



The
Children's
Society

Breaking barriers:

How to help children's centres
reach disadvantaged families

By Dr Sam Royston and Laura Rodrigues

Acknowledgements

We would like to thank all the parents who shared their stories with us and who undertook the survey for this report. We would also like to thank The Children's Society practitioners that were consulted on the report for taking the time to share their experiences and knowledge with us. Other staff we would particularly like to thank include Kate Rowe, Cathy Presto, Julie Blundell, Shaheen Khawaja, Marsha Lowe, Ellen Broome, Sue Preston, Claire Steen, Jemma Mahon and Beth Herzfeld.

© The Children's Society, 2013

Contents

Executive summary	4
Introduction	6
1 Awareness of children’s centre services and what’s on offer	7
2 Engaging families	11
3 Developing sustained engagement	15
4 Funding for children’s centres	20
Conclusion and recommendations	22
Appendix one	24
Appendix two	25
Notes	26

Executive summary

The Children's Society is committed to ensuring that children receive both the best start in life, and the best chance for a positive future. Over the last decade, Sure Start children's centres have played a core role in both, but they can only achieve this if they can reach the children and families that need their support the most. For this reason, breaking barriers to engagement must be at the very heart of children's centre services.

These centres have always sought to work with the most deprived families, who often need their services the most. Many of these families are the very hardest to reach, facing multiple barriers to sustained engagement with services.

Now more than ever, it is crucially important to find ways to effectively reach these families. As this report shows, funding for early intervention services has been significantly cut since 2010 – a trend set to continue in the near future. The Early Intervention Grant, which provides funding for children's centres, will be halved in real terms between 2010 and 2015, from £3bn a year down to £1.5bn.¹ As a consequence, many children's centres are inevitably under extreme financial pressure.

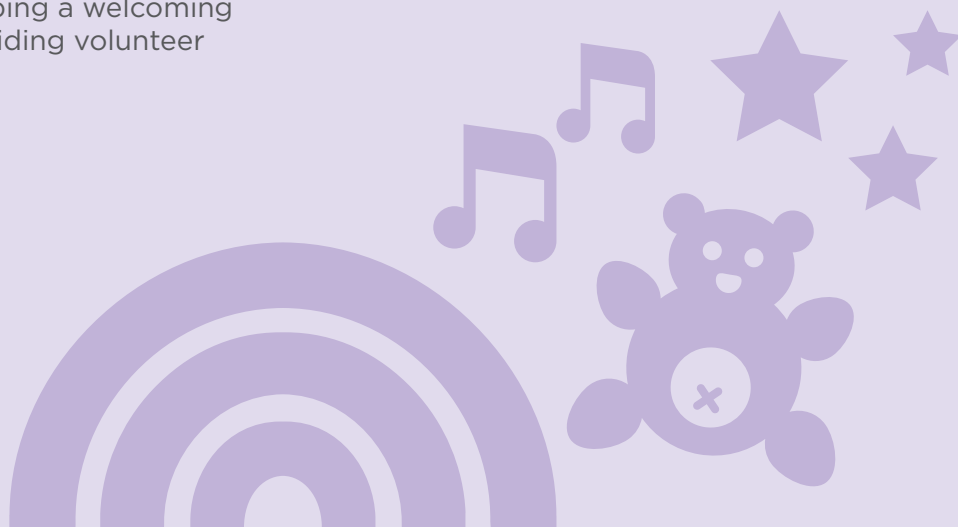
However, despite these cuts, children's centres can still reach the most disadvantaged children and families. The report sets out the steps involved in supporting a family's path to sustained engagement with services:

- **Awareness of children's centre services** – ensuring parents are aware of the existence of the centre, and what's on offer through it.
- **Getting families engaged** – promoting the value of services available, and ensuring ease of access.
- **Keeping families engaged and developing involvement** – developing a welcoming environment and providing volunteer opportunities.

The report is based on a survey of parents with children aged 0–5 who do not use children's centres and consultations with our children's centre staff and users. The key findings from the survey and consultations are:

- More than four in 10 parents surveyed had never used a children's centre because they had not heard of the service.
- Nearly three quarters of parents were not aware of what services were provided by their local children's centre.
- A quarter of respondents said they found it difficult to use their local children's centre, with transport being one of the most common reasons given.
- Most of the children's centres consulted faced difficulties identifying the disadvantaged families in their reach area because they were not provided with adequate information.
- The types of parents that practitioners identified as most difficult to engage with were teenage parents, parents with mental health problems, fathers and those with children at risk of abuse or neglect.

Breaking barriers recommends changes to policy and practice at every level. These include central government protecting funding for early intervention services and making sure important data is more effectively shared with children's centres, and local authorities consulting with children's centres about their reach areas.



Key recommendations:

1. There should be no further cuts in funding for key early intervention services for children and families.
2. Funding for children's centres should be ring-fenced so there is adequate provision to support young children and their families, especially for groups that are hard to reach.
3. The government should pilot the introduction of registering births in children's centres.
4. Health services locally should have systems in place for the appropriate sharing of live birth data and other relevant information with children's centres in their area.
5. Local authorities should consult with their local children's centres to establish whether a review of reach areas is needed to ensure that these areas are better aligned to supporting disadvantaged families.

A full list of recommendations is given in the conclusion.



Introduction

Sure Start children's centres are a crucial early years' service, supporting the development of very young children across England. For many families, children's centres are a vital lifeline, providing an invaluable network of support and guidance.

National evaluations of the Sure Start programme have found that children's centres have a positive impact on children's health particularly around child obesity and have supported better parenting with less chaotic and improved learning environments in the home. Ofsted also reports high parental satisfaction with children's centres and that parents prefer accessing services in this way.²

Children's centres are a universal service for families in the local area with children aged 0–5 years old. They provide a range of services that particularly support disadvantaged families including high quality childcare; debt and benefit advice; family support; healthy eating sessions; parenting programmes; and access to employment, training and volunteering opportunities.

However, we know that too many disadvantaged families are still not accessing the support that they need. A wide range of barriers prevent disadvantaged families from sustaining regular engagement with the services provided by their local children's centre.

This report addresses these barriers and considers what children's centres, local authorities and central government can do to help break them down.

There is no single definition of disadvantaged families and there are many different factors which can contribute to social disadvantage. Through discussions with our children's centre practitioners, we have developed a list of families that can be particularly disadvantaged, including families with teenage parents, families from minority ethnic communities, families where the parents or children are disabled, etc. (For a full list see Appendix one).

About Sure Start children's centres

Children's centres were originally introduced to provide support and services for all families with children aged under five within their specified reach area, as well as providing some targeted support for those most in need.

With the Department for Education's new Core Purpose,³ there has been an increased focus on the targeting and supporting of disadvantaged families. The Ofsted revised framework for inspections of Sure Start children's centres also has a renewed focus on making inspections *'more focused on the aspects that make the greatest difference to families who are identified as most in need of intervention and support'*.⁴

As will be discussed in Chapter 4, children's centres are facing an increasingly constrained funding environment. There is evidence that there has already been and will continue to be significant cuts to the funding for children's centres. This will make the already challenging, often resource intensive task of engaging disadvantaged families even more difficult and make it even more important to use available resources to engage with the most disadvantaged groups.

Methods

This report uses two different methods to consider barriers to engagement with children's centre services.

The first is a Children's Society-designed survey conducted in the South West of England with around 170 families living in areas with some level of deprivation, who do not currently use children's centre services. This survey was undertaken through face-to-face interviews carried out by an independent market research company. It explored the reasons why families did not use the children's centre services available in their area.

Secondly, we interviewed practitioners in our children's centres across the country to explore the difficulties they face in engaging with disadvantaged families and how they have overcome them.

To get a more in-depth perspective, we also asked parents on the Isle of Wight who use our children's centres there about why they use the centres and what they like about them. We also consulted with parents in the North East who used one of our early years services there⁵ about their experience of their local children's centres.

The analysis of the funding environment for early intervention services is based on Department for Education data, as explained further in Chapter 4.

1 Awareness of children's centre services and what's on offer

Raising awareness of what children's centres are and the services they provide for parents and children is clearly critical in engaging disadvantaged families with these services.

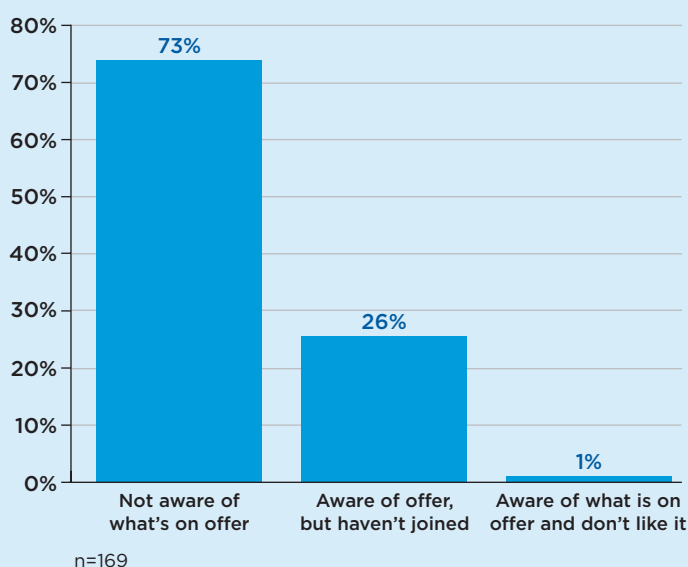
Our survey indicates that in some deprived areas, the lack of awareness of children's centres is a real problem. Of those who had never used a children's centre, the survey revealed that more than four in 10 (42%) said that they had never used one because they had not heard of them:

'I don't know anything about them.'

'Did not know it was available.'

Knowing what services are provided by the centres is also an issue. Nearly three quarters (73%) of respondents to the survey were not aware of what their children's centre offered.

Figure 1: Awareness of children's centre services



Families we interviewed in the North East also said that they were not always aware of what activities were available at their local children's centres. One parent said:

'[I'm] not sure what's on offer, would like to know more [about] what's available, so could use.'

Amongst the families surveyed, awareness of services was affected by a number of factors such as gender and speaking English as a second language. Nearly nine out of 10 (86%) men interviewed said they did not know about the services that were available, compared to two thirds (67%) of women.⁶

There was also a clear language barrier. Nearly nine out of 10 (87%) of those who did not speak English as a first language were not aware of the services offered in their local children's centre, compared to around two thirds (70%) of respondents who were native English speakers.⁷ Children's centre practitioners in particularly ethnically diverse areas said they often find it difficult to engage with families who speak English as a second language and that it can be costly to provide support in different languages:

'There are many languages spoken in [the area our children's centre covers], so to have staff speaking all the relevant languages would be impossible.' Practitioner

It is clear from our evidence that the lack of awareness of children's centres and what services they provide, is a key problem for engaging with many of the most disadvantaged families. It is concerning that groups who are particularly vulnerable to isolation are also less likely to know about them, such as families from minority ethnic backgrounds.

More must be done to ensure that families are aware of what a children's centre is, where they can find their local centre and what they provide.

The issue of raising awareness can be difficult for children's centres when budgets are stretched. However, improvements can be made which would not put further pressure on limited resources.

In particular, as discussed in the following chapters, lack of access to data and poor partnership working can be key barriers to engaging with the most disadvantaged families. Many of these problems can be partially addressed through changes in practice, rather than additional investment.

Identifying and reaching out to disadvantaged families

In order to raise awareness of what children's centres are and what services they provide, it is crucial that children's centres have a strong understanding of who the disadvantaged families are in their area. Staff must be able to identify, target support and reach out to disadvantaged families.

Practitioners we consulted reported difficulties in identifying and reaching out to disadvantaged families in their local area. The two main issues practitioners highlighted were a lack of access to relevant data on these families and problems with partnership working between local agencies and children's centres (outlined below).

Accessing data and information on disadvantaged families

In order to identify and target support for disadvantaged families, children's centres need access to accurate, up-to-date information on the local families in their area.

Our consultation with practitioners across the country highlighted that the access to the relevant information about disadvantaged families in their areas varies widely depending on the local authority. As one practitioner said:

'There has been a barrier for us in finding groups of families, as we have not had relevant data until recently.'

Another centre manager said:

'[We need] understandable and up to date data about families most in need – [otherwise] no baseline to work from.'

The range of data that practitioners in different areas said they did not receive included information on parents/children with additional needs, teenage parents, children on child protection plans and information about black and minority ethnic (BME) families.

For example, practitioners in a children's centre in the South West told us that in their area police kept health visitors and schools informed of local domestic violence incidents, however this information was not provided to children's centres. This meant the centre was not able to identify why some families may have stopped using the centre and which families and children may need targeted additional support.

Many practitioners were particularly concerned that they were not able to access information about pregnant women or live birth data. This was usually due to issues with gaining permission from local health services. Practitioners noted:

'We cannot get the information/ data we need to enable us to reach pregnant women early enough in pregnancy – if we don't know where they are, how can we reach them?'

'Data is improving but if we had all live birth data we would not spend half our time trying to find these families.'

'What antenatal data we do find is patchy, lacks consistency and is outdated.'

We believe that all children's centres should have access to live birth data about the children born within their reach area. This would help to ensure that all families can be approached by the centre from the very start of a child's life to enable early engagement with services.

Recommendation 1: Health services locally should have systems in place for the appropriate sharing of live birth data and other relevant information with children's centres in their area.

Recommendation 2: Police and other agencies should keep children's centre informed of domestic violence incidents in their area.

Partnership working

Effective partnership working is key to ensuring children's centres can identify disadvantaged families and that they are aware of the services available. Multi-agency working across local areas should be at the heart of children's centre practice so families can get the holistic support they need.

Our practitioners said that having strong links with other services and projects in their local area is key to engaging with disadvantaged families:

'Working with other projects or services, builds on the positive work already taking place and allows outreach to be more targeted.'

'Linking with other projects is the best way we have of really spreading the word and encouraging people to come in [to the centre] at the moment.'

Children's centres can work with a wide range of services, including schools, health services, social care, childcare services (nurseries and child-minders), local charities/community groups, police, employment services (eg Job Centre Plus) and advice/information services. Working with local community groups can be particularly important for engaging with 'hard-to-reach' groups.

Case study 1: Children's centres working with local community groups

The Children's Society Mortimer House Nursery and Children's Centre has worked with the Laco Eastern European project for several years. Laco provides case worker support for new Eastern European migrants and their families through mentoring and advocacy, and ensuring they are accessing the support available to them.

The Laco case worker joins the Mortimer House outreach worker on home visits to these families and provides translation. She also works with these children and their parents while the child is settling in the Mortimer House nursery.

Some migrant families from Eastern European are cautious about children's centres and nurseries when they are new to the community and can be reluctant to engage. Having a Laco worker providing translation eases their anxieties.

Since working with the Laco project, the participation and engagement of Eastern European families with Mortimer House has increased significantly and their children in the nursery are developing well. The centre also held some multi-cultural events that have helped improve community cohesion locally.

However, practitioners said that many children's centres across the country were having difficulties working with other agencies and services:

'I am... surprised how hard it is to link up with other projects and services. A lot of these services seem quite guarded about sharing.'

'Engagement from job centre partners is at best patchy.'

Some practitioners were concerned about a lack of information sharing and partnership working as children's centres are not always seen as 'statutory organisations' by other services and partners, which can lead to poor engagement with centres. As one centre manager in the South West said:

'[Local authorities] should encourage social workers... to value the professional role and experience children centre staff have.' Centre manager

Recommendation 3: Create a professional pathway for children's centre staff who work mainly with disadvantaged families, for example an NVQ in family support and outreach. This could improve the status of these workers with other professionals.

As the centre leader outlines above, strong links between children's centres and local services such as social services and health are crucial. Health visitors, social workers and other early years practitioners must work together with children's centres to support disadvantaged families effectively.

Partnership working with local health services was identified as central to being able to target and work with disadvantaged families. Many families are signposted to their local children's centre by health professionals like health visitors and midwives. In a Children's Society survey of parents who use our children's centres, we found that nearly half (48%) of parents surveyed first heard about their local children's centre from a health professional, including health visitors and GPs.⁸

However, our practitioners said engagement with them can vary:

'Successes come from referrals by health visitors who see all families at given points in their child's development.'

'The children's centre is not promoted enough by the Health Visitors in the area.'

'Local GPs who don't always see the relevance of children's centres.'

It is essential that there are strong links between local health services and children's centres to enable effective support for disadvantaged families.

Recommendation 4: To facilitate partnership working locally, Health and Wellbeing Boards should ensure arrangements are in place for integrated commissioning of universal and targeted services for children in the early years. This includes services offered by children's centres, as well as, general practice, maternity, health visiting and other early years providers.

Recommendation 5: All children's centres should have access to a named health visitor who can provide advice, lead the co-locating of health services in children's centres and support joint visiting with children's centre staff where possible.

Engagement from social services is also important as it supports children's centres to identify and address child protection issues and lead on early intervention with the most vulnerable families. We welcome the revised Sure Start Children's Centres Statutory Guidance, which states that all children's centres should have a named social worker.⁹ However, many of the children's centres we visited still do not have a named social worker attached to their service, or engagement with them is inconsistent:

'[Local authorities] should encourage social workers to work more closely with children's centres.' Centre manager

Recommendation 6: All children's centres should have a named social worker with a clear commitment to maintaining regular contact with the children's centre.

2 Engaging families

Even where families are aware of their local children's centre and the services available, there are various reasons why they still may not engage with them. These include the use of alternative services, geographical barriers to access and parents' work commitments.

Co-locating services at children's centres

For half (49%) of the parents we surveyed, the reason they were not going to children's centres was because they were using alternative early years' services, such as local playgroups and nurseries. Parents noted:

'They are at nursery so don't need the centre.'

'There are other local children's groups in the area.'

As well as using formal alternative early years' services, the presence of informal support networks could also play an important role in parents' decisions not to use children's centres:

'I work half week and the children go to nannies and grandparents and I like to spend time with the children when I'm home.'

This indicates that parents are unaware of the full range of services that they can access at a children's centre and could also be a sign of a lack of effective joined up working and communication between services across an area.

It also highlights that for many parents of young children their primary concern is childcare. Children's centres with nurseries co-located on site are therefore at an advantage in attracting families. This emphasises the need for children's centres, particularly those without nurseries attached, to have strong links with local nurseries and toddler groups in their area.

Practitioners reported that placing services, such as baby weighing clinics in children's centres helps get families through the door and introduces them to the other services available. Joint visiting, where health visitors are accompanied by a member of the children's centre staff was also identified as an effective way of engaging and supporting disadvantaged families. However, centres can struggle to have sufficient staff capacity to implement this.

Recommendation 7: Where possible, health and other relevant services including baby weighing clinics, employment and benefit advice sessions, Child in Need meetings, etc should be located at children's centres.

Similarly, having birth registration at children's centres would provide a new low cost opportunity for them to engage directly with new families and encourage greater use of their services by disadvantaged families.

Registering births at children's centres would help to ensure that new parents knew of the existence of their local centre, and provide their first contact with the centre. It would also provide staff the opportunity to engage with families and showcase the support available at the centre. Staff would have direct contact with families providing a basis for further outreach work with all new families in their reach area.

Practitioners we spoke to were supportive of this:

'This would ensure that all new parents had access to children's centre at a crucially early stage.'
Programme manager, South West

'The perfect way to highlight to new parents what is available for them in their local community and for the centre to be seen to be the place to come with any question regarding their child's development or parenting generally'.

The recent All Party Parliamentary Group on Sure Start inquiry¹⁰ found that some local authorities have already started the registration of births in children's centres with early signs of positive outcomes from this practice.

Recommendation 8: The government should pilot the registration of births within children's centres and consider rolling this out nationally.

The best children's centres are seen as one stop shops and community hubs where families go to access a wide range of provision and to be signposted on to other services where necessary. Partnership working, and integration of services within the children's centre where possible, is core to this concept of children's centres as the one place that families with young children can go to access the services in their local area and where disadvantaged families can be provided with the extra support they need.

Ease of accessing children's centre services

One of the principles of the original Sure Start Local Programmes was to ensure children's centres were easily accessible and in 'pram-pushing distance' for local families.¹¹ However, our evidence indicates that this is not always the case, as families can live some distance from their local children's centre and, as a result, can face barriers to accessing these services.

Transport and parents' work are among the issues that can make it difficult for families to access children's centres. It can also be more difficult for practitioners to target families due to the geographical shape and size of their reach areas.

Transport

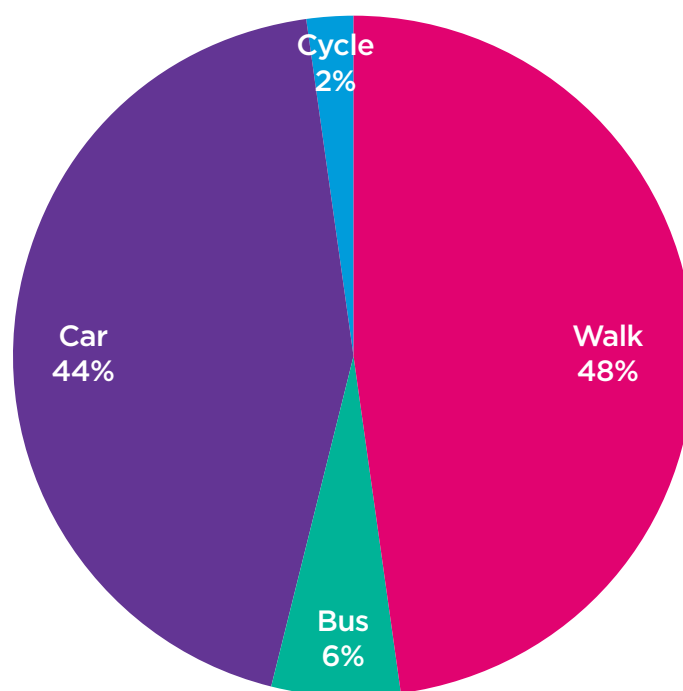
A quarter of respondents to our survey said they found it difficult to use their local children's centre. One of the most common reasons was problems with transport, for example, the centre was too far to walk to and there is a lack of available local transport. Parents said:

'I'd like to use my car less and most of the existing facilities are in the town centre or further afield.'

'[My local centre is not] close enough... struggle with twins nine months and toddler three. It's too far to walk and parking is difficult.'

The survey found that in the areas in which the survey was conducted, most people travelled to their children's centre either on foot or by car (nearly 50% in each case):

Figure 2: Preferred method of access for children's centre services



n=169

Practitioners told us other barriers were lack of a direct bus route near the centre and that bus fares were too costly for families. One outlined the access problems some families face:

'We are trying really hard to engage with our hard to reach families but if they have no transport, and not enough money to pay for transport, we are limited as to how we can get them to the centre on a regular basis.'

Family support worker

'Some families cannot afford bus fares.'

Practitioner

'Centre locations are inconvenient for both staff and families. Transport can be costly.' Practitioner

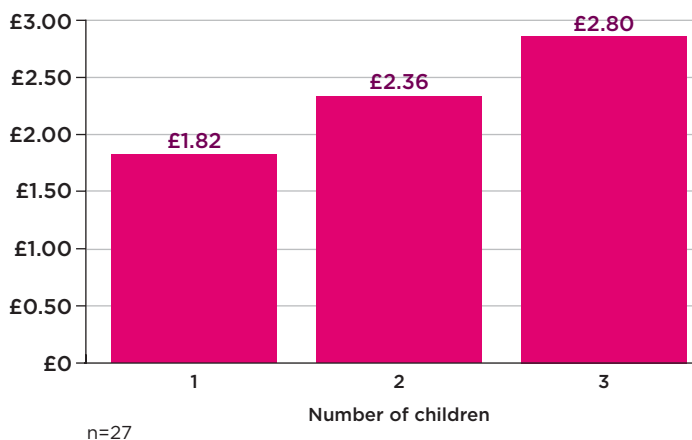
This is particularly an issue in rural areas where disadvantaged families can be very isolated if they have no access to a car. One of our children's centres in the South West covers a reach area including a village nine miles away from the centre.

Case study 2: Lack of transport in rural areas – Mary

Mary is a young mother living with her son in a rural part of Hertfordshire. They have no access to transport. An outreach family support worker in our Ash Valley children's centre in Ware had a referral suggesting Mary and her son would benefit from attending their parenting puzzle sessions. The support worker drove Mary and her son to and from the session each week. This worked well for this family but has time and cost issues for children's centres. As the support worker pointed out *'we could only do this for one family'*.

In our survey, about a third of respondents (35%) said that they face travel costs in accessing the children's centre services. On average, a return trip to their local children's centre would cost between £1-£2.

Figure 3: Average travel costs for a return trip to children's centre by number of children



Reach areas

Practitioners also told us that in some cases, children's centres reach areas can be inappropriately shaped and sized to provide effective support.

For example, one of our children's centres in the South West has a reach area approximately 10 miles long. As a result, it is difficult for it and others in a similar situation to reach local authority and Ofsted targets set for engaging with disadvantaged families.

Practitioners find that in some cases families go to the centre closest to them, even if they are not in the reach area. This is a significant issue as the other centre is not able to count this family in their targets. Practitioners illustrated the problem:

'Row of houses across the street from one centre but in the reach area of a centre a few miles away.' Centre manager in the North West

'Children's centre now covers a much wider reach [area].' Centre manager in Central England

The example below is of one of our children's centres reach areas in an urban, very disadvantaged part of the North East. The stars indicate children's centres and the black lines show the boundaries of their reach areas. The Children's Society children's centre is in the bow shape reach area which is four miles across. It not only has to reach the families on the highly deprived estate where it is located, but also families at the other end of their reach area where there is another very deprived estate.

Figure 4: Example of children's centre reach areas



Children's centres often run services in different locations to deal with this issue but it means families cannot drop by at any time and can only attend when a session is on near them. As a result, it can make it difficult to provide the sense of community that provision of services through a local children's centre can enable. In our survey, over half of respondents (59%) preferred children's centre services to be delivered from one central location than a range of different locations. Nonetheless, a significant minority (41%) wanted services to be provided in different locations.

It is concerning that some families may be unable or unwilling to go to their local children's centre if it is far from their home. Families with small children cannot be expected to travel 10 miles to reach a service, particularly if they do not have a car. However, setting up services in alternative sites requires additional capacity.

The size and shape of reach areas is currently determined by local authorities. Local authorities are expected to keep their children's centre provision as effective and sufficient for local need.

9. Recommendation: Local authorities should consult with their local children's centres to establish whether a review of reach areas is needed to ensure they can provide effective support to disadvantaged families or whether the size of the area prevents this.

Work commitments

Six in 10 children living in poverty are in households where at least one parent is working.¹² Children in working families can frequently be excluded from support offered to children in non-working households. Employment and the associated time constraints can be a barrier to accessing children's centre services for low income working families.

Where children's centres are open mainly during the day on weekdays, it can be very difficult for those parents who work to attend sessions and seek support. Respondents in our survey who worked were considerably more likely to have difficulty in accessing children's centre services than those that were not working (33% compared to 15% had difficulty using the services).¹³ As parents said:

'I work full-time during the day so I can't really access the children's centre very often.'

'Both [of us are] working. [Our child] goes to nursery. When we're at home like to spend time with him.'

For other parents it was more about work limiting the time available for accessing children's centres:

'Days off are for cleaning, household chores, shopping. Work other days.'

Children's centre practitioners told us that this can be a particular issue for fathers as:

'Working fathers have less time to come in.'

Fathers were a group particularly highlighted by our children's centre practitioners as being hard to engage. In considering the reasons for this, it must be noted that 91% of all fathers are employed, with 83% of these being employed full-time.¹⁴ (See Chapter 3)

3 Developing sustained engagement

Even in cases where families know of the benefits of using a children's centre, it can still be difficult to sustain their involvement with the centre. This chapter considers the ways in which services can develop an environment which encourages sustained engagement with services.

Creating an inclusive environment

Some families, particularly from disadvantaged backgrounds, do not use their local children's centre past their initial contact, as they do not feel welcome or comfortable there. The creation of a welcoming, non-judgemental environment and a sense of community around a children's centre are essential to the sustained engagement of disadvantaged families.

The parents we consulted in the North East and on the Isle of Wight highlighted the importance of staff creating warm and welcoming environments for parents. The parents liked The Children's Society children's centres on the Isle of Wight and the project in the North East as staff knew their names, introduced new families to other parents and staff at the centre, and treated all families equally. Also, as one parent said there is...

'always someone to talk to [at the project].'

However, some parents said they had not had a good experience with their local children's centres as they found the staff unwelcoming.¹⁵ This included not being introduced either to staff or to other parents. Some parents said simple things made a real difference, with one saying:

'We don't even get offered a cup of tea.'

This is a particularly an issue for vulnerable families who may be socially isolated and lacking confidence. As parents in the North East described:

'I feel intimidated going to a place with people I don't know.'

'I don't think I would feel comfortable there.'

Practitioners also said that disadvantaged families...

'still may not attend because they lack confidence to come to the centre on their own, particularly if they feel isolated.'

Some of the parents we spoke to were put off from using their local children's centres as they found the other parents at the centre were at times cliquy and intimidating. One younger mother said that at one session she went to, many of the parents were older and did not talk to her, which made her feel...

'left out and outnumbered.'

Similarly, another mother experienced this but was well supported by our Eldene children's centre to overcome these issues, as case study 3 illustrates on the next page.

Case study 3: Supporting isolated parents – Michaela

Michaela is a young parent living in supported housing who suffered from postnatal depression and was feeling extremely isolated. She wanted to get support for her daughter Ellie but was afraid of going to her local children's centre. She did not know anyone at the centre and was worried that other parents would look down on her. These concerns were based on experiences of other groups she had attended.

The team at our Eldene children's centre in Swindon encouraged Michaela to come to a regular session they provided held at her housing estate and introduced her to the young parent group that is held close to where she lives. When it was time for her daughter to start pre-school, a children's centre practitioner accompanied her to the first visit.

Michaela has become increasingly involved with the centre and is now volunteering and encouraging other parents to use the centre. She is working towards returning to education and employment. Ellie is enjoying pre-school and is doing well. She is being supported with some health needs that have been identified through her sessions.

One parent described how issues her family are facing mean they do not feel comfortable at a children's centre:

'We have a lot going on right now and when my children kick off I got really embarrassed.'

It is concerning that some particularly vulnerable and socially isolated families are avoiding using children's centres services because they feel intimidated or unwelcome. Staff play a central role in making sure they feel welcome at a centre and able to continue to attend.

Recommendation 10: Children's centres should consult with parents in their reach area, particularly disadvantaged families, about their needs. This helps to give local families ownership over their centre and feel valued, as well as helping the centre provide the right type of support for the community.

Practitioners said that creating welcoming environments for fathers can be a particular problem. The lack of male workers for the fathers to identify with and the perception of children's centres as women only environments often contributes to this. This can add to the barriers many fathers already face with using children's centres as a result of work commitments.

As one practitioner said:

'Fathers find it difficult to even enter the centres as they are intimidated by the predominantly female [character].'

However, these obstacles can be addressed by children's centre staff targeting fathers. For example, PEAL (Parents, Early Years and Learning) recommends suggests addressing invitations to named individuals to attend sessions, to avoid the assumption that communications are aimed at the mother.¹⁶ The Children's Society's children's centres have recruited fathers to volunteer at the centres to encourage other fathers to join in.

Case study 4: Engaging fathers – Tony

Tony lives with his partner Liz and two sons aged five and two years old. He is trained as a commis chef but is currently unemployed. Liz volunteers at our Ryde children's centre on the Isle of Wight and suggested Tony attend some sessions with her.

When he first arrived he found it a predominantly female environment. But he was welcomed by the staff and other parents and soon became part of the community there.

He really enjoys going to the centre as he likes having somewhere to go with his children where there is space and toys for them to play with. He has found that attending the sessions has meant he plays more with his children. He now volunteers at the centre and has organised a father's day to help encourage other fathers to attend.

Recommendation 11: Children's centres should provide targeted outreach for fathers including more male led support and activities (by father volunteers) and with marketing aimed at men, including invitations to sessions to named individuals.

The physical environment

For some of the parents we spoke to in the North East, the physical space and environment of the centre itself puts them off attending. They described one local authority centre as a new modern building that was not very welcoming, with a glass front reception area that made it feel clinical.

In contrast, parents we spoke to on the Isle of Wight felt The Children's Society children's centre they attend had a good atmosphere and community spirit. It has lots of adverts on the walls, with information about courses and sessions, enough space for children to play, a good selection of toys and an outdoor area for children to play in. This was particularly important to parents who did not have gardens at home.

Some of the parents in the North East also believed that their local authority children's centre's buildings were more like social service departments and that some staff members were judgemental of families who had been in contact with social services. One grandmother we spoke to, who cares for her grandchild as a result of child protection issues with the parents, described being constantly watched and even followed around in one centre.

Our practitioners have also found that some families mistrust children's centres because of their association with social services:

'Some more vulnerable families think of us as social care and are wary of us.'

'Parents deliberately avoid the centre because they do not want to engage with any services. They may have had bad previous experiences of social care and associate the centre with such experiences.'

'Some families who have previously had involvement with social services are concerned about coming to something organised in case people comment on their parenting skills, leading to a referral.'

Some families are suspicious of children's centres due to the centre's involvement in child protection cases where children have been removed from their families. It is essential that children's centres build a sense of trust with their local families and community. Safeguarding children is a core priority so children's centres' involvement with child protection cases is inevitable on some occasions.

Recommendation 12: Children's centres should seek to make the environment in which services are delivered 'non-clinical' and to clearly differentiate themselves from social services, particularly where centres are run by local authorities.

Welcoming and inclusive communities

In a small number of areas, there are racial or territorial barriers that prevent some families from feeling comfortable about using their local centre.

One of The Children's Society's children's centres in West Yorkshire is on an estate that has a history of severe racial tensions, and has in the past been affected by race-related riots. Families from outside the estate, particularly those from BME communities, have been reluctant to use the centre due to racial tensions. Both families and staff members at the centre have experienced verbal racial abuse when entering the centre.

However, practitioners find that once families get through the doors of the centre both parents and children enjoy the experience and the services available. This particular centre initially had to provide transport (eg paying for taxis) to get these families to the centre. But, as a programme manager in West Yorkshire said:

'After two or three times [families] will make their own way.'

Even where there may not be overt ethnic tensions, some families, particularly new migrants, can be reluctant to use children's centres due to feeling out-numbered or uncomfortable, as is seen with case study 5.

Case study 5: Supporting isolated families – Shahid and Aeysha

Shahid and Aeysha are two young parents with a son, Rashid, in the social care category Child in Need. Both Aeysha and Shahid have learning difficulties and Aeysha also suffers from depression. There were concerns that their son was being neglected.

Both parents felt uncomfortable about using their local centre because they were from an ethnic minority in an area that is mainly white British. They were concerned about going somewhere new on their own and that they would be judged by other parents.

Practitioners in one of the children's centres in the North West arranged with their social worker for their Child in Need meetings to be held in the centre, so they could get used to the venue. The centre staff also attended the meetings so Shahid and Aeysha would get to know them and make them feel welcome.

The centre held a first aid course and made sure there was a very diverse group attending so Aeysha and Shahid would not be in the minority. The centre worker phoned the parents to invite them specifically and texted Aeysha on the day to remind her to attend.

She has been attending the course and Rashid has settled in well at the crèche. Aeysha said she is amazed that he no longer cries when he is apart from her. The centre staff now think it is much more likely that Aeysha and Shahid will take up the offer of 15 hours a week of free early years education for their two-year-old at their local nursery.

Developing volunteer opportunities and ensuring families are involved in the running of a centre

Volunteering opportunities are important to increasing local involvement in children's centres and can play a key role in encouraging disadvantaged families to continue to engage with the centre.

Parents can be involved as volunteers in a range of ways. From formal structured volunteering opportunities, to helping out during stay and play sessions, to being supported to run groups or by becoming part of a parent's forum or advisory board.

Our centres have found that targeting particular groups can be effective in encouraging parent volunteers from 'hard to reach' groups. Informal discussion groups, often held directly after sessions, are used to ask parents their views about volunteering to help encourage them to volunteer.

Our centres have found that informal face to face discussions of this sort work particularly well with families with low literacy and/or confidence levels, who may not always be comfortable putting themselves forward.

Recommendation 13: Children's centres can take practical steps to engage with BME families to encourage them to use the centres. For example, by initially paying for transport or working with other services or local projects to ensure the families become comfortable and feel welcome.

Case study 6: **Volunteering at The Children's Society children's centres in Swindon**

Parent and community volunteers are an integral part of our four children's centres in Swindon.

Families in more deprived areas have been targeted and encouraged to become more involved and contribute to the centre so they feel they are a part of it. Young parents and those in supported accommodation have shared their views through informal discussion sessions. For example, parents in supported housing took part in a survey on child poverty which contributed to Swindon local authority's development of a child poverty needs assessment and strategy.

Two members of the local community are currently providing volunteer administrative support and are strong supporters of the centre in their community.

More formalised volunteering roles have also led to employment opportunities as one volunteer in Swindon recently earned a childcare qualification and got a job at a local nursery. Another young parent who volunteered has started a food hygiene course and is working towards a career in catering.

Recommendation 14: Children's centres should undertake targeted outreach with particular disadvantaged groups in order to involve them in volunteering and with decisions about how their services work.

Parent and community volunteers can be powerful advocates for centres, promoting them to the other parents and the wider community. This can be particularly important in BME communities. For example, in one of The Children's Society's centres, a Bangladeshi parent helps to run a session including helping with translation. This has encouraged other Bangladeshi families to use the service.

These community ambassadors and volunteers are an important part of encouraging involvement of parents from diverse communities. This role could be more formalised and developed to support greater involvement of parents and the community in children's centres.

Recommendation 15: Children's centres should encourage and support parental involvement in their service by using parent volunteers to encourage other parents to use their services. They can also have a role as community ambassadors promoting the centre to local families.

4 Funding for children's centres

The ability of children's centres to meet the needs of the most disadvantaged children and families depends in part on their own funding situation. For this reason, the final part of this report considers the funding environment faced by children's centres both now and in the near future.

As will be shown in this chapter, children's centres are facing an extremely, and increasingly constrained funding environment. The disadvantaged two-year-old offer, which was announced as additional investment to target 15 hours a week of free early years' education for disadvantaged two-year-olds, will help those centres offering nursery care. However, other funding for early intervention services, including children's centres, is being radically cut.

How are children's centres funded?

In 2010, a number of different streams of support for early intervention were pulled together into the Early Intervention Grant. The biggest of these (more than £1.1bn per year in 2010) was to fund Sure Start children's centres. But it also included support for a range of other early intervention projects, including short breaks for disabled children and the Connexions service.

How much is invested in early intervention and how is this changing?

In 2010 (prior to the emergency budget in June that year) the grants which comprised the Early Intervention Grant (including funding for children's centres) were worth £2.7bn¹⁷ or £3bn in today's prices.¹⁸ Since then, the value of the overall grant has been radically eroded. For 2012-13, its value (excluding £219m for the disadvantaged two-year-old offer) is £2.1bn.¹⁹

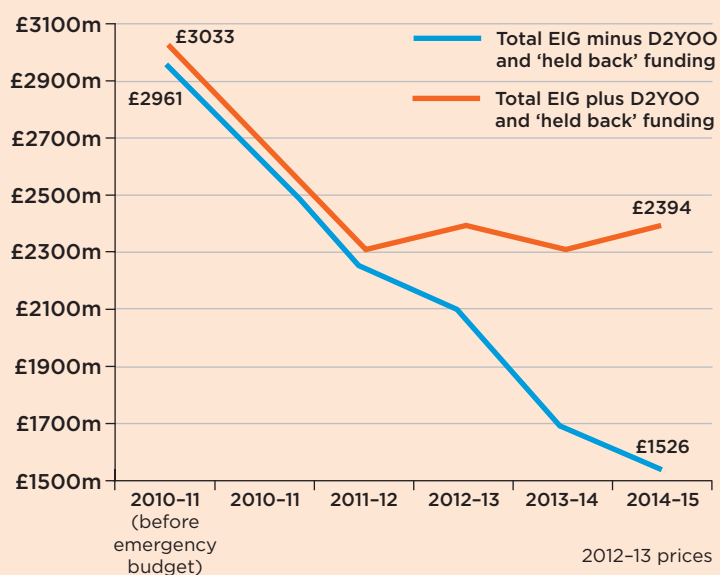
Excluding the value of the disadvantaged two-year-old offer (£534m in 2013-14 and £760m in 2014-15) and the £150m that the Department for Education has 'held back' for supporting adoption reform;²⁰ in 2013-14 and 2014-15, the value of the Early Intervention Grant will be £1.7bn and £1.5bn respectively,²¹ in today's prices.²²

This is a cut of £1.5bn by 2014-15 compared to 2010 levels of support - a 50% reduction in the value of support over the course of this parliament.

Even when the value of the disadvantaged two-year-old offer is included, overall support for early intervention is being substantially cut.

The reduction in support for early intervention funding with and without the value of the two-year-old offer and the £150m adoption funding 'held back' for 2013-14 and 2014-15 is shown below (this is explained in more detail in the data tables in Appendix two).

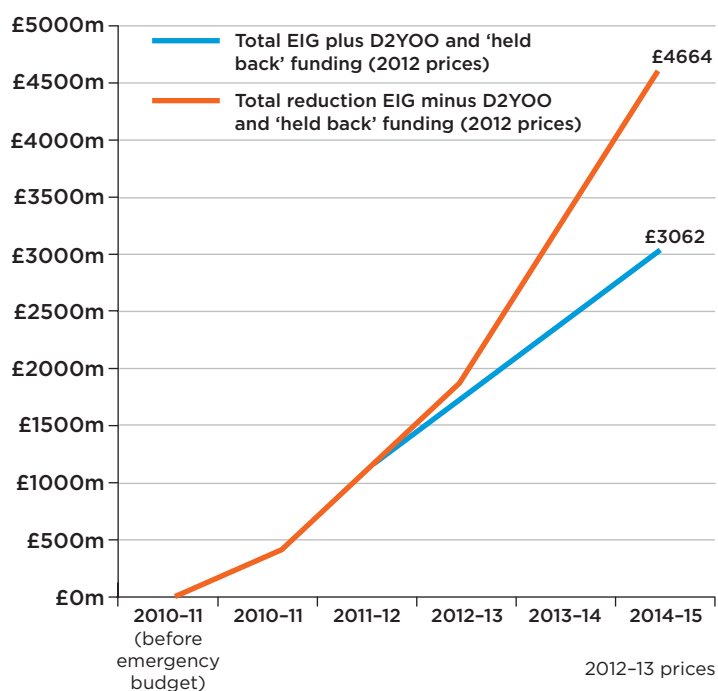
Figure 5: Early intervention funding (EIG), with and without the disadvantaged two-year-old offer and 'held back' funding



The total compound reduction in funding through the Early Intervention Grant (with and without the value of the disadvantaged two-year-old offer, and the funding that has been deducted for investment in adoption reform) over the course of this parliament is shown below (and in more detail in the data tables in Appendix two).

It shows that the cut in support for early intervention between 2010 and 2015 is around £5bn, if the disadvantaged two year old offer is excluded. Including the disadvantaged two-year-old offer and money moved across to funding adoption reform, the combined cut is still £3bn.

Figure 6: Compound reductions to early intervention funding (EIG), with and without inclusion of disadvantaged two-year-old funding and 'held back' funding, 2010-2015



What are the consequences for early intervention services?

The changes to the value of the grant will have major consequences for local authorities' ability to fund investment in early intervention services.

Loss of flexibility

Although between 2012-2013 and 2014-15 local authorities will have received substantial additional funding to provide the two-year-old offer, they will have lost similar amounts of funding for other early intervention services.

This means that local authorities will have to find ways to make substantial reductions to their spending in other areas, in order to fund the two-year-old entitlement. This will leave them with considerably less flexibility than they have at present, since around a quarter of early intervention funding will be tied up to provide the two-year-old offer.

Impact on services which do not deliver the two-year-old offer

We are particularly concerned about the potential impact on key Sure Start children's centre services. Funding provided through the Early Intervention Grant, for services other than early years education for two-year-olds, will be substantially reduced over the coming two years.

There is already evidence that the funding position of children's centres is becoming increasingly precarious. A 2012 survey of children's centres found that around half said that their financial sustainability had worsened over the last 12 months (2012), with nearly two-thirds saying they were operating with reduced budgets.²³

Without the wider framework of services for early intervention being in place, the disadvantaged two-year-old offer is unlikely to reach its full potential. Investment in other associated services is needed to ensure that the offer is not undermined by being unsupported by a broad safety net of service provision.

More pressure on children's centres to use the funding they have available in a cost effective way

Given the reduction of available funding, it is particularly critical that children's centres use the resources they do have as effectively as possible.

Some of the recommendations that we have made in this report (such as ensuring that children's centres have access to live birth data) would help children's centres engage more effectively with those families that need their support the most, without significant additional expense.

But, regardless of how effectively children's centres use the support that they have available, funding reductions make it much harder for services to deliver effective support, especially to those families that are hardest to reach, and so incur the highest costs.

Recommendation 16: There should be no further cuts in funding for key early intervention services for children and families.

Recommendation 17: Funding for children's centres must be maintained over the course of the next parliament to provide stability and enable long-term planning.

Recommendation 18: Funding for children's centres should be ring-fenced so that there is adequate provision for the service to provide support to young children and their families.

Conclusion and recommendations

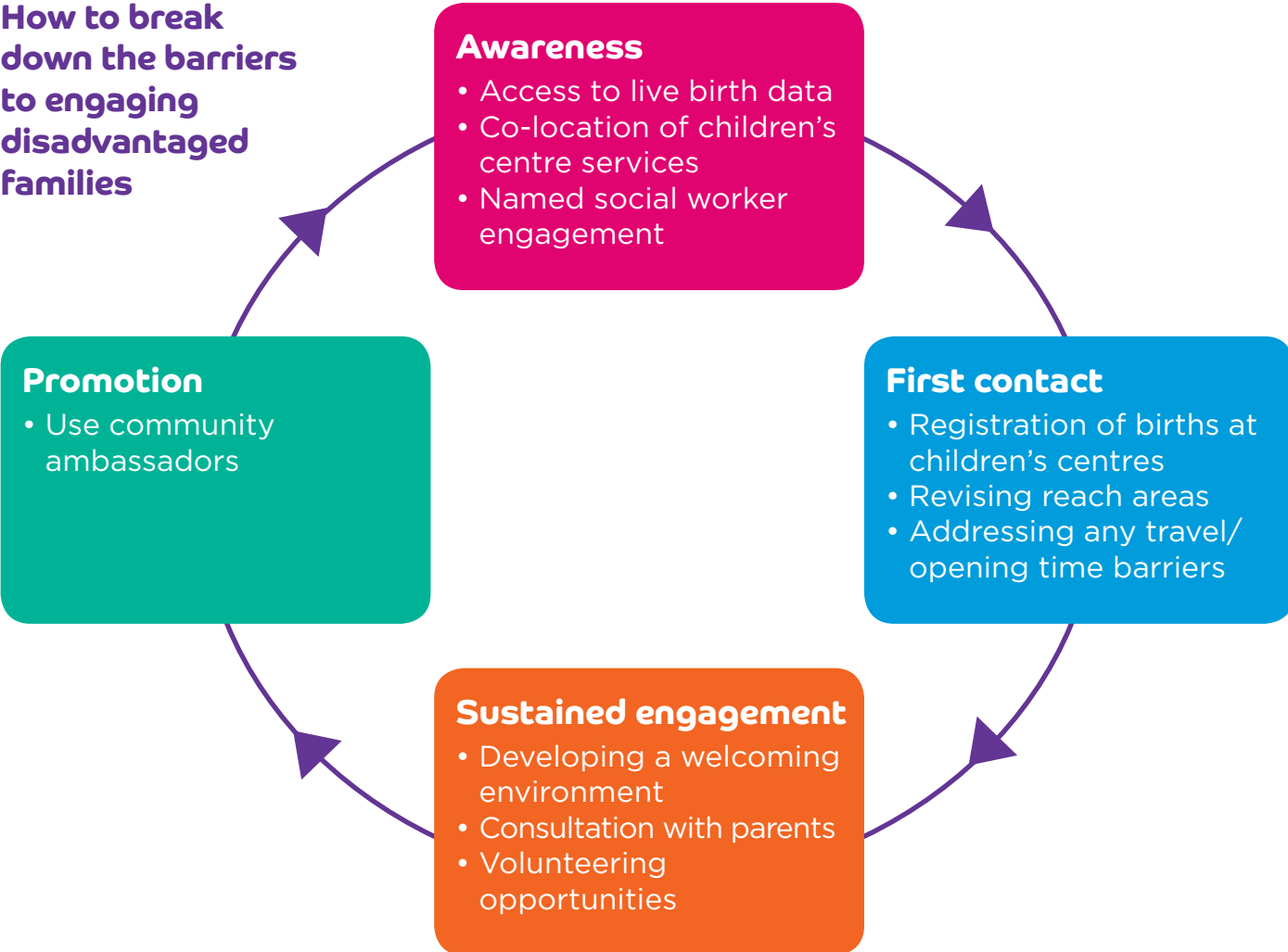
Children’s centres are facing, and have already experienced, a dramatic cut in funding. This places substantial pressure on these services to use their resources in the most effective way to engage disadvantaged families.

The decline in funding has led to cuts on the ground and concerns that children’s centres are being ‘hollowed out’, thereby reducing their capacity. This makes it increasingly difficult for them to do the resource-intensive work of targeting the most disadvantaged families alongside continuing to provide universal services. Our children’s centre managers are facing tough decisions, such as whether they can continue to run regular universal stay and play sessions or employ a family support worker to provide targeted support.

There are serious concerns that the funding cuts hitting children’s centres will continue to make it increasingly difficult to help disadvantaged families. The government must seek to protect support for children’s centre services to secure their sustainable future.

This report outlines a four stage process to breaking down the barriers to engagement – from developing awareness, ensuring that families are able to achieve their first contact, through developing sustained engagement, to engaging parents in actively supporting and promoting services to others. The diagram below includes these stages and some of the associated recommendations.

How to break down the barriers to engaging disadvantaged families



Recommendations

1. Health services locally should have systems in place for the appropriate sharing of live birth data and other relevant information with children's centres in their area.
2. Children's centres should be kept informed of domestic violence incidents in their area by local police and other agencies that keep this information.
3. Create a professional pathway for children's centre staff who work mainly with disadvantaged families, eg an NVQ in family support and outreach. This could improve the status of these workers with other professionals.
4. To facilitate partnership working locally, Health and Wellbeing Boards should ensure arrangements are in place for integrated commissioning of universal and targeted services for children in the early years. This includes services offered by children's centres as well as general practice, maternity, health visiting and other early years providers.
5. Children's centres should all have access to a named health visitor who can provide advice, lead the placement of health services in children's centres and support joint visiting with children's centre staff where possible.
6. All children's centres should have a named social worker with a clear commitment to maintaining regular contact with the children's centre.
7. Where possible, health and other relevant services including baby weighing clinics, employment and benefit advice sessions, Child in Need meetings, etc should be located at children's centres.
8. The government should pilot the registration of births within children's centres and consider rolling this out nationally.
9. Local authorities should consult with their local children's centres to establish whether a review of reach areas is needed to ensure that these areas are better aligned to support disadvantaged families.
10. Children's centres should consult with parents in their reach area, particularly targeting disadvantaged families, about their and the local community's needs.
11. Children's centres should provide targeted outreach for fathers including more male led support and activities (by father volunteers) and with marketing aimed at men, including invitations to sessions to named individuals.
12. Children's centres should seek to make the physical environment in which services are delivered 'non-clinical' and to clearly differentiate themselves from social services, particularly where centres are run by local authorities.
13. Children's centres can take practical steps to engage with BME families to encourage these families to attend. For example, initially paying for transport costs or working with other services or local projects to ensure the families become comfortable and feel welcomed at a centre.
14. Children's centres should undertake targeted outreach with particular disadvantaged groups in order to involve them in volunteering and with decisions about how their services are delivered.
15. Children's centres should encourage and support parental involvement in their service by using parent volunteers to encourage other parents to use their services. They can also have a role as community ambassadors promoting the centre to local families.
16. There should be no further cuts in funding for key early intervention services for children and families.
17. Funding for children's centres must be maintained over the course of the next parliament to provide stability and enable long-term planning.
18. Funding for children's centres should be ring-fenced so that there is adequate provision for the service to provide support to young children and their families.

Appendix one

List of types of disadvantaged families and groups targeted by children's centres in their outreach

- Families living in poverty
- Teenage parents
- Lone parents
- Non-working families
- Families in temporary accommodation and other transient families
- Parents with substance misuse issues
- Families with a parent in prison
- Service families (eg Armed Forces)
- Families from minority ethnic communities and parents who do not speak English as a first language
- Families of asylum seekers
- Families with child/children with disabilities
- Parent/s with disabilities
- Parents with mental health problems
- Families with children at risk of abuse or neglect
- Fathers from vulnerable families
- Families affected by domestic abuse
- Families living in poverty in very rural areas
- Gypsy, Roma, Travellers and other transient families
- Families working on a low income

Appendix two

Early intervention funding changes 2010–2015 data tables
(all values in Emillions)

Cash EI spending	2010-11 (before emergency budget)	2010-11	2011-12	2012-13	2013-14	2014-15
Total EIG ²⁴ (including D2YOO ²⁵ to 2012-13)	£2794	£2483	£2235	£2370	£1709	£1600
D2YOO	£67	£67	£64	£291	£534	£760
Funding 'held back'	£0	£0	£0	£0	£150	£150

Cash change						
Total EIG minus D2YOO and 'held back' funding	£2727	£2416	£2171	£2079	£1709	£1600
Total EIG plus D2YOO plus 'held back' funding	£2794	£2483	£2235	£2370	£2393	£2510

Real terms change						
Inflation (RPI – uprating March to March)	-	-	5.2%	3.2%	2.3%	2.5%
Total EIG minus D2YOO and 'held back' funding	£2961	£2623	£2240	£2079	£1671	£1526
Total EIG plus D2YOO and 'held back' funding (2012 prices)	£3033	£2696	£2307	£2370	£2339	£2394

Annual funding reduction						
Total EIG plus D2YOO plus 'held back' funding (cash)	£0	£311	£559	£424	£401	£284
Total EIG plus D2YOO and 'held back' funding (2012 prices)	£0	£338	£727	£663	£694	£640
Total reduction EIG minus D2YOO and 'held back' funding (cash)	£0	£311	£556	£648	£1018	£1127
Total reduction EIG minus D2YOO and 'held back' funding (2012 prices)	£0	£338	£720	£882	£1290	£1435

Compound funding reduction from 2010 prior to EBR	2010-11 (before emergency budget)	2010-11	2011-12	2012-13	2013-14	2014-15
Total EIG plus D2YOO plus 'held back' funding (cash)	£0	£311	£870	£1294	£1695	£1979
Total EIG plus D2YOO and 'held back' funding (2012 prices)	£0	£338	£1064	£1728	£2422	£3062
Total reduction EIG minus D2YOO and held back funding (cash)	£0	£311	£867	£1515	£2533	£3660
Total reduction EIG minus D2YOO and held back funding (2012 prices)	£0	£338	£1058	£1939	£3229	£4664

A breakdown of changes to early intervention funding by local authority is available here:

www.childrensociety.org.uk/news-views/our-blog/early-intervention-grants-map

Notes

1. In 2013 prices.
2. Memorandum submitted by the Ofsted (2009) to the Children's Schools and Families Committee (2010) *Sure Start Children's Centres* www.publications.parliament.uk/pa/cm200910/cmselect/cmchilsch/130/130we44.htm
3. Department for Education (2011) The core purpose of Sure Start children's centres: <http://media.education.gov.uk/assets/files/pdf/s/sure%20start%20childrens%20centres%20core%20purpose.pdf>
4. Ofsted (2012) Inspection of Sure Start Children's Centres: Consultation document, p4 www.ofsted.gov.uk/consultations/inspection-of-sure-start-childrens-centres
5. This early years' project is not a children's centre but provides a range of services for families including a nursery and family support services.
6. Statistically significant difference ($p=0.08$).
7. Statistically significant difference ($p=0.085$).
8. The Children's Society parental satisfaction survey of 684 service users of our children's centres in 2013. Of our 42 centres, 21 took part.
9. Department for Education (2012) Consultation on Revised Sure Start Statutory Guidance: www.education.gov.uk/consultations/index.cfm?action=conResults&consultationId=1808&external=no&menu=3
10. All Party Parliamentary Sure Start Group (2013) Best Practice for a Sure Start: The Way Forward for Children's Centres www.4children.org.uk/Files/cffc42fe-49eb-43e2-b330-a1fd00b8077b/Best-Practice-for-a-Sure-Start.pdf
11. Children, Schools and Families Committee Fifth Report (2010) *Sure Start Children's Centres*, House of Commons: London www.publications.parliament.uk/pa/cm200910/cmselect/cmchilsch/130/13002.htm
12. Department for Work and Pensions (2012) *Households Below Average Income: An analysis of the income distribution 1994/95 - 2010/11*.
13. Statistical difference $p=0.01$.
14. Asmussen, K. and Weizel, K (2010) *Evaluating the Evidence Fathers, families and children*. London: National Academy for Parenting Research (NAPR).
15. These children's centres are not run by The Children's Society.
16. http://peal.org.uk/media/3776/getting_fathers_involved.pdf
17. <http://media.education.gov.uk/assets/files/xls/e/early%20intervention%20grant%20base%20allocations%20methodology%20%20%20superseded%20updated%20october%202011.xls> Pre-emergency budget allocations calculated by adding column z (total allocations) to column y (the reduction made following the emergency budget). Allocation then also excludes £67million of funding for disadvantaged two year olds made in 2010-11.
18. Uprated with RPI.
19. EIG allocation based on: <http://media.education.gov.uk/assets/files/xls/e/early%20intervention%20grant%20base%20allocations%20methodology%20%20%20superseded%20updated%20october%202011.xls> Disadvantaged two year old offer allocations based on: www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/delivery/free%20entitlement%20to%20early%20education/a0070230/eig1
20. www.gov.uk/government/news/last-chance-for-local-authorities-to-attract-more-adopters
21. Based on EI allocations from local government finance settlements from www.local.odpm.gov.uk/finance/1314/settle.htm (The cash allocations are notably £17m lower in 2013/14 and £33m lower in 2014/15 than those initially released in the DCLG (2012) 'Business Rates retention: Technical consultation').
22. Prices uprated for 2013-14 and 2014-15 in line with RPI inflation forecasts from OBR fiscal outlook (March 2012).
23. 4Children (2012) *Sure Start Children's Centres Census 2012*, London.
24. Early Intervention Grant.
25. Disadvantaged two year old offer.

The Children's Society

The most disadvantaged children rarely suffer on just one front. We work directly with these children, many of whom have nowhere else to turn, to ensure that they are loved, valued and listened to. With them we fight childhood poverty, harm and neglect.

Our network of programmes includes drop-in services for runaways, as well as children's centres and support for young carers. We support children who are refugees from violence, and we give those in care a voice. We transform the lives of many more children by pressurising government and local authorities to change policy and practice to protect them, and we challenge the negative attitudes that perpetuate harm and injustice.

In hard times, children are among the hardest hit. We don't just help them survive - we support them to flourish.



For more information on the findings from this report, please contact:

Sam Royston

Poverty and early years policy adviser
sam.royston@childrenssociety.org.uk
020 7841 4480

Laura Rodrigues

Policy officer
laura.rodrigues@childrenssociety.org.uk
020 7841 4400 Ext 5730

www.childrenssociety.org.uk

