



**EARLY
INTERVENTION
FOUNDATION**

PLANNING EARLY CHILDHOOD SERVICES
IN 2020: LEARNING FROM PRACTICE AND
RESEARCH ON CHILDREN'S CENTRES
AND FAMILY HUBS

Planning early childhood services in 2020

Learning from practice and research on children's centres and family hubs

November 2020

Ben Lewing, Max Stanford & Theresa Redmond

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About EIF

The Early Intervention Foundation (EIF) is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

EIF is a research charity, focused on promoting and enabling an evidence-based approach to early intervention. Our work focuses on the developmental issues that can arise during a child's life, from birth to the age of 18, including their physical, cognitive, behavioural and social and emotional development. As a result, our work covers a wide range of policy and service areas, including health, education, families and policing.

Early Intervention Foundation

10 Salamanca Place
London SE1 7HB

W: www.EIF.org.uk
E: info@eif.org.uk
T: @TheEIFoundation
P: +44 (0)20 3542 2481

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Foreword

The science on early childhood is compelling. It is one of the most significant periods of human growth, critical in determining physical, social and emotional, behavioural and cognitive development in ways that can have a lifelong effect on health and wellbeing. We have a good understanding of the risk factors that can threaten children's development, and this helps us to identify children who are vulnerable and may need extra support. We know that intervening early can reduce risk factors and increase protective factors in a child's life.

Sure Start and children's centres have been an important part of early intervention policy and services for the past two decades. Coherent support for families during pregnancy and the early years of life that works over the long term to reduce child poverty and inequality and boost social mobility is as relevant now as it was 20 years ago. However, the context has changed dramatically. This changed context is driving local authorities and their partners to think again about what works and what they can afford.

As local authorities and their partners work out how best to maintain early childhood services in the face of current pressures, there is a demand for evidence to inform their decision-making. There are, however, some gaps in our understanding about what kind of early interventions are likely to be the most effective. This is particularly true of complex and evolving local systems, such as place-based children's centres and family hubs, which are made up of many services, interventions and interactions, and which are difficult to describe and evaluate.

Children's centres have evolved considerably since the early days of Sure Start local programmes, with increasing diversification of approaches. There has long been strong interest in the question of which children's centre models 'work best' in different contexts. Every local authority is required by statute to make evidence-based choices about the most effective way to deliver local place-based early childhood services. The substantial variation in how children's centres and hubs have been organised and delivered locally has made it challenging to evaluate their impact, and so questions about the relative effectiveness of different models are not easy to answer from the available evidence.

As one of the UK's What Works centres, EIF's mission is to ensure that effective early intervention is available and is used to improve the lives of children and young people at risk of poor outcomes. We consider early intervention to be effective when it shows evidence of improving outcomes for children and young people. Children and families who receive interventions shown through rigorous testing to have improved outcomes are more likely to benefit, and to a greater degree, than those who receive other services.

Developing robust evidence of impact across all the activities within local systems of support for families is a huge challenge. Many aspects of local service design such as how agencies work together, share information, or develop practitioner skills are less amenable to traditional approaches to impact evaluation than specific interventions and manualised programmes. In addition, of course, there are many elements of local services which are principally aimed at providing better, more accessible public services. Such elements might be necessary in order for great services to be delivered, but they are not in and of themselves designed to improve outcomes for children and families. Whilst it is not necessary to test the impact of all elements of service delivery, where particular ways of working are being seen as a way of improving outcomes then we have a duty to vulnerable families and the taxpayer to devise methods for testing.

This study seeks to better understand the current practical experience of delivering children's centres and similar approaches, and to explore how this relates to what we know from research. This allows us to draw conclusions about what this means for the support needed to plan effective place-based early childhood services in the future.

The information in this report is based on insight, learning and evaluation from a wide range of practice and research experts in children's centres and hubs, and we are grateful to those who have generated this knowledge, particularly the local innovators who are at the front line of testing and learning, and who shared their experiences with us. We designed a review process that started with these local practice experts, so that we have been able to illustrate how local areas across England are delivering children's centres and hubs from the perspective of 14 very different places.

For many readers, this will not be the report that they need on children's centres. It is not a review of the statutory guidance or an evaluation of children's centres' effectiveness, and nationally, the future of children's centres have been much debated territory. Confirming the national vision for children's centres and family hubs as part of early childhood services is important, as is being clear about sufficient funding as a necessary condition for change. What happens next is key. It is difficult to think of a more effective way in which the government might realise its vision to 'level up' Britain and ensure equality of opportunity than through ensuring access to high-quality local family services which start in maternity and run throughout childhood.

There is an urgency about supporting local leaders and commissioners to respond to the uncertainty and pressures of the current situation. Much of the work with local areas in this review was completed in 2019. The challenges that they described have been exacerbated by Covid-19, and there are now almost daily reports of service closures, retrenchment and black holes in local authority finances. It is difficult not to feel that some of the questions that we explored about how best to organise local early years services seem to relate to another time. However, the way that local areas have innovated over the past six months through periods of lockdown and social distancing shows, now more than ever, just how important local service planning is.

This report draws on the messages from practice and research to draw conclusions about the practical guidance and resources that are needed to support local area planning and decision-making. There is unlikely to be any to be one model of place-based early childhood services or single 'effective' approach which is the best bet in every place. It is important for areas to work through what arrangements are needed in their local context guided by principles about how best to deliver community based services built on the evidence of what works to improve outcomes for children and families. We will be continuing to develop planning support resources with local and national partners, including working with the Local Government Association. You can find out more in our new online hub, at EarlyChildhoodServices EIF.org.uk.

This work is part of the onward discussion about how best to support local planning of children's centres and hubs as part of local family services, not a set of answers or the final word. We look forward to exploring this further with local areas and others who are passionate about how they get it right for babies, young children and their families.

Donna Molloy

Director of Policy & Practice, EIF

Summary

Sure Start and children's centres have been an important, ambitious and evolving part of maternity and early years national policy and local services for the past two decades.

Since the introduction of revised statutory guidance for children's centres in 2013 there has been an increasing diversity of local delivery approaches as local authorities respond to changes in population need and public funding. This includes adapted approaches to delivering local place-based whole family services, such as family and integrated hubs.

The past decade has seen a significant decline in spending on children's centres, with a 60% real-terms fall in Sure Start funding from 2011/12 to 2016/17, and an estimated 15–20% decline in use of children's centres by both children and parents. It has been suggested in recent research by Action for Children that the number of children using children's centres in the most deprived local authorities is falling faster than elsewhere, although there is no official national data on use or reach of children's centres and hubs.

Local areas are making decisions around the use of children's centres and hubs in the context of continuing poor child health outcomes, increasing health inequalities, rising child poverty, growth in the number of children in the care system, and limited progress on closing the gap on educational attainment, including in the early years. These challenges are expected to be significantly amplified by the impact of Covid-19, with the consequences falling hardest on the families who were vulnerable and disadvantaged before the pandemic.

Aims of this review

The aim of this review is to understand contemporary local practice and to explore how far this and existing research can guide future development.

The learning from this review is intended to guide a series of practical planning resources for local leaders and commissioners who are responsible for early childhood services.¹

This work was conducted on behalf of the Department for Education to support local authorities in their strategic decision-making about the use of children's centres in early intervention.

It is important to note that this work is not a review of statutory guidance for children's centres, nor is it an evaluation of the effectiveness of children's centres. It is a review to understand rather than prove, and it uses the experience of local experts in delivering children's centres and hubs to do so.

Methodology

This review combines contemporary practice learning from qualitative interviews and focus groups with stakeholders in 14 local areas across England on their local arrangements for delivering early childhood services through local centres or hubs, and a rapid review of the evidence relating to how children's centres are designed and delivered.

¹ These resources are available through a new online hub at <https://EarlyChildhoodServices.ELF.org.uk>

Main findings

1

The lack of recent national monitoring and evaluation of approaches to children's centres and hubs means that there is little robust evidence on how they are currently being delivered and how effective they are.

There has been no national evaluation of children's centre approaches since the final Evaluating Children's Centres in England impact report in 2016, which limits the contemporary evidence on children's centres and hubs.

In addition, Ofsted inspections of children's centres were suspended in September 2015, and there has been no independent inspection since that point to see how local authorities are meeting their statutory duties.

The lack of national data and research means that much of the knowledge about innovation and effectiveness in children's centres and hubs is held at the local level.

2

Children's centres and hubs across England in 2020 are context-specific and diverse, and lack a consistent way of specifying and evaluating different approaches.

The current national specification of children's centres expects local commissioners to judge what interventions and services are needed and for whom, rather than prescribing interventions at a national level, in the way that previous statutory guidance did.

As a consequence of the more permissive national guidance, local areas have set out a variety of locally defined approaches which respond to the local context, resources and priorities. However, this means there is a lack of a common language across areas to clearly specify and distinguish the approaches that they are taking, and no consistent metrics or evaluation designs with which to judge effectiveness.

3

Local areas are increasingly connecting early childhood services with whole family services and focusing on targeted support. But they continue to make the case for sufficiently resourced, open-access centres in order to reach and support vulnerable families.

Children's centres are required to be universal in ambition but with a priority focus on reducing inequalities. The local areas in this study made the case strongly for the importance of retaining sufficiently resourced open-access services in order to reach and support vulnerable families, and questioned the benefit of retaining only a vestigial universal offer.

Over the last decade, children's centres have increasingly been used to reach a broader age group of children, not just those in the early years. Local areas have been experimenting with extended age support due the potential efficiency benefits which come with pooling and aligning resources. There is, as yet, no evidence on the impact of extending the age range for children's centre services, or the effectiveness of a family hub approach. However, there is a logical case for more holistic and joined-up approaches to delivering area-based family services, which responds to concerns about a lack of service integration and artificial service boundaries, and builds on central family-focused policy initiatives such as Think Family, the Troubled Families programme, and the Reducing Parental Conflict programme.

4

The lack of evidence for contemporary approaches makes it difficult to be conclusive about what works in delivering children's centres and hubs. Nevertheless, local areas are responding to the current context by:

- **moving to virtual and digital ways to engage families**
- **taking a more coordinated and strategic approach to the inclusion of families who are less likely to use early childhood services, and to address gaps in knowledge about population groups**
- **reducing building management costs and using dispersed delivery approaches, which give access to other physical spaces which can be better suited to specific child or family activities**
- **developing multi-agency support pathways for families, and establishing clear protocols for data sharing**
- **retaining a focus on early years skills development and relational practice as part of a wider strategic approach to leadership and workforce planning.**

This study describes a trend of parents increasingly being consumers rather than co-creators of children's centres and hubs, although local areas are increasingly experimenting with less traditional, more digital ways of engaging families. Co-design with parents and communities seems to be most embedded where it is an explicit part of the local strategy and is built on the practical involvement of parents. There is limited evidence on what difference community and parental involvement makes to children's centres, but there was a consensus across the local areas in this study about the importance of approaches which value relationships and community cohesion.

We collected only limited messages from practice about how children's centres and hubs are tackling inequalities, but there is lack of research evidence on how to effectively meet the needs of fathers and families from minority ethnic groups, which is a significant gap, given the importance to children's centres and hubs of responding to the needs of diverse families. Local areas stressed giving weight to the views of non-service users; taking a strategic approach to inclusion; tailoring service delivery so that it responds to the needs of different groups; and building a workforce that different types of families and families from ethnic minority groups will recognise and trust.

A focus on centres as physical, local venues for delivering early childhood services has shifted as early intervention resources have reduced over the past decade. Many of the new local approaches appear to offer efficiencies and flexibility. However, it remains unclear how a reduction in open access sites impacts on the ability to build trusted relationships with vulnerable parents.

The existing evidence on the effectiveness of multi-agency service integration in improving outcomes for vulnerable children is limited, and much of the language used to describe service integration is imprecise, which makes evaluation difficult. There is, however, a strong practice consensus that greater integration can benefit families. There is also general agreement about what facilitates integration, including a shared recognition of the need for change, strong leadership and management, a focus on building relationships and trust, clearly defined roles and responsibilities, good systems for communication and information sharing, and support and training for staff.

Local practice emphasises that children’s centre and hub leaders need to be as proficient in managing strategic change as they are in managing people, even if in some areas children’s centre managers are less likely to be strategic leaders than others. Local capacity to carry out workforce planning appears to be limited, and so in many areas tends to focus on individual training programmes for skills development, with a lack of overall strategic oversight.

5

Progress in growing the effective use of evidence-based interventions as part of early childhood services appears to be at risk, due to funding pressures and a lack of robust local evaluation.

Using evidence-based interventions increases the likelihood of improving outcomes for children and families, and there appears to now be more widespread use of evidence-based interventions as part of contemporary early childhood services.

However, local areas are often not able to prioritise evidence-based interventions as part of their local offer, and where they do there continues to be a challenge in how to implement these with fidelity, which requires making only careful adaptations that are consistent with the evidence.

This is compounded by variable use of valid and reliable measurement tools to understand effectiveness, and a lack of funding and confidence in evaluation generally.

There is a need to go further in making evidence-based interventions the foundation of local approaches, alongside a consistent and robust approach to generating local evidence of intervention effectiveness.

Conclusions

Overall, there is a lack of robust national data on the characteristics and effectiveness of contemporary children’s centres and hubs, including on the services that they provide, how they are organised, and how families use them. The loosening of statutory requirements for children’s centres has led to an increasing diversity of local approaches and experimentation, but without a common language to describe these different approaches or a consistent set of metrics for assessing their impact. This is challenging in a context where every local authority is required by statute to make locally bespoke and evidence-based choices about the most effective way to deliver early childhood services.

While the national knowledge base about children’s centres and hubs has not kept pace with local practice, the local capacity for system planning and review is under real pressure from a combination of increased service demand, reduced resources, and now additional challenges due to the Covid-19 pandemic.

Against this backdrop, practical support for the local planning of early childhood services, including children’s centres and hubs, is even more urgently required than when this work was first commissioned. We have identified four key ways in which this can be done.

1. Specifying the local approach

A key message from this review is the importance of being clear about what a local area is seeking to achieve through its early childhood services and then designing them in a way that is likely to achieve this purpose. There is no single ‘right’ model of place-based early childhood services that works in every context, but there are some fundamental questions

that are relevant to every local area, such as what are the intended child outcomes, who is the intervention for and what will it do.

These questions form the basis of a theory of change. Articulating the local approach through a theory of change would allow local stakeholders to make explicit and considered choices about key service design issues; use the local assessment of community needs and contextual issues to create a bespoke approach to early childhood services, while retaining a focus on what developmental science tells us about the things children need to thrive; and reinforce the use of evidence and evaluation as part of creating a local strategy for early childhood services.

2. Using and generating evidence

The challenge of using and generating evidence is a theme that runs through this review. The dearth of research evidence relating to contemporary early childhood service models, at a time when many areas are redesigning local services, is problematic, particularly as the consequences of Covid-19 force local authorities and their partners to review priorities and investment. This is compounded by the lack of capacity and confidence at a local level for assessing the impact of local services and building a local evidence base.

This could be addressed by a renewed effort to generate evidence outputs that are designed to meet current practice needs across maternity and early years services; providing planning tools and advice which help local areas to use evidence; supporting the use of common metrics for assessing local system development, which would enable benchmarking and create a 2020 baseline against which to assess progress in the wake of Covid-19.

Local areas also commonly identify shared outcomes and outcome frameworks as a priority for improvement. Practical steps here could include the development and consistent use of common metrics which support local measurement; extending the use of standardised, valid and reliable measurement tools across local early childhood services; and improving the quality of needs assessments that review the experiences of families during pregnancy and in the early years.

3. Sharing learning

One of the clear messages from this work is that much of the knowledge about innovation in children's centres and hubs is held at the local level. Approaches which enable the sharing of local practice and experimentation are likely to be vital to local areas as national policy and research catches up. We also know from the local areas involved in this review, and from the success of the LGA's early years peer challenge programme over recent years, that there is a strong appetite for peer-to-peer learning opportunities.

This could be supported by strengthening local arrangements for maternity and early years stakeholder engagement in joint planning across early childhood services; sharing examples between areas of the experimentation and learning taking place; strengthening the planning and evaluation support that is built around peer challenges; and coordinating and curating information on evidence and practice learning.

4. Creating the conditions for local change

Local areas have shown incredible resilience in the face of a public health emergency and lockdown, although they will be living with the consequences of Covid-19 for the foreseeable future. This emphasises the importance of effective local planning and implementation in the 'new normal' context, particularly for non-statutory early childhood services, which are at risk due to further pressures on the local public purse.

Notwithstanding the question of adequate funding, which is outside of the scope of this review, support to local areas which increases the likelihood of effective implementation of change could include readiness for change assessments; structured support and challenge for local change programmes; and tracking progress over time using early intervention system assessment tools, such as EIF's maturity matrices.

Next steps

This review is part of EIF's wider body of work on maternity and early years, connecting what works evidence reviews, evidence translation and implementation support.

EIF will continue to work alongside strategic partners in national and local government as well as with the Local Government Association (LGA) to support the effective planning of early childhood services and generation of the evidence needed to support improvement.

Details of the practical tools and evidence resources published alongside this report are available through an online hub:

[EarlyChildhoodServices.EIF.org.uk](https://www.earlychildhoodservices.org.uk)

1. Introduction

Sure Start and children's centres have been an important, ambitious and evolving part of maternity and early years national policy and local services for the past two decades, intended to improve early outcomes for children, and to tackle inequality, poverty and poor social mobility. At the peak there were 3,620 physical children's centres spread across England. Two national evaluations pored over the detail of programme delivery and impact. By 2010/11 the annual allocation to local authorities of funding for Sure Start was over £2.2 billion.²

The introduction of revised statutory guidance for children's centres in 2013³ signalled a new direction. It led to an increasing diversity of local children's centre and hub delivery approaches as local authorities used the more permissive framework to respond to changes in population need and public funding.

It is this increasing diversity of approaches that is the focus of this EIF review. We were asked by the Department of Education to create practical guidance and resources on transformation of children's centres, building on the experience of local councils. The goal was to better support local authorities in strategic decision-making around the use of children's centres in early intervention.

This review is quite different to a 'what works' evidence review, in that it starts with seeking to understand contemporary local practice, and then explores how far existing evidence can guide future development. It is not advice for government on policy, nor is it a definitive answer to all the questions which people ask about children's centres. It is a review to understand rather than prove, and it uses the experience of local experts in delivering children's centres and hubs to do so.

We talked with maternity and early years stakeholders in 14 local areas, from Bath to Blackpool, and Middlesbrough to Merton, and heard about challenges, opportunities and innovation from the people designing and delivering today's approaches to children's centres, which in many cases are now called integrated or family hubs.⁴

We also conducted a rapid review of the evidence relating to how children's centres and hubs are designed and delivered, to see how the evidence can support local decision-making.

This report uses the practice learning and evidence review to explore four main questions which relate to how children's centres and hubs are designed and delivered:

- What are children's centres and hubs for?
- Who are children's centres and hubs for?
- What are the most effective ways of delivering children's centres and hubs?
- How important are evidence-based interventions to children's centres and hubs?

We conclude by setting out our thinking about the planning resources which may help local areas to further develop their local approaches, including a series of practical tools that accompany this report, published via a new online hub.⁵

2 House of Commons Hansard, 2011

3 DfE, 2013

4 See the appendix for details on all the participating local areas.

5 See: <http://earlychildhoodservices.eif.org.uk>

It is important to note that the stakeholder interviews and focus groups were completed prior to the Covid-19 pandemic, which initially closed the majority of children's centres in England and is expected to have a significant impact on the role that early childhood services play moving forward. Nonetheless, this report contains important messages that are directly relevant to the role of children's centres and hubs in the context of Covid-19 community recovery.

2. Children's centres, past and present

Children's centres are described in current statute⁶ as 'a place or group of places which local authorities use to secure integrated early childhood services to young children, parents and prospective parents with the aim of improving outcomes for young children and their families and reduce inequalities, particularly for those families in greatest need of support.'

Children's centres are often seen as a physical building where services for families are delivered, but they are also a delivery mechanism through which early childhood services are made available in a joined-up way – on-site, through outreach or by signposting. The term 'early childhood services' is used in statute to describe the main components of a local maternity and early years system:

- early years provision (early education and childcare)
- social services functions of the local authority relating to young children, parents and prospective parents
- health services relating to young children, parents and prospective parents
- training and employment services to assist parents or prospective parents
- information and advice services for parents and prospective parents.

Over the past two decades, the context for local place-based delivery of early childhood services has shifted significantly. Sure Start emerged as a major commitment of the Labour government in 1997, and funding was allocated to establish 250 local Sure Start programmes by the end of that parliament in the 20% most deprived areas in England, building on lessons from Early Excellence Centres. The first wave of Sure Start Local Programmes were locally driven, with parents and the community closely involved in setting direction and governance. Over time, as funding increased so too did local authority oversight, and the focus on providing childcare and integrating services within 'one-stop Sure Start children's centres'.

The launch of Every Child Matters in 2004, combined with a major review of early years services – *Choice for parents: the best start for children* – set out and brought together expanded services through Sure Start, early education and childcare, alongside benefit reforms and increased entitlement to maternity and paternity leave. A Sure Start children's centre was promised for every neighbourhood in England, not just disadvantaged areas. There was an increased focus on universal provision and access to a 'core offer' of key services, including parenting support, drop-in sessions, outreach, health, employment, childcare and early education.

Children's centres were given a statutory basis in 2009. Then, in 2011, funding ringfences were removed, as a new era of austerity and public spending cuts was announced. Increasingly, local authorities juggled new budget freedoms with the growing context of austerity and a new outcome-focused 'core purpose' for children's centres, which emphasised supporting children in greatest need while retaining universal services. These factors have led to significant variation in how local authorities have adapted their delivery

6 Childcare Act 2006

of children's centres and early childhood services. Some of these were described in local authority case studies published by the Local Government Association in 2018.⁷

The current statutory guidance for children's centres was published in 2013. According to this guidance, local authorities must ensure that families are able to access all the early childhood services they need through children's centres and must provide sufficient children's centres to meet the needs of young children and parents living in the area, particularly those in greatest need of support. Councils have flagged up the increasing difficulty of meeting this duty in the context of rising demand and reducing budgets. A consultation on the future of children's centres was announced in 2015 and Ofsted inspections of children's centres were suspended in September of that year 'on a short term basis ... pending the outcome of the consultation'.⁸ Although Ofsted retains the power to inspect any children's centre, including at the direction of the secretary of state, in practice there has been no independent inspection in the past five years of how local authorities are meeting their statutory duties.

The recent evolution of children's centres has taken place within a context of increased focus on early years education and childcare, with the introduction and near-universal take-up of funded early education entitlements for 3- and 4-year-olds, the introduction of early education entitlements for disadvantaged 2-year-olds, and the mandating of five universal health and development reviews as part of the 0–5 Healthy Child Programme.

The National Evaluation of Sure Start (NESS)⁹ took place in the 2000s and the Evaluation of Children's Centres in England (ECCE)¹⁰ from 2011 to 2015, both funded by national government. Each found mostly positive yet limited evidence of impact on young children and their families, but the substantial variation in how children's centres were organised and provided locally made it challenging to evaluate effectiveness.

Since the final ECCE report in 2016, there has been no national evaluation of current approaches. As a result, there is little robust evidence on how contemporary children's centres are currently being delivered and how effective they are.

Over the past decade there has been a decline in spending on children's centres, with a 60% real-terms fall in Sure Start funding from 2011/12 to 2016/17.¹¹ Action for Children has estimated that children's centre spend per child fell from £532 in 2014/15 to £412 in 2017/18.¹²

No official national data exists on the use or reach of children's centres. A survey of local authorities by Action for Children in 2019¹³ estimated that 41% of all children aged under 5 and 2% of children aged over 5 used a children's centre in 2017/18, a total of 1.8 million children. Action for Children also estimated a 15–20% decline in use of children's centres by both children and parents from 2014/15 to 2017/18, and suggested that the numbers of children using children's centres in the most deprived local authorities were falling faster than those in the least deprived.

Local areas have previously reported that the type and range of services provided in children's centres, as well as the kind of children and families they serve, have been changing, for example by expanding beyond the 0–5 age range, focusing only on vulnerable families rather than a universal offer, or adapting delivery by limiting opening hours or opportunities to drop in.¹⁴

7 LGA, 2018

8 Gyimah, 2015

9 National Evaluation of Sure Start: <http://www.ness.bbk.ac.uk/impact>

10 Evaluation of Children's Centres in England: <https://www.gov.uk/government/collections/evaluation-of-childrens-centres-in-england-ecce>

11 Children's Commissioner for England, 2018

12 Action for Children, 2019

13 Action for Children, 2019

14 Smith et al., 2018; LGA 2013, 2018

There has been extensive debate about how children's centres could or should evolve to meet the demands of the current context. Various models have been promoted over recent years, most prominently family hubs. These were originally proposed in 2014 by the Centre for Social Justice¹⁵ as a new vision for Sure Start children's centres, with a stronger focus on relationship support, perinatal services, fathers, and coordination of the local family service offer, and extending this to offer provision to families with children over 5. Since then the concept has been endorsed by the All Party Parliamentary Group on Children's Centres¹⁶ and the Children's Commissioner for England,¹⁷ and is seen by some as providing an opportunity to coordinate and prioritise support for children with more complex needs and those defined in statute as being in need. A group of Conservative MPs and members of the Lords launched a *Manifesto to Strengthen Families*¹⁸ in 2017, which committed to encouraging every local authority to work with voluntary and private sector partners to deliver family hubs. This commitment is now backed by a Family Hubs Network, who describe hubs as 'local support bases where families with children and young people aged 0–19 can access a broad and integrated range of early help to overcome difficulties and build stronger relationships. This is often co-located with superb early years health care and support, such as in children's centres.'

Today, local areas are making decisions around the use of children's centres and hubs in the context of continuing poor child health outcomes,¹⁹ increasing health inequalities,²⁰ rising child poverty,²¹ growth in the number of children in the care system,²² and limited progress on closing the gap on educational attainment, including in the early years.²³ These challenges are expected to be significantly amplified by the impact of Covid-19, with the consequences falling hardest on the families who were vulnerable and disadvantaged before the pandemic.²⁴

15 Centre for Social Justice, 2014

16 All Party Parliamentary Group on Children's Centres, 2016

17 Children's Commissioner for England, (2016)

18 See: https://www.strengtheningfamiliesmanifesto.com/assets/Family_Manifesto.pdf

19 PHE, 2020

20 Marmot et al., 2020

21 Bourquin et al., 2020

22 DfE, 2020; National Audit Office, 2019

23 Hutchinson et al., 2020

24 Wilson & Waddell, 2020

3. What are children’s centres and hubs for?

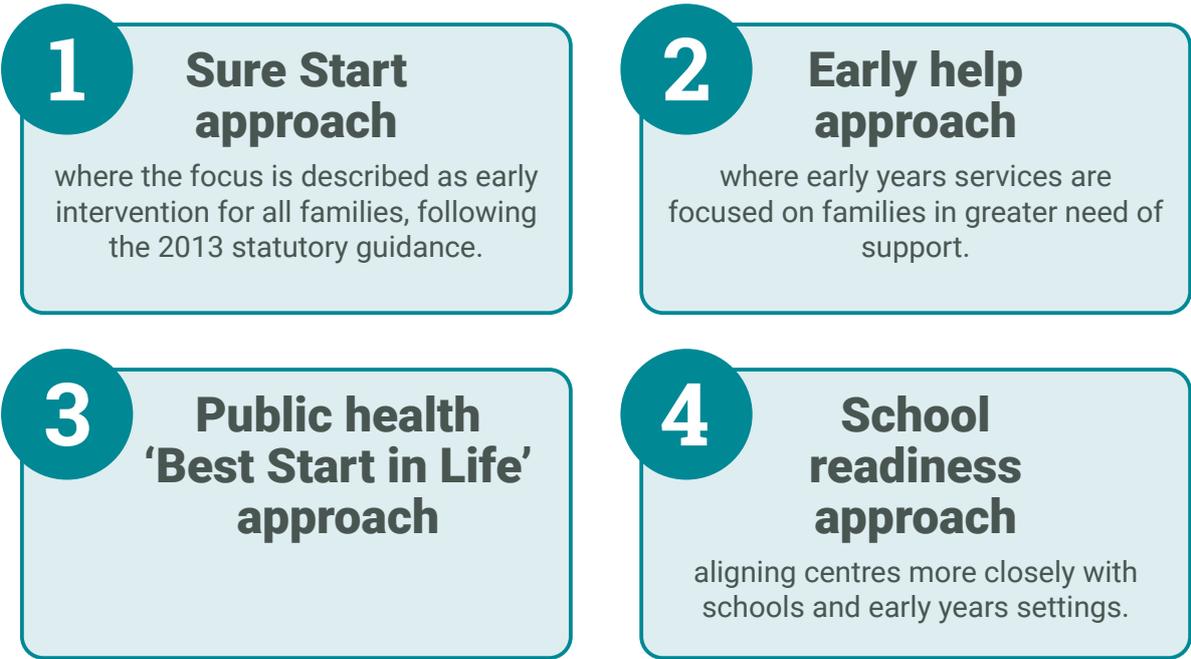
This chapter explores what local areas are seeking to achieve through the design of their children’s centres or hubs, and uses a simple theory of change structure to understand this in the context of the three different phases of Sure Start / children’s centres.

Messages from practice

The local areas in this study articulated four broad approaches guiding the delivery of their children’s centres or hubs.

FIGURE 3.1

Four approaches to delivering children's centres or hubs



1. A Sure Start approach, where the focus is described as early intervention for all families, following the 2013 statutory guidance.

All areas still included elements of this approach, using centres as places to deliver integrated early childhood services. Some areas felt that the statutory guidance was very broad, making it difficult to express the purpose, goals or outcomes of their centres. One authority had dealt with this by articulating the Sure Start approach as a ‘narrow and purposeful’ focus on deprived areas and newborns; this was felt to be efficient and well understood by those delivering it, and avoided children’s centres being seen as a ‘jack of all trades, master of none’. Many other areas said that they had moved away from communicating their focus in terms of Sure Start and the 2013 statutory guidance.

- 2. An early help approach**, where early years services are focused on families in greater need of support.²⁵ This was the most common approach in the areas that we spoke to.

In some areas children's centres had been substantially reconfigured into family or early help hubs, focused on vulnerable families with children of all ages, with a primary goal of preventing families reaching statutory thresholds for social care. In these areas children's centres or hubs were seen as an important part of children's services and a high priority in council resource decisions.

In other areas the shift to an early help approach was more cosmetic, with limited change to their delivery. For some, this had resulted in a lack of clarity about where children's centres sat within the wider delivery of children services. Relationships with other agencies were difficult to define, and in some extreme cases children's centres were believed to be 'lost' within the larger early help agenda and seen as peripheral to the council's core business.

- 3. A public health 'Best Start in Life' approach.**

For some this reflected a shift over the last decade to centres that were working almost exclusively with infants, as most children above the age of 2 were in early education and not using children's centres. For others this reinforced the interaction with the health visiting service as part of the Healthy Child programme.

- 4. A school readiness approach**, aligning centres more closely with schools and early years settings.

This approach was understandably more common in areas where schools were responsible for running centres. Some areas also mentioned a recent move to focus more strongly on speech, language and communication, with one area describing how work funded by the Early Outcomes Fund²⁶ had helped to keep children's centres on the agenda locally.

Many of the local stakeholders in this study stressed the importance of having a clear focus for their children's centres or hubs as part of a broader local strategy, and they used these articulations as a helpful way of conceptualising and distinguishing local approaches. However, stakeholders often mentioned several or even all of the four when describing delivery in their area. Some areas described how a less clear focus resulted in children's centres being pulled in different directions and subject to continual changes, lacking a clear set of intended outcomes against which to evidence their impact, and not being given priority for resources.

Areas which were consistently able to articulate their approach appeared to be more likely to have centres with a narrower remit, a more defined population that they were seeking to reach, or a narrower set of intended outcomes. They were better able to describe centres' goals and the outcomes they were seeking to achieve. In these areas, centre staff and the wider workforce were more likely to understand how the centres connected with the wider system. However, the clarity brought about by a narrower focus was seen by some as coming at the cost of providing more holistic support for all families.

This was not simply a narrative about more targeted approaches being more clearly defined. While early help was the major focus in most areas, almost all areas struggled to articulate their intended outcomes, which made evidencing their effectiveness difficult.

25 Areas typically defined early help in different ways. However, the Department for Education in *Working Together to Safeguard Children* (2018) defines early help as 'providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years'. It states that effective early help 'relies upon local organisations and agencies working together to: identify children and families who would benefit from early help, undertake an assessment of the need for early help; provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child'. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

26 DfE, 2018

A tension between an early years model and an early help model was repeatedly described, with the latter seen as lacking defined age boundaries or specific child outcomes, which were seen as important to be able to effectively target interventions.

A number of areas articulated the characteristics of children's centre or hub strategies and plans which were of sufficient quality to drive change. This included having clear links between the local population needs assessment and the expressed local vision or strategy; clear definitions of the intended local approach, rather than falling back on general terms which were not consistently well understood; and sufficient detail to describe the complexity of the local system, but simply expressed so that it can be understood and owned by a range of stakeholders.

These areas also talked about the importance of using an inclusive process for developing children's centre plans, connecting together stakeholders from across the local authority, health economy, and the private, voluntary and independent sectors. They described setting goals that give leaders, practitioners and families the sense of a joint vision for the medium to long term, so that there is time to embed change and create stable service delivery. Some areas discussed how important it had been to get opinion leaders on board and make sure they were fully committed to the vision.

Three theories

This issue of a clear local focus on what children's centres or hubs are intended to achieve is easier to understand in the context of the national-level variations of Sure Start and children's centres. Each variation is built around a differing 'theory' of what centres are for and how they should work, which respond to the context and priorities of the time.

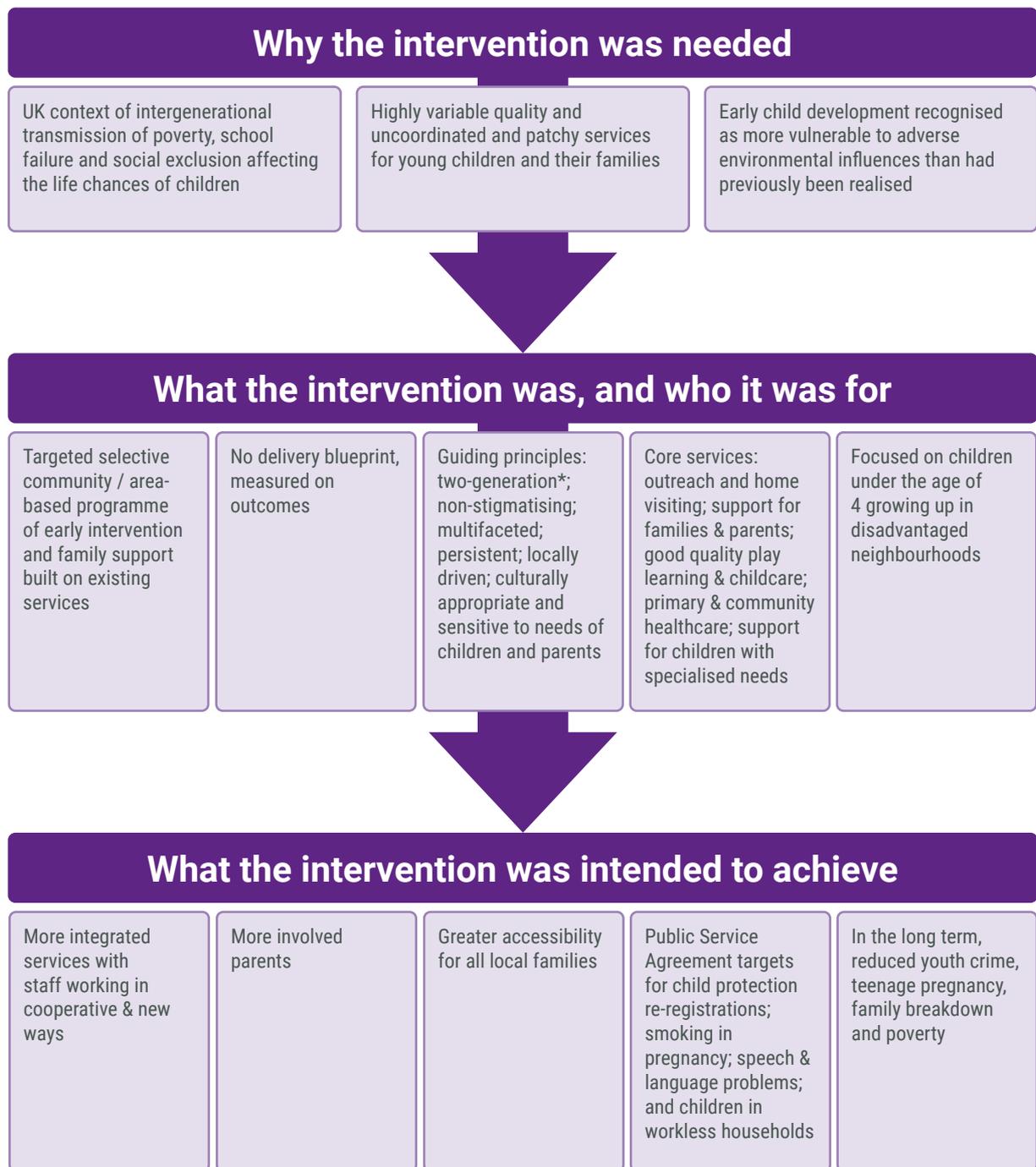
We have summarised these in the diagrams below (figures 3.2–3.4), using an abbreviated theory of change structure – although it should be noted that these have been created by EIF for the purpose of illustration rather than being official or approved versions. A theory of change is an articulation, supported by evidence, of what an intervention will do, why it is needed and what it is intended to achieve.²⁷

Sure Start Local Programmes (1998 to 2003) are often described as 'letting a thousand flowers bloom', building locally bespoke approaches with strong community involvement, but limited consistency, targeting or accountability. Although the 10 years of Sure Start Children's Centres that followed pursued a more structured and defined approach, it is notable that the current statutory requirements for children's centres (in place since 2013) are far more permissive. They don't describe an 'intervention' in the way that their predecessor did, and leave it to the judgment of local commissioners to determine what kind of intervention is needed and for whom.

²⁷ See chapter 1 of Asmussen et al., 2019

FIGURE 3.2

Sure Start Local Programmes, 1998–2003



*Two-generation programmes are 'focused on the hypothesis that substantially better outcomes for vulnerable, young children could be achieved by greater attention to strengthening the resources and capabilities of the adults who care for them rather than by continuing to focus primarily on the provision of child-focused enrichment, parenting education, and informal support.'²⁸

28 Shonkoff & Fisher, 2013

FIGURE 3.3

Sure Start Children's Centres, 2003–2013

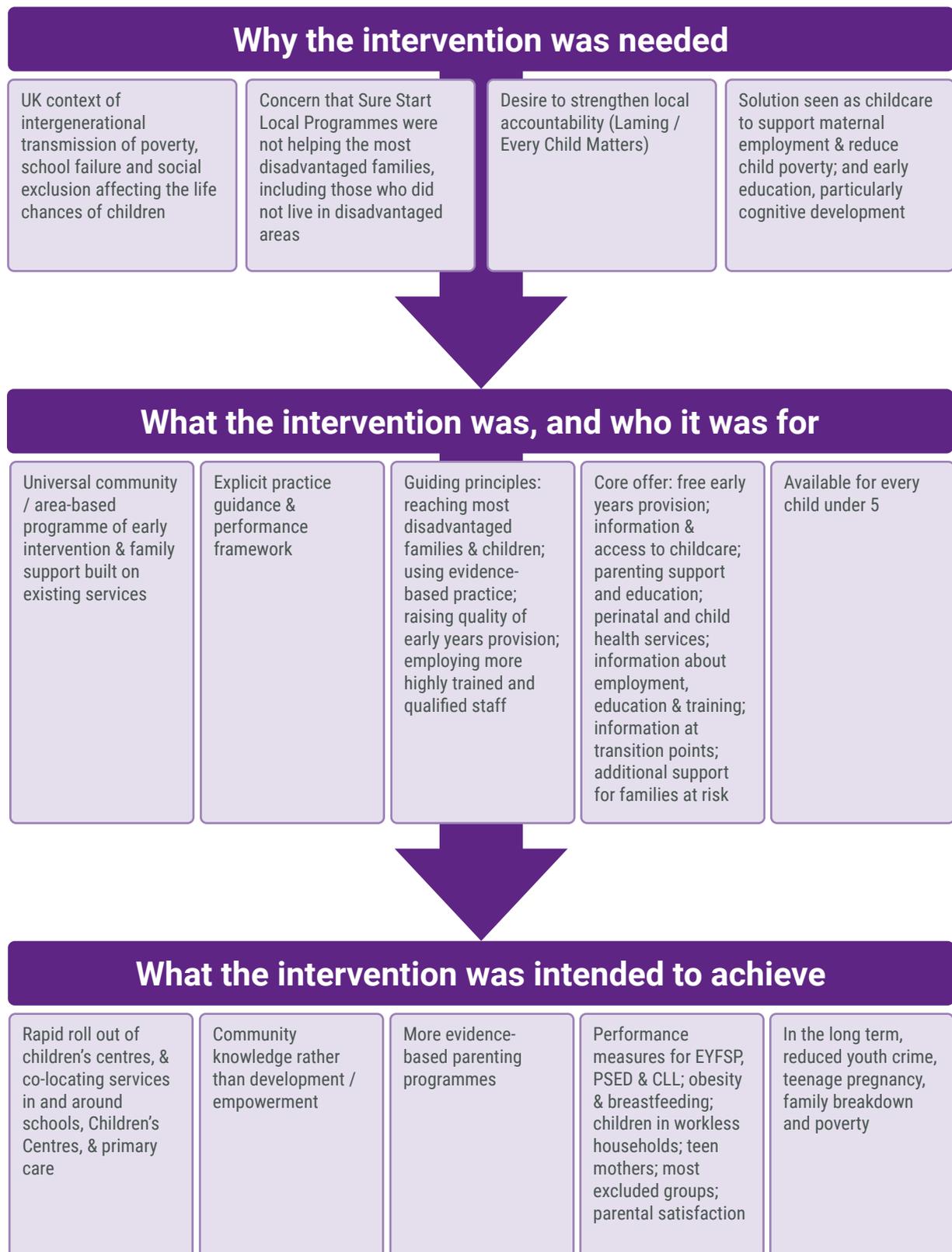
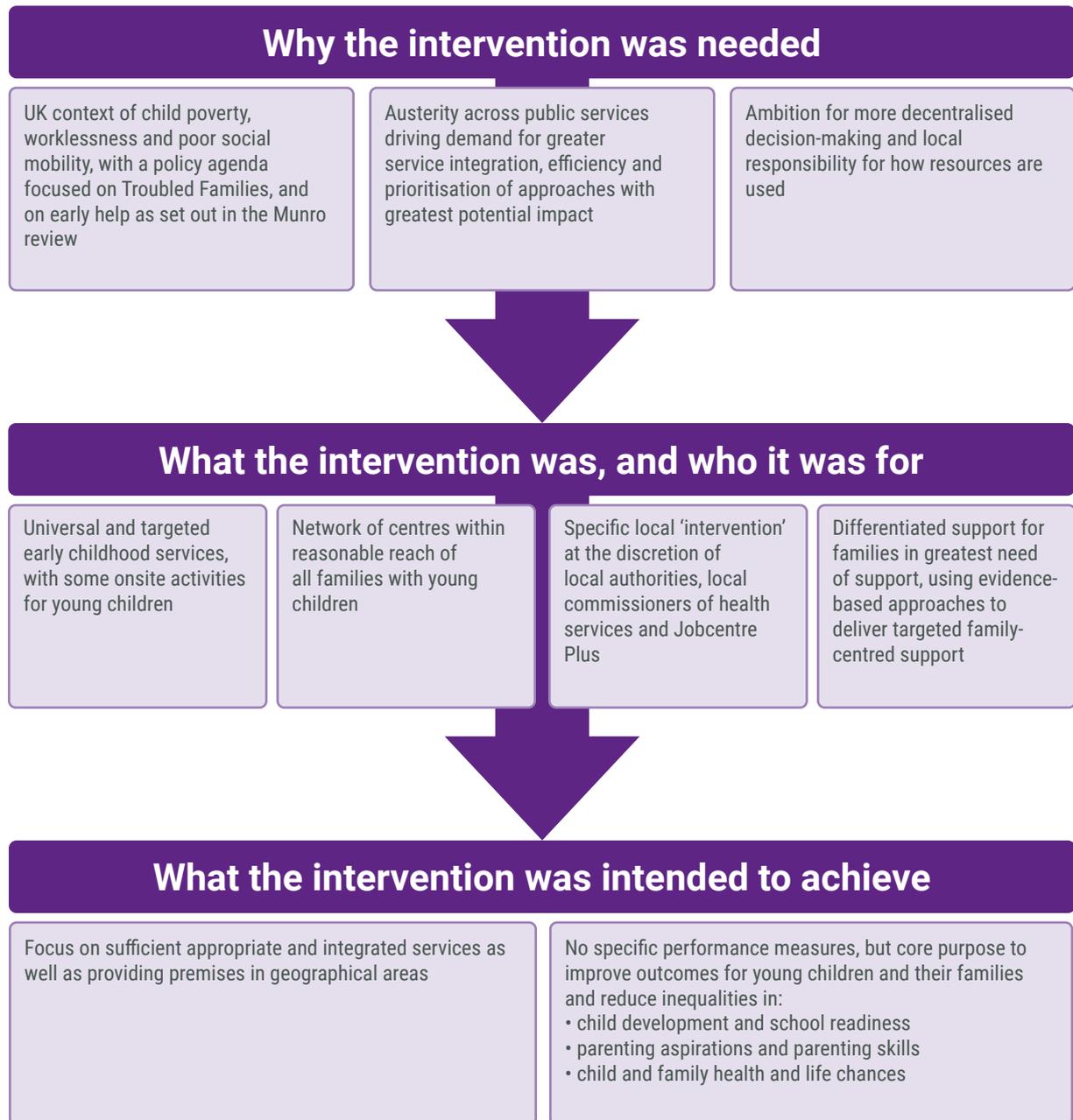


FIGURE 3.4

Sure Start Children's Centres, 2013 to present day



Reflections

We have had 20 years of experimentation with children's centres and now hubs, with many common elements as well as a range of different intended outcomes and different delivery approaches. What have we learned about effectiveness, and what does this mean for planning in the current context?

The most robust interventions are underpinned by a clear rationale, supported by evidence, for why they are needed, how they will work and what they are intended to achieve – a theory of change. This clear rationale is also important for broader area-based approaches like children's centres. If we are to understand the effectiveness of different approaches to delivering early childhood services, then we need to be able to specify what they are for and how we will measure delivery and impact.

Some of the local areas in our study had a clearly articulated approach that was driving their local planning and delivery of early childhood services, but for others this was not the case. The local areas that we spoke to described a variety of locally defined approaches, which reflects the permissiveness of current statutory guidance, but often without the common language to clearly specify and distinguish the approach that they were taking, or consistent metrics and evaluation designs with which to judge effectiveness for local users or compared with other areas.

More widely, few areas in England have an explicit, current and system-wide maternity and early years strategy that sets the context for their use of children's centres and hubs, although most will have early help strategies. Taking action on vision, strategy and planning is consistently identified as one of the highest priorities by local stakeholders who complete EIF's early years maturity matrix,²⁹ including those who did so as part of this study. Local areas commonly express concern about a lack of capacity for change management and stress the importance of confirming resources for the key change management roles that are essential for realistic and secure transformation.

The freedoms offered by current statutory guidance offer flexibility for local areas to develop bespoke local approaches, yet this also requires robust local action to design and implement an approach underpinned by a clear rationale and a measurement framework.

While the rationale and measurement framework may be helpfully defined at a national level, there are some specific steps that could help local areas as they try to make sense of what children's centres and hubs will look like in the context of Covid-19 and constrained local resources, including using theory of change methodology and developing outcome frameworks, for example building on the work of the Institute of Health Equity on impact, outcomes and measurement in children's centres.³⁰

29 A system self-assessment tool. See <https://www.eif.org.uk/resource/eif-maturity-matrix-speech-language-communication-early-years>

30 Roberts et al., 2014

4. Who are children’s centres and hubs for?

This chapter explores how contemporary children’s centres and hubs balance a focus on all families and those who are most at risk of poor outcomes, and the implications of reaching out to a broader age group of children.

According to statutory guidance in 2013 children’s centres should be accessible to all families with young children³¹ **and** should be targeted at young children and families who are at risk of poor outcomes, disadvantaged or in greatest need. This continued the previous requirement for children’s centres to be universal in ambition but with a priority focus on reducing inequalities.

Local authorities are no longer told what they should provide, but are expected to achieve improved outcomes for young children and their families by ensuring the availability of sufficient, accessible children’s centres, providing integrated, high-quality and evidence-based services. This intended flexibility for local authorities to judge what is sufficient has, in the wider context of austerity, led to varied choices about what constitutes sufficiency. However, the broad goal of a universally available service that targets those in greatest need remains the same.

Messages from practice

The local areas in this EIF study illustrated a spectrum of approaches, ranging from mostly universal to mostly targeted.

FIGURE 4.1

A spectrum of approaches to targeting services in children’s centres and hubs

Mostly universal	Mix of universal & targeted	Mostly targeted
<p>In a few areas, centre services were mostly universal with a very limited number of targeted interventions. In these areas, targeted support was mainly offered by other services, such as health visiting, community-based services or a portage model focusing on attachment, early play, interaction and early language and communication skills.</p>	<p>Most areas had universal parent-child activities such as ‘stay and play’, as well as targeted programmes and one-to-one support for families with more complex needs delivered by family support workers or specialists. In some areas, particularly those with centres in deprived areas, families attending universal services were those with more complex needs who were also the focus of targeted services.</p>	<p>Some areas focused on group and one-to-one family support in a centre or the home as part of an early help model, with a limited, open-access, universal offer in centres. In most cases the Healthy Child programme was one of the main ways in which families with additional needs were identified and referred into targeted family support services.</p>

31 Statutory guidance defines a young child as a child beginning with their birth and ending immediately before 1 September next following the date on which they attain the age of 5.

Areas identified the following factors as important to judging the right balance of universal and targeted approaches.

- Open-access services in children's centres were seen as critical for identifying families who were in need of support and building relationships. This was particularly important in areas where there was a high degree of population turnover and where the majority of centre buildings had been retained. Open-access services were seen as important for reducing stigma, and for building trusted relationships. They were also seen as contributing to wider community cohesion, especially in areas where other community services had been reduced, by offering wider services such as cafes, libraries, IT facilities and outdoor spaces.
- Some areas felt they were less knowledgeable about which population groups were less likely to engage in interventions if there were limited open access services in their children's centres or hubs. Some areas also believed that a focus on targeted services contributed to the lack of engagement because these services were viewed as stigmatising by some families.
- Trusted relationships were seen as crucial to enabling parents to feel confident attending children's centres and then in sustaining attendance in more targeted support programmes, sometimes through self-referrals. They were also described as giving centre staff an opportunity to provide timely and light-touch early support in a relaxed setting, which could reduce the need of some parents for later, more intensive and more formal assessment and intervention.
- In some areas, retaining universal services within children's centres was seen as a way of mitigating for limitations in the wider family support system, avoiding a reliance on other services to build relationships with families and then connect them to children's centre support. Some believed this helped to reduce the likelihood of children falling between services due to limited or ineffective referral pathways or a lack of consent to contact and engage with families. Where centres did not provide a spectrum of universal services, some areas talked about there being too many entry points to services and noted that access was often dependent on where the first contact took place. They described families as having to be experts to gain access to services, with too many 'hand-offs' between services, and family experiences being disjointed and 'clunky'.
- The success of a universal offer as a way of identifying families or building trusted relationships with them was seen as fundamentally undermined if that offer was reduced to the extent that interactions with families were limited, superficial or selective, or if these services were no longer free to use, which meant that disadvantaged families were less likely to engage.
- Some areas questioned the value of some universal services for children and families because of a lack of evidence of impact or a sense that they were being taken up by families who did not need or benefit from them. Given this view and shrinking local budgets, some areas felt the priority for investment should be in evidence-based, targeted interventions which had a demonstrable impact on preventing family breakdown and the need for statutory intervention.

Local areas in this study also took a variety of approaches in terms of the ages of children provided for (see figure 4.2).

FIGURE 4.2

Approaches to age groups in children's centres and hubs

Extended age range

In many areas, the focus was on a wide age range, usually 0–19 but sometimes birth to age 8 or 11. This was often part of a transition to a family hub or early help model. Most areas retained a focus on preschool children but offered services for older children or their parents too, including parenting support and afterschool care. They rarely included targeted support for school-age children as this was seen as mainly provided in schools.

Focus on school-age children

In one area a wider age range was accompanied by a move to a targeted early help service. Due to limited referrals from preschool children the service had increasingly focused on behaviour support programmes for primary-age children delivered in schools, rather than working with preschool children.

0–5 focus

In some areas there was a continued focus on children from 0–5. Some centres also delivered a small number of school-age activities or allowed parents with older siblings to attend sessions. Sometimes these were connected to or delivered in hubs which offered 0–19 services.

First 1001 days

In some areas, although the age range was 0–5, the emphasis was on children up to their third birthday. This was either seen as being for practical reasons, as older infants were mostly in early years settings, or based on the view that the first 1001 days were the priority for child development and school readiness.

Local areas identified the following factors as important to the choice of which age and developmental stage to focus on.

- Extending the age range of children's centres was described as offering a range of practical benefits, for example the opportunity to work with the whole family, which improved assessment and support, reduced the number of different service interactions, and helped to build better relationships with families. It also allowed for a more efficient use of physical buildings, for example by opening during evenings, weekends and school holidays, when centres had previously been closed.
- Some areas articulated the challenges associated with extending the age range, where buildings were not equipped or resourced for activities with older children, staff were trained in early child development and not skilled or willing to work with older children, or parents with younger children were less likely to come to the centres due to worries about welfare and safety. Some centres, which had the physical space to do so, had created separate areas or times to limit overlap between age groups.

- Changing the age range was seen as having an impact on opportunities for wider integration, with an extended age range bringing the service closer to the local authority's early help and statutory children's services. However, this was also seen as potentially risking the existing alignment with NHS services that focus on maternity and early childhood, including midwifery and health visiting.
- In most areas it was difficult to distinguish the benefits of an extended age focus from the risks to an early years focus. Key to this was the message that broadening the focus was often spreading resources more thinly rather than increasing efficiency, and was accompanied by a reduction or dilution of early years support. Some stakeholders felt that it was important to retain an emphasis on the early years, to ensure continued investment at both a national and local level.
- Some areas talked about the positive sense of revival that was brought by having children of all ages using children's centres, helping them to move on from a narrative of funding cuts and service restructuring.
- Although a number of areas talked about the wider benefits of a hub approach that was not limited to early childhood services, it was not clear how much difference this had made to relationship support, perinatal services, coordination of the local family service offer, involving fathers, or meeting the needs of families with more complex needs (the original intended benefits of a Family Hub model).

Messages from research

The balance in statutory guidance between universal and targeted support is consistent with what the Marmot Reviews in 2010 and 2020 call 'proportionate universalism',³² a concept which responds to the social gradient of health needs and continues to be influential in the thinking of many local areas.

Looking at past national evaluations, there is limited evidence that allows a comparison between the impact on child or family outcomes of approaches which are open access and those which are more targeted. Although national evaluations have suggested an association between open-access or universal provision and positive impacts on parenting and the home learning environment, it is not possible to judge from the available evidence whether any impact is due to this or to other factors.

There is also limited contemporary national data on how today's children's centres or equivalent local hubs manage a proportionate universal approach. A Sutton Trust survey of 2017³³ found that the majority of the 124 surveyed authorities had sustained both universal and targeted services, but the balance between the two was changing. According to this survey, although virtually no authority had centres that were exclusively for referred families only with no open access, there was great variation in the level of access: some had open-access services run by others, such as voluntary and community organisations; some had a division between one type of centre and another in terms of access; while others had a graduated set of services in centres.

³² Described in Marmot et al., 2020: 'Health inequalities are not confined to poor health for the poor and good health for everyone else: instead, health follows a social gradient. Everyone below the top has greater risk of worse health than those at the top. We need to be sensitive to this gradient and respond proportionately to need. The lower people are in the hierarchy and the more deprived, the greater the threat to health. A proportionate universal approach addresses the social gradient.'

³³ Smith et al., 2018

Although not supported by robust evidence on impact, a number of national evaluation studies³⁴ and other reports³⁵ have suggested that children's centres which have successfully engaged families are those which have understood access not as a one-off event but as a sustained 'continuum of access' – a relationship rather than a transaction. This process includes:

- **Awareness** by centres of their population's needs, with relationships built through continuous formal and informal consultation and outreach; and ensuring parents are aware of centres and their services.
- **First contact** with the service, centred on promoting the value of available services and ensuring ease of access, particularly at first use.
- **Sustained engagement**, ensuring that families are more confident and proactive in taking up services, including providing volunteer opportunities.
- **Promotion** of the centre to others, using community ambassadors, supporting take-up of other services beyond children's centres (such as GPs and hospitals), and helping families to overcome a range of barriers to access.

These same studies also emphasised the importance of parental perceptions in their ongoing engagement with children's centres. A lack of confidence or motivation, or a distrust or fear of others were major factors in parents' reluctance to attend a centre, including those from challenging family contexts. Previous, often negative experiences of services, children's centres or professional help more generally was an inhibiting factor. Parents were less likely to engage if they were worried that their child's needs or behaviour would not be catered for, including children who had special needs or a disability, whose first language was not English, or who were very young; or if they felt that centres were only for the poorest areas or the worst parents, or that the other parents would be unwelcoming.

Sustained dialogue, including ongoing one-to-one contact and both formal and informal communication where staff are solution-focused, open, reflective and responsive, was found to be one of the most effective ways of encouraging participation; as well as recognising that it takes time to build trust and confidence, especially for parents who may have low self-esteem, limited expectations, anxiety about the opinions of others, and apprehension about what happens in the centre.

Again, while there are no official statistics for how much children's centres are reaching out to a broader age group of children, Action for Children³⁶ found that an estimated 9% of children using children's centres in 2017/18 were aged 6 or older. The Sutton Trust³⁷ found that half (53%) of the 124 authorities responding to their survey were only providing services for preschool children; 44% of councils stated that although provision for 0–4s was being maintained, more services were being offered to school-age children; 12% said that an increase in services for school-age children had meant a reduction in services provided for the 0–4s; and 40% stated that they would be increasing the age range in the coming years.

34 Tunstill et al., 2005; Williams & Churchill, 2006; Maisey et al., 2013, 2015

35 Boag-Munroe & Evangelou, 2012; Royston & Rodrigues, 2013; Pote et al., 2019

36 Action for Children, 2019

37 Smith et al., 2018

Reflections

The local areas in this study made the case strongly for the importance of retaining sufficiently resourced open-access services in order to reach and support vulnerable families, and questioned the benefit of a compromise which retained only a vestigial universal offer. Although some questioned the strength of evidence of impact on child outcomes for some universal services, there was general consensus about their value in providing information to parents, building relationships and identifying families with additional needs. Although this is not a question that the research evidence is able to answer at this point, it is fundamental to the choices that local areas are making. It should be an important focus for future national and local evaluation work.

It is notable that support for the families of children with special education needs and disabilities didn't come through strongly in the discussions with local areas, but it is nonetheless evident that the delivery of children's centres and hubs is particularly important for children with disabilities and their families who depend on joined-up service delivery.

We were unable to identify evidence on the impact of extending the age range for children's centre services or the effectiveness of a family hub approach, which is not unexpected given the wider lack of evaluation of contemporary approaches. The government is intending to remedy this, as announced in the March 2020 budget.³⁸ There is a logical case for more holistic and joined-up approaches to delivering area-based family services, which responds to concerns about a lack of service integration and artificial service boundaries, and builds on central family-focused policy initiatives such as Think Family,³⁹ the Troubled Families programme, and the Reducing Parental Conflict programme.⁴⁰ The next step is to test this theoretical case through robust evaluation.

The original vision for family hubs set out by the Centre for Social Justice was about building a hub approach around existing children's centres to enhance rather than reduce the early childhood services offer. Local areas have generally, however, been experimenting with extended age support, due to austerity and the potential efficiency benefits which come with pooling and aligning resources. Although it may be a pragmatic response to reduced local budgets, at this point it is not clear from research whether this is able to deliver wider benefits for families. It may be the case that some anxious and vulnerable parents with small children may need more time, more universal support and more encouragement if they are to trust something that is less bespoke to families with babies and small children. The combination of centres with a wider age range and less universal support may make it harder to reach parents like this. Again, this should be an important focus for future national and local evaluation.

38 'This Budget will go further on supporting families by providing £2.5 million for research and developing best practice around the integration of services for families, including Family Hubs, and how best to support vulnerable children.' See: <https://www.gov.uk/government/publications/budget-2020-documents/budget-2020>, section 2.7.

39 Cabinet Office Social Exclusion Task Force, 2008

40 DWP, 2017

5. What are the most effective ways of delivering children's centres and hubs?

The way in which children's centres and early childhood services are most effectively delivered has long been the source of extensive debate. This chapter considers the following questions:

- What role should the local community have in the governance and delivery of centres and hubs?
- How can delivery meet the needs of those who are most affected by inequality?
- Should services be delivered in physical centres or through outreach in homes or wider community venues?
- How should services be integrated and is co-location a requirement for success?
- What kind of workforce planning and leadership makes the difference?

What role should the local community have in the governance and delivery of centres and hubs?

Children's centres are expected to involve local families and communities in how they are run and how they serve as a hub for the local community, building social capital and cohesion. A key principle of the current statutory guidance is the inclusion of users in the governance of children's centres, and there is a requirement for community consultation on changes to centres as well as input via an advisory board.

Messages from practice

Local areas in this study reported a diverse range of governance structures, some of which included community partners and parents. However, they generally described limited involvement of parents in the planning and delivery of children's centres and hubs, with little service co-design work with parents, and a decrease in the use of advisory boards or parent forums.

- Engagement was more likely to be based on large-scale consultations at set timepoints on pre-designed options; parent feedback on existing service delivery, including satisfaction surveys; or small-scale and ad hoc community-led initiatives. Use of less ambitious approaches to community involvement was seen as due mainly to reduced capacity and resources to engage with parents in the planning and delivery of children's centres.
- Some local areas were making an active move away from traditional types of engagement, which they described as often tokenistic and non-inclusive – for example, advisory boards that had come to be seen as forums for professionals more than parents. This type of engagement was perceived as creating tension between parents and agencies, with parents lobbying for universal interventions and agencies resisting, due to lack of evidence of child impact or a lack of wider community need, particularly among vulnerable families. As a result, some local areas were focused on alternative approaches, such as

using data on parental demand from a representative sample of service users, rather than just those that were currently engaged, or reaching out through new digital services and social media, which had high levels of user engagement, particularly for families who services had typically found difficult to engage.

- Given limited staff capacity, co-design was often described as ‘nice to have’ but often too time-consuming. Some areas were unsure about what genuine co-design would actually look like, and what capacity and skills would be needed to deliver it. Some described a lack of knowledge about existing community engagement, particularly in the voluntary and community sector, due to fragmentation of service delivery.
- Local areas which were more proactive on user engagement suggested having defined service user representation roles; creating dedicated engagement teams; making user engagement explicit in strategy development; building co-production around parenting programmes which are delivered by parents, such as EPEC;⁴¹ and recruiting parent champions to reach out to vulnerable communities. Participatory action research using parents as researchers and user journey research were also seen as important ways of engaging parents.
- Some local areas suggested helping local voluntary, community and social enterprise organisations to take responsibility for community assets, and for delivering services and training. Distributing leadership of early childhood services in this way was seen as likely to increase local parental engagement in governance and co-design.

Messages from research

- An early process evaluation report from NESS⁴² highlighted a number of barriers to involving parents, including the bureaucratic nature of partnership business, use of jargon, a feeling among parents that professional agencies make decisions among themselves or in other meetings, and community divisions.
- The ECCE study⁴³ in 2014 found that half of the 117 children’s centres studied had encouraged parents to get involved in the running of their centres. Most commonly this was in practical ways, such as volunteering as a play worker or at community events, attending a parent forum or advisory board, or helping staff to choose which sessions were on offer.
- The Big Lottery Fund commissioned a review of evidence in 2016⁴⁴ of how volunteering, peer support and ‘community champions’ projects can support child development outcomes, to guide the development of the A Better Start programme. This review found a highly variable quality of evidence, but concluded that volunteer projects could contribute to A Better Start outcomes in ways that are distinct from but complementary to professional support, including building relationships of trust and equality with parents, reaching and being accepted by parents who do not engage with other services, and helping to create the conditions that can lead to change.
- However, we did not find more recent studies on how parents are involved in the governance of contemporary children’s centres and hubs nationally, nor on the impact of involvement on outcomes for children.

41 Empowering Parents, Empowering Communities (EPEC) is for disadvantaged families experiencing behavioural difficulties with a child between the ages of two and 11. See: <https://guidebook.eif.org.uk/programme/empowering-parents-empowering-communities>

42 Ball, 2002

43 Evangelou et al., 2014

44 Parents 1st & Institute for Voluntary Action Research, 2016

Reflections

There is limited current national data on how parents are involved in the governance of children's centres nationally, but at a local level we found limited involvement of parents in the planning and delivery of children's centres. The trend increasingly seems to be for parents to be consumers rather than co-creators of children's centre services.

There is also limited evidence on what difference community or parental involvement makes to children's centres – but, given the consensus across the local areas in this study about the importance of relational approaches and community cohesion, this should be a focus for future local evaluations.

In addition to generating further learning, co-design with parents and communities seems to be most embedded where it is explicit in local strategy. Local areas that want to make further progress on community ownership of early childhood services should build on the practical involvement of parents – for example, in co-delivering parenting programmes, acting as parent champions or taking part in action research – and should value community development skills in their workforce.

How can delivery meet the needs of those who are most affected by inequality?

Current statutory guidance is explicit that children's centres are intended to reduce inequalities, although it is brief on what this means for engagement with different population groups who are less likely to use early childhood services. The guidance should, of course, be read alongside the UK Equality Act of 2010 which is specific about the nine protected characteristics⁴⁵ which must be taken into account in the design and delivery of services.

This review considers the implications for black and minority ethnic families and for fathers, two groups that were identified in the evidence review and local stakeholder discussions, and briefly reflects on wider implications for families who are legally protected from unequal treatment.

Messages from practice

Local areas in this study identified challenges and solutions for reaching out to vulnerable groups who are less likely to use children's centres and hubs, and made observations on what this means for reducing inequalities:

- Some areas described how locating centres in disadvantaged areas did not necessarily mean that an inclusive range of families were engaged or attending services. This sometimes meant that the service user's voice in decision-making did not represent the interests and needs of the wider community.
- Some areas talked about the importance of a more coordinated and strategic approach to inclusion, and of addressing gaps in knowledge about different population groups, including those for whom English was not a first language and minority communities.
- Stakeholders in one area felt that pathway mapping was an important solution to better understand how vulnerable families move through the local system, particularly for those experiencing severe poverty.
- Another area emphasised the role of midwifery and health visiting services in engaging families and communities that were less likely to be reached by children's centres and

⁴⁵ Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

hubs, because of their relationship with the majority of all families and particularly with those who are vulnerable.

- One area talked about how using parent champions was an effective way of focusing on the engagement and contribution of fathers and grandfathers as a strong influence on children's lives.
- One area referenced children's centres as a significant part of their local offer for families of children with special educational needs and disabilities.

Messages from research

- There is limited evidence on the impact of Sure Start and children's centres on service access, use or outcomes for children and families from black and other minority ethnic groups, and a lack of data on contemporary approaches. The NESS⁴⁶ and ECCE⁴⁷ evaluations found no significant impacts relating to ethnicity. An assessment of local evaluation plans as part of NESS in 2006 noted a lack of data on ethnic minority usage or reach, due to limited monitoring data, and found 'detailed evaluation work on efforts to include black and minority ethnic families, groups, or individuals in Sure Start was scarce'.⁴⁸
- A number of previous studies⁴⁹ have noted that parents from minority ethnic groups were found to be disproportionately affected by barriers such as lack of awareness, time, distance to travel and cost, and identified a number of critical factors which were thought to influence engagement:
 - Accurate community data gives important information on the relative population size of different black and minority ethnic groups within Sure Start areas, raises awareness of smaller, 'less visible' minority ethnic populations, and supports more tailored responses that recognise diversity within and across minority ethnic groups.
 - Culturally specific targeted provision was seen as a positive way to increase inclusion of black families and families from other ethnic minority groups, providing that the targeted provision is sufficiently integrated with other non-targeted mainstream services, to avoid families becoming compartmentalised or isolated.
 - Recruiting from local communities to increase diversity among staff and volunteers could help to overcome cultural and language barriers. Having black and minority ethnic staff in senior roles sends an important message to families about inclusion.
- Research⁵⁰ has consistently demonstrated the benefits of fathers' involvement, particularly with respect to a child's early language acquisition, motor skills and social skills, leading to positive outcomes in adolescence and adulthood. However, the NESS and ECCE evaluations did not assess the impact of Sure Start local programmes and children's centres on fathers and collected limited data on their engagement. While NESS highlighted the lack of programmes for fathers and priority given to engaging with and meeting their needs,⁵¹ ECCE did find that more than three-quarters (76%) of centres sampled in 2012 did offer groups for fathers or male carers.⁵²
- A number of studies⁵³ found that barriers to fathers' involvement included predominantly female environments and female-centred orientation of services, opening hours limited

46 National Evaluation of Sure Start (NESS) Team, 2012

47 Sammons et al., 2015

48 Lloyd & Rafferty, 2006

49 Lloyd & Rafferty, 2006; Craig et al., 2007; Royston & Rodrigues, 2013; Page et al., 2007

50 Flouri, 2005

51 Tunstill et al., 2005; Lloyd et al., 2003

52 Evangelou et al., 2014

53 Lloyd et al., 2003; Tunstill et al., 2005; Royston & Rodrigues, 2013

to the working day, gendered attitudes towards childcare and male/female roles, a lack of knowledge about Sure Start, and mothers' gatekeeping of their partners' involvement. They identified the following as factors which appear to differentiate programmes that place a high priority on involving fathers:

- an explicit strategy for involving fathers, including collecting data on fathers' attendance, whole staff training, and staff roles dedicated to encouraging fathers to get involved
 - a gender-differentiated approach, addressing the different needs and interests of men and women, and increasing the visibility of male workers
 - sensitivity to the needs of different groups of fathers, including sole carers, estranged or separated fathers, disabled fathers, fathers working shifts, and fathers from minority ethnic and faith groups
 - a focus on making the first point of contact a positive one for fathers, and using services targeting fathers as a step to more integrated involvement.
- Although we found limited contemporary research, the messages highlighted above are broadly consistent with EIF's more recent review⁵⁴ of the evidence on engaging disadvantaged and vulnerable parents. This review, while noting a lack of impact evaluation, reported that minority ethnic groups, LGBTQ+ parents and men tended to be less likely to engage in interventions, highlighting that existing interventions can lack sensitivity and appropriate tailoring to their needs, making them feel unwelcome and underserved. Barriers to engagement, such as a lack of awareness, accessibility and acceptability, are also likely to disproportionately affect disadvantaged families who face multiple adversities. The EIF review also described strategies thought to be most effective in recruiting and retaining parents and couples to services, including:
 - targeting communication for specific population groups
 - recruiting through existing relationships, particularly at key transition points, such as the birth of a new child
 - designing interventions around the needs, concerns and lifestyles of target populations, and ensuring intervention content is culturally relevant
 - collecting live monitoring data about attendance and satisfaction rates
 - recruiting practitioners from comparable backgrounds to parents, who speak the same languages, are of the same gender and share similar experiences.

Reflections

This is by no means an extensive review of children's centres and inequalities, but it is difficult to judge from the available evidence how early childhood services should respond to effectively meet the needs of fathers, families from minority ethnic groups and other population groups at risk of societal inequalities. This appears to be a significant gap given the importance for children's centres and hubs of responding to the needs of diverse and vulnerable families. The emerging evidence of the disproportionate impact of Covid-19 on black and minority ethnic families⁵⁵ is a stark indication of the life-changing consequences of socioeconomic inequality.

54 Pote et al., 2019

55 Office of National Statistics: Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020. See: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>; see also Soltan et al., 2020

It is also important to recognise that existing international intervention evidence is often based on testing with what are known as WEIRD population groups (Western, Educated, Industrialised, Rich and Democratic) due to an assumption that there is little variation across human populations.⁵⁶ We need to use and generate evidence that is sensitive to population variation, particularly that which we see within the UK.

Overall, it is also difficult to assess how the local areas in this study are taking account of protected characteristics in their current approaches to delivering children's centres and hubs, and so what learning could be applied more widely. The qualitative research design tended to focus on inequality as an issue of poverty and disadvantage rather than explicitly asking local areas to consider inequalities caused by racism and attitudes towards gender roles, or indeed how children's centres are tailored to meet the needs of LGBTQ+ parents or children with disabilities.

The principles described by the local areas, however, are important for wider application: considering the views of non-service users who represent the wider community as well as current service users; taking a strategic approach to inclusion, including through needs assessment and customer experience mapping; tailoring service delivery so that it responds to the lifestyles and needs of different groups; and building a workforce that community groups will recognise and trust.

Should services be delivered in physical centres or through outreach in homes or wider community venues?

Children's centres are places where early childhood services are made available either by providing the services on site or by providing advice and assistance on gaining access to services elsewhere.

According to Department for Education data⁵⁷ the number of children's centres rose steeply in the 2000s and peaked at around 3,620 children's centres in 2010/11. After this point, the number of children's centres steadily declined, plateauing at around 3,000. There are currently estimated to be 2,301 open children's centres and a further 696 'linked sites', totalling 2,997 in England⁵⁸ – although these numbers should be treated with caution due to local variation in how centres and linked sites are defined, with the latter term appearing to be used to describe a reduced offer. Some of these centres and linked sites will also be described as integrated or family hubs, and at the time of publication over 150 hubs were registered with the Family Hubs Network.

Messages from practice

The local areas in this review commonly described hub-and-spoke approaches and satellite centres, which provided consistency and connection across the local offer but also allowed for some neighbourhood-level autonomy.

- One area had extended opening times in their family hubs to evenings and weekends to accommodate a wider range of services and to enable access for working families, while limiting opening of their 'outreach' children's centres to the normal working day.

56 See for example Henrich et al., 2010

57 DfE, 2019

58 See: <https://get-information-schools.service.gov.uk/downloads>. Accessed 8 September 2020.

- In some areas, the network of linked outreach sites often included community venues, such as church or village halls or youth centres, which hosted activities but were not managed by centres. In one area, the locality hub was run almost exclusively in an administrative centre with the public-facing services hosted in other locations.
- Some areas had taken a hub-and-spoke approach to avoid losing physical centres. The approach also allowed for staff expertise to be shared across centres and moved rapidly between them in response to changing need.
- Some areas also described clusters of services which used physical space to reinforce the connection between children’s centres and wider services that are important to families:
 - **Social infrastructure:** In one area, Family Hubs were linked (often being co-located) with other shared spaces, such as libraries and green spaces, jointly providing a set of programmes to families. This allowed for a wider articulation of what services were provided to families by the council, and enabled these services to be integrated in their branding and how they used staff and volunteers.
 - **Administrative space:** In another area, children’s centres sat within an early help 0–19 hub located in an adjacent college, allowing for better integration with other early help services as well as use of the larger administrative space and facilities that could not be housed within the children’s centres themselves.
 - **Family information:** In one area, children’s centres sat within a wider set of services including play centres, preschool and their Family Information Service (FIS). Children’s centre administrators were FIS trained and therefore able to provide information and advice for 0–19s as well as welfare and benefits advice, and to promote Healthy Start to families. Centres were also linked to Play Service for out-of-school provision.

Local decisions about the location, use and number of children’s centre buildings and outreach were described by the local areas in this study as being influenced by factors such as cost, footfall, location, community need and the wider requirements of the council.

- In some areas, centres had been restructured to retain a greater level of support in the most disadvantaged locations, which was seen as more effective in local areas with low levels of population change and social mobility, including in very rural areas.
- In other areas that had more transient populations and a greater mix of socioeconomic status, which was more often the case in urban areas, physical centres tended to operate as part of a group to get a wider geographical reach. This was seen as helping to avoid stigmatising the support provided by the centres, and as particularly beneficial in areas that were offering a more targeted early help approach.
- In some areas, phase 3 children’s centres built on school sites had been given over to primary or nursery schools and early education providers to help ensure there was sufficient early education provision available and reduce the cost to the council of managing buildings. By contrast, in other areas, centres that were on or adjacent to school sites had been prioritised for retention because they offered easier access for families and could integrate with the school offer. Many areas prioritised purpose-built standalone centres, as these were often large and well-equipped buildings located in areas of greatest need.
- The principal benefits of a hub-and-spoke approach were identified as cost efficiencies achieved through consolidating administration and management costs. This often meant having a shared manager across satellite sites or satellites overseen by a locality hub manager. Some areas that had moved to this model believed that centre buildings that were repurposed or sold would be lost permanently.

- While restructuring centres was often about cost saving, it was also seen by some as adapting to the changing needs of families. One area noted that there was less demand for centres to be within pram-pushing distance, as staff were increasingly in contact with families in other community settings or digitally, including through social media. This meant that they could reduce building management costs. Another area indicated that although buildings were still needed for some groups and to co-locate services, taking a relational approach with families on their own terms was the priority, and this was more likely to involve support in the home or digitally.
- Some stakeholders described how services which were less tied to buildings offered greater flexibility in where and how services could be provided. This was seen as particularly useful in areas where family needs were changing rapidly.
- In contrast with the original ambition of physical buildings purpose-built to serve the early years, some stakeholders felt a more dispersed delivery approach for early childhood services allowed access to other physical spaces which were more appropriate for specific activities, such as forest schools, kitchen classrooms and sports facilities. Use of these venues was also seen as facilitating closer relationships with the other community-based settings and organisations, and allowing children's centres to reach further into the community. Some areas viewed dispersed delivery as a substitute for other forms of outreach where this had been substantially reduced due to budget reductions.
- Some areas, nonetheless, felt that the physical estate was a crucial part of their approach, helping to engage and sustain regular contact with families, making it easier to identify needs and support integrated service delivery through co-locating health visitors, midwives and more targeted services such as child and adolescent mental health services (CAMHS) and Family Nurse Partnership (FNP). One area noted that centres were a focal point and promoted community cohesion. Another felt that the buildings themselves were critical for sustaining the profile of early childhood services within the council.
- Some areas highlighted the limitations of 'access points' that were built for other purposes, which meant that they could not provide for open access or be adapted to the needs of younger children and their families, or might become unavailable at short notice. These limitations were seen as preventing families from engaging with centres on their own terms.

Messages from research

- Over time, the emphasis on a physical, 'one-stop shop' centre for families has shifted. The ECCE evaluation found, for example, that centres were increasingly helping users to access services through signposting or referral, rather than or in addition to providing services directly.⁵⁹
- Local areas have been increasingly experimenting with different delivery arrangements through hubs and clusters of physical centres. The latest national data comes from the 2017 Sutton Trust survey⁶⁰ which found that over half (55%) of councils surveyed had organised all or most of their centres into clusters and only 18% had all or most of their centres 'standalone' with their own manager. It also found that almost three-quarters (73%) reported all or most of their centres were open full-time (five days a week), while almost a fifth (19%) stated that few or none of their centres were open full-time.
- What is unclear from the research we have reviewed is how important physical early years centre buildings are to the effectiveness of delivery of early childhood services. It is also unclear from current national data to what degree early childhood services are provided from within children's centre buildings.

59 Maisey et al., 2013; Poole et al., 2015

60 Smith et al., 2018. Our review of the evidence was not able to find more recent data on outreach or home visiting.

- Outreach is an expected part of the local children's centres offer according to statutory guidance, and, while no clear definition was found across ECCE reports, NESS defined children's centres outreach as 'a multi-purpose strategy for reaching and engaging families and can be used to do all or any of the following: raise awareness; befriend parents; provide health / development services; be a gateway to other services; and provide outreach of specialist services'.⁶¹
- The most recent data on outreach comes from ECCE, which reported that 92% of centres surveyed in 2013 had home outreach services,⁶² and the impact evaluation suggested that support from outreach workers or health visitors was effectively targeted at families who were experiencing more complex problems.⁶³
- While NESS⁶⁴ did not assess the impact of outreach or home visiting, it found that there was considerable variation in their provision, with an emphasis on reaching parents with a view to moving them on to centre-based services and as a way to assess their needs more accurately. Best practice centred on engaging parents on a one-to-one basis when parents do not feel able to attend a centre, where visiting families in their own home to start a dialogue is crucial to encouraging parents to engage in more centre-based activities.⁶⁵
- Where centres did provide home visiting programmes, these were usually directed at families with the most complex problems, but with little indication of the use of intensive evidence-based home visiting programmes or the staff training associated with these, and they were often being used to address common behaviour problems. It is unclear whether this continues to be the case for contemporary outreach home visiting.

Reflections

One of the legacies of the first two phases of Sure Start and children's centres has been a focus on physical, local centres for delivering early childhood services. This emphasis has shifted as local authorities have adapted their offer to take account of shrinking early intervention resources over the past decade, which has required a hard look at how children's centre assets fit with wider resources.

Many of the local approaches described in this study appear to offer a number of benefits, including cost and resource efficiencies as well as flexibility in terms of staffing. However, many have also come at the cost of providing fully accessible sites through which to provide services and identify vulnerable families. A key question for local areas is how a reduction in open-access sites and greater emphasis on outreach affects the ability to reach and build trusted relationships with vulnerable parents and to build community resilience – yet these are often described only with anecdotal examples rather than more objective evidence.

61 Tunstill et al., 2005

62 Poole et al., 2015

63 Sammons et al., 2015

64 Ball et al., 2006; Barlow et al., 2007

65 It also found that families expressed high levels of satisfaction with outreach and home visiting services. Good practice included producing written information with the help of parents, often in community languages, which provided an opportunity for interaction with families which was given by a knowledgeable worker or volunteer; short and to the point; developed in partnership with families, and offered persistently. It respected culture and language, and made sensitive approaches to parents who were lacking in confidence, including accompanying parents (sometimes by other parents). It was also evident when they called on families who had never used centre services, when they followed up on reports about isolated families, and when they used health information systems to undertake visits.

How should services be integrated and is co-location a requirement for success?

Statutory guidance requires local authorities and relevant partners to work together to deliver early childhood services in an integrated manner, defining this as ‘where everyone supporting children work together effectively to put the child at the centre, meet their needs and improve their lives’, and where this facilitates access to services and maximises the benefits to families.

Messages from practice

The local areas in this study described widely varying local arrangements for integrated working, from ‘a high degree’ to ‘not part of what is done’, and were better able to articulate their approach in terms of process rather than impact.

- Integration was commonly described as focused on understanding each other’s roles as part of the local system rather than being concerned about who works for which organisation.
- Most areas talked about the importance of clarity on strategy, funding and commissioning, and formal and consistent arrangements to support joined-up working.
- In most local areas, joint commissioning of early childhood services was seen as a key to enabling multi-agency working, although for most this was an ambition rather than current practice. Most services delivered in children’s centres were commissioned separately, some in partnership, but rarely jointly commissioned.
- Fragmented commissioning of early childhood services was seen as leading to disconnected pathways of support (for example on speech, language and communication, or SEND) with a resulting poor ‘customer journey’ experience for families.
- The development of support pathways for families was seen as an important way of creating integration. The lack of joint pathways was said to create disjointed and inconsistent services and sometimes even conflicting approaches. Many areas spoke of families facing multiple ‘front doors’ to access support, with a variable response depending on which was the first point of contact. As noted in the previous chapter, this meant that families had to ‘be the expert’ to gain access to services.
- Some areas had developed child journey maps to improve access and reduce the number of ‘hand-offs’ between services, alongside holistic assessments and simplified referral processes.
- Clear protocols for data sharing were seen as fundamental to good inter-agency working relationships and trust. Establishing these was made easier by focusing on how sharing data could improve outcomes for families in a very practical way.
- Most areas talked about the importance of time and relationships to the success of joint working, and emphasised building a shared workplace culture. Although co-location was described by some as helping, it was generally seen not as an essential ingredient and as being more suited to some physical locations than others. Things that were identified as being more important include practitioners from different organisations working together to deliver interventions, and sharing data on the families that different agencies were working with.
- A number of local areas saw joint training and continuing professional development (CPD) as critical to fostering multi-agency working. One area had created a learning and development hub for practitioner training, which had helped to foster consistent use of child development messages (including on speech, language and communication and on common child illnesses) across children’s centres, health visitors, social workers, early years settings and schools.

Messages from research

- We identified a number of studies of integrated services, as well as related concepts such as partnerships,⁶⁶ multi-agency working⁶⁷ and interprofessional practice⁶⁸ in children's centres and in early childhood services more widely. However, our review found limited agreement on how these terms should be defined or how integrated working influenced child and family outcomes.
- The rationale for integrated early years services and inter-professional working is based on the premise that it offers the most effective and efficient way of providing services for families – especially for families from disadvantaged or marginalised backgrounds – by transcending the 'fragmentation' and 'silos' that have been consistently identified as constraining the delivery of services for children and families at a local level.⁶⁹ Families increasingly face a number of challenging and complex individual and social problems requiring support from multiple services. Therefore, greater integration across policy, services and disciplines is believed to facilitate the identification of those at risk and help families to access and navigate the complex array of early childhood services.⁷⁰
- The NESS evaluation⁷¹ found that the most effective programmes were distinguished by the quality of their service integration, which was associated with improved outcomes. A main finding of the ECCE impact evaluation was that multi-agency working⁷² and partner-agency resourcing of centres were associated with better cognitive and socioemotional child outcomes, as well as improved family outcomes on measures such as parent–child interaction and parental distress.
- Overall, however, it has proven difficult to ascribe impact to integrated working. A thematic literature review⁷³ of integrated early years services in 2013 found little empirical evidence of impact on child and family outcomes, and suggested that this was due to a paucity of robust evaluation. EIF's work on multi-agency systems⁷⁴ in 2016/17 also concluded that there was little evidence in published literature on the effectiveness of multi-agency integrated systems in improving outcomes for vulnerable children and young people, and that there was a lack of precision in the terms used to describe multi-agency working such as 'integration' and 'integrated working'.
- NFER's integrated services literature review⁷⁵ in 2008 recorded a diversity of descriptions of integration in children's services, covering the extent and reach of integration, and integration of structures and processes. The analysis noted that multi-agency working is not binary (as in 'integrated or not integrated') and that different degrees of integration may be equally valid and situation-specific. The review referenced three levels of engagement with multi-agency working – cooperation, coordination and integration – and concluded that greater integration across every aspect of multi-agency working may not be necessary or desirable, and certainly not resource neutral.

66 Partnerships are defined as 'strategic and organisational collaborative arrangements' in Tunstill et al., 2005.

67 Multi-agency working is defined as practitioners from different professions working in an integrated way on a shared task, rather than in parallel or in sequence (Payler & Georgeson, 2013).

68 Interprofessional practice generally refers to professionals from different disciplinary backgrounds working together, and is often described as a continuum, for example from uni-disciplinary, through multi-disciplinary to inter-disciplinary and finally trans-disciplinary practice (Wong & Sumsion, 2013).

69 Tunstill et al., 2005

70 Wong & Sumsion, 2013

71 NESS Team, 2005; Melhuish et al., 2007

72 Defined as the extent to which children's centres offer services by other agencies or specialist workers (health visitors, speech and language therapists, adult education workers, etc), and the extent to which a centre shares its vision, management, or buildings with other agencies (Sammons et al., 2015: 152).

73 Wong and Sumsion, 2013

74 EIF 2016

75 Robinson et al., 2008

- Studies⁷⁶ which have looked at practice rather than impact, including those from NESS, ECCE and EIF's work on multi-agency systems, have suggested factors which influence effective local partnerships, including:
 - a history of effective partnerships and collaborative arrangements
 - leadership which enables staff to transcend traditional professional boundaries, particularly at the centre level
 - an understanding of each other's professional ethos, priorities and role in early childhood services, and combining these into new ways of working
 - clearly defined shared aims, objectives and outcomes prioritising the needs of the child, particularly when services are being rationalised
 - joint funding and commissioning arrangements, which, although the terminology is ambiguous, appear to be associated with systems that are more joined up
 - co-location, which was found in some studies to be important to strong and enduring integrated working and the ability to share concerns, issues and information; although others have suggested that the quality of joint working is more important than co-location
 - inter-professional development, including shared training, mentoring and supervision, to helping different disciplines to understand the expertise and concerns of their peers
 - effective data and information sharing, enabled by appropriate hardware and software, and taking account of data protection and differing professional practice and habits
 - the sharing of skills and expertise between professional groups and a willingness to be honest about gaps in knowledge
 - processes to manage ambiguity and conflict, promote trust and contain anxiety between partners.

Reflections

While the ECCE evaluation found some evidence of impact, the wider evidence and local evaluation is limited on the effectiveness of multi-agency service integration in improving outcomes for vulnerable children. In addition, much of the language used to describe integration is imprecise, which makes evaluation difficult. There is a need for a clearer way of classifying 'integration' that allows for comparison of different approaches.

Despite the limited evidence, there is a strong consensus that greater service integration can benefit families through reduced duplication and greater efficiency. There was general agreement about elements required to facilitate this, including a shared recognition of the need for integration, strong leadership and management, a focus on building relationships and trust, clearly defined roles and responsibilities, good systems of communication and sharing information, and support and training for staff.

There has been a longstanding interest in the practical benefits of physically locating staff in the same office which appears somewhat anachronistic in a post-Covid world. The main message appears to be that, although co-location can enable closer working relationships, it is not sufficient by itself nor does it appear to be as important as other factors such as clear protocols for joint working, integrated training and shared decision-making.

⁷⁶ Tunstall et al., 2005; Robinson et al., 2008; Wong & Sumsion, 2013; Anning et al., 2007; Coleman et al., 2016; Sylva et al., 2015

What kind of workforce planning and leadership makes the difference?

The current statutory guidance notes the importance of the quality of leadership and management of children's centres. However, there are no formal entry requirements for running a children's centre in this or other guidance, nor defined expectations for wider workforce planning and development to support delivery of centres and hubs.

Messages from practice

The local areas in this study described a variety of approaches to planning and developing their wider early years workforce, which included professionals from different organisations, disciplines and sectors.

- There were varying degrees of co-delivery and integration of staff at a practice level, and this seemed to match the degree to which there was integration of workforce analysis and planning.
- Local areas talked about the need for a highly skilled workforce to serve a diverse array of family needs. Some, however, felt that new approaches sometimes meant that existing staff lacked skills or experience with different types of population needs, particularly if centres were providing help to families with more complex needs.
- Some areas described the importance of strategic oversight for workforce planning to be effective, with a focus on confirming roles and responsibilities for centre staff and partner agencies, delivering a minimum standard of training in key skills across the workforce, joint training across different services, and an emphasis on skills for working with families.
- Areas that appeared to have made the most progress had started by reviewing job descriptions and focusing on skills and knowledge regardless of job titles or professional disciplines. One area, for example, had distinguished the roles and skills needed to lead family case work from those needed to deliver programmes such as 'stay and play' or language and communication courses.
- Some areas described the risk of staff roles becoming generic, and staff from different professional backgrounds (such as play or social care) not having expertise in early education, with the result that key early educational development messages were lost. One area had created an early years lead for their centres who delivered CPD to staff, including training on early child development support, such as storytelling and phonics.
- Local areas stressed the importance of a plan for workforce training and development, but many were unsure how to carry out skills mapping, and there appeared to be little resource to support this work in a more joined-up way across the workforce.
- Some areas highlighted the success of shared learning and training for staff across agencies. In one area, a partnership – including a nursery school, children's centre, the local authority, a college and a university – was created to promote early years as a career choice and to provide training, including in specific parenting and literacy programmes and forest school.
- Every local area mentioned the importance of involving practitioners in strategy development and of making the strategy process live and inclusive to overcome barriers such as differing professional terminology and a lack of a shared vision across the local system.
- The majority of local areas talked about the importance of relational practice and a 'people-focused culture'. They described leaders who had a trust and belief that practitioners and managers were 'good at what they do'. They frequently mentioned the quality of relationships and a 'can-do' attitude as crucial to how effective strategy was developed locally.

Messages from research

- Much of the literature on the factors associated with the quality of early years services is based on early childhood education and care (ECEC), which indicates a relationship between good-quality ECEC and positive child outcomes in the short and long term.⁷⁷
- There is also a strong body of evidence that demonstrates the relationship between staff and manager qualifications and leadership and the provision of effective and high-quality provision in early education settings more generally.⁷⁸ There is relatively little beyond the ECCE evaluation, however, on quality in children's centres and the impact on child and family outcomes.
- While it is known that centre leaders and managers come from a wide variety of professional backgrounds, and that many could be described as 'accidental leaders' rather than having followed a defined career path,⁷⁹ there is limited contemporary information on their characteristics as a group. However, the ECCE did find that the three-quarters of centre managers surveyed in 2012 were qualified to degree level or higher.⁸⁰
- The NESS evaluation highlighted that 'the right manager makes a difference',⁸¹ and ECCE suggested that having children's centres with higher staffing numbers and degree-level qualified leaders with an education leadership background predicted improvements in the early years home learning environment.⁸² The evaluation also found that having centres with mixed leadership predicted better parent-child relationship outcomes. It was suggested that mixed leadership may be more likely to enhance multi-agency working, and that this may provide more specialist experience to support parenting and parents' emotional needs.
- Practice research⁸³ on effective early years leadership highlights the importance of a clear vision, engaging and responding to families' needs, using evidence, monitoring and assessing practice, facilitating integrated working, motivating and empowering staff, and emphasising continuous professional development.
- While much evidence points to the importance of high-quality centre leadership and management to child and family outcomes, the lack of contemporary data and local evaluation on centre leaders limits firm conclusions on their current impact on children's centres and hubs.

Reflections

Research on children's centre leadership celebrates the variety of professional backgrounds but offers little beyond case study examples to guide local decisions about leadership and management roles and skills. Local practice, however, is clear that leaders need to be as proficient in strategic change management as they are in bringing the best out of the people they work with – being 'can-do' is not enough by itself.

In practice this means being able to use tools such as workforce skills audits and population needs assessments to guide planning for a future workforce, and to carefully navigate evidence and evaluation; while also understanding change at a personal level and building relationships with stakeholders, particularly those who articulate the challenges, that are

77 Bonetti & Brown, 2018; Barnes & Melhuish, 2016; Melhuish, 2004

78 Siraj-Blatchford & Manni, 2006; Sylva et al., 2004; Karemaker et al., 2011; Mathers et al., 2007; Mathers & Smees, 2014

79 Coleman et al., 2016

80 Sylva et al., 2015

81 Tunstall et al., 2005

82 Families registered at a centre where the manager had the National Professional Qualification in Integrated Centre Leadership (NPQICL) showed poorer early home learning environment outcomes. Sammons et al. (2015) suggested this was due to these managers not having an education leadership background.

83 Coleman et al, 2015; Siraj-Blatchford & Manni, 2008; Ang, 2012

based on respect, compromise and shared ambitions. This is challenging, and a skill set more likely to be associated with strategic commissioning or the architect leadership style in schools than the operational management of centres and hubs.

The early years stakeholders in this study often described workforce planning and development as not joined up and becoming less effective than was previously the case. Capacity to carry out workforce planning appears to be limited, and so tends to focus on individual training programmes for skills development, with a lack of overall strategic oversight.

6. How important are evidence-based interventions to children's centres and hubs?

This chapter explores how interventions with robust evidence of impact on child outcomes are used in contemporary children's centres and other place-based approaches, and what this means for local approaches to using and generating evidence.

Guidance for children's centres has repeatedly emphasised the use of evidence-based targeted early intervention approaches. Sure Start Children's Centres practice guidance from 2003 talked about grounding practice in evidence, using this to drive up quality, and providing 'intensive structured parenting, child and family support through evidence-based programmes'. Current statutory guidance talks of using evidence-based approaches to deliver targeted family-centred support, including making a difference for families with the greatest needs through targeted early intervention programmes.

Messages from practice

The local areas in this study recognised the importance of using an evidence-based approach, although many described the challenges of using evidence, implementing evidence-based programmes and taking forward local evaluation.

- Local delivery of early childhood services across our sample of local areas included locally developed interventions, named programmes which had been adapted to the local context, and programmes with known evidence of effectiveness.
- While many areas commissioned services based on local population data, some spoke of the difficulty in obtaining robust data on presenting need, which was crucial to knowing what types of interventions to implement and how much was needed. Sharing data between agencies on vulnerable families not accessing services (especially health visiting data) and sufficient expertise to carry out data analysis were highlighted as important enablers.
- Most of the evidence-based programmes were targeted and group-based interventions. These were commonly parenting programmes aimed at behavioural development and the parent-child relationship, such as Incredible Years and Triple P; language and literacy, such as Raising Early Achievement in Literacy (REAL); or physical development and wellbeing, such as the universal intervention Healthy Families: Right from the Start (HENRY). Many areas noted the ongoing difficulty in retaining families or ensuring adequate attendance on programmes over the expected duration.
- Most areas described examples of ongoing, iterative, performance monitoring and evaluation of service delivery which fed into a reflective quality improvement process, including using approaches such as Outcomes Based Accountability. Most, however, even in areas that delivered evidence-based interventions, wanted more local evaluation of implementation and effectiveness. The lack of local evaluation was attributed to a combination of practical evaluation challenges and a lack of local capability and capacity.

- Most areas found it difficult to specify how they were ensuring effective implementation and fidelity of evidence-based interventions beyond parent feedback and attendance numbers, despite often making substantial local adaptations. One area had attempted to overcome this by developing implementation standards which specified the data needed on referrals, attendance and completion, as well observations and qualitative feedback from participants. Other areas spoke of the need, as well as cost, of ensuring consistent and continual training for staff, not only in terms of implementation fidelity but also in terms of collecting evaluation data.
- Most areas also described difficulties in providing impact evidence for children’s centres and early childhood interventions. Some talked about a lack of clarity on the desired and expected outcomes which meant that services were not clear on what evidence they should be collecting or how they contributed to overall goals.
- While some areas were collecting data on specific programmes, most were not consistently using valid and reliable measurement tools. This was mainly seen as due to a lack of clarity about standardised measures for many services and limited local expertise in measurement selection. Where outcomes data was collected, some areas described finding it difficult to analyse and interpret. Local areas who were confident in their assessment of impact were mainly those that had partnered with academic institutions or research organisations to evaluate local programmes.
- Some areas identified the lack of an outcomes framework (either for specific services or across agencies) as a barrier to the effective evaluation of local early childhood services.
- More generally, some areas described the benefit of using evidence analysis from organisations such as What Works Centres and Public Health England, and how this helped to make evidence more accessible. They also often recognised that most early childhood services are not ‘programmes’ with specific evaluation evidence, and that it can be harder to understand the underpinning evidence for the interventions which are delivered as part of these broader services.
- Local areas suggested a range of different methods for making local implementation more responsive to evidence, such as requiring commissioned services to conduct evaluation and capture quality improvement data as part of service specifications, including an independent assessment of the supporting evidence alongside service improvement business cases, and completing service reviews collaboratively rather than in isolation.

Messages from research

There is good evidence that delivering evidence-based interventions in children’s centres is associated with improved outcomes. One of the major findings from the ECCE impact evaluation was that families registered at centres offering a higher or increasing number of named (mainly evidence-based) programmes predicted better child socioemotional (externalising and pro-social) behaviour and better home learning environment and parent-child interaction.⁸⁴ The evaluation found that children’s centres were implementing an average of five ‘named’ programmes, including well-evidenced programmes, such as Incredible Years, Triple P and Family Nurse Partnership, as well as other programmes, such as Every Child a Talker and the Solihull Approach.

However, the evaluation also identified that the actual numbers of participants, predominantly mothers, who were reached by well-evidenced programmes over the course

84 Sammons et al., 2015

of a year was relatively small.⁸⁵ This finding was consistent with NESS, which found that, overall, the numbers who had taken part in parenting programmes was low.⁸⁶ NESS also found that the majority of parenting programmes were designed locally, sometimes including components taken from standardised programmes, but with no explicit format or training associated with them.

Both national evaluations of Sure Start children's centres found that even where evidence-based programmes were used, many were not delivered with fidelity. NESS found that while the majority of staff stated well-evidenced programmes were delivered 'in full', fidelity to the programme was rated, on average, as only 'satisfactory' according to researcher-rating scales. This was echoed by ECCE,⁸⁷ which found that few children's centres implemented programmes with full fidelity, with many staff confused as to the standards of evidence required for effective practice, giving equal weight to scientific evidence and practitioner experience – leading to only a small number of families being reached by the best evidenced programmes.

Our review found no contemporary national data on the use of evidence-based programmes in children's centres and hubs with which to update the findings from the two national evaluations.

Reflections

Using evidence-based interventions increases the likelihood of effectiveness and there appears to now be more widespread use of evidence-based interventions as part of contemporary early childhood services. However, local areas are often not able to prioritise evidence-based interventions as part of their local offer, and where they do there continues to be a challenge in how to implement these with fidelity, including how to make careful adaptations that are consistent with the evidence.

This is compounded by variable use of valid and reliable measurement tools to understand effectiveness, and a lack of confidence in evaluation generally. Local areas commonly describe a lack of confidence in planning evaluation, testing and piloting, and a limited local culture or framework for evaluation. Local areas which have taken action on evaluation have generally benefited from more hands-on support from evaluation experts rather than relying on access to information alone.

There is a need to take further practical steps to make evidence-based interventions the foundation of local approaches, alongside a consistent and robust approach to generating local evidence of intervention effectiveness.

85 Sylva et al., 2015; Evangelou et al., 2014

86 Barlow et al., 2007

87 Goff et al., 2013; Sylva et al., 2015

7. Conclusions

Overall, there is a lack of robust national data on the characteristics and effectiveness of contemporary children's centres and hubs, including on the services that they provide, how they are organised, and how families use them. The loosening of statutory requirements for children's centres has led to increasing diversity of local approaches and experimentation, but without a common language or consistent set of metrics for assessing the impact of different approaches. This is challenging in a context where every local authority is required by statute to make locally bespoke and evidence-based choices about the most effective way to deliver early childhood services.

While the national knowledge base about children's centres and hubs has not kept pace with local practice, the local capacity for system planning and review is under real pressure from a combination of increased service demand, reduced resources, and now additional challenges due to the Covid-19 pandemic.

Against this backdrop, practical support for the local planning of early childhood services, including children's centres and hubs, is even more urgently required now than when this work was first commissioned, and we have identified four key ways in which this can be done.

1. Specifying the local approach

A key message coming from this review is the importance of being clear about what a local area is seeking to achieve through its early childhood services, and then designing them in a way that is likely to achieve this purpose.

The legacy of shifting children's centre models over the past 20 years is a range of different approaches with no clear consensus or evidence on some of the key design questions about which approaches work best, for whom, in which circumstances. Although there is no single 'right' model that works in every context, there are some fundamental questions that are relevant to every local area. These questions form the basis of a theory of change.

- What are the intended child outcomes?
- Why are these child outcomes important?
- Why is the intervention necessary?
- Why will the intervention add value?
- Who is the intervention for?
- What will the intervention do?
- How much of the intervention is needed?

Articulating the local approach through a theory of change would allow local stakeholders to:

- Make explicit and considered choices about key design issues such as who these local services are intended to reach, and whether doing so requires a universal or more targeted offer; what kind of relationship early childhood services should establish with families and communities, and how delivery arrangements reinforce this; and what kinds of service integration will add value to families' experiences or outcomes.

- Use the local assessment of community needs and contextual issues to create a bespoke approach to early childhood services, while retaining a focus on the science-based outcomes which are required for children to thrive.
- Reinforce the use of evidence and evaluation as part of creating a local strategy for early childhood services.

2. Using and generating evidence

The challenge of using and generating evidence is a theme that runs through this review. The dearth of research evidence relating to contemporary approaches to delivering early childhood services, at a time when many areas are redesigning local services, is problematic, particularly as the consequences of Covid-19 force local authorities and their partners to review priorities and investment. Where evidence is available it is not always accessible and functionally useful to local leaders and commissioners. The lack of research evidence is compounded by the lack of capacity and confidence at a local level for assessing the impact of local services and building a local evidence base.

There are some specific steps which could address this:

- a renewed effort by organisations that generate evidence to produce evidence outputs specifically designed to meet current practice needs across maternity and early years services
- planning tools and advice that are designed to help local areas to interrogate how their current approaches are supported by evidence, and to identify how they can use evidence to increase the potential local impact of their services
- developing and using common metrics for assessing local system development, which will support benchmarking and create a 2020 baseline against which to assess progress in the wake of Covid-19
- central support to help connect local areas with academic institutions and evaluation expertise.

There is a strong consensus on the science for the key domains of child development and what matters most in terms of child outcomes.⁸⁸ EIF has drawn on this framework to set out the four key domains of child development where early intervention can have the greatest impact (see figure 7.1).

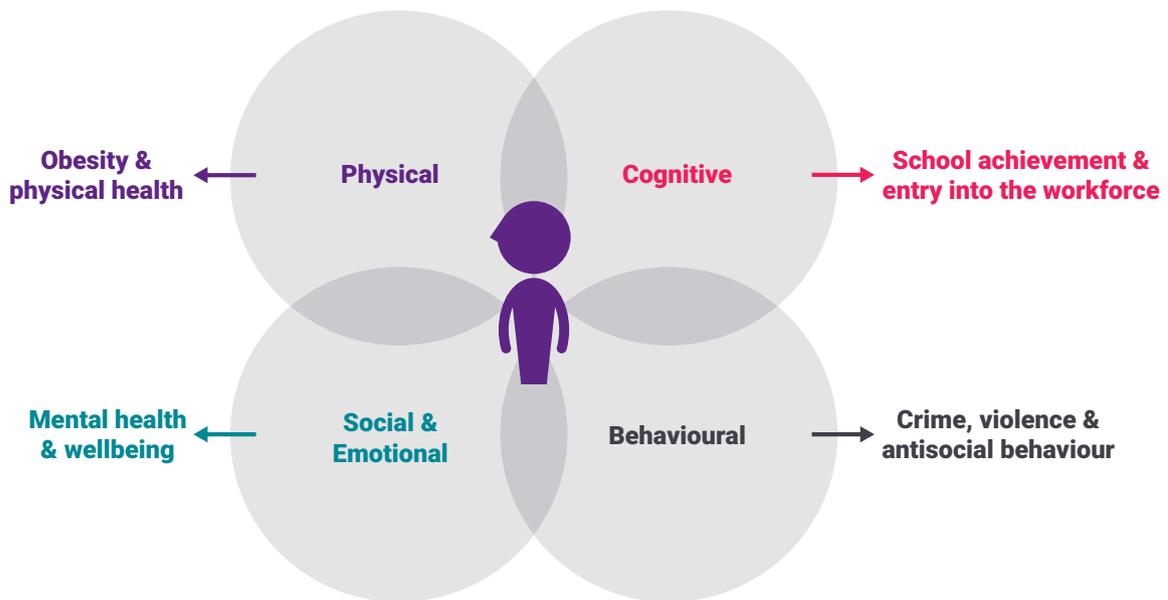
Local areas commonly identify the need to focus on shared outcomes and outcome frameworks as a priority for improvement, and there are some practical steps which could be taken to strengthen the shared use of the evidence on children development as part of local early childhood services:

- the development and consistent use of common metrics for early child outcomes which support local measurement – an outcomes framework
- a greater focus on the use of standardised, valid and reliable measurement tools to assess children’s progress across local early childhood services as routine;
- a greater focus on the quality and specificity of needs assessments that review the experiences of families during pregnancy and in the early years.

88 National Research Council, 2015

FIGURE 7.1

Four key domains of child development and related outcomes



Source: EIF

3. Sharing learning

One of the clear messages from this work is that much of the knowledge about innovation in children’s centres and hubs is held at the local level. Approaches which enable the sharing of local practice and experimentation are likely to be vital to local areas as national policy and research catches up. We also know from the local areas involved in this review and from the success of the LGA’s early years peer challenge programme over recent years that there is a strong appetite for peer-to-peer learning opportunities.

There are some specific steps which could support this:

- strengthening local arrangements for maternity and early years stakeholder engagement in joint planning across early childhood services, both in terms of formal partnerships and more informal opportunities for sharing of local intelligence and learning
- gathering and sharing examples of the experimentation and learning taking place locally, covering how local areas are planning, leading, delivering and evaluating early childhood services
- strengthening the planning support that is built around peer support and challenge, and building evaluation into the local arrangements
- coordinating and curating the information on evidence and practice learning that is available from different sources in a way that makes it easy for local stakeholders to navigate and use.

4. Creating the conditions for local change

Local areas have shown incredible resilience in the face of a public health emergency and lockdown. They will, however, be living with the consequences of Covid-19 for the foreseeable future, which emphasises the importance of effective local planning and implementation in the ‘new normal’ context, particularly for non-statutory early childhood

services that are at risk due to further pressures on the local public purse. Indeed, some of the local areas in this study have since started conducting public consultation on new, additional reductions to children's centres.

Notwithstanding the question of adequate funding, which is outside of the scope of this review, there are a number of ways in which local areas could be supported to increase the likelihood of effective implementation of the approach that they specify through their theory of change, including by:

- assessing the local capability and capacity for change management
- structured support and challenge, including from peers, as part of a wider local change programme
- tracking progress over time using early intervention system assessment tools such as EIF's maturity matrices.

Next steps

This review is part of EIF's wider body of work on maternity and early years, connecting what works evidence reviews, evidence translation and implementation support.

EIF will continue to work alongside strategic partners in national and local government as well as with the LGA to support the effective planning of early childhood services and generation of the evidence needed to support improvement.

Details of the practical tools and evidence resources published alongside this report are available through an online hub, at <https://EarlyChildhoodServices.EIF.org.uk>.

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Appendix: Methodology

Qualitative work with local areas

Qualitative work was carried out with 14 local areas to understand the range and type of children's centres and alternative place-based approaches which were currently being delivered, the factors which stakeholders felt were important in designing and delivering their centres, and what support they felt would be particularly important going forward.

Areas were purposely selected based on a number of criteria, including geographical spread, sociodemographic characteristics, maternity and early years outcomes, and informal intelligence on their delivery model.

Telephone interviews were conducted with the local authority commissioner or head of service for children's centres in all 14 areas. In most areas these were supplemented by interviews with centre managers, commissioned providers and heads of other services, such as health visiting or early help. In several instances interviews also included the local authority's director of children's services. Interviews were supplemented with key local data and documentation such as early years, early help or school readiness strategies and transformation plans, consultation documents, delivery or partnership plans, and needs assessments.

More detailed on-site information gathering was conducted in four of the areas, selected using the same criteria. This included a self-assessment survey using an adapted version of the EIF's speech, language and communication in the early years matrix,⁸⁹ a facilitated workshop with key stakeholders, and multiple interviews and focus groups. Stakeholders included early years leads, children's centre commissioners, early help or integrated service leads, children's centre managers, public health consultants, and health visiting and midwifery service managers, as well as other managers or leads on areas such as speech and language therapy or special educational needs and disabilities.

Data from the telephone interviews, supplementary information and site visits was thematically analysed to draw out common elements and conclusions.

Evidence review

The review used a mixed-methods approach to understand the current evidence relating to children's centres, including their core purpose as set out in the 2013 statutory guidance. This combined:

- a rapid evidence assessment (REA) centred on searching relevant, available databases including the Education Resources Information Center (ERIC) database; Google Scholar and the Cochrane Central Register of Controlled Trials Library
- a review of the literature in order to examine a broader set of evidence than would have been found in a standard REA, which included searches of relevant texts from reference lists and citations, as well as non-academic studies such as government evaluations and policy reports.

⁸⁹ See: <https://www.eif.org.uk/resource/eif-maturity-matrix-speech-language-communication-early-years>

Texts were identified, reviewed and categorised into key principles underpinning statutory guidance relating to the impact of children’s centres and the services they deliver on child and family outcomes, as well as the evidence relating to sufficiency and accessibility, integrated services, user engagement, and quality and accountability.

The review found a dearth of contemporary evidence about children’s centres and hubs, in terms of both basic information describing local approaches and rigorous studies into their effectiveness. Outside of national government evaluations, robust evidence over the past 20 years was also limited. However, some relevant texts were found – mainly from process evaluations and qualitative studies – which looked at effective practice in centres. In addition, a wider look at the literature did highlight evidence on the effectiveness of early childhood services beyond the literature on children’s centres.

The review highlighted a number of themes found to be important to the effectiveness of children’s centres and early childhood services which were explored with early childhood service stakeholders in local areas.

Methodological limitations

It is important to note that the methodological approach of the evidence review was not that of a systematic review and therefore may not be entirely representative of all available literature. However, the use of a broader search of the literature from non-academic studies is considered to have mitigated for this. While this approach means that some evidence used will be less robust, the aim of the review was not to assess the methodological validity of the evidence but instead to present a summary of the current research and practice literature. This approach was considered pragmatic given the expected weakness of the evidence base on contemporary approaches.

In addition, the local areas selected for qualitative work, while broadly representative in terms of geographic spread, socioeconomic characteristics, maternity and early years outcomes, and children’s centre delivery models used, cannot be viewed as representative of all local areas in England. They do, however, provide illustrative examples of the ways in which local authorities and their partners are currently using children’s centres and hubs to deliver early childhood services.

Contributing local areas

Name of local authority	Region	Type of authority	0–5 population*	Children's centres**	Children's centres linked sites**	Total children's centres and linked sites**
Barnet	Outer London	London Borough	31,567	9	0	9
Bath and North East Somerset	South West	Unitary Authority	11,360	11	0	11
Bexley	Outer London	London Borough	19,123	3	10	13
Blackpool	North West	Unitary Authority	9,958	9	4	13
Devon	South West	County	44,979	38	0	38
Hull, City of	Yorkshire and the Humber	Unitary Authority	23,838	9	1	10
Luton	East of England	Unitary Authority	20,779	4	18	22
Merton	Outer London	London Borough	17,554	2	9	11
Middlesbrough	North East	Unitary Authority	11,540	8	0	8
Newham	Inner London	London Borough	32,778	12	1	13
Stockport	North West	Metropolitan District	21,007	4	1	5
Stockton-on-Tees	North East	Unitary Authority	13,880	12	0	12
Sutton	Outer London	London Borough	16,336	14	0	14
Tower Hamlets	Inner London	London Borough	26,266	12	8	20

Sources:

* Office of National Statistics. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2019, using April 2020 local authority district codes: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

** Department for Education. Get information about schools, Open children's centres data: <https://www.get-information-schools.service.gov.uk/Downloads>. Accessed 8 September 2020..