Bright futures: local children, local approaches

Good practice in children’s centres
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I am pleased to be able to share with you this encouraging publication which shares the good practice and learning from councils’ different approaches of using children’s centres most effectively to meet local needs.

The plethora of case studies in this publication shows how councils up and down the country are using children’s centres to help deliver early intervention through integrated health provision and getting children school-ready, to a more formal community budget approach. Many local authorities are also using their centres to deliver wider community outcomes such as helping parents tackle unemployment and domestic violence.

In some areas, children’s centres have been subject to closures, and in others are undergoing service transformation. We know that when councils make difficult decisions on the future of their children centres they face strong public opposition as well as media and parliamentary attention. It is important we recognise that children’s centres are a local service and there is no one size fits all model for delivery. We must continue to ensure local flexibility and discretion so that democratic leaders can decide the best way forward depending on local needs and resources. As this publication demonstrates, many councils are encouraging parents to get involved in making these difficult decisions on how children’s centres are run in their local area.

I hope the case studies are food for thought for councillors and lead officers when planning the best way to capitalise on children’s centres to help meet local needs and priorities in your area.

Councillor David Simmonds
Chairman, LGA Children and Young People Board
Introduction

Local authorities understand the importance of a child’s early years in their future development and quality of life. Councils play a fundamental role in promoting children’s well-being and improving outcomes for young children and their families with children’s centres being one of a range of important resources councils use to help achieve this. Professor Munro’s review of child protection (May 2011) discussed the benefits of children’s centres, setting out that the best early years settings are those that know their communities, work holistically around the family, and act as a hub for multi-agency teams whilst also offering access to specialist services.

Department for Education figures show that local authorities spent a total of £1.1 billion (gross) on Sure Start Children’s Centres in 2010/11. However with councils continuing to face significant additional cost pressures, it is imperative that any current discussion around children’s centres must take into account the context of the wider funding landscape. The good practice case studies in this publication showcase councils’ commitment in galvanising children’s centres to help deliver better outcomes for children in their local area. The local flexibility to be able to achieve this is increasingly important in the context of budget reductions and rising pressures on the system, including increasing numbers of referrals to social care and of children looked after.
What’s next for children’s centres?

The future of children’s centres will always be a hotly debated topic. This publication does not attempt to answer this but the case studies contained in this publication itself will hopefully engage a new discussion themselves – around the challenges and opportunities of children’s centres to meet priorities in your local area in a tough financial landscape.

Using the innovation in this publication we have produced a checklist of questions you may want to consider when thinking differently about your local future delivery of children’s centres.

| ✓ What are the priorities for improving children’s and families’ outcomes in your area? Can children’s centres be used as a tool to help deliver these and through early intervention, reduce longer term demand on services? | ✓ How can you best position your children’s centres to help identify and engage children and their families? What role could outreach services play in this and tackling isolation whilst at the same time making cost savings? |
| Are local partners informed and engaged with the role and offer of children’s centres? | ✓ How can children’s centres be used to help councils deliver their statutory duties towards children with SEN? |
| ✓ Are there opportunities for you to increase the involvement and integration of health professionals in your children’s centres? | ✓ Are there opportunities to work with local early years teaching centres (EYTC) to drive peer to peer improvement? |
| ✓ Could you improve information sharing and partnership working with local partners such as employment, schools, police and voluntary sector to ensure identifying families, early intervention and delivering wider community priorities such as growth? | We are always keen to hear more good practice from councils who are delivering improved outcomes for children and their families in new ways through their children’s centres. Please send any good practice examples to: children@local.gov.uk |
New delivery models

There is no one size fits all delivery model for children’s centres across the country. Local leadership has the democratic mandate to make difficult decisions based on the needs and resources of their communities, being accountable for these at the ballot box. Councils are determined to deliver services in the most effective and cost efficient way; for example through creating new partnerships to integrate services and outreach solutions to ensure targeted provision. The case studies below are some examples of different delivery approaches which have been successful at local levels.

Greater Manchester

Ten local authorities across Greater Manchester are working together as one of the national Community Budget pilots. The partners share the strategic priorities of creating conditions for the private sector to lead economic growth, and reducing dependency on public services. Their business case estimated £270 million savings over five years by reducing demand in five cross-cutting themes of public service reform. This includes a whole-system shift to early intervention, stressing the importance of early years’ services to long-term life chances and using children’s centres to deliver much of the targeted support.

The partnership is bringing the best evidence on interventions into infant development to create a people-based model, rather than a building-based model, with regular screening of all children through a multi-agency eight-stage assessment process. Building on the Healthy Child Programme, this work is crucial to reducing future demand on public services. Currently 40 per cent of children are assessed in reception class as not ready for school. They are at risk of never reaching their full potential economically, socially or in terms of mental and physical health, and are more likely to place a high demand on public services throughout their lives.

The new model will be implemented from 2015 and will include a shared outcomes
framework and a common assessment pathway from pre-birth to 48 months, which will:

- identify need at the earliest opportunity
- ensure all agencies can track a child’s progress
- provide programmes of evidence-based intervention.

A menu of interventions has been developed to meet the needs of families around attainment, health and wellbeing and parenting skills. A newsletter will be used to share key messages with parents. Targeted support will be delivered in a range of settings, which may include the home and children’s centres for interventions that require a group-based approach such as parenting programmes. Outreach workers will help to engage those families most in need of support through an integrated workforce delivery model. A cautious cost-benefit analysis suggested that the new system would cost an extra £38 million per year and realise a net return on investment after about five years.

“The evidence is overwhelming that for optimal effectiveness, intervention should be focused on the earliest years, and ensure that children arrive at school ‘school ready’.”

International experience of early intervention for children, young people and their families, WAVE Trust, 2010
Hampshire

Hampshire County Council has remodelled its children’s centre provision, making significant cost savings and working with more vulnerable families.

Hampshire had 81 centres, two-thirds managed by the council and the rest run by third parties. They wanted to review the service structure, and this coincided with the need to make efficiency savings of £6 million from a £17 million budget. The centres were delivering plenty of universal activities but services were not always reaching more vulnerable families.

There was consultation with families and stakeholders around reviewing the management structure, which had been top-heavy with a manager for each centre. The council also looked at catchment areas, footfall and the provision in more deprived areas. The new system has 54 centre bases (although services are still delivered across all 81 sites). Centres are clustered into 15 areas, with a high-level manager for each cluster and some support at mid-management level. This has enabled stronger frontline support and the creation of more family support and playworker posts.

Hampshire found that it was more cost effective to run its children’s centres through third parties. It could save £3 million by tendering all the centres out, which combined with £3 million from the structural changes would reach the efficiency target. In fact, tendering saved an extra £1 million, some of which was invested back into services run by voluntary organisations. Local communities are encouraged to use the children’s centre buildings, so smaller organisations are now running volunteering programmes and crèches, supporting play sessions and helping to provide reception cover.

All this was delivered within a tight 18-month timeframe. Tracey Sanders, head of services for young children, says the amount of time available for consultation with communities was limited. However, following the changes:

- feedback from parents is 87-95 per cent positive
- the range of evidence-based programmes has been maintained
- a much greater proportion of vulnerable families access services
- outreach work has increased.

Good practice in children’s centres
Northumberland County Council

Northumberland County Council’s children’s centres are involved in a range of innovative partnerships delivering services to families that are more isolated.

Outreach services on an isolated military base, the Albermarle Barracks, are delivered by a multi-agency group led by Prudhoe children’s centre. The barracks are home to about 70 under-fives. The families face challenges including geographical isolation and lack of family living nearby. The council, Ministry of Defence, health, schools and voluntary organisations came together to agree to work towards the key goal of improving the wellbeing of military families and children. The partners have pooled resources including knowledge, funds, skills and staff. There is an emphasis on sustainability through parental engagement. The services include play sessions, parenting courses, a toy library and family support sessions. Outings are arranged and the families are involved in ‘decompression’ days when the soldiers return from tours of duty. Parents report that their children are now more confident, more sociable and better prepared for school.

Another resource-sharing initiative sees children’s centres in Northumberland working with the fire and rescue service. When office accommodation was needed for the children’s centres outreach team, suitable space was found at Wooler fire station. This led to the development of five other shared locations, including Rothbury, where a new fire station and children’s centre are both based in a disused ambulance station. Converting the premises cost £500,000, compared to the £1.9 million cost of two new buildings. Staff work together to provide safety information, equipment and first aid training to families.

Another project provides an outreach play service in north Northumberland. Three play vans and eight play workers visit estates and small villages on pre-arranged evenings. They also visit the local Travellers’ site, which is permanent home to a small group of children. More than 90 children a week use the service. Very few of them have access to out-of-school clubs or activities: they may live too far from facilities or their parents are on low incomes.

The objectives include:

- supporting more children to have access to quality, accessible play experiences
- supporting children’s wellbeing and health
- helping children to achieve greater independence and increased self-esteem through play.

The outreach play service was initially funded by the Big Lottery; children’s services and other local funders now support it, with bids being submitted to other organisations to extend the service.
Birmingham City Council

Birmingham City Council has worked with its partners, including schools and health services, to remodel children’s services into an ‘area and locality’ model.

Birmingham has 73 children’s centre sites networked together in sixteen localities. Under the previous structure, the centres tended to work in isolation. While they demonstrated positive outcomes for the families they worked with, integrated working across areas with other centres and more widely with children’s services was limited.

Now, the children’s centres are clustered in a ‘hub and satellite’ system across 16 localities in four areas. Each locality was examined in depth to look at deprivation, indicators of need and existing provision. This identified a clear collaborative commissioning model, with each centre delivering a range of services and activities that meet city priorities and local need.

Each area has one integrated family support team and a number of children’s centres, with either a lead centre or a strategic lead group with representation from all centres in the area.

The service is funded by locality. Centres in each locality worked together to develop a business case stating:

- how the core purpose would be delivered across the locality
- which centre will be responsible for which aspects (hubs deliver the full core purpose, satellites one or more aspect of it)
- how leadership, management and service delivery would be integrated across the locality.

In practice this has resulted in some teams working across all the sites, such as outreach and family support, while some staff are based at specialist centres.

The new model has helped the city council to address the reduction in funding under the early intervention grant, partly through the merging of some management and back office roles. Outcomes measurement is currently in development alongside further developments to integrate family support within the city.
The Pen Green Centre, with funding from the Department for Education, is running a project to establish a national network of Early Years Teaching Centres (EYTCs) run by outstanding children’s centres and nursery schools. It aims to develop and promote different ways in which centres can train and support staff in other early years settings. Sixteen areas are taking part, including the London Borough of Lambeth, where five children’s centres are linked to a consortium of nursery schools working collectively as the Lambeth EYTC.

Lambeth Council supported the consortium’s original funding application and has been working with its EYTC to develop the quality of early years provision in children’s centres and other providers. The idea is to develop and implement a new model that uses skilled practitioners in outstanding children’s centres as trainers, working with practitioners from other settings through training, placements and visits. The ultimate aim is to raise early years’ standards and outcomes across the borough.

At Maytree children’s centre, the lead setting, work shared with other practitioners includes:

• working with children with special educational needs
• partnership working with parents
• planning, record-keeping and assessment
• war, weapon and super-hero play
• outdoor provision
• responding to children’s interests.

All the centres in the consortium have their own particular strengths and training opportunities. Lambeth trains all the children’s centre staff and commissioned service providers to use a common information management system, ensuring that there is a robust database of the impact of services.
Working with health services to achieve successful early intervention

It is commonly accepted that intervening early in a child’s life can lead to better outcomes as well as demand pressures and cost savings over the long term. The Marmot\(^1\) review on health inequalities (February 2010) recognised that disadvantage starts before birth and accumulates throughout life. It recommended “giving every child the best start in life” to break the links between early disadvantage and poor outcomes throughout life. The focus on the first five years of life are key to offering effective prevention against ill health and supporting young children and their families.

The recent health reforms present a huge opportunity for local authorities to work with health services to jointly commission, join up and integrate services, particularly for early years. Children centres are an especially useful early intervention tool as they can help identify children and families in need of assistance at an early stage, especially when children’s centres and health share information such as birth data and join up outreach services.

Although health services for under 5s will not transfer to local authorities until 2015, key developments such as the funded early education offer for the most disadvantaged two year olds, an increase in health visitor numbers and Family Nurse Partnerships will be an important part of shaping the service offer in the run up to 2015.

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Bristol City Council

Bristol City Council has put a protocol in place for every children’s centre in Bristol to have a linked health visitor and speech, language and communication therapist. The children’s centres receive sophisticated data on poverty, worklessness, health and wellbeing to inform the priorities for their community, as well as all live birth and GP move data to support effective outreach work and the delivery of universal and targeted services.

In addition protocols are in place to share information between health visitors and children’s centre leaders (with parents’ permission) on any families of children considered vulnerable at the 14 day check. This enables targeted support with a holistic joint plan to be agreed which hopefully prevents later escalation of difficulties.

A Specialist Children’s Centre offers community based health assessments for children with multiple and complex needs, associated therapies and a specialist resource base, alongside the regular children’s centre core purpose. Joint funded (health and education) Early Support Developmental Assessment posts are an effective example of aligned resourcing and support a shared vision and purpose. The attendance rate at clinics has improved dramatically since the introduction of the Specialist Centres, as families can now access appointments locally and feel much

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\(^{1}\) http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
more confident in an environment that they know and trust.

Since April 2013, two key members of the Public Health team - the Healthy Early Years Lead (Nutrition and Exercise) and the Breast Feeding Lead, have joined the Early Years’ Service in Bristol. This has strengthened an aligned and integrated early intervention approach to achieving improved outcomes for children and families, including those associated with obesity and oral health as well as healthy life styles and early attachment. Children centre’s families have achieved better outcomes as a result of this integrated approach and 87 per cent of Bristol’s children’s centres are currently judged good or outstanding by Ofsted.

Brighton and Hove City Council

Brighton and Hove City Council’s 13 children’s centres have adopted a health-led model which ensures that every child in the area is known to their local centre.

Radical new working arrangements between the NHS and the city council were agreed. The city’s health visiting service was seconded to the council (funded from health budgets under a section 75 agreement). Health visitor managers were integrated into the children’s centres structure using additional council funding. It involved major change but partner agencies, staff, parents and carers could see the potential benefits.

Previously, health and family support teams worked separately. Family assessment procedures were often duplicated and crucial information was not always shared. Now, the children’s centres are able to reach 100 per cent of families in their reach area. Families benefit from a coordinated programme of care and support, and staff benefit from fully integrated working and better training opportunities. Ofsted commented on one Children’s Centre that:

“The health-led model plays a fundamental part in streamlining services and integrating provision.”

Other practical benefits include:

• health data is shared with the local authority and reporting procedures are aligned
• a reduction in costly duplication of work
• services tailored to local communities
All the Children’s Centres have been judged good or outstanding by Ofsted. Positive health outcomes include a significant rise in breastfeeding rates and childhood obesity below the average for England. The number of children achieving a good EYFSP (early years foundation stage profile) score when they start school has increased across the city from 33 per cent in 2008 to 55 per cent in 2011, and parental satisfaction at the last citywide survey was 95 per cent.

East Riding of Yorkshire Council

Cottingham Children’s Centre, managed by East Riding of Yorkshire Council, has pioneered an integrated approach to child health being rolled out across the area.

Strong partnership working between health visitors, midwives and children’s centre staff has led to the centre becoming a hub where parents can access health support and advice along with the usual programme of children’s centre activities. Regular events include a parents-to-be group, antenatal course, child health clinic, midwife clinic, breastfeeding café and baby massage.

In the past, antenatal and health visiting services were delivered at outreach venues. Research showed that families were keen for more provision to be provided at the children’s centre.

The partners agreed four key objectives:

- to develop an integrated ‘antenatal to five months’ pathway
- to improve access and take-up of services
- to develop an evidence-based delivery model of antenatal parent education
- improved outcomes for children, evidenced by Payment by Results (PbR) measures and delivery of the Healthy Child Programme.

Leadership and planning was led by a working party, and families and staff were fully involved at all stages. As a result of the project there is much better partnership working which has reduced overlaps, gaps and inefficiencies.

Mandy Whitehead, children’s centre payment by results officer for the area, says: “Fundamental to effective information sharing is a monthly partners meeting attended by a midwife, health visitor, children’s centre leader, portage worker, link social worker and early years adviser. This has a standard agenda with information shared about individual children on a need-to-know basis.” The partners now have a clear understanding of each other’s roles, and there is trust and respect between all agencies which helps deliver better outcomes for children.

“This has been the foundation for them to add value to services through working in collaboration, and improve efficiency through making the best use of each other’s time.”

Good practice in children’s centres
In Wakefield, the Children’s Joint Commissioning Unit has recently led on the co-ordinated delivery of seven local area roadshows. The roadshows were used to showcase Universal and Targeted services, and improve integrated working and we invite key disciplines such as Children’s Centres, Midwives, Health Visitors, Private and Voluntary early years settings, Head Teachers and Fire and Police to showcase their service and share good practice in partnership working.

Part of the day was dedicated to a workshop exploring how integrated working and information sharing could be improved to assist early intervention and prevention and how effective communication could be delivered horizontally and vertically through new and existing networks. Service users played an important part in the whole day’s activities by contributing ideas and telling their own stories. Feedback indicated that the roadshows were very well received amongst delegates and were instrumental in improving their knowledge and facilitating networking.

The commissioning team’s future plans include facilitating a highly integrated approach to positive outcomes for pre-birth to five years which will include developing Children’s Centres as a main access and delivery point for children’s health services. To deliver this ambition they are working on an IT programme which will ensure that Connecting for Health’s SystmOne is installed in all 22 of their Children’s Centres.

They are also currently running a pilot across three of the Children’s Centres where they link in with their local area tasking group which has representatives from key partners looking at issues that need tackling in communities and which is part of a comprehensive structure feeding into district wide strategic groups. This was identified as a good practice idea as a result of the work done in the roadshows and they have received positive feedback so far from the Centres.
Using children’s centres to deliver wider community outcomes

This section builds upon the good work of councils using children’s centres in early intervention and helping achieve improved health outcomes for children. However councils have used children’s centres creatively as a valuable resource in delivering wider community outcomes despite tough funding cuts, such as tackling parents’ unemployment and domestic violence.
Southampton City Council

Southampton City Council participated in the Work Focussed Services Poverty pilot between 2009-2011 which ran in three children’s centres and helped 110 parents find work, 600 parents complete a training course and 25 parents take up voluntary placements. Following the success of the pilot the council set up an agreement with JobCentre Plus that JobCentre Plus Advisers would become part of the children’s centres team.

Southampton City Council have 14 children’s centres with Job Centre Plus Advisers being based in children’s centres in seven of the most deprived areas, with them carrying out outreach work in the other seven children’s centres. Co-location and partnership working has proven extremely successful in engaging harder to reach parents with the children’s centres. This also gives the Job Centre Plus advisers a greater understanding of families’ journeys and appropriate help so they can provide a more family centred approach for parents. During the course of a work focused interview, the Job Centre Plus advisers will offer to refer a parent to the children’s centre for any support they want, such as training in parental skills, confidence building, numeracy and literacy skills which contribute towards parents feeling ready to work. In addition the feedback from parents has been very positive; they prefer the location of Job Centre Plus services in the children’s centre environment where their children feel more comfortable and settled during their parent’s appointments and during inspections Ofsted have remarked on this model as an example of good practice.

Liverpool City Council

Liverpool City Council’s children’s centres are successfully engaging with hard-to-reach families at the same time as helping tackle local worklessness and social isolation by offering learning opportunities, including accredited courses, for parents and carers.

One example is Kensington Children’s Centre, located in an area with high levels of deprivation and a very diverse community. More than three quarters of black and minority ethnic residents in the reach area don’t use English as their first language. Despite these challenges, 97 per cent of families with under-fives are registered with the children’s centre. In 2011 it doubled the local authority’s target for attendance with an active registration of 77 per cent, and this high level of attendance has continued since then. The council put this success down to a focus on responding to parents’ wishes, opinions and interests. The centre reaches families in a range of ways – through referrals from health and social care partners, targeted home visiting, promotional work and links with community groups and schools. Parents also promote the centre through their own informal networks as a place that can offer help and support.

The range of parenting courses allows them to progress from one course to the next to build on their learning. Courses for parents who speak English as a second language are provided in conjunction with adult learning services and Liverpool Community College, from beginners’ sessions onwards, helping to develop parents’ language and parenting skills. Parents can work towards nationally recognised qualifications in subjects such as health and social care, child
development and preparation for work, with crèche facilities available for their children while they study. The centre’s staff also help families from minority ethnic backgrounds to access health and education services.

**Essex County Council**

Essex County Council are encouraging partnership work involving a range of professionals to ensure a smooth transition into primary school and improve educational outcomes, with children’s centres playing a key part in the successful delivery.

A successful transition project at the Carousel Children’s Centre in Braintree, Essex is based around a partnership of early years settings, children’s centre outreach workers, the school nurse, parents and carers, and school staff.

The children’s centre qualified teacher agreed an action plan with all partners, to address three objectives:

- raise standards in communication, language and literacy (CLL) and personal, social and emotional development (PSD)
- improve the transfer of information from early years settings to school
- encourage parents to be involved in the transition.

As a result, there is more sharing of knowledge, skills and resources between the partners. Examples of this include:

- a termly meeting hosted by the primary school for all feeder pre-schools to discuss transition issues
- nursery sessions that introduce children to the phonics programme, with records of achievement passed to schools
- monthly drop-ins at the centre where childminders can access support.
Parents receive help throughout the school admissions process. A transition evening is held where they can talk to outside agencies including the library service and school nurse. School visits are organised, and there is a strong programme of work to prepare children for the transition.

Before the project began, outcomes in CLL and PSED were well below similar schools, both within the county and nationally. They have improved dramatically and are now above average.

The latest Ofsted report says the project has made “a huge difference to the achievement of children…and has successfully closed the gap between those whose circumstances make them vulnerable and other children.”
Trafford Council

Trafford Council asked their children’s centre teachers to devise and deliver an early home learning programme for families where children are at risk of low achievement. The aim was to work with parents to raise awareness that certain activities are crucial and that timely intervention gives their child the best start. The teachers worked together to create a programme that would:

- support parents to develop a positive home learning environment
- help parents to understand how children develop through fun play and learning activities
- encourage parents to practice and develop their own skills.

The programme takes place over 12 weeks, with 10 one-hour sessions in the family home and two community visits (one to the library). Children are identified through the children’s centre referral process. The family may already be receiving family support, or the child will be identified by the health visitor as being at risk of developmental delay. An initial discussion takes place involving the assistant head of centre, children’s centre teacher and children’s centre worker, if applicable, to establish the family background and reason for referral.

The programme is adapted to suit each family. Parents are encouraged to think of activities they would like to try at home – for example, one parent asked to make fairy cakes with her child; another asked for outdoor physical activity ideas. Teachers can tailor-make sessions around the child’s needs and interests. A follow-on session takes place after six weeks.
Closely working with families ensures referral to other services through the children’s centre multi-agency team, for example the speech and language therapist, dietician or health visitor. Parents can also be linked to provision such as adult literacy courses.

Hertfordshire County Council

Hertfordshire County Council has a prevention and early intervention strategy which aims to tackle domestic abuse by challenging the attitudes and behaviours that foster it, and intervening at an early stage where possible. The Council are using their children’s centres to help identify and deliver support for women at risk of domestic abuse.

The Freedom Programme is a 12-week, free-of-charge course designed to empower women to make positive choices about their lives by providing information and support within a group setting. Training to deliver it was offered to practitioners working in children’s centres, schools and voluntary organisations, and was funded by the county’s community safety unit. The Freedom Programme is now offered at a range of settings, including children’s centres, often working in partnership (for example with women’s refuge staff).

One example is a children’s centre which provides a venue for the training and a crèche for the children, while staff from the women’s refuge facilitate the training; the costs are met jointly by the centre and refuge. Referrals come from partner agencies such as health visitors or schools, and often women identify themselves once they get to know the children’s centre staff. Some centres offer a ‘protective behaviours’ course which provides another opportunity for women to identify themselves as potential victims. Centre staff have become skilled at spotting behaviour which can lead them to have a sensitive conversation with a mother – for example, if she can’t afford 20p to borrow a toy from the toy library because her partner doesn’t let her have any money.

Caroline Swindells, Hertfordshire County Council’s strategy manager for children’s centres, says: “Effort has traditionally been concentrated on providing support services once women have been victimised or attacked, but it is just as important to focus on preventative interventions.”

Royal Borough of Greenwich

Children’s centres in the Royal Borough of Greenwich have increased the number of activities on offer for fathers and their children. The council carried out a survey of fathers and found that presenting family learning through fun activities that would appeal to males (such as construction, first aid, sports and art) would help to engage them in their child’s learning. A template of activities has been developed for children’s centres to use.

Greenwich has set up a forum where fathers can lead on the strategic development of activities. The Dads Advisory Group includes a representative from each part of the borough, and has helped to:

- increase the number of children’s centres offering activities for fathers and children
- spread the message that children’s centres are for dads too, for example through the children’s centres newsletter
• designed a ‘message to dads’ flier which goes into information packs for new parents
• linked in to provide feedback to other services including housing and health.

A support group for separated fathers is now up and running, and programmes to engage black and minority ethnic dads are being developed. There are also plans to develop resources for young fathers and ante/postnatal activities.

To support this work, Greenwich designed a training programme for children’s centre staff to help them to feel confident about engaging dads. It includes elements on recognising parenting differences and helps to dispel some myths.

In 2008 only eight per cent of registered fathers in Greenwich attended children’s centres, but this has now risen to over 30 per cent.
Supporting quality childminders

The Government have proposed in the upcoming Children and Families Bill to introduce child-minder agencies (also known as hubs) to help child-minders set up and run their early years’ provision with a cost for their services. Many local authorities through their children centres are already providing a similar service to child-minders at no or minimal cost by providing training and support as part of their childcare sufficiency duties – as are shown by the case studies below.

With the creation of this new model, many local authorities may choose to set up child-minder agencies to continue to offer their invaluable experience in this area whilst keeping the costs to child-minders at a minimum.
Norfolk County Council

Norfolk County Council are working in partnership with child-minders to help increase the number of trained and quality child-minders in the area – which has also helped tackle unemployment locally as it has set some parents off on a new career path.

Among the centres offering this support is Diss Children’s Centre in south Norfolk, which covers a catchment area of 85 square miles. The centre has a strong professional partnership with Childminding Matters, a local charity providing information, advice and guidance for child-minders, which receives funding from Norfolk County Council. An introduction to child-minding course is offered which meets the statutory requirements for home-based childcare providers seeking child-minding registration, and is free of charge for participants. This has enabled a number of parents and carers who visit the children’s centre to receive child-minding training, equipping them with the skills to earn money in their own homes. The council’s early years and childcare team deliver informal two-hour information sessions at children’s centres and other venues on registering as a child-minder.

The Diss area now has a good supply of trained childminders who are engaged with the children’s centre, keen to organise learning opportunities for the children in their care and enthusiastic about attending activities that enhance their own knowledge. The Childminding Matters manager closely monitors the work and outcomes of childminders in the area. There are also strong links with Jobcentre Plus, ensuring that parents who attend specialist courses or who return to work can be closely matched with childminders. Parents can easily access advice about additional help with their children as well as training, volunteering and job opportunities.

Lancashire County Council

Targeted support for childminders has helped to reduce professional isolation and improve their practice in Lancashire’s Rossendale Valley.

Previously, child-minders in the area would often approach the children’s centre for advice on a range of issues. They had an informal network and were keen to hold meetings. The five children’s centres in the Rossendale Valley recognised that children would benefit from improved child-minder support. All five decided to contribute part of their budgets to fund a child-minding network coordinator. The coordinator is based in one centre but provides activities, training and network meetings in all five centres and other venues.

The child-minders had been concerned that by linking in to the centre they would lose business to its daycare provision. The coordinator was able to reassure them that the centres aimed to support diversity in childcare provision. She worked to gain their trust and encourage them to access activities and training opportunities. The network meetings have a strong developmental focus and high levels of attendance, with at least 20 childminders at each one. Early years teachers attend meetings to talk about best practice and have developed special sessions on issues such as school readiness.
There is strong partnership working between Lancashire County Council, the coordinator, centre manager, early years teachers and professionals and local training providers. Linking childminders to good-quality training and qualifications is a key focus because of its role in improving the quality of learning for children in their care. Lancashire County Council supports the coordinator’s development by encouraging her to attend training events and share this information and also supports the development of childminder networks across Lancashire. The coordinator also visits individual childminders at their request to support their practice.
Meeting the needs of disabled children or those with Special Educational Needs

Local authorities as part of their sufficiency duty have to ensure (as far as is reasonably practicable) suitable childcare for disabled children. In addition reform is underway on the approach to Special Educational Needs (SEN) in the Children and Families Bill which is currently before Parliament to bring in a new SEN system from birth to 25. Closer working between councils, health bodies and other partners should help ensure that young children who may need SEN provision are brought to the council’s attention early on. Councils will have to publish a “local offer” of services to support children and young people with SEN and their families. Children’s centres could be a valuable resource in identifying and supporting these children and already many councils are working through their children’s centres to improve support for children with SEN and disabilities and their families.

West Sussex County Council

West Sussex County Council is developing eight early years ‘hubs’ in children’s centres across the county to improve access to advice, guidance and services for families with a disabled child. Families will be able to use their local children’s centre to access a range of services, but more specialised support will be provided at the hubs. Child development centres run by health trusts and the hub centres will work together to enhance the provision available to families and to make the most of resources.

West Sussex is part of a regional pathfinder for the Department for Education’s SEND (special educational needs and disabilities) initiative. The council, health and partners are working together to develop the ‘hub and satellite’ approach. Parents have been closely involved, for example in deciding their preferred locations for the hubs. Resources at the hub centres will include benefits advice, a sensory toy library and access to multidisciplinary therapies. Each hub will have a parent and child group for parents of young disabled children, providing an opportunity to play and learn together along with peer support. A sensory bus has been developed to improve access for families in rural areas.

In September 2012, West Sussex launched an intensive early support service which had reached about 90 children within its first six
months. Keyworker training is provided to a range of children’s workforce staff including some children’s centre family outreach workers, staff from special schools, health colleagues and voluntary organisations. Two early support coordinators are line-managed by children’s centre team managers. Families are identified in a range of ways including referral by the parents themselves, midwives, health visitors and child development centres.

Stoke on Trent City Council

Children’s centres are helping to deliver ‘Stoke Speaks Out’, a city-wide strategy to improve speech and language skills in Stoke-on-Trent. It was launched following local research in 2001 which indicated that more than 60 per cent of children entering nursery had a language delay, against a national average of 10-12 per cent.

Stoke Speaks Out involves children’s centres and other early years settings, schools, health and the voluntary sector working together to deliver a long-term vision of ‘a city that communicates’. Anyone within the children’s workforce can take part in training which explores why children are presenting with delay, what support they need and how this is best delivered. In children’s centres the focus is on promoting parent/child attachment, positive parenting, early opportunities for development through play and encouraging language development.

Examples of the activities staff have introduced include:

• giving parents and children an opportunity to play and read together, and giving parents tips on reading, bonding and listening
• developing a ‘role play’ area where children can role-play daily activities, enhancing their social skills
• encouraging parents and children to learn and sing songs together
• evening antenatal courses that focus on bonding and attachment.

Parents receive information leaflets as part of a pregnancy pack and the message is reinforced at all stages of contact with the agencies involved. The project is part of Stoke-on-Trent City Council’s learning services department and is council funded (there is a charge for the training). By 2010 the proportion of children entering nursery with a language delay had fallen to 39 per cent.