e.g. children with a disability) visit the children's centre and engage in activities. This is compared with other local and national data.

- **Child development/school readiness data**: e.g. through observations made by children's centre staff; 'All About Me Books' completed by nursery staff and parents; and Early Years Foundation Stage (EYFS) profile data can be used to identify e.g. speech, language and communication difficulties. Children's centres use this data to focus support in particular areas of development. Some children's centres use the data to determine whether their involvement has made a difference to school readiness. This can then be used proactively to plan for future children's engagement.

- **Other health data**: including family attendances at Accident and Emergency (A&E) departments, obesity rates and child health records. Children's centres also use breastfeeding initiation rates. Ideally, such data is broken down by ward level to enable children's centres to target more effectively, e.g. to encourage breastfeeding through peer support.

- **Social care data**: including child protection register (CPR) data, CAF/TAC data, and the integrated children's system (ICS) which can alert staff to issues of access and safeguarding.

- **Housing data**: including notification of families in temporary accommodation (which can indicate newly arrived families) – although access to housing data was limited amongst the case studies.

- **Local needs analyses** (e.g. through consultation with families).

- **National indices or indicators**: to identify particular characteristics of disadvantage including: deprivation indices and proxy indicators (e.g. a household income of less than £20,000).

Children's centre managers reported that they did not have access to all of the types of data identified above. In particular, live birth data was not always available to children's centres, because they had not gained the relevant permissions from health services. Where crucial data is not available, children's centres are developing approaches to obtaining such data. The 'blue slips' approach to obtaining new birth data is vital in local authority C (see practice example 1 at the end of this chapter).

Local authorities provide children's centres with a range of data in order to help inform their local knowledge. They may use management information systems to help with their data collection and interpretation. The management information systems identified in our case-study authorities were E-Start, Anite-ICS, EdAcorn and PREview.

Some children's centres have a data manager (or there is a data manager covering several children's centres) who is responsible for providing children's centres with accurate data (e.g. information on attendance rates and monitoring of 'hard to reach' groups). For example, in Local Authority E, the data manager provides an

attendance report to the children's centre manager which outlines attendance rates from particular areas and provides other information e.g. the names of people living in temporary accommodation. This helps ensure that the children's centre manager has up-to-date information which can be used to target those families in need of support.

The children's centre managers we spoke to were confident in data handling. However, we know from the literature that this is an area where significant challenges are reported (Together for Children, 2010; DfE and DoH, 2011). Development and training for children's centre staff around data handling is an important consideration for workforce development.

## 4.2 Data challenges

Our case-study informants identified a number of challenges in using data to identify and target families in greatest need:

- **The data is not sufficiently precise**: data provided at a local/district level can be too broad and can, for example, mask the differences between an urban and rural area.

- **Data sources are not drawn together**. As one local authority officer said: 'It's difficult, you've got about six different information sources on a family and it's getting that in one place so that everybody knows the same information'.

- **Different services (including health, social care and education) do not share information**. It was evident across the case studies that trusting relationships went hand in hand with information sharing. In one case-study area, meetings were held regularly between children's centre managers and health providers, to share information about families and explore trends. The following quotes from staff across different local authorities illustrate the benefits of partnership working:

*We have got a really good relationship with health in getting families signed up and aware of children's centres right in pregnancy stage.*

(local authority interviewee)

*[There's] good communication with the health team
as well, if we need to have a chat about a family or
they want to call us about a family to see how they're
doing….*

(children's centre manager)

*Because our relationship with services is good …
you're not frightened now to pick up the phone….*

(focus group participant)

Children's centre managers said they would welcome
additional information from a range of agencies
including health (e.g. live birth data) and social care
(e.g. about families who are known to them).

• **The difficulty of addressing data protection
and confidentiality issues.** This presents a
challenge to children's centres and other agencies in
terms of the type and level of information they are
allowed to, or feel they can share. Developing
consent procedures for other agencies to use with
families and ascertaining willingness for their names
to be shared with local children's centres would help
overcome this challenge.

# Data-led approaches – overcoming barriers to new birth data using 'blue slips registrations' (case study C)

## Context

This county in the south east of England has implemented a process designed to overcome barriers to new birth registrations across the authority.

## About the approach

Health visitors use blue slips to record some basic information on families with new babies. The blue slips comprise two parts. The first is used to collect basic information from families including:  name of parent or carer; contact details; names of those children under five years of age; their date of birth and gender. Parents are asked whether or not they want the children's centre to contact them, and if so, their preferred method of contact (email, post or telephone). By completing the form, parents are giving permission for information to be passed onto the children's centre. The information collected is kept securely and is not passed on to other agencies.

The other section of the slip which contains contact details of the local children's centre is left with the family.

## How families are identified and become engaged

Health visitors introduce the blue slips to parents when they undertake new birth visits. They are used to identify families who express an interest in finding out about the children's centre. Following this, children's centre staff contact the family to find out what information or support they need. This might include providing help with child benefit forms or maternity grant applications. A follow-up call is carried out a few weeks later in order to check whether they would like to attend any groups or activities.

The health visitors also undertake a home visit to families who are new to the area. By using the blue slip system, a staff member is then able to arrange to meet the family at a group they wish to attend. As one member of staff explained:

*That's a good way of gauging where they* [parents] *are at, so if they need support for outreach, we can identify them early and get them to do a request for outreach support.*

The slips are also used by midwives to collect details when parents attend their initial appointment. The same process is undertaken and if parents indicate that they only want information via post, then a programme is sent out to them.

## Effective features of the blue slips registrations

The slips enable contact details of families to be passed on to the children's centres and for professionals to highlight any families who they feel require one-to-one support.

## Impact on the target group

The blue slips are a universal approach to identifying and engaging families in the children's centre. This is an effective way to raise awareness of the children's centre amongst all families about the support and services that are available. Moreover, the approach enables professionals to identify any concerns they have about a family at the earliest opportunity.

## Challenges experienced

At first, midwives and health professionals lacked knowledge about the catchment area in which the children's centres were located and would bring in the slips from all the families they visited for the children's centre managers to sort. This was a temporary problem and was resolved as staff became more familiar with the process.

# 5   How are children's centres identifying children and families in greatest need?

Alongside the data sources outlined above, local authorities and children's centres use a range of approaches to identify families in need of early years support. This includes a focus on promoting services[6] and engaging families[7] as well as on approaches to identifying children and families *per se*. Whilst this research has not explored the engagement and support activities delivered by children's centres, the prominence given to 'engaging families' as part of the identification by case-study interviewees means we have included it here. Approaches adopted by case-study participants to identify children and families in need of support included:

- **discussion and information sharing across services** through formal data-sharing systems, formal panel discussions, and through informal discussions between professionals, i.e. discussion with other professionals and partners, alongside the data exploration, is important to determine how to target those who need support (e.g. Bird and Rogers, 2010)

- **tools and models** including: the Common Assessment Framework (CAF) and team around the child (TAC) approaches; a family assessment tool to identify and support families with multiple problems (e.g. Kendall *et al.*, 2010); integrated needs assessment; 'the early years entitlement model' (see Box 4); and a 'signs of wellbeing form' (Boddy *et al.*, 2006)

## Box 4  The Early Years Entitlement Model

Local Authority A uses the Early Years Entitlement Model. This involves seven key points of opportunity for families to discuss their aspirations for their children from before they are born up until they start school at age 5. This is a universal model delivered by agencies across the Children's Trust including midwives, health visitors, Family Information Service (FIS) and the children's centre. Families are visited in the home and at locations in the community.

- **referrals and casework** especially **health visitors' referrals**[8] – the Government has created 4200 new health visitor posts to be sited in children's centres[9], which will increase the potential role of community approaches to identifying need. Referrals may come from outreach workers and other agencies, including from specialist care professionals already working with families with specific needs (Kazimirski *et al.*, 2008; Mason and Lloyd, 2011). In some authorities (e.g. local authority A and F), antenatal care staff are encouraged to make referrals at the earliest possible stage (e.g. at midwifery booking appointment) so that support can be provided in pregnancy and once the child is born

- **early intervention approaches** particularly working with families at risk which can help identify families in need of further support from children's centres (see Box 5)

## Box 5  Early intervention approaches

Examples cited in the literature include: parenting programmes, home visiting programmes, interventions focused on the whole family; and activities to enhance parent–child attachment (Springate *et al.*, 2008). Also, the Family Nurse Partnership (FNP) is a government-funded project that is testing a model of intensive, nurse-led home visiting for vulnerable, first-time, young parents (DCSF, 2010).

- **engaging with families through universal services** (see practice example 2, which presents how a number of local authorities adopt such approaches). All staff we spoke to emphasised the importance of encouraging families 'through the door first' before children's centres can identify needs and refer families to more specialised support

# Engage-first approaches

Several interviewees from different local authorities and centres stressed that their first priority was to encourage parents to engage with the children's centre as an important initial step in order to identify those in need of support. So-called 'engage-first' approaches help professionals establish relationships with families so that they feel comfortable to disclose difficulties they are experiencing. Staff are then in a position to suggest other services and avenues of support. The following examples are drawn from a number of local authorities.

**Targeted engagement first model: providing a cooking club for children (case study C)**. At this children's centre, six school-aged children were selected to be involved in the activity based on information provided by the school (e.g. poor attendance) or through previous

contact with the children's centre (e.g. through outreach). In all cases, the children were identified as vulnerable (e.g. they were in foster care or parents relied on benefits).

Once a month, the children cook dinner with the children's centre manager and special educational needs coordinator (SENCO). Parents arrive a few hours later and join them for dinner. The children are able to invite professionals that they work with to join them (e.g. social workers or home school link workers). This approach provides professionals with some insight into the issues families might be experiencing and the opportunity to introduce professionals to families on an informal basis. As one children's centre manager explained, this approach enabled a social worker to make contact with a family: 'it wasn't quite as scary as saying, "She's coming around your house to do a visit", it was a much more informal session'.

**Community days (e.g. case study F)**: including fun days run during the holidays including sports activities for school-aged children and 'party in the park' where the children's centre would provide activities for families and set up a stand where they would provide information about the services available. As one focus group participant explained:

*You come along to the fun day…and you're mixing with families that are already using the service, you're meeting the staff who are… greeting you and then sometimes, people are then recognising the parent that has a problem that doesn't realise it themselves. They would be a very vulnerable individual or family but because they've been welcomed through a fun day for all, they can then be picked up.*

These activities also provide the opportunity for professionals to talk to and engage families that may not necessarily come into the children's centre.

**Universal offering of Peers Early Education Partnership (PEEP) project (case study D)**: this initiative promotes early development in children as well as their parents and the attachment between parent and child. PEEP involves targeted sessions with the aim of building confidence and moving families forward. PEEP works through a peer group which enables parents to see other parents modelling positive behaviours. The activity provides a comfortable environment for families to engage in which, in turn, helps encourage ongoing attendance.

Children's centre staff identify people to take part in PEEP through a team around the child (TAC) approach or via a child in need plan. However, PEEP is also offered as a universal service. 'Through that universal offering of a PEEP group, you actually start to identify some of those families that wouldn't normally be on your radar.'

- **outreach** with families in the community and in the home; this situates support with the family, and helps children's centres to engage with families in social or rural isolation. In local authority E a team of outreach workers work across all its children's centre reach areas and are led by an experienced health visitor; they focus particularly on child development and school readiness (including speech and language, play, weaning and healthy eating, toileting, and parenting support). Local authority D uses mobile toy buses and clinics to ensure children's centre services reach families living in rural areas. As the children's centre manager explained:

    *I try to tell people, a children's centre is not a building. It's a list of joined-up services. It's us supporting families in a catchment area.*

- using **knowledge of local people**: in case study F, families are identified through 'community entrepreneurs' (who are trained parents from the local community) who have relevant awareness of local need (see practice example 3). As a community entrepreneur explained:

    *If you try and target specific families to receive a specific service, that stigmatises the family and they won't engage, so it's very useful to have someone from their own community, non-threatening who's saying 'why don't you come along to a fun day next week, or bring your child to stay and play and I'll come with you and then once they're in there and they see this is a positive experience, then the work can start ...*

- using **local knowledge of families** themselves, which is considered key because they spread the word amongst the community about what the children's centre does and what it can offer, and help identify need amongst other families and signpost them to the children's centre:

    *They are our greatest ambassador in terms of ... word of mouth and telling people about the children's centre ...*

    (children's centre manager).

The literature suggests that, rather than indicating a duplication of effort, ensuring **multiple referral routes and a combination of approaches to identifying target groups** increases the chance of identifying needs and targeting support appropriately

(Springate *et al.*, 2008; Mason and Lloyd, 2011). Smith and Statham (2010) suggest that risk factors alone cannot identify all those who require support and therefore recommend the use of assessments such as CAF, in addition to identifying families whose characteristics put their children at risk of poor outcomes. These points were reinforced by our case-study participants, who recognised the need to engage families through as many routes as possible, as a focus group participant said: 'there's never going to be one approach that works with 100 per cent of people'. As part of a multi-pronged approach to identifying children and families, staff emphasised the importance of children's centres connecting with the full range of other professionals and practitioners 'who are coming into contact with families anyway'.

Building **long-term relationships with families** enables better targeting of services on areas of need. Learning from the Child Poverty Innovation Pilots highlights that 'needs assessment is an ongoing process when working with parents and families to provide support beyond signposting; as parents and families engage, more is revealed over time as trust develops' (GHK, 2010, p.30).

Working together with other agencies is clearly important. Box 6 outlines the importance of data and information sharing across agencies.

### Box 6  Data and information sharing

The importance of sharing information amongst agencies is highlighted in the literature (GHK, 2010; DCSF, 2010) and case studies, as one focus group participant said: 'You're working with the family thinking you know the whole picture and you understand what the parents are saying but actually, that's not the picture being held by somebody else'. Indeed, two recent policy reviews by Allen and Duncan Smith (2008) and Field (2010) both assert that
the pooling of data is essential to enable local authorities to track the 'most needy' children.

Such an approach has been adopted through one of the Child Poverty Innovation Pilots, whereby a central database has been developed to map

child poverty (GHK with Coombes *et al.*, 2010). This includes data on housing, birth rates and benefits. The rationale is that: 'An active and intelligent database will provide "in-depth knowledge" on the individual circumstances of families'. (p.8).

Barriers and challenges to obtaining and sharing such information relate to accessibility (GHK, 2010), confidentiality and consent (Gatehouse *et al.*, 2008).

Developing trusting relationships between children's centres and partners is important in order to facilitate the sharing of data and information. Regular meetings and informal communication are an important part of this process.

As the needs of families and children change, services need to respond appropriately and effectively.

'**Stepping up and stepping down**' service support to individual families is felt to be crucial to the effectiveness of services. As reflected by the widely used CAF continuum of need referenced earlier, this approach underpins the work of the whole of children's services. Children's centres play their part in this process. Local authorities and service providers used thresholds for stepping up and down from social care and other specialist services (defined as per CAF and TAC thresholds) and used to identify the contribution of children's centres. Examples

of this include children's centres being used as a safe and neutral place for estranged parents to spend time with their children. In other cases, children's centres were, in effect, 'commissioned' by social care to form part of the stepping down support when a Level 3 or 4 case is closed. However, the threshold between universal and targeted support is more fluid and necessitates an ongoing process of assessment and reassessment of needs. Children and families may need universal and/or targeted support at different times; they may also benefit from targeted support in one area (e.g. post-natal depression), whilst attending or benefiting from universal services in another (e.g. stay and play or childcare).

It is important for children's centres to continue to monitor and engage with more vulnerable families, even through times of universal service engagement, to enable staff to form trusting relationships with families over time. Working with partners and commissioned agencies requires children's centres to manage these long-term relationships with families even more effectively, to avoid disjunctures in families' experiences of services. One of our case-study areas, local authority D, delivers its local authority run children's centre services through commissioned providers. The constant 'flex and flux' between universal and targeted provision, and in the way that the providers worked with one another, was described to us as 'innovative practice' which required skilful management. Practice example 4 outlines some of the commissioned services in local authority D and how they work with families constantly stepping up and stepping down services.

## Outreach – the engagement of families through the community entrepreneur model (case study F)

### Context

A metropolitan borough in the North East of England has adopted a 'barefoot professional' model whereby local people receive training to undertake work within their community in order to tackle issues relating to child poverty in an area of high unemployment.

### About the approach

Potential candidates for the role of community entrepreneur were those parents receiving benefits or those on low incomes who had already shown some level of involvement in the community through volunteering, for example. Applicants for the community entrepreneur scheme went through a nomination process and attended a training course where they gained an understanding of child poverty and developed their basic skills. Following this, 20 posts were awarded and, as part of the scheme, the community entrepreneurs also undertook a foundation degree in community entrepreneurship (designed specifically for this project).

The community entrepreneurs devised individual projects focused on community engagement which were developed following consultation with families (and were dependent on the needs within the neighbourhood). The focus of the projects included raising parents' self-esteem and confidence through basic employability skills and developing life skills such as cooking and home budgeting. A project manager oversees the project across two local authorities.

## How families are identified and become engaged

The processes for engaging families in the projects involve a staggered approach whereby the community entrepreneurs undertake informal discussions with families out in the community in order to develop a rapport. For those parents who express an interest in the project, the community entrepreneur completes a consultation record, including contact details. They then arrange a one-to-one discussion with the family, followed by an assessment of need to determine whether or not they meet the criteria of earning less than £20,000 a year.

For those families who do not meet the threshold, the community entrepreneurs encourage them to attend the children's centre where staff can sign-post them to other services.

## Effective features of the community entrepreneur model

This approach is an effective way to identify families in need of support which complements other approaches adopted by the children's centres in the authority. The community entrepreneurs are **part of their community** and are aware of, and have experienced, some of the barriers faced by families. This knowledge also provides the community entrepreneurs with an awareness of **where to find and engage with families**. For example, this might be at the post office where family members collect their benefits.

In addition, **informal discussions** help promote, raise awareness and change perceptions about the children's centre. As one entrepreneur explained: 'Once you get them hooked and engaged… a lot of them moved onto the courses that were already here that they didn't access before…'

## Impact on the target group

Adopting a proactive approach to establishing relationships out in the community enables families to feel comfortable in attending and engaging with the children's centre. 'Going out there [into the community], not just having the building here and sitting in the office and expecting the community to come in…' is important. The approach also means that their needs can be identified on their terms when they feel ready to do so.

## Challenges experienced

The project has challenged the professional culture in terms of ways of working which has been facilitated by a strong strategic lead in the local authority. Other professionals questioned if parents had the appropriate skills and knowledge when the role was first introduced. The role does not require a particular qualification, rather the successful candidates need to be able to **inform services of what it is like to live in the neighbourhood and highlight the challenges experienced by the community**.

## Notes

6 For example, by advertising, door knocking in areas of disadvantage, 'promotion buses', word of mouth

7 For example, through Childrenís Centre outreach workers, 'parent crews', 'volunteer family mentors' and children's centres setting up 'satellite' centres on estates.

8 Note that this is about undertaking routine universal work, from which referrals can be made.

9 http://www.dh.gov.uk/en/Publicationsandstatistics/ Bulletins/Chiefnursingofficerbulletin/October2010/DH _120960.

## Commissioned services' role in stepping up and stepping down support (local authority D)

### Context

This large county in the east of England has adopted a model of commissioning other agencies to provide services in and for its local authority run children's centres.

### About the approach

Commissioned providers provide targeted support for some of the most vulnerable families. Some provide a key link between universal and targeted services (e.g. the Home Start service), and others provide a link to specialist support where a CAF or TAC might be in place (e.g. women's aid, which supports children who have witnessed domestic abuse in the home). The children's centres are involved as a base for activities, but crucially, the children's centre is 'not just this building, it is a strategy …' (children's centre manager). The children's centres manage and coordinate their commissioned providers so that children and families experience a continuum of services, and stepping up and down is part of a continual flux.

### How families are identified and become engaged

Home Start is a key commissioned service targeting some of the most vulnerable families with a child aged 0–5 years in this authority. Central to this work is a county-wide, home-visiting contract. In addition, Home Start runs family groups at the children's centre we visited and drop-in sessions elsewhere in the locality. Activities are planned in line with EYFS expectations and outcomes. Activities include play, and encourage parenting skills and attachment. Through such activities, relationships and trust are built. Targeted support can be tailored. Home Start can then also support other providers to be more effective. For example, after a morning drop-in session, the Home Start worker stays at lunchtime where a health visitor leads a breastfeeding support group called the 'baby cafe'.  Mums feel

more comfortable and confident with the Home Start worker present; 'the one that families trust, the one who's there when they've been coming into the drop-in session …' (children's centre manager). Similarly, Home Start supports the Toy Library throughout the summer – again, parents get to see familiar faces.

Women's aid, a service commissioned to support children who have witnessed domestic abuse in the home, receives referrals through children's services agencies (e.g. health, education or children's centres themselves). Where more than two agencies are needed to support the child and their family, a CAF is completed and sent to the central customer service centre. It is screened to determine whether there are child protection issues, in which case it then goes to the Family Assessment and Support Team (FAST). Children's centres work closely with FAST colleagues to ensure a package of support is effectively co-ordinated as part of the child's plan. Where the need for support does not meet the threshold for FAST then the requests will go via the TAC process to a principal practitioner who will arrange appropriate support. This may be from a family support worker, based in the children's centre, a commissioned service or both.

### Effective features of commissioned services' involvement in stepping up and down

This approach creates a virtual and real net of services for children and families which can continuously flex and meet needs. The children's centre coordinates the network.

### Impact on the target group

Families see familiar faces in a variety of places; the children's centre as a building is not an issue for them; families themselves do not notice the change in thresholds but experience continuous services meeting their needs.

### Challenges experienced

Skilful management is required to coordinate provision and partners.

# 6 Developing effective services for those in greatest need of support

This section draws on case-study evidence and literature on how effective services can be developed to support those in greatest need. The process of decision making and accountability lies primarily with strategic-level staff. Therefore, this section draws on the views of children's centre managers, local authority leads and strategic leaders. Interviewees discussed: how they establish effectiveness, for example, through monitoring and reviewing activities and outcomes; overcoming challenges and barriers they face; and the key effective features that help them to identify needs and target support.

## 6.1 Establishing effectiveness

Children's centres and local authorities develop effective services for those in greatest need through:

- **strategic decision making** and panel discussions – with senior managers and heads of service

- **monitoring and reviewing** their services – including monthly, quarterly and annual reviews, and using guidance such as the Together for Children (TfC) tool

- **consulting with families** to determine their needs, the support required and their satisfaction with services

- **local authority support and challenge** – e.g. providing relevant data, and using the annual conversation to examine the business plan and self-evaluation form (SEF) (see Box 7)

- **assessing value for money (VfM)**, **outcomes and impacts** – using VfM exercises and tool kits to explore the costs of services, and evidencing outcomes through monitoring data and feedback.

The current economic climate places restrictions on resources for local authorities and children's centres. Resources are required not only to provide support and interventions for the 'most needy' families but also to

carry out assessments and monitoring to identify those families most in need and develop services appropriately (4Children, 2007). Strategic level discussions aid children's centres in prioritising and decision making. In case study F, all operational activity to be delivered in the children's centre must go through an approval process with the children's centre area manager, setting out the need, how this will be addressed, and how the outcomes from the service will be evidenced and evaluated. Such work requires effective needs analysis and effective review in equal measure.

Several local authorities were using children's results in the Early Years Foundation Stage Profile, linked with information on the children's centres they had attended, as an indicator that a children's centre is making a difference to school readiness.

All the local authorities and children's centres we visited undertake regular satisfaction surveys with families, and collect feedback in a variety of ways including through parent forums, feedback boards, and pre- and post- course evaluations. In local authority C, a scoring system is used to track progress made by families participating in particular services. Results are reviewed every eight weeks or so by the children's centre manager. In Local Authority F, parenting employment support programmes are being externally evaluated, as part of the Child Poverty Innovation Pilots. .

Some of the case-study children's centre managers are using the TfC toolkit to assess the costs of services and the extent to which they are considered cost effective. In the literature, Holmes *et al.*'s (2010) cost calculator attempts to aid prioritisation and the allocation of resources, but the authors acknowledge the challenges in assessing costs in terms of inputs and outcomes, as service requirements need to constantly adapt to local circumstances. Similarly, centre managers highlighted that children's, parents' and families' needs change over time. Furthermore, needs are often only uncovered over time, and when relationships with families are established (as highlighted in section 5). For example,

referrals do not always identify the full extent of families' needs until they are visited by a professional from the children's centre. Importantly, in assessing outcomes, children's centres also recognise that one small step can be a 'big step' for a family. Outcome indicators do not always adequately capture the work that children's centres do, or the outcomes for families.

## Box 7  Local authority role in support and challenge

The extent of local authority support and challenge to children's centre providers varied across the case-study areas. The local authority's role in providing challenge includes:

- the annual conversation between the local authority lead and the children's centre manager(s): this is used to examine the business plan and self-evaluation form (SEF) in order to ensure that the priorities put forward are appropriate. The conversation is used to ensure that children's centres understand the data, the profile of their area and that they are using their budgets effectively. In one case-study area where children's centres have service-level agreements with partners who deliver services, this meeting was used to ensure that children's centres are commissioning the right services and reaching those families who require support

- monitoring meetings (the frequency of these meetings was variable): these are undertaken by the local authority lead for the children's centre and the children's centre manager and data officers, to explore the centre's data in terms of reach targets, attendance rates and performance.

Local authorities also provide a range of support to children's centres. Examples include:

- providing data, including area profile data and information on the reach area of the children's centre (e.g. in terms of levels of deprivation and families receiving benefits)

- assisting with preparations for Ofsted inspections, including groups that have been set up to support children's centres in demonstrating that they are targeting their approaches and meeting the needs of the most vulnerable families

- providing networking opportunities for children's centre staff to discuss the most effective ways of targeting particular needs. This also provides the opportunity for staff to learn from one another

- introducing peer observations in order to provide the opportunity for self-evaluation.

Where children's centres are run by private, voluntary and independent (PVI) providers, the role of the local authority is more limited. However, in one particular instance (case study A), the local authority had made considerable efforts to provide relevant data to children's centres run by PVI providers in their authority. For example, they provided every children's centre with data at national level, local authority level and 'your reach area' level including a child wellbeing index, a multiple deprivation score, the EYFS profile, take-up of formal childcare by low-income working families, child road casualties, the number of children in the two-year-old childcare placement pilot, birth, birth weight and breastfeeding data. BME engagement statistics were broken to show which families were registered with the children's centre, who was attending and the kinds of services they were attending (e.g. stay and play, antenatal clinics, family support sessions). The two children's centre managers we interviewed found this data extremely helpful in supporting their planning and focusing on needs and outcomes.

## 6.2  Overcoming challenges and barriers

As highlighted throughout this report, children's centres face a number of challenges and barriers to targeting their services to support the most vulnerable

families (such as responding to multiple policy agendas, data sharing, defining greatest need and working with multiple partners). In developing services for those in greatest need, children's centres are sensitive to their language around 'hard to reach' and seek to avoid stigmatising particular groups. Their **challenge is to deliver a mix of universal and targeted services** whilst prioritising resources and refocusing on priority groups. Interviewees emphasised the benefits of having mixed groups, including some families who did not need support alongside those with more complex needs. This had the benefit of providing role models for parents, and helping to provide inspiration and practical help, especially in positive parenting.

> … because you've got to have those role models and it helps with community cohesion. If you have just got twelve parents who've all got their issues going on, they're never [going to] move forward if they're not interacting with those parents who role modelled …

> … a parent sees another parent picking a child up in a certain way and … they will then do it … peer modelling [is really valuable] …

> … you want a real mix because a lot of role modelling goes on in that environment …

Staff felt it was crucial to **address barriers to effective data and information sharing between partners** (for example, incompatible IT systems, dated information, data gaps and confidentiality issues). Such barriers are widely reported in the literature, and our case studies highlighted a particular issue in facilitating data sharing between health professionals and children's centres (Together for Children, 2010; DfE and DoH, 2011). Another issue relates to accountability in terms of which agency or service 'owns' a target or outcome measure, and which agencies or services are responsible for meeting those targets. For example, children's centres are monitored against breastfeeding targets, but it is health professionals who support

breastfeeding clinics. A further challenge was mentioned by staff in one children's centre which was working in a cluster with two others to address area needs and meet targets more effectively. Here, interviewees highlighted the fact that the Ofsted inspection frameworks do not take full account of cluster arrangements. Managers working in clusters felt that inspection measures should take account of the work of the whole cluster when assessing their provision.

In the case-study centres, instances of effective data sharing seemed to rely on building trusting relationships between professionals from different backgrounds and services – a key dimension of effective multi-agency practice in itself. The positive benefits of 'key personnel' were highlighted in local authority F, where barriers to accessing relevant health data were surmounted because the local authority strategic lead for children's centres was a former health professional. However, as our case-study participants recognised, building relationships takes time and effort from key people, and runs the risk of breaking down if an individual leaves their post. This underlines the importance of data sharing becoming established at a system level, rather than relying on personal contacts.

## 6.3 Key effective features in identifying needs and targeting support

As highlighted throughout this report, key effective features of children's centres work in identifying needs and targeting support include: building on effective partnerships, drawing on local knowledge and understanding local needs, emphasising the importance of access to high quality childcare in order to support disadvantaged families, finding ways of overcoming barriers to sharing data, and being outcomes focused in their work.

# 7  What are the implications for policy and practice?

This section aims to draw together some of the main themes and identify the implications for policy-makers and practitioners.

The study identified the complexity of the task facing children's centres and local authorities in attempting to respond to national policy and address local needs. The process of identifying the 'most needy' families is not straightforward, and depends on service providers working together, drawing on multiple sources of information and interpreting data intelligently to improve services and outcomes.

This research found that the concept of 'most needy' is difficult to define precisely. While local authority and children's centre staff felt that guidance on identifying the 'most needy' would be helpful, they also wanted flexibility to identify needs locally, and emphasised that any child and any family in their reach area could be in great need at any given point in time.

One of the underlying themes identified in this research concerns the balance between providing universal services and targeting resources on families in the greatest need. Our case-study participants did not disagree that resources should be focused on children and families who need them most. However, they argued that universal services are vital, because they enable centres to attract families to access services and provide an opportunity for staff to identify individual needs. They were concerned about the potential negative connotations of 'targeted' services and pointed out that families with greatest needs benefited from mixing with other parents who provided much-needed advice and modelled positive parenting behaviour.

The focus on outcomes evident in the case studies will become all the more important as children's centres move to outcomes-focused planning and delivery (for example through Payment by Results). However, aligning 'targets' with supporting families on the margins of 'disadvantage' (e.g. the richer needy) and/or 'hidden disadvantage' (e.g. the transient needy) may be more challenging.

The local authorities and children's centres which took part in this study are not necessarily typical of practice in England. In particular, they were largely self-nominated and staff had given considerable thought to the issues involved. For this reason, the people we interviewed did not identify significant workforce training and capacity issues. However, there are some clear implications arising from this study, if this policy is to be effectively embedded in practice. In particular, there is a need for data management and interpretation skills at local authority and centre levels. Local authorities need staff skilled in strategic development to encourage collaboration between service providers, as well as to engage in well-informed reviews with centre managers. Centre managers need leadership skills to drive forward this new agenda, taking account of local needs and individual circumstances. They need to put sophisticated systems in place to ensure that supporting families is not a one-off event, but entails a constant system of monitoring and adjustment in response to changing needs. Centre staff need to develop their skills of negotiation with other professionals and service users, and to ensure that their services and approaches address barriers and avoid stigmatising families.

This research raises a number of practical considerations for local authorities and children's centres striving to be even more effective in identifying and prioritising their work with the families in greatest need of support. Implications for local authorities, for children's centres and for government policy are outlined below.

## 7.1  For local authorities

- ensure all children's centres have access to local area data, broken down by ward and street level (where possible) and assist children's centre staff in interpreting and using data in their decision making

- help local partners to build trust, so they can share information and data effectively

- encourage children's centres to use several approaches in identifying needs

- share models of 'greatest need' with operational leads and partners, including front-line staff (e.g. health visitors), where appropriate

- share examples of effective practice in identifying and supporting needs, and in monitoring outcomes

- communicate effectively with children's centre leaders on local needs and priorities while supporting children's centre staff in making professional judgements in addressing the needs of individual children and families.

## 7.2 For children's centre managers/leaders

- use several approaches to identifying needs, rather than relying on one or two measures

- build trust and relationships with local partners

- gather local knowledge from professionals

- gather local knowledge from families and parents (including through parent volunteers)

- identify parents who are not currently using the centre and seek to meet their needs

- promote universal services as the first step in engaging parents, building trust and identifying needs

- continue to promote targeted support sensitively to avoid stigmatising

- consider the issue of how best to 'step down' (reduce or withdraw) support when it is no longer needed, while continuing to maintain relationships with families

- ensure staff have the skills needed in relation to interpreting data, negotiation and decision making

- introduce family consent forms, as appropriate, to speed up both signposting families to services and information sharing between partners

- share practice examples and encourage a focus on 'sticky issues' within and between centres/partners.

## 7.3 For policy-makers

- continue to recognise the value of 'universal' services as an opportunity for children's centres to engage with parents

- take account of the potential stigma attached to the term 'targeting the most needy families' and consider using the terms 'supporting families' or 'targeting support' instead

- emphasise the importance of targeting resources on disadvantaged families, but distinguish this from a focus on 'level 2 needs only' (i.e. address the potential confusion between 'families in the greatest need' and 'targeted services', as identified in the CAF process)

- encourage children's centre staff to make professional judgements in addressing the needs of individual children and families

- consider what more could be done to encourage services to share essential data

- encourage national organisations to recognise and share best practice among local authorities and children's centres in improving outcomes for children and families

- consider the implications for workforce development of the skills associated with identifying and evidencing impact on the most disadvantaged families.

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# Appendix 1  About the study

## A1.1 Context

In early 2011, the Coalition Government announced their intention for Sure Start children's centres to target their services on families in greatest need of support:

> *The Government is committed to Sure Start children's centres. Children's centres play a crucial role in early intervention, ensuring families can get help when they need it, tackling issues early and helping to prevent costly problems from emerging later on. The Government wants the network of children's centres to be retained but focused much more effectively on those families who need them the most*
>
> (DfE, 2011).

It was clear that the practical implications for local authority and children's centre staff of identifying and targeting services on the 'most needy families' required urgent consideration.

## A1.2 Aims

The main purpose of the project was to investigate the different approaches which local authorities and early years settings can take to targeting support on the 'neediest' in their communities. The project aimed to:

- summarise findings from policy and practice on needs identification in early childhood

- identify what information local authorities and children's centres currently have available to them to assess need, and explore how they are prioritising and defining need.

## A1.3 Methods

The project had two key strands:

- **Strand 1** – a desk study involving a rapid review of recent policy documents and research evidence, and a request to local authorities to inform us of any relevant information (e.g. local policies) to contribute to the study.

- **Strand 2** – case studies in six local authority areas involving: interviews with key local authority staff and visits to children's centres to interview key staff and conduct focus groups with staff from other local children's centres, to investigate further the issues involved in targeting the families in the greatest need. Up to two children's centres in each local authority were included.

(Further information on these two strands can be found in Appendices 2 and 3.)

## A1.4 Outcomes

Ultimately, this project sought to offer evidence-based guidance on how local authorities and children's centres can identify and target support to the 'neediest' in their communities.

# Appendix 2  About the literature review

## A2.1 Purpose

The purpose of the review was to identify and summarise findings from recent policy, practice and research evidence relating to identifying needs and targeting children's centre services to the 'most needy' young children and their families.

## A2.2 Research questions

The study set out to explore the following research questions:

- What criteria are used to identify and/or define need (including risk factors) amongst families with young children?

- What criteria are used to indentify and/or define the 'most needy families'?

- How do local authorities and children's centres identify need in early childhood/early years settings, and target services/allocate resources accordingly? What information/data is used? What approaches are used?

- What evidence is there of the effectiveness of such approaches?

- What evidence is there of the common barriers/difficulties in identifying the most needy? And what evidence is there of potential solutions to such barriers?

## A2.3 Scope

The review incorporated written material originating in the UK from 2003 onwards, as follows:

- research and evaluation reports

- policy papers

- published reviews, articles and conference papers

- practice descriptions, tools and documentation from local authorities, in current use

## A2.4 Identifying sources

Sources were identified through the following means:

- systematic searches of relevant research databases: BEI (British Education Index), BEIFC (British Education Index Free Collections), ChildData

- web searches of internet sites and subject gateways: DfE, C4EO, 4Children, Children and Young People Now, NCB, Children England

- a request to all local authorities in England to inform us of any relevant information and provide relevant documentation (made via NFER's EMIE network, and included in EMIE Update)

## A2.5 Reviewing sources

Literature was included in the review where it conformed to the search parameters (scope), and provided evidence relevant to at least one of the research questions. A 'best evidence' approach was used (i.e. we excluded any seriously flawed research, and relied on the best evidence available to answer any of the key research questions).

Sources were mapped to an excel spreadsheet, and evidence extracted and recorded under headings based on the key research questions. They were then grouped according to themes and relevance weightings applied provides information on the relevance weightings applied.

## A2.6 Overview of the reviewed sources

In total, we reviewed:

- 18 research/evaluation reports – focusing on early intervention (e.g. Smith and Statham 2010; DCSF, 2010), early childhood development (e.g. Taggart *et al.*, 2006), early years provision and childcare (e.g. Speight *et al.*, 2010; Kazimirski *et al.*, 2008), family needs assessment (e.g. Kendall *et al.*, 2010), the child poverty pilots (e.g. GHK, 2010; Mason *et al.*, 2011), Narrowing the Gap (e.g. Springate *et al.*, 2008), and evaluations of Sure Start (e.g. Anning *et al.*, 2007)

- seven discussion articles – exploring a range of issues including targeted versus universal services (e.g. Linehan, 2010), risk and protection factors (France and Utting, 2005), and the Family Nurse Partnership model (Dodds, 2009)

- seven policy papers and reviews – including Allen's (2011) Early Intervention review, Field's (2010) review on poverty and life chances focusing on the foundation stage, Tickell's (2011) review on early years, HM Government's (2011) strategy for social mobility, and the Marmot Review (2010) on health inequalities

- two packs of conference slides from i) the 2011 Child Poverty Conference (Longfield *et al.*, 2011), and Parents at the Centre (Institute for Public Policy Research, 2005)

- one literature review (Turney *et al.*, 2011) on social work assessment of children in need; a leaflet published by 4Children on identifying vulnerable children, a book on Sure Start (Belsky *et al.*, 2007), and an evaluation report which also includes practical guidance (Bird and Rogers, 2010).

In addition, we have identified a number of tools, through web searches and local authority contacts. These include: the Child Poverty Needs Assessment Toolkit, Through the Door First Model, using EdAcorn data, and Payment by Results frameworks.

## A2.7 Library search strategy

This appendix contains details of the search results and search strategy. The keywords comprised sets addressing early years and risks and these are itemised in the detailed search strategy that follows. Keywords to identify needs, such as targeting services, needs assessment and needs analysis, were also used in the search, but these limited the results so much that they were excluded.

The numbers of items found by the initial search, and subsequently selected, can be found in the following table. The three columns represent:

- items found in the initial searches

- items selected for further consideration (that is those complying with the search parameters after the removal of duplicates)

- items considered relevant to the study by a researcher who had read the abstract and/or accessed the full document

## Overview of searches

| Source | Items found | Items selected for consideration | Items identified as relevant to this study |
|---|---|---|---|
| **Databases** | | | |
| British Education Index (BEI) | 258 | 15 | 7 |
| Social Policy and Practice | 1068 | 21 | 6 |
| **Internet databases** | | | |
| British Education Index Free Collections | 15 | 1 | 0 |

This section provides information on the keywords and search strategy for each database and web source searched as part of the review.

All searches were limited to publication years 2003-2011, in English language only.

A brief description of each of the databases searched, together with the keywords used, is outlined below. The search strategy for each database reflects the differences in database structure and vocabulary. Throughout, the abbreviation 'ft' denotes that a free-text search term was used and the symbol $ denotes truncation of terms.

## British Education Index (BEI)

(searched via Dialog Datastar 26/04/11)

BEI provides information on research, policy and practice in education and training in the UK. Sources include over 300 journals, mostly published in the UK, plus other material including reports, series and conference papers.

## Early years settings set

| | |
|---|---|
| #1 | Early years (ft) |
| #2 | Early years settings (ft) |
| #3 | Children's Centres (ft) |
| #4 | Sure Start (ft) |
| #5 | Playgroups |
| #6 | Day care (ft) |
| #7 | Day care centres (ft) |
| #8 | Kindergarten |
| #9 | Nursery schools |
| #10 | First schools |
| #11 | Childcare (ft) |
| #12 | Preschool education |
| #13 | Early childhood |
| #14 | Early learning (ft) |
| #15 | Young children |
| #16 | Infants |
| #17 | Childminders (ft) |
| #18 | #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 |

## Risks set

| | |
|---|---|
| #19 | Families |
| #20 | Vulnerable famil$ (ft) |
| #21 | Disadvantaged famil$ (ft) |
| #22 | Socially excluded famil$ (ft) |
| #23 | Families at risk (ft) |
| #24 | One parent family |

| | |
|---|---|
| #25 | Single parent$ (ft) |
| #26 | Fatherless family (ft) |
| #27 | Motherless family (ft) |
| #28 | Low income groups |
| #29 | Welfare recipient$ (ft) |
| #30 | Economically disadvantaged |
| #31 | Famil$ income |
| #32 | Famil$ support |
| #33 | Large famil$ |
| #34 | Poverty |
| #35 | Child poverty (ft) |
| #36 | Free school meals (ft) |
| #37 | Poor children (ft) |
| #38 | Children at risk |
| #39 | Disadvantaged children (ft) |
| #40 | Disadvantaged environment (ft) |
| #41 | Material deprivation (ft) |
| #42 | Socioeconomic status |
| #43 | Deprivation |
| #44 | Parents with no qualifications (ft) |
| #45 | Parents with low qualifications (ft) |
| #46 | Rented accommodation (ft) |
| #47 | #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 |
| #48 | #18 and #47 |

## British Education Index Free Collections

(searched 27/04/11)

The free collections search interface of the British Education Index (BEI) (formerly the British Education Internet Resource Catalogue) includes access to a range of freely available internet resources as well as records for the most recently indexed journal articles not yet included in the full BEI subscription database.

## Early years settings set

| | |
|---|---|
| #1 | Early years (ft) |
| #2 | Early years settings (ft) |
| #3 | Children's Centres (ft) |
| #4 | Sure Start (ft) |
| #5 | Playgroups |
| #6 | Day care (ft) |
| #7 | Day care centres (ft) |

| | |
|---|---|
| #8 | Kindergarten |
| #9 | Nursery schools |
| #10 | First schools |
| #11 | Childcare (ft) |
| #12 | Preschool education |
| #13 | Early childhood |
| #14 | Early learning (ft) |
| #15 | Young children |
| #16 | Infants |
| #17 | Childminders (ft) |
| #18 | #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 |

## Risks set

| | |
|---|---|
| #19 | Families |
| #20 | Vulnerable famil$ (ft) |
| #21 | Disadvantaged famil$ (ft) |
| #22 | Socially excluded famil$ (ft) |
| #23 | Families at risk (ft) |
| #24 | One parent family |
| #25 | Single parent$ (ft) |
| #26 | Fatherless family (ft) |
| #27 | Motherless family (ft) |
| #28 | Low income groups |
| #29 | Welfare recipient$ (ft) |
| #30 | Economically disadvantaged |
| #31 | Famil$ income |
| #32 | Famil$ support |
| #33 | Large famil$ |
| #34 | Poverty |
| #35 | Child poverty (ft) |
| #36 | Free school meals (ft) |
| #37 | Poor children (ft) |
| #38 | Children at risk |
| #39 | Disadvantaged children (ft) |
| #40 | Disadvantaged environment (ft) |
| #41 | Material deprivation (ft) |
| #42 | Socioeconomic status |
| #43 | Deprivation |
| #44 | Parents with no qualifications (ft) |
| #45 | Parents with low qualifications (ft) |
| #46 | Rented accommodation (ft) |
| #47 | #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 |
| #48 | #18 and #47 |

## Social Policy and Practice
(searched via Ovid SP 04/05/11)

Social Policy and Practice is a bibliographic database with abstracts covering evidence-based social policy, public health, social services, and mental and community health. Content is from the UK with some material from the USA and Europe. Searches were carried out across the descriptors, heading word, title and abstract fields, to enable retrieval of terms both as keywords and free text.

## Early years settings set

| | |
|---|---|
| #1 | Early years |
| #2 | Early years settings |
| #3 | Children's Centres (ft) |
| #4 | Sure Start |
| #5 | Playgroups |
| #6 | Day care |
| #7 | Day care centres (ft) |
| #8 | Kindergarten |
| #9 | Nursery schools |
| #10 | First schools |
| #11 | Childcare (ft) |
| #12 | Preschool education |
| #13 | Early childhood |
| #14 | Early learning (ft) |
| #15 | Young children |
| #16 | Infants |
| #17 | Childminders (ft) |
| #18 | 1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 |

## Risks set

| | |
|---|---|
| #19 | Families |
| #20 | Vulnerable families (ft) |
| #21 | Disadvantaged families (ft) |
| #22 | Socially excluded families (ft) |
| #23 | Families at risk (ft) |
| #24 | One parent family (ft) |
| #25 | Single parents (ft) |
| #26 | Fatherless families (ft) |
| #27 | Motherless families (ft) |
| #28 | Low income groups (ft) |
| #29 | Welfare recipients (ft) |
| #30 | Economically disadvantaged |

| #31 | Family income (ft) |
| #32 | Family support (ft) |
| #33 | Large families (ft) |
| #34 | Poverty |
| #35 | Child poverty |
| #36 | Free school meals (ft) |
| #37 | Poor children (ft) |
| #38 | Children at risk |
| #39 | Disadvantaged children (ft) |
| #40 | Disadvantaged environment (ft) |
| #41 | Material deprivation (ft) |
| #42 | Socioeconomic status |
| #43 | Deprivation |
| #44 | Parents with no qualifications (ft) |
| #45 | Parents with low qualifications (ft) |
| #46 | Rented accommodation (ft) |
| #47 | #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 |
| #48 | #18 and #47 |

## Organisations

The following websites were searched on main keywords and/or the publications/research/policy sections were browsed as appropriate:

| Organisation | URL | Records selected |
|---|---|---|
| 4Children | http://www.4children.org.uk/ | 1 |
| C4EO | http://www.c4eo.org.uk/ | 1 |
| Children and Young People Now | http://www.cypnow.co.uk/ | 1 |
| Children England | http://www.childrenengland.org.uk/index.php?pageID=398 | 0 |
| DfE | http://www.education.gov.uk/ | 10 |
| National Children's Bureau | http://www.ncb.org.uk/ | 0 |

Other sources were identified through free internet searching, e.g. using Google, and through hand searching.

# Appendix 3  About the case studies

## A3.1 Identifying case studies

The team sent a request to all local authorities in England via the EMIE network asking for information about any work they were doing to identify the most needy families in relation to children's centre services. The email also asked whether they would be interested in being a potential case study for this research. In addition, recommendations about local authorities to approach were provided by advisors at the Centre for Research in Early Childhood (CREC). Following this, six local authorities were identified as case-study areas. The sample was selected to ensure a geographical spread and a range of different types of authority. Levels of poverty and need, and lead agency (including those run by PVI providers) were also considered.

## A3.2 Interviews and visits

Interviews and visits took place in the spring and summer of 2011. In order to gain a local authority perspective on how councils are prioritising and defining need, telephone interviews were undertaken with key members of local authority staff in each case-study area (a total of nine staff). Local authorities were then asked to recommend children's centres that we could approach in order to seek their involvement in the research.

In total, the research team visited six local authorities and their children's centres (one centre in each of five local authorities, and two children's centres in the sixth local authority). In total, we conducted 47 interviews including: nine interviews with local authority strategic leaders, 13 children's centre managers, 23 children's centre staff (including two community entrepreneurs), one parent and one parent volunteer worker. In addition, the team conducted a focus group of children's centre staff in each case-study area (with the exception of one local authority where two focus groups were undertaken) in which children's centre managers and staff from services such as health, social care and outreach participated. The purpose of these focus groups was to gather a greater range of views on the issues and challenges related to identifying and targeting those families in greatest need.

## A3.3 Case-study contexts

| Local authority | Context |
| --- | --- |
| A Oldham Metropolitan Borough Council | Oldham is a metropolitan authority located in North West England. It has a large black and minority ethnic (BME) community, especially those from Pakistani and Bangladeshi backgrounds. The children's centres are run by a mix of commissioned providers and school governing bodies. We visited Coldhurst Children's Centre as part of the research. This children's centre is situated in an area of significant deprivation. |
| B Birmingham City Council | Birmingham City is an urban authority in the West Midlands with a broad demographic in terms of cultural and ethnic backgrounds. There are high levels of deprivation across most areas of the city. Children's centres are run by a range of agencies including, the local authority, schools and PVI providers. The children's centre involved in this research is situated in an area serving a predominantly BME community, especially those from Pakistani backgrounds, and is one of the ten per cent most deprived areas in England. |
| C | This county has a largely White British community. A range of lead agencies run the children's centres, including the local authority, schools and PVI/charity providers. We visited two children's centres: one managed by a school governing body, delivering services through a cluster arrangement; and another which is managed by the local authority. The local authority declined to be named in this report because of staff changes, which meant that the staff who had contributed to the research were no longer in post to confirm the accuracy of reporting. |
| D Lincolnshire County Council | Lincolnshire, in the East of England, is one of the largest counties in England, with a predominantly White British community. The children's centres in the county have service level agreements with partners who deliver services for the centres. Gainsborough Children's Centre, our case-study centre, is situated in a small town. Some communities in this authority are described as living in rural isolation. |
| E London Borough of Bexley | Bexley Council is a London Borough. Managers from Northumberland Heath Children's Centre, St Augustine's Children's Centre and North End Children's Centre took part in the research. A team of outreach workers has been commissioned by the local authority to work across children's centres in the borough. We visited North End Children's Centre, based in an area of deprivation. |
| F North Tyneside Metropolitan Borough Council | North Tyneside is a metropolitan borough in the North East. It comprises a predominately White community. We visited Riverside Children's Centre as part of the research. This children's centre, which is run by the local authority, is located in an area of disadvantage with high unemployment. |

# Recently published reports

The Local Government Education and Children's Services Research Programme is carried out by the NFER. The research projects cover topics and perspectives that are of special interest to local authorities. All the reports are published and disseminated by the NFER, with separate executive summaries. The summaries, and more information about this series, are available free of charge at www.nfer.ac.uk/research/local-government-association/

## Developing a business case for early interventions and evaluating their value for money

What constitutes a good business case for early interventions and how should it be assessed? This report offers guidance that will be of use to local authorities (LAs) and their partners in their decision-making and planning on early interventions, based on a review of the evidence base

http://www.nfer.ac.uk/publications/EITS01

## National census of local authority councillors 2010

The Councillor Census provides a 'snapshot' of local government representation and, with previous years' data, analysis of trends over time. It covers councillors' views on their work and role, along with demographic information on councillors. This report presents the findings from the sixth Census of local authority councillors in England.

http://www.nfer.ac.uk/publications/LGUX03

## Safeguarding: council developments

The overarching aim of this study is to evidence the key learning from any changes in LAs' safeguarding practice, performance and behaviours in the light of the recommendations of the second Laming report (DCSF, 2009). The analysis of LAs' responses during this period is intended to provide evidence to support improvement in the sector.

http://www.nfer.ac.uk/publications/LSGC01

For more information, or to buy any of these publications, please contact: The Publications Unit, National Foundation for Educational Research, The Mere, Upton Park, Slough, Berkshire SL1 2DQ, tel: +44 (0)1753 637002, fax: +44 (0)1753 637280, email: book.sales@nfer.ac.uk, web: www.nfer.ac.uk/publications.

This report provides **evidence of how children's centres are targeting the most disadvantaged families**. It explains how local authority and children's centre staff are defining, identifying and prioritising families in greatest need of support, and the practical implications of targeting for local authorities, for children's centres and for policy.

The report is based on a review of policy and research, together with case studies of work in six English local authorities. The report discusses definitions of need, sources of data, methods of reaching identifying families and systems for monitoring and review. The report features a concept map, practice examples and recommendations for considerations by policy-makers and practitioners.

**LGA** research report