

Sure Start Children's Centres: Practice Guidance



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01 Introduction

Summary

Sure Start Children's Centres are at the heart of the Government's *Every Child Matters: Change for Children* Programme. They are a key vehicle for providing services that families need. By 2010 there will be 3,500 – one for every community. This introduction says more about:

The vision: Children's centres will play a central role in improving outcomes for all young children, and in reducing the inequalities in outcomes between the most disadvantaged children and the rest. Although they need to reflect different local needs, in all areas they will be a central part of a Local Authority's provision for young children and their families.

The context: We are moving from a range of local initiatives to a mainstream service. While the evaluation of the first Sure Start Local Programmes has shown some benefits for the majority of families, there are important messages about what we need to improve as we roll out children's centres across the country.

The purpose of this guidance: We want to see good practice become common practice in all children's centres. By setting out what we know from evidence about how to deliver services that have a real impact on children's outcomes, we expect to see changes to practice in a range of areas, including:

- ▶ reaching the most disadvantaged families and children;
- ▶ increasing consistency in the level of support services offered;
- ▶ grounding children's centre practice in evidence;
- ▶ improving multi-agency working;
- ▶ raising the quality of early years provision; and
- ▶ employing more highly trained and qualified staff.

This guidance is intended for Local Authorities, Primary Care Trusts, children's centre managers and practitioners.

The structure of this guidance: The guidance falls into three parts. Section 02 looks at planning and running a children's centre; sections 03-10 focus on good practice in providing key services, and sections 11-14 look at how services need to be tailored to meet the needs of particular groups that have in the past been excluded from mainstream services.

The vision

Children's experience in their early years has a major impact on their life chances. We can enhance this experience by increasing the availability of high quality early years provision and other health and family support services, as well as improving support for their transition into school. It is the responsibility of Local Authorities as part of children's trust arrangements to plan provision locally to ensure that all families receive an appropriate level of support.

The Childcare Bill, introduced to Parliament on 8 November 2005, is a key milestone in the drive to improve young children's well-being and reduce inequalities. Subject to parliamentary approval, it will give early childhood services and childcare services statutory underpinning for the first time.

At the forefront of the Bill is a duty on Local Authorities to improve the *Every Child Matters* outcomes of all young children, from birth up to age five, and to reduce outcome inequalities between children growing up in disadvantage and the wider population. It does this through a requirement on Local Authorities to deliver integrated early childhood services, provide outreach and involve mothers, fathers and carers. Services will need to be planned with key partners through children's trust arrangements. There are reciprocal duties proposed in the Bill on Primary Care Trusts (PCTs) and Jobcentre Plus to work together with Local Authorities in achieving these aims.

Sure Start Children's Centres will be central to all Local Authorities' efforts to develop mainstream early years services as part of wider local provision for children. The main purpose of children's centres will be to improve outcomes for young children as set out in *Every Child Matters*, with a particular focus on the most disadvantaged. Since life chances for children are strongly related to poverty and deprivation, we are investing most in, and requiring a fuller and more intensive service from, children's centres in disadvantaged

areas. However, many disadvantaged families live in non-deprived areas. These families also need access to appropriate services. We therefore set out in this guidance the level of services that all families with children under five should expect to receive, according to their level of need.

The context

If we are to achieve this vision we need to be aware of the changing context for children's centres. First, we are moving from the development of different local initiatives such as Sure Start Local Programmes (SSLPs) to children's centres which will be a mainstream national service. The responsibility for the development of children's centres is with Local Authorities, working with partners, increasingly through children's trust arrangements.

Second, we can now learn lessons from the experience of SSLPs. The National Evaluation of Sure Start (NESS) has recently published some early findings based on data from 2001- 2004. For further details on the evaluation please see www.ness.bbk.ac.uk. Although based on the very early experience of SSLPs, the study has findings which we cannot afford to ignore. It tells us that some things are going well in early SSLPs, but it also has some important messages about what we need to improve.

For the majority of SSLP areas, there were moderate but measurable improvements in parenting; parents were warmer and more accepting of their child's behaviour, using less harsh discipline such as smacking or shouting and having a more organised home life with better routines for children. For the majority of *children* there were also small but discernible positive effects of living in an SSLP area, such as fewer behaviour problems (less antisocial or disruptive behaviour, less hyperactivity etc) and better social skills (such as sharing with others).

The research found that a minority of children living in SSLP areas – but not necessarily using SSLP services – were doing less well in some respects than their peers at age 36 months.

This applied especially to children of teenage parents, but also to children of lone parents and children living in workless households. The evaluation also showed variations in performance between different local programmes. Programmes that were clearer in their objectives, better led, with good systems in place to identify families, and with a welcoming ethos for all families, achieved better outcomes.

We know that many individual programmes were – and are – doing sterling work. But we must all take the messages from this study seriously.

The purpose of this guidance

The purpose of this guidance is therefore to ensure that good practice becomes common practice so that no parents or children miss out on the advantages that Sure Start Children's Centres can bring.

Many of the principles in this guidance are not new; they have been part of the Sure Start approach from the beginning, but we have increasing evidence that they are not consistently applied. We expect this guidance, supported by a new performance management system for children's outcomes that we are developing, to lead to changes in practice in a range of areas, including:

Reaching the most disadvantaged families and children

Research on SSLPs shows that there has been significant variability in the degree to which local programmes reach all families with young children in their area. Some programmes have been successful in reaching excluded families, but some managers have acknowledged that they do not reach their whole community and are not always confident about reaching those commonly excluded from mainstream services, such as lone parents and families in workless households.

In response to this guidance, we expect to see:

- ▶ Local Authorities and children's centres using all available data and information to understand the nature of the local community and the families that are often excluded from services, so that services can be more tailored to their needs and interests;
- ▶ a greater emphasis on outreach and home visiting as a basis for enabling greater access to services for families who are unlikely to visit a centre; and
- ▶ managers tracking which families are using services and monitoring trends in service usage by different groups.

Increasing consistency in the level of support

NESS has revealed significant variation in the range of support services offered by SSLPs. In the case of parenting and family support, for example, there was a wide variation between areas in the range of support services available. By setting out clearly in this guidance the range of services that should be offered to families according to their level of need, we expect to see all families receiving the level of support they require.

Grounding children's centres practice in evidence

It is important that children's centres offer services that are attractive to parents. Centres should aim to tap into parent's knowledge and the interests of the local community in order to create opportunities for professionals to engage with parents, and identify any support needs they may have.

However, when delivering services in response to parental demand, it is vital that children's centres do not lose sight of their primary purpose – to improve children's life chances. Some activities may be valuable solely for the contact they enable between parents and practitioners. However, as part of the overall package of services offered by a children's centre, families should experience support that evidence shows will make a difference to children's outcomes.

This guidance sets out good practice in engaging and listening to parents. It also sets out what we know from evidence about how to improve children's outcomes.

We expect the good practice set out in this guidance to lead to a greater focus on evidence based practice. For example, a recent survey of Local Authorities revealed that, in some cases, children's centres continue to use parenting and family support programmes which are not evidence-based and, as a result, may do little to improve children's lives. We now have a significant amount of information on specific interventions that help parents support their children's development, and therefore expect to see all parenting programmes offered by children's centres using a structured course with a proven track record in improving parenting skills and promoting positive parenting. This guidance provides a list of such programmes.

Improving multi-agency working

Delivering children's centre services requires a range of agencies and organisations to work together. However, NESS has shown that, some SSLPs have good partnership working arrangements, but not all SSLPs are benefiting from effective multi-agency working – particularly with health services. This not only improves the experience for parents and families, but has been shown to make services more effective.

We expect all Local Authorities working with PCTs through children's trust arrangements to develop effective multi-agency arrangements for children's centres, together with supporting data sharing agreements.

In the most disadvantaged areas, we expect in most cases that multi-agency services will normally be co-located, but in other areas this may not be the case. Nevertheless, multi-agency arrangements must be in place to enable children's centres to refer families on to a full range of other services.

Through access to data sources held by other agencies, particularly PCTs, we expect children's centres to have a clear understanding of the local population and its needs. This should improve both the planning and delivery of services, for example helping to identify families with new babies so that support can be offered at an earlier stage.

Raising the quality of early years provision

National Standards are already in place to ensure that children receive developmentally appropriate care in all early years settings. We want children's centres to build on this to provide early years provision that is tailored to the needs and interests of each individual child and family. Central to this is new guidance on monitoring and record keeping. Centres will be expected to monitor the progress of each child and use records to keep parents up to date with how their child is doing and encourage them to be actively involved in their child's learning. In time, we want to see all practitioners providing early years provision in children's centres to be qualified to level 3. This will give them the sound understanding of child development they need to effectively tailor learning and play opportunities to individual children.

Employing more highly trained and qualified staff

We know from UK and international evidence that well qualified and trained staff make the biggest difference to the effectiveness of services for both parents and children. In the past, services for families have relied heavily on volunteers, partly as a way of involving parents and encouraging them to think about returning to work. Volunteers will continue to play an important role in children's centres, but this guidance is clear in its expectation that centres should be working towards all staff being trained to at least level 2. All volunteers should be trained and supervised by qualified staff. This will improve the effectiveness of services in all children's centres, while maintaining the close involvement of parents.

The structure of this guidance

The sections in this guidance fall into three parts:

- ▶ **Section 02** looks at planning and running a children's centre. It looks at how Local Authorities should plan services for children and families to meet local needs, and how the services offered by children's centres in different areas will vary. It also explores the practicalities of multi-agency working and involving the local community. This section will be of particular interest to Local Authorities and the NHS, but also children's centre managers, and should be read alongside the planning guidance issued in July 2005, *A Sure Start Children's Centre in Every Community*.
- ▶ **Sections 03 to 10** focus on the delivery of services. They describe good front line practice, particularly in service areas where we are concerned that quality has been patchy, setting out what we know from evidence about how to deliver services that improve children's outcomes. All sections, particularly section 06 on Parenting and Family Support, recognise the role of outreach in engaging parents who may otherwise be excluded from services. As set out in July's planning guidance, centres in the 30% most disadvantaged areas will be offering all these services, while others will offer services according to local needs.
- ▶ **Sections 11 to 14** focus on working with particular groups. They look at how practice across all children's centre service areas needs to be tailored when working with and reaching out to engage particular groups or families who have often in the past been excluded from mainstream services.

Moving forward

We are aware that some of the changes required by this guidance will take time to implement. Local Authorities and children's centres will need to prioritise based on their assessment of need and within their existing resources. Recruiting high quality staff, ensuring appropriate training and support, and working with local partners in delivery are also all real challenges.

We have funded a joint project with the LGA to test out implementation of this guidance in 12 Local Authorities. Based in part on this process we will refine this guidance in late 2006.

In July's planning guidance (www.surestart.gov.uk) we provided information on the planning and approvals process and children's centre models. We realise that there are some planning issues that it did *not* address, including governance, management and the skills of staff to work in children's centres. We will therefore be issuing national guidance, which will update the planning guidance and will focus on these issues in Spring 2006. This will also contain further guidance on a new performance management system, including performance indicators, that we are developing for children's outcomes – to which children's centres will be expected to contribute.



02 Planning and running a Sure Start Children's Centre

Summary

Sure Start Children's Centres will be an important part of all Local Authorities' strategies to improve services for families and children. They will be central to achieving the Government's vision of improving children's life chances. But in different local areas they will play a different role. This section says more about:

Local Authorities' responsibilities to plan services for children and families.

The services that all families should expect to receive in response to their particular needs, regardless of where they live.

Planning services for children and families by mapping local needs and provision and how best to fill any gaps.

The role of Sure Start Children's Centres in delivering services to families and how this may vary by area and according to local need.

Management of children's centres in a multi-agency context. Key principles and good practice in making multi-agency working a reality.

How to involve the local community to ensure centres are providing services which people want and need.

Planning services for children and families

Local Authorities' responsibilities

It is the responsibility of Local Authorities, working within children's trust arrangements with Primary Care Trusts and private and voluntary sector providers, to plan provision to meet the needs of children and families in the local area. All parents and families should receive an appropriate level of support with priority being given to the more disadvantaged children. (Throughout this document, the term 'parents' has been used as a shorthand to include mothers, fathers, carers, and other adults with responsibility for caring for a child, including looked after children, in line with the *Children's National Service Framework*.)

We are determined to see the challenges highlighted by the NESS study addressed. We will be developing a performance management framework to ensure that the good practice in this guidance is implemented. Forming part of the *Every Child Matters* improvement cycle and wider performance management of Local Authorities, the framework will be used to monitor the performance of Local Authorities and children's centres in meeting local needs. It will focus on the quality of practice as well as indicators that highlight the progress of children under 5 against *Every Child Matters* outcomes. We will work with local authorities to develop the final list of indicators, which is likely to include:

- achievement, such as the Foundation Stage profile at age 5;

- ▶ health, such as teenage conception rates, child obesity, and child mortality;
- ▶ safety, such as A&E attendance of 0 to 4 year olds;
- ▶ economic well-being, such as the percentage of children living in workless households;
- ▶ how well services are meeting local needs, such as parents usage and satisfaction.

The framework will seek to use indicators for which data is already collected. Further details will be given in national guidance to be issued in Spring 2006.

The services that all families should expect to receive

Parents and families should have access to the support they need irrespective of where they live. This is why below, for the first time, we set out clearly the services that should be made available to all families with children under five. These are not new services, but setting them out in this way provides Local Authorities with a clear framework in which to work.

In order to ensure the best possible outcomes for every child, we believe that parents and families with children under 5 should expect one of three broad levels of service, according to their need.

Local Authority or NHS services should offer all families with children under 5:

- ▶ free early years provision (integrated early education and care) for 12.5 hours a week, 33 weeks a year for 3 and 4 year olds. This free early years provision will increase to 38 weeks a year from 2006 and to 15 hours a week by 2010;
- ▶ information and access to childcare in the local area;
- ▶ information on parenting, drop in groups and opportunities to access parenting support and education;

- ▶ antenatal and post-natal services and child health services and information on health;
- ▶ information about employment, education and training; and
- ▶ information at points of transition, including information sessions around the time of the birth of their child (by linking to and building on existing antenatal and post-natal services) and on entry to primary school which, as part of the extended schools programme, will be offering sessions for parents as their child starts school.

There should be additional support available for families that are experiencing particular challenges that mean that their children may be at risk of poor outcomes. Among these families may be:

- ▶ teenage parents;
- ▶ lone parents;
- ▶ families living in poverty;
- ▶ workless households;
- ▶ parents with mental health, drug or alcohol problems;
- ▶ families with a parent in prison or known to be engaged in criminal activity;
- ▶ families from minority ethnic communities;
- ▶ families of asylum seekers;
- ▶ parents with disabled children; and
- ▶ parents with learning disabilities.

While these families will not always be in difficulty, child development studies have shown that there is a greater risk that their children may have poor outcomes. This risk can be reduced when the family is receiving extra support, especially at an early stage. The support can prevent problems from developing and reduce significantly the chances that difficulties will grow.

Where practitioners suspect that a family may need additional support they should use the Common Assessment Framework

to undertake a needs assessment. See www.everychildmatters.gov.uk/deliveringservices/caf/

The additional support that should be available to these families includes:

- ▶ advice and support in accessing care for under 3s;
- ▶ group-based antenatal and post-natal support focused on parenting;
- ▶ varying levels of group-based or one-to-one parenting and family support to meet the distinct needs of fathers and mothers; and
- ▶ employment and training support.

Where children are identified as being at an even greater risk of poor outcomes, including where they are identified as children in need (The Children Act 1989), further levels of specialist services should be provided, including:

- ▶ intensive structured parenting, child and family support through evidence based programmes including outreach and home visiting. This includes practical day-to-day support in the home, delivered together with other agencies such as social services; and
- ▶ access to specialist services, for example speech and language therapy and family therapy or services to safeguard children from harm due to abuse or neglect.

Planning services for families

Local Authorities' should plan how to deliver these services based on an understanding of:

- ▶ the gap between the range and quality of existing local provision and the needs of local people – mothers, fathers, carers and children; and
- ▶ the gap between local children's current outcomes and both national and local outcome targets.

Planning should take place within the wider context of the development of the Children

and Young People's Plan. At the heart of the process will be determining the role that different providers will play in delivering services, including children's centres, private and voluntary providers, and childminders.

Data Sources

The needs of local people should be assessed by Local Authorities drawing on all sources of available data, including:

- ▶ area health profiles;
- ▶ census data;
- ▶ Children's Services plans;
- ▶ monitoring data from Children's Information Services; and
- ▶ planning data used by Sure Start Local Programmes, Early Excellence Centres and Area Based Initiatives like Neighbourhood Renewal, Health and Education Action Zones.

The data that Local Authorities should use to assess children's outcomes will reflect both local performance indicators and those set out in the new national performance management framework that will be set out in national guidance in Spring 2006. This is likely to require data such as foundation stage profile results, teenage conception rates and parental satisfaction surveys to be assessed.

The mapping of existing early years services in the area should cover services provided by mainstream agencies as well as by private and voluntary sector organisations. The Childcare Bill will give Local Authorities a particular duty to assess the need for and supply of childcare. Local Authorities should map where services are located and the areas they are serving. They should look at any evaluations that are available, checking particularly for information about the numbers of people who use services and how services are improving outcomes for children.

The process should also be underpinned by wide consultation. The results of local consultations could provide valuable insights into

the need for and use of services, and what improvements need to be made to their delivery in order to maximise outcomes for children. Again, Children's Information Services can be useful here. Children's voluntary and other community organisations who work face-to-face with families, like Home Start (www.home-start.org.uk, 0800 068 63 68) and Contact a Family (www.cafamily.org.uk, 0808 808 3555) should also be consulted on these issues. In some areas further direct consultation with families may be required: small representative groups of mothers, fathers and other carers talking about their daily lives to an interviewer may provide valuable information.

The role of Sure Start Children's Centres in delivering services to families

The role of a children's centre will depend on the characteristics of its local area. We also recognise that Local Authorities and children's centres will need to prioritise within existing resources.

In the 30% most disadvantaged areas of the country children's centres will be providing a full range of integrated services – as described in the July 2005 planning guidance. Outside these areas it is up to the Local Authority to decide what services to provide above the minimum required, based on its mapping of local needs and existing provision. We know that around 35% of children living in poverty are actually outside the most disadvantaged areas. It will be just as important to reach these children, whether they are in deprived pockets within generally affluent areas or in isolated rural or suburban areas.

Below we describe the process through which Local Authorities should go to decide what role children's centres should play in the context of other services. The range of services offered and the intensity of service provision will reflect:

- ▶ the proportion of families with children under five in the local population living in income deprived households;
- ▶ the proportion of families with children under five in the local population with significant additional needs;
- ▶ the extent to which existing childcare providers meet parents' needs; and
- ▶ the prior existence of accessible services in the local area to meet the support needs of families with children under five.

Different models of Sure Start Children's Centres

In the 30% most disadvantaged areas where the need for support services is high and where there are few existing services, children's centres will provide a strong focus for meeting the high demand for additional and intensive support. The July planning guidance set out that in the 30% most disadvantaged areas we would expect to see children's centres providing:

- ▶ early years provision;
- ▶ a childminder's network;
- ▶ parenting education and family support services;
- ▶ education, training and employment services;
- ▶ health services; and
- ▶ access to wider services.

In areas where there are few deprived families, limited support needs and good quality pre-existing early years services, children's centres should not duplicate existing provision or provide unnecessary levels of service. Instead, they should offer a more basic service and signpost parents to existing services in the area. This is likely to be the case in the 40% least deprived areas. Such children's centres will however have a role in ensuring the co-ordination of integrated services to ensure that those families with additional needs receive an appropriate level of support. These services will often be provided by outreach services within the Local Authority framework for children's services. The minimum level of service provided in these centres includes:

- ▶ information on childcare and early years provision;
- ▶ information and support to access wider services;

- ▶ information and advice to parents;
- ▶ support to childminders;
- ▶ drop in sessions or early years provision; and
- ▶ links to Jobcentre Plus and health services.

In areas that fall between the most and least disadvantaged, the services offered by children's centres will vary, reflecting the level of need among families with young children and the ability of existing services to meet those needs. For example, the extent of early years provision in children's centres will depend on the existing supply of good quality early years provision in the local market. The extent to which children's centres provide family support services will depend on levels of need and demand in the local area. Where levels of need in these areas are similar to those in the 30% most disadvantaged areas, we would expect children's centres to offer a similar range and intensity of services as centres in disadvantaged areas. In areas that are more similar to the least deprived areas, children's centres will provide the minimum service offer.

Whatever level of service a children's centre offers, managers should track which families are using their services. This will enable them to monitor trends in service usage by different groups – particularly those who may in the past have been excluded from accessing mainstream services. Such data are likely to be a feature of the new performance management framework.

In all areas, children's centres should where possible be built on existing provision such as local primary schools, local nurseries, play groups or other private and voluntary provision.

All children's centres providing early years provision are expected to be open for a minimum of 10 hours a day, 5 days a week, 48 weeks a year. They also have flexibility to open at other times such as on evenings or at weekends to meet local need. Centres outside the 30% most disadvantaged areas that are not providing early years provision have greater flexibility to open at times that meet local demands and needs. We will issue further details on the levels and qualifications

of staff required to deliver the services described above in the national guidance in Spring 2006 but, as good practice, centres should be working towards all staff having at least level 2 qualifications, with staff delivering early years provision or leading parenting support, qualified to level 3.

Management of children's centres in a multi-agency context

The National Evaluation of Sure Start has shown that well-led local programmes have tended to be more effective. Leadership starts with governance. There is no provision in law for the governing body of a children's centre, and various models are currently being used. Whatever form they take, governance arrangements should bring together the parties needed to facilitate a multi-agency approach to improving children's life chances. Further guidance to be issued in Spring 2006 will cover governance of children's centres in more detail.

The core leadership challenge for children's centres is establishing and managing a multi-agency approach to service delivery. There is now considerable evidence for the benefits of multi-agency working for staff, parents and most importantly for children and their outcomes.

Making the multi-agency approach work

A multi-agency approach requires a common vision, developed and agreed by senior managers from all parties involved. The vision should be translated into realistic children's centre goals and common targets. These should be simply expressed, written down, understood and approved by all relevant partners. They may also be supplemented by statements of the principles and values of the children's centre. The roles and responsibilities of each partner need to be defined and incorporated into a children's centre agreement that sets out ground rules.

Good multi-agency management also requires a strong understanding of the available data. Baseline and monitoring data should be obtained to provide a clear picture of the scale and nature of the needs of children and

Case study 2.1

Developing multi-agency working – learning from two models

In Brighton and Hove, there has been a strong history of involvement by health professionals in Sure Start. The city has had two Sure Start Local Programmes (SSLPs), each of which has developed multi-agency working with health staff in different ways:

First, in the city centre the SSLP hosted an integrated health visiting team that served children and families in the Sure Start area instead of through the traditional GP attachment system. They also had a dedicated midwife who had her own caseload of families and linked with her midwifery colleagues who were looking after other women living in the Sure Start area.

Second, Hollingdean SSLP resourced a link health visitor who liaised with other health visitor colleagues still attached to a GP's surgery. A health support worker and family support workers are also part of the team managed by the link health visitor. Recently a health shop opened so that families could drop in for health advice and support.

Through the Brighton and Hove children's trust the Local Authority and the PCT have been able to consider best practice from both SSLPs. They have used this learning to develop a model of health service that will be used across the city's children's centres. Multidisciplinary teams will comprise health visitors, midwives, family support staff, and Playlink workers, as well as contributions from a dedicated speech and language therapist and possibly other specialist staff, depending on local need. Health professionals will make up the most significant element of these teams, which will significantly enhance the core service of each children's centre.

families and how they will be met. This will often have been collected by the Local Authority as part of their mapping of services for children. Combining this information with appropriate measures of the effect of services will show whether the work of children's centres is having an impact, and where action is needed to improve performance. Systems for monitoring and regular review should be established so that sound information about the progress of multi-agency working is available and provides evidence of whether or not the intended benefits are being delivered.

Appropriate referral systems and procedures should be developed, and mutually agreed by all agencies involved. Agreement should be reached on the exchange between agencies of information about individual cases. Agreement should be reached on using the Common Assessment Framework to undertake needs assessment.

Joint training is also reported by children's centre practitioners as crucial to the success of multi-agency working. It provides opportunities for staff to get to know one another, cooperate, discuss and make joint decisions. It is also particularly important to be clear about the line management structure where this is shared between a line manager in the multi-agency service and a member of the practitioner's own profession based elsewhere. In multi-agency teams it is helpful if there is a common line management system that applies to all members of the team, including those who are also supervised externally. It is essential that practitioners retain a link with colleagues in their home agency who can give professional support and oversight.

Important partnerships

Partnership working with health services, Jobcentre Plus, schools, and the private, voluntary and community sectors are all important.

Working with health services

Children's centres can play a significant role in delivering commitments set out in the Public Health White Paper *Choosing Health*, the *Choosing Health Delivery Plan* and the *Children's National Service Framework*. For example, when health visitors and midwives are located in children's centres, they are more visible and accessible to the community. It is essential that Local Authorities and health colleagues work together to plan, share data and deliver services through children's centres. Primary Care Trusts should see children's centres as a vehicle for delivery of health services to young children and their families. In some cases health centres will be a good location to develop children's centres.

Working with Jobcentre Plus

Working closely with Jobcentre Plus will mean that children's centres can do more to help mothers and fathers into employment. Local Authorities should involve Jobcentre Plus at the strategic planning stage so that their services can be fully integrated into children's centres. Early joint planning and formal agreement of roles will help shape common objectives and a shared vision of the expected outcomes.

Working with schools

Schools are often the hub of their community, and many already offer access to a range of extended services including childcare and parenting support services. This can make them an obvious option for co-location of a children's centre.

It will not be appropriate or possible to locate all children's centres on school sites, but all children's centres need to work effectively with their neighbouring schools. One approach to ensuring this effective working is to build on the clustering arrangements that many local primary schools already adopt. We expect Local Authorities to lead on facilitating such cluster partnerships between children's centres and local primary schools and share good practice in working together.

Working with the private, voluntary and community sectors

Children's centres should look to work closely with private, voluntary and community sector organisations in developing their local service offer.

In many areas there is already considerable existing private and voluntary sector capacity and expertise, particularly in childcare and family support services. For example, many day nurseries are in disadvantaged areas, and over 60% of all Neighbourhood Nurseries are successfully run by private and voluntary providers. Local Authorities should avoid simply duplicating existing provision as they establish children's centres. Instead they should work with those organisations that have a track record in understanding local needs and delivering services that improve children's outcomes. For new childcare services in children's centres, in line with the Childcare Bill, we will expect local authorities to determine whether it is appropriate for private or voluntary providers to deliver the service, before they do so themselves.

Securing the benefits of a mix of service provision is crucial to the success of children's centres. Other service delivery areas have already demonstrated that effective partnership working between sectors delivers better quality services and a better deal for service users. Local Authorities should therefore look to involve voluntary organisations, private companies and, in particular, social enterprises in not only supplying services but also in running children's centres.

Local Authorities should start to see themselves less as a direct provider of services and more as facilitators of the market and commissioners of services. An element of contestability can help to improve both the quality of provision and ultimately outcomes for children and families.

Involving local people in children's centres

Why consultation is important

It is essential to consult widely with parents and other local people, both while the children's centre is being established and when it is operational. This is an important part of ensuring that the services offered are what people want and need. Consultation should be a continuous process which will support decision-making and shape the development of the children's centre. It can also be a means to:

- ▶ build the confidence of local parents – fathers and mothers;
- ▶ develop and share the skills of the local community;
- ▶ enhance the professional skills of local workers; and
- ▶ build partnerships, especially with parents.

Who should be consulted

Children's centres should involve and consult everyone who is benefiting or could benefit from the centre and all those involved in delivering services to families. It is particularly important that children's centres consult parents and children as well as local voluntary organisations and the private sector.

It is important to seek explicitly the views of fathers as well as mothers. Parents with children under five are most important, but expectant mothers and fathers should also be included. Parents of disabled children are likely to have complex needs for support and therefore be experienced users of existing services. Organisations such as Contact a Family (www.cafamily.org.uk, 0808 808 3555) often have local groups who can be approached to find out the views of parents of disabled children. Minority ethnic parents should be consulted in ways which take account of their culture. It is essential to be aware of events like key festivals for communities, so that consultations can be designed around them.

Having workers who reflect the ethnic background of local communities and bilingual staff who can help to consult in different ways with different cultural, faith and language groups is essential. Lone parents can find it difficult to engage in consultation events, so specific strategies should be developed to gain their views.

Recent projects have shown how children under five can be consulted about the provision of services they receive through the use of painting, music, cameras, story telling etc. It can also be useful to consult slightly older children about their experiences.

Case study 2.2

Listening to young children

Coram Family children's centre has developed an innovative and comprehensive resource for listening to and working with young children so that they can really participate in matters that affect their lives. Using the arts, they enable children under 8 to express views and feelings and help parents and practitioners relate to young children. The resource is called [Listening to Young Children](#) (Lancaster, P and Broadbent, V) Open University Press.
www.coram.org.uk

Engaging parents in consultation

Consultation, like every aspect of a children's centre, needs to be comfortable, welcoming and enjoyable. When inviting people to tell you what they think, always take an informal approach. Contact parents first through services they already use like baby clinics, playgroups and schools. Talk to them in local parks, playgrounds and cafes, and try GP surgeries and libraries. Day nurseries, childminders and after-school clubs can be the best way to reach working parents. When organising consultation events always provide refreshments, offer parents travel expenses or provide transport and provide a crèche or offer childcare expenses. Think about whether events specifically for men are more likely to engage fathers.

Family fun days, parties and similar events have also proved effective in attracting families and giving them an opportunity to contribute their views. Parents will generally attend events that their children will enjoy.

Managing the consultation process

Decide first who will conduct the consultation. Midwives, health visitors, community development workers, bilingual support workers, local volunteers and parents can all play a role. Ideally as many local practitioners as possible will be involved.

Using a variety of methods will help to provide the widest response from parents. Other methods include:

- ▶ Semi-structured interviews – carried out by workers or parents and based on a small number of key questions;
- ▶ Groups – conducted by a facilitator and carefully recorded;
- ▶ Maps of the area – on which parents mark their house and the services they use; and
- ▶ Timelines – on which parents note the services that were helpful (or would have been if they had been available) at points before their child's birth and in the early years.

A summary of consultation findings and what is being done as a result should be written and made available to everyone who took part. In doing so, it will be important to make clear that decisions about children's centre services will be made in the light of evidence about how to improve children's outcomes.

Continuing the consultation culture

Consulting and involving parents should be an ongoing process for children's centres. It will help them to focus on key issues, and ensure that appropriate support is offered to families. Working groups of parents and professionals can be used to plan services and manage their evaluation. A parents' forum which meets

to offer experiences of the centre's services and shares ideas for development, ensures a continuing dialogue.

Further information

The *Every Child Matters: Change for Children* programme is paving the way for more multi-agency services to be engaged in preventative and early intervention work through early years settings and schools.

www.everychildmatters.gov.uk/multiagencyworking

The following studies, along with the other findings from NESS are available on the Sure Start website,

www.surestart.gov.uk:

- *Early Impacts of Sure Start local programmes on children and families* (The National Evaluation of Sure Start), DfES 2005
- *Variations in Sure Start local programme effectiveness: early preliminary findings* (The National Evaluation of Sure Start), DfES 2005.



03 Early years provision

How this improves children's outcomes

We know from international evidence that high quality early years provision – integrated early education and care – improves the intellectual, emotional and social development of children, particularly children from more disadvantaged backgrounds. Compared to their peers, children who have some experience of early years provision are better placed at the start of school to benefit from new learning opportunities.

The Effective Provision of Pre-School Education (EPPE) project (1997-2003) shows the positive impact that early years provision can have. Key findings include:

- ▶ high quality pre-schooling is related to better intellectual and social/and emotional development for children;
- ▶ where settings view educational and social development as complementary and equal in importance, children make better all round progress; and
- ▶ in settings that have staff with higher qualifications, especially those with a good proportion of trained teachers, the quality or provision is higher and children make more progress.

All children's centres in the 30% most disadvantaged areas will be delivering early years provision, with other centres offering a service appropriate to the level of local need, in order to improve outcomes for young children. The level of children's development as recorded at the end of

the foundation stage is likely to be one of the performance indicators in the new performance management framework.

What Sure Start Children's Centres should offer

Children's centres outside the most disadvantaged areas may include early years provision on site but they do not have to. The decision will be left to Local Authorities operating through children's trust arrangements and based on the extent to which the existing supply of early years provision in the area meets the needs of parents, in line with the proposed new duty in the Childcare Bill. Where gaps in supply are identified, creating places in a children's centre may be one way of addressing them, though alternative providers should be considered first.

In addition, children's centres will support networks of childminders giving them access to advice and materials through the centre which will improve the experiences and outcomes for children in their care (see section 04).

Good practice in service delivery

Early years provision (integrated early education and care) must be delivered as a single service. It should not be possible to distinguish when during the day the child is being 'cared for' and when he or she is 'learning'. There should be no assumption that some parts of the day are less valuable than others. There should be a range of planned learning opportunities based on the existing *Birth to Three Matters* framework and the

Curriculum Guidance for the Foundation Stage, supported and extended by adults with an informed understanding of early childhood development. Children should have access to both indoor and outdoor learning opportunities. Planned activities should be designed from the basis of a thorough knowledge of the children and families and built on what children already understand, know and can do. This approach enables children to take part in activities appropriate to their age and stage of development, with the objective of enhancing their progress.

These are principles that are reflected in the *Birth to Three Matters* Framework and the Foundation Stage guidance, as well as being borne out by the EPPE research.

Continuity of care and carers is important to the development of very young children. In developing services for children under school age in children's centres, early years provision should be integrated rather than care being 'wrapped around' nursery education sessions. Where children's centres are co-located, schools may wish to consider relocating existing nursery classes into a Foundation Stage Unit within the centre. Children in reception classes should then be able to benefit from early years provision before or after school within the children's centre. (Parents would, of course, have to pay for extra hours over the free early years provision entitlement).

Creating the right environment for children under five

First and foremost, early years provision must be safe for children and appropriate to their needs. Careful consideration should be given to the creation of spaces which facilitate early years provision for the various age groups. The ideal area is multi-functional and can accommodate specific needs: a quiet space for younger children to rest, for example. The space should also encourage accessibility for all and promote the inclusion of disabled children.

Children should have the opportunity to move around within a safe area that has secure boundaries. If effectively managed, children of different age groups will benefit if they are able to mix at times during the day. This must of course be carefully supervised to ensure the younger children are safe.

The indoor environment should be well-organised and give children plenty of space to move around, to work on the floor and on table tops, individually and in smaller and larger groups. Maximum use should also be made of the outdoors, particularly the natural environment at all times of the year. Resources should be well organised and labelled to encourage children's independence and to ensure they can find what they need. They should also reflect the diverse backgrounds of the local population.

The Early Years Foundation Stage

Early years provision should reflect the evidence-based approaches outlined in *Birth to Three Matters* which applies to provision for 0-3 year olds, and the Curriculum Guidance for the Foundation Stage which applies to 3-5 year olds. We are in the early stages of building on these frameworks together with elements of the national standards under the Children Act 1989 to form a new single integrated Early Years Foundation Stage (EYFS). From 2008 the EYFS will apply to all children's centres offering early years provision.

Birth to Three Matters

The Framework supports children in their earliest years and aims to provide support, information, guidance and challenge for all those working and caring for babies and children from birth to three years. It does this by providing information on child development and effective practice; examples of activities which promote play and learning; and guidance on planning; resourcing and meeting the diverse needs of babies and young children.

Foundation Stage

The Foundation Stage is the first phase of the national curriculum. It starts when children reach the age of three and is a broad, balanced and purposeful curriculum delivered through planned and spontaneous play activities to help ensure all children learn with enjoyment and challenge and have the opportunity to reach their full potential. There are six equally important and interconnected areas of learning:

- ▶ personal, social and emotional development;
- ▶ communication, language and literacy;
- ▶ mathematical development;
- ▶ knowledge and understanding of the world;
- ▶ physical development; and
- ▶ creative development.

All settings that receive funding for the Foundation Stage are required to plan activities and experiences that help all children to make progress in their development and learning. Young children will have had a wide range of skills and interests when they join a centre and need a well planned and resourced curriculum to succeed in an atmosphere of care in which they feel valued. Children should receive a personalised service – tailored support that gives them strength in the basics and maximises their development. Centre staff should have high aspirations for all the children in their care.

Monitoring and recording children's progress

Effective monitoring of a child's progress is essential. Any particular needs must be identified and addressed as early as possible. This process needs to begin before the child starts at the centre, with practitioners listening to parent's accounts of their child's development and learning. Teachers and other

professionals will bring knowledge of child development to these discussions. Wherever possible, parents should be involved in reviewing progress and planning next steps.

Helping parents to support early learning

How parents help their children to learn and play at home is vital – it not only influences the development of skills and knowledge, but also their enthusiasm for and attitude to learning. Research shows that fathers are as important as mothers – for example, strong father-child relationships can have a major impact on the child's later educational attainment (see section 11 for more guidance on working with fathers). All early years staff should receive basic training to work with parents. It is good practice to help both mothers and fathers by:

- ▶ sharing with them the educational aims and approach of the centre and providing regular reports on their child's progress;
- ▶ discussing with them what their child enjoys doing at home and encouraging them to support their child with activities and materials that reflect what is happening in the children's centre;
- ▶ meeting with them individually to discuss their child's learning and development and listening to their particular interests and worries;
- ▶ running workshops for parents on areas of interest – 'learning through play' or 'music with babies and toddlers' for example;
- ▶ providing toy and book libraries, utilising local Bookstart schemes and providing opportunities for parents with young children to join in singing and story telling groups at the centre; and
- ▶ sharing knowledge of a child's learning through joint planning and record keeping – perhaps a book containing photographs, paintings, and comments by staff and parents.

Staffing early years provision

Research, for example from EPPE, shows that qualified teacher input leads to higher quality provision and improved outcomes for children, especially where teachers are the leads in the planning and development of the curriculum. The most positive outcomes are achieved where qualified teachers work with children and practitioners in the setting.

It is therefore essential that Local Authorities ensure qualified teacher input. Teachers should be a key part of the team and not an 'add-on'. Local Authorities are planning on the basis of a 0.5 FTE teacher based in every centre delivering early years provision, before designation as a minimum and have been strongly encouraged to increase this to a full-time qualified teacher over the first 18 months of operation, as set out in the July planning guidance.

Teachers working in a children's centre will be expected to have the following knowledge and skills:

- ▶ specialist knowledge of working with young children and leading early years settings;
- ▶ an understanding of the roles and responsibilities of the other professionals working in the children's centre (and linked settings) and the ability to establish effective, professional relationships with colleagues from a range of backgrounds; and
- ▶ commitment to developing themselves and their colleagues as learners (this may, for example, include acting as a mentor to other staff in the centre and childcare providers in the local area).

Teachers will work closely with other early years staff in observing, supporting and extending children's learning. They will have substantial input into the planning of the integrated day, although their support may be offered in a number of different ways. For example:

- ▶ by leading a team of key workers in working with children as well as offering support in planning and

assessing, including the training and support of childminders;

- ▶ by taking a coordinating lead for an area of learning or aspect of *Birth to Three Matters* or the Foundation Stage across age groups; and
- ▶ by leading curriculum projects across the centre reflecting the needs of children as they grow and develop.

The non-QTS workforce is of course crucial. All staff working to deliver early years provision are fulfilling essential roles in relation to the learning and development of the children in their care. At this young age a key focus for children is building individual relationships with important adults, their early years practitioners and their teachers. For non-QTS staff working alongside teachers, the experience and day-to-day contact should add to their understanding and ability to support the children in their learning and development. It is important that all those working directly with children in early years provision have a level 3 qualification.

Further information

- *Birth to Three Matters* DfES 2002
www.standards.dfes.gov.uk/primary/publications/foundation_stage/940463
- The Foundation Stage Curriculum
www.standards.dfes.gov.uk/primary/publications/foundation_stage/63593
- Effective Provision of Pre-School Education (Final report 2004)
www.dfes.gov.uk/research/programmeofresearch
- *The Quality of Early Learning, Play and Childcare Services in Sure Start Local Programmes*, (A. Anning et al. DfES 2005), available from www.ness.bbk.ac.uk
- *Child Benefits: The importance of investing in quality childcare* (E. Melhuish), London: Daycare Trust, 2004
www.daycaretrust.org.uk
- *A literature review of the impact of early years provision upon young children, with emphasis given to children from disadvantaged background: Report to the Comptroller and Auditor General* (E. C. Melhuish), London: National Audit Office, 2004
www.nao.org.uk/publications/nao_reports/03-04/268_literaturereview.pdf

04 Childminding

How this improves children's outcomes

Childminders play an important role in giving parents a greater choice of high quality, flexible childcare and family support services. They can be particularly valuable when children are very young, in areas with only small numbers of children (for example in rural communities), when caring for children with special needs, or supporting parents who work shift patterns.

We want to raise the standard of childminding so that all childminders are able to help children develop socially, emotionally and physically, by using the approaches in *Birth to Three Matters*. This will help to maximise children's outcomes.

What Sure Start Children's Centres should offer

Children's centres and childminders should work collaboratively to support good quality childminder networks so that childminding becomes part of an integrated offer of services to parents. Local Authorities should consider robust methods of quality assurance for childminder networks, such as the National Childminding Association's (NCMA) 'Children Come First' scheme.

The range of childminder services available through children's centres will vary depending on local need, but it should offer genuine choice and tailored support to parents. This could include 'wrap-around care' (before and

after early years provision), full day care, and services for families with special needs. Using childminders to support disabled children will often be an effective way of meeting the 'sufficiency' duty on childcare for disabled children which the Government has proposed in The Childcare Bill.

There has been some confusion about previous guidance on the percentage of childminders in children's centres counting towards childcare targets. We can confirm that this guidance no longer applies and it is up to children's centres to decide on the number of childminders needed, based on local needs.

The support available to childminders in networks should include:

- ▶ arrangements for childminders to use centre facilities, like toy libraries, meeting rooms, stay and play sessions and so on;
- ▶ vacancy co-ordination – helping parents to find the right childminder, including arrangements for cover if a childminder is on holiday or unavailable for any reason;
- ▶ inclusion in staff training and opportunities to meet other early years professionals, including teachers, with crèche facilities for the children the childminders are caring for while they are attending these sessions; and
- ▶ representation at meetings for centre staff and agencies delivering children's centre services.

Good practice in service delivery

Supporting childminder networks

Existing practice highlights a number of factors which contribute to the successful integration of childminder networks with children's centres and extended schools. These include:

- ▶ a strong Local Authority strategic and operational function for early years services that regards childminding as an equal and essential contributing sector for meeting local childcare needs;
- ▶ promoting the benefits of childminders working in partnership with children's centres and extended schools;
- ▶ the realistic costing, planning and resourcing of support for childminders;
- ▶ ensuring that childminders are professionally advised and supported to give the highest quality of care through quality assurance schemes and accessible training opportunities; and
- ▶ the importance of network coordinators (a factor identified by all studies on networks) to support and monitor the quality of childminding provision and integrate this with other children's centre services.

Alternative network models

Evidence from developing networks around the country suggests that three broad models are emerging:

First, an **independent centre model**. The children's centre has its own in-house network coordinator responsible for quality assurance of childminders and their integration with wider centre activities. This approach offers a strong foundation for childminders to be integrated with the work of the centre, but may not be the most cost-effective approach, particularly if centres cover small catchment areas and the number of childminders attached to each centre is small.

Case study 4.1

The independent centre model

South Tyneside's childminder networks operate on an independent centre model, but working closely to the LA's strategy. Coordinators at each centre liaise with childminders and with the centre management structure, and the networks are being quality assured using the NCMA's Children Come First scheme. Childminders offer two roles to the centre:

- Home-based care, often with specialist support, particularly for disabled children or teenage parents. Each centre has a portfolio of details about each childminder, including information about their home, their skills, qualifications, experience and availability.
- Centre-based care on a casual, temporary or emergency call-out basis. Childminders retain their self-employed status but are paid an hourly rate by the Local Authority to provide support when needed. An agreement has been drawn up which emphasises the importance of quality, qualifications, and the need to attend meetings and training.

Second, a **centralised model**. A number of Local Authorities have planned an Authority-wide childminder network linked to children's centres and extended schools. This is either led by Local Authority staff or outsourced to another organisation (NCMA, for example). Development staff work with childminders who will be attached to children's centres for professional development purposes but may work across the whole Authority. The network as a whole is likely to make service level agreements with children's centres. Individual centres will need someone with the capacity and authority to liaise with development staff, and ensure childminders are represented at centre management level. This approach offers a co-ordinated overview of all developments and intended outcomes, and opportunities for a standardised approach to the level and quality of support.

Third, a **cluster model**. The cluster model is a two-tier model with an overall manager to oversee the activities of a group of networks. The geographical areas covered by individual networks could for example be PCT areas, children's centre catchment areas, or extended school clusters. Each network may be linked to one or more centres, but there needs to be a person or group identified in each children's centre tasked with ensuring childminders are integrated with the work of the centre.

Integrating childminders into Sure Start Children's Centre services

Childminders can work as part of family support services (see section 06). Childminders are a well established source of support for children and parents with particular needs. Children's centres should be very well placed to develop this support. Good existing examples include childminders:

- ▶ specifically trained to work with families from ethnic minorities;
- ▶ paid a retainer to reserve places for emergency and short-term breaks; and
- ▶ working with multi-agency teams as part of the programme of support for disabled children.

Using childminders occasionally to support or deliver on-site services is a good way to gain the most from their expertise, raise the status of their work, and really cement the link between the centre and the network. Good examples include childminders:

- ▶ supporting drop-in sessions for parents to help them interact with their children; and
- ▶ providing emergency cover for centre-based childcare staff.

Case study 4.2

Caring for children with special needs

Diana is an accredited childminder who also runs a village pre-school playgroup. She has been caring for Hannah since she was a few months old and previously cared for Hannah's older brother. Hannah's family explain:

"Hannah has had a delay in acquiring spoken language...So Diana has talked to me and I have explained to her the sorts of strategies and ideas that the speech therapist has given us. We have just seen such an improvement especially in the past three months...she's becoming more and more fluent every day."

Case study 4.3

A planned, integrated approach at every level

Blackburn with Darwen's Sure Start Children's Centre strategic plan sets out the importance of childminders to the delivery of high quality accessible childcare. Childminders linked to centres are supported by a development worker, and by a designated member of the centre's staff. Procedures for partnership working have been set up that include:

- the joint planning of the purchase of additional resources;
- agreements on the use of facilities in the centre, including outdoor play areas and sensory rooms; and
- agreements on childminders providing home-based care for 0-2s in partnership with the centre.

Childminders are included in the children's centre workforce development plans, which include in-house training programmes and access to all early years training courses. Other arrangements in place include:

- close working with social care workers to provide emergency and short term breaks;
- access to specialist support services such as speech and language therapists; and
- access to the children's library, resource service and community café.

Further information

The National Association for Childminders' website, www.ncma.org.uk, provides further information and useful links, including:

- Further case studies on the role of quality assured childminding networks.
- *Children Come First. The role of approved childminding networks in changing practice* (Sue Owen, Early Childhood Unit, National Children's Bureau, April 2005).
- The Sure Start website www.surestart.gov.uk holds information on the Support Childminder scheme, including the evaluation report of the Pathfinder Scheme September 2003 to November 2004.

05 Information and advice for parents

How this improves children's outcomes

All parents need to be well informed to help them make decisions, many of which will have a significant effect on their children's life chances. They need to know:

- ▶ what support and services are available to help them bring up their children, and how to access them;
- ▶ about the help that is available to make childcare affordable, for example tax credits, and the entitlement to free early years provision;
- ▶ information that will help them make key decisions, such as when and whether a mother may return to work or to training or studying; and
- ▶ about all aspects of growing up and child development to help their children reach their full potential.

Informed parents will also be able to exert pressure on the system to deliver better services.

A request for information or advice may be the first step for parents who are actually seeking more substantial support. Such requests therefore need to be taken seriously as opportunities to help parents in ways that will have an impact on their children's longer term outcomes. Providing good quality, accessible information will help to improve the well-being of all children and reduce the gap in outcomes between disadvantaged children and those who are better off.

What Sure Start Children's Centres should provide

Local Authorities through their Children's Information Service (CIS) have a duty to provide information to parents relating to childcare in their local area. Under proposals included in the Childcare Bill, this duty will be extended so that by 2008 every Local Authority will be offering comprehensive information on local childcare, children's services and parenting support for parents of children and young people aged 0-19. They will draw together information on all local services for families, including details of any local parenting groups, opportunities for family learning, sports and leisure facilities, community support groups and counselling, as well as signposting to national services like helplines and websites. Many CISs are already moving in this direction, providing wide-ranging information to help parents in their parenting role.

All children's centres, whether within or outside disadvantaged areas, are an important vehicle for Local Authorities in meeting their duty on information provision to parents. Centres must provide information to parents on local childcare providers. They may also provide information on the following areas depending on decisions made at local level:

- ▶ antenatal and post-natal health;
- ▶ positive parenting;
- ▶ children's emotional and physical development;
- ▶ children's play and learning;
- ▶ child and family nutrition;

- ▶ how to access services for children and families;
- ▶ services to support parents and children through disrupted relationships and bereavement;
- ▶ how mainstream or additional services meet the needs of disabled children; and
- ▶ access to employment and training.

If the full range of information is not provided in a children's centre but elsewhere, for example at a health clinic, children's centres should be able to signpost parents to the information they need.

Good practice in service delivery

As a hub for services for parents with young children, children's centres are well placed to provide easy access for parents to the full range of information and advice available, whether from national helplines and websites or through local family support services. Information provided in or through children's centres should be provided in an accessible way that encourages all parents to feel able to ask for help, whatever their circumstances. Evidence shows that information needs to be written and targeted towards fathers in order to reach them; generalised information aimed at parents tends only to reach mothers.

Case study 5.1

Developing children's centres as an information bureau

It is expensive to have a city-centre 'shop front' base for a CIS – although experience has shown that parents do use these kinds of services. Bradford's CIS is looking at a range of options for delivery of information services in children's centres. One of the options under consideration is extending the role of the information officers to provide information on benefits and debt advice.

Case study 5.2

Expanding a CIS to work in children's centres

Redcar and Cleveland CIS has created a new post to work across all the six children's centres in the area, offering CIS appointments on an outreach basis and supporting and recruiting childminders to form networks attached to the children's centres. The post will be considered a part of both the CIS and children's centre teams. The post-holder will cascade information down to the childminders and provide up-to-date information on children's centre activities and events to parents.

In addition, this post will mean that the central CIS team get reliable vacancy information from the childminders with whom they will be in regular contact. Funding for the post has come in equal portions from children's centre resources and from the CIS portion of the Sure Start Grant. The CIS has been working with the six children's centres to devise a regular programme of CIS appointments in each centre on a monthly basis. The CIS will advertise the sessions with the help of Family Link Workers and the children's centres themselves will be promoting the sessions by direct mail and by talking to families.

Children's Information Services (CIS)

Children's centres need to have systems in place to make sure that the information being given to parents is frequently updated. As the main source of information on services for children and families locally, Children's Information Services are an important resource for children's centres. Close cooperation will ensure that all parents – whatever their circumstances – are able to access help and information when they want it.

Children's centres can also source written information for parents from a variety of organisations, including: National Family and Parenting Institute (NFPI); NSPCC; Positive Parenting; Parentline Plus and the Pyramid Trust. Other local specialist organisations such as Contact-a-Family which support parents of disabled children should also be used.

Getting information to all parents

Local Authorities have a responsibility to ensure that information is accessible to all parents. Information provided through children's centres should be sensitive to the needs of fathers as well as mothers, minority ethnic groups, Travellers, those with English as an additional language, and disabled people – including those with learning disabilities. Specific provision must be made for parents with high communication needs or who use non-verbal communication – and to meet the requirements of the Disability Discrimination Act. Written information should be available in the main local community languages and, where possible, information should also be made available in audio-visual format.

Some parents, such as those with disabled children, may also need pro-active information provision: someone to investigate how their needs can be met. Through outreach services, children's centres should take information and advice to families who are often excluded from services, perhaps because they are at a distance from the centre or because services are not provided in ways which suit their needs. It will be particularly important to reach vulnerable families. Children's centres will need to work effectively with other agencies, particularly health services, to obtain information about such vulnerable families.

Case study 5.3

Responding to the highly specialised information needs

A family support worker in a rural Mini-Sure Start programme was in contact with a family whose new baby had been diagnosed with a rare genetic condition. Although the family were put in touch with supportive local practitioners and a voluntary sector group where they met other families with disabled children, they still felt isolated. Through the local CIS, ASK Wiltshire, a family with a toddler with the same syndrome was traced in Birmingham, and the parents have become friends, visit one another and talk regularly on the telephone.

Case study 5.4

Taking information and advice to parents

Islington CIS has two dedicated outreach posts that focus on black and minority ethnic groups and children's centres. Excluded communities are supported through visits to community events and group meetings and their particular needs are relayed back to the children's centres. The aim is to build stronger links between the communities and to help make the services of the CIS and children's centres accessible to all through good information.

The Seacroft SSLP in Leeds has an extensive outreach programme. All families with young children are visited once a fortnight by Sure Start workers who give them up-to-date leaflets and other written information about everything that is going on in the area for the next two weeks. The same workers leaflet the same streets, knock on doors, get to know the families and are trained to respond immediately to certain requests for information: about sleeping, eating or behavioural problems, for example. All Sure Start workers take part in the regular leafleting of the estate, including the programme manager. The philosophy of the approach is persistence. A parent described how this worked for her: "I wasn't interested but they kept calling regularly after that with information about all kinds of different things but I never went ... and then I saw them coming again through the gate and I wondered what was on offer this time..." And that was how she became a regular user of SSLP services.

Further information

The Children and Maternity National Service Framework sets out in more detail the information that should be provided for parents by health, education and social care agencies, of which children's centre staff should be aware. It is available on the publications section of the Department of Health's website www.dh.gov.uk

The National Association of Children's Information Services (NACIS) is a registered charity that supports, links and promotes children's information services (CIS) in Great Britain. www.nacis.org.uk

The ChildcareLink website contains information on childcare provision searchable by type of care and location. www.childcarelink.gov.uk

The Parents Centre Website is a valuable source of information and advice to support parents. www.parentscentre.gov.uk

06 Parenting and family support

How this improves children's outcomes

Parenting is a challenging job. Research suggests that 75% of parents and carers, regardless of background, feel there are times in their lives or the lives of their children when they need access to additional information or support. In particular, parents say they need support at transition points in their lives or the lives of their children. These include the birth of a child, when a child starts a new school or when there are problems or changes in the adult couple relationship.

The quality of care that babies and toddlers receive from their parents is the most important influence on their future life chances. Parental interest and involvement in children's learning boosts cognitive attainment. Authoritative parenting, combining warmth, control and clear boundaries, improves children's confidence and self-esteem. Supporting mothers and fathers in bringing up their children can therefore make a significant difference to children's outcomes.

All parents should feel that they are able to ask for support at any time. This applies particularly to those families who, although they may be the most vulnerable to poor outcomes, find it hardest to access the services they need. Such families include those where parents or other family members:

- ▶ have poor physical or emotional health, or feel isolated or depressed;
- ▶ have problems with substance misuse;
- ▶ have had poor experiences of statutory services;

- ▶ are living in poor environments, with very limited financial resources, poor housing and limited means of transport;
- ▶ are bringing children up on their own, or experiencing domestic violence;
- ▶ feel discriminated against because they are from minority ethnic communities, or because they are refugees or asylum seekers;
- ▶ were poorly parented themselves, and so have few models of good parenting;
- ▶ are experiencing particular difficulties with a child with behavioural problems;
- ▶ are caring for a disabled child.

These, as well as other families, may not want to use the services that are on offer, for a variety of reasons:

- ▶ they may not see themselves as needing services or not know that there are services that could help them;
- ▶ they may find the attitudes of the professional staff in the services off-putting or not feel that services are relevant to their needs;
- ▶ they may be fearful of using services in case they are judged as not being able to cope;
- ▶ they may be worried about possible interference in their lives, about their control being undermined, about being patronised, or that their privacy will be invaded.

High quality parenting and family support services will help to overcome these barriers, and ensure that these and all parents have access to the support they need to give their children the best possible start in life. Such services are central to narrowing the gap in children's outcomes associated with disadvantage. The importance of responding sensitively to the needs of particular groups is discussed in more detail in sections 11-14.

What Sure Start Children's Centres should provide

Designing services

The extent to which children's centres need to provide family support services should be based on an assessment of the level of provision currently available in the local area. Children's centres should contact their Local Authority before undertaking any assessment of existing services to find out whether this information is already available from the Local Authority. Help with this exercise can also be sought from the Children's Information Service (CIS), other local statutory and voluntary agencies, as well as national organisations such as the Parenting Education and Support Forum (www.parenting-forum.org.uk).

In areas where organisations are already providing parenting education and support, the children's centre should build on existing provision. This could involve contracting with a local voluntary organisation to provide group-based parenting education in the centre. Where local provision is limited, the children's centre will need to contract with appropriately qualified staff to provide the necessary services.

Informal support for parents

A welcoming children's centre will provide informal opportunities for parents to 'drop in' to the centre, meet and chat with other parents with young children who their children can play with. A regular drop-in centre, occasional social events and open days, all help mothers and fathers feel welcome, and give staff

opportunities to get to know parents in an unthreatening environment.

Drop-ins can also provide an informal but effective means for trained staff to assess whether parents and children have additional needs that can then be addressed through more targeted support.

Outreach services and home visiting

Children's centres will serve all families, but will give special attention to those families that need extra help with their children.

We know from the National Evaluation of Sure Start that services have not always been successful at making themselves accessible to families that are often excluded from mainstream services. We need to ensure that outreach or home visiting services are effective in reaching these families. Children's centres will need to work effectively with other services, particularly health services, to obtain information and to support vulnerable families. Supporting parents is a key part of the day-to-day business of midwives and health visitors. Offering practical advice early can reduce the need for more extensive interventions.

Outreach means taking services nearer to people's homes: delivering them in small venues that people already know and find welcoming has a good record for increasing the use of services. Small community buildings, like church halls, can often be familiar and popular with families. Home visiting is an extension of outreach – taking services into people's homes. Portage services have been found to be particularly effective for parents of disabled children (see section 14).

Structured parenting programmes

Children's centres should provide access to structured parenting programmes for parents of children aged under 5 who need support. This may include additional support for at risk groups such as teenage parents and isolated families who may face greater challenges in their role as parents. Programmes can also be

run in response to difficulties identified by parents or practitioners such as children's behaviour problems or sleep problems.

Targeted support

More intensive targeted support should be offered to parents where trained staff judge that they and their children face significant, additional risk of poor outcomes. This could take the form of one-to-one support through home visiting, more intensive structured parenting programmes or referral to specialist services such as CAMHS. A twenty year study by Olds et al. of regular home-visiting by nurses in the United States has reported very good results. The visiting programme benefited the most needy families, helped to reduce child abuse and neglect, helped mothers to defer subsequent pregnancies and to move into the workforce. The study showed that success depends on programmes having clear structure and objectives to improve outcomes.

Good practice in service delivery

Creating a welcoming ethos in the centre

Research with parents using early years services shows that:

- ▶ *how* staff work with parents, both mothers and fathers, is as important as *what* they do;
- ▶ parents want to be treated with respect by staff. They have unique knowledge about their children, and are best able to meet their child's needs. Parents are often unwilling to accept support if it makes them feel they are no longer in control and if their expertise is not respected;
- ▶ a welcoming, inclusive and non judgmental ethos will help parents feel that centre staff are glad to see them and their children;
- ▶ all parents are different, and these differences should be respected. Services should be sensitive to culture, gender and the differing circumstances of parents' lives;

- ▶ services are most successful when they both improve children's outcomes and meet parents' own self defined needs, rather than the professional agenda; and
- ▶ a range of services should be available to enable all parents to engage with the centre at their own pace and in response to their own needs.

Outreach and home visiting

Practitioners should consider whether parents are better supported through group-based activities in the community or home visiting or both. Some parents find it difficult to attend group-based activities, for example those facing severe difficulties, those that are ill, or those who are disabled or have disabled children. These parents may need to be supported to attend group-based activities or may prefer to be supported in the home.

Visiting families at home requires skill and sensitivity on the part of the home visitor. They are on the parents' home territory and must be sensitive to the context in which they are working. They will need to be able to offer practical help and support, to encourage parents' own strengths and abilities and build their confidence, as well as providing encouragement to parents in how best to support their children's learning and development. This should be based on evidence-based practice. Appropriate training is therefore essential.

Gradually, over time it may be possible to encourage isolated parents to attend a children's centre, or perhaps use a 'stay and play' group. This can take a long time and requires persistence, working with the parent and child at home initially. When a parent is willing to access centre-based activities, it can help if the outreach worker goes with them at first or is at the centre to greet them when they arrive. Home visiting can also be a good opportunity to engage with both parents together, but visitors will need the skill and confidence to negotiate the relationship

between the adult couple. Training such as *Brief Encounters* from One Plus One (www.oneplusone.org.uk) has been shown to be very effective for such practitioners.

Case study 6.1

How families experience home visiting

The mothers quoted below both live in an area where the SSLP has an extensive home visiting programme. Workers call once a fortnight with publicity material about activities and services for children and families.

“They started calling to my house when I was pregnant with my third child. Before Sure Start workers called to my home I didn’t have many visitors. That’s how I like it. I don’t really go anywhere. They bring me leaflets about all sorts. I’m in two minds about taking my daughter swimming because I don’t really like deep water. Well, it doesn’t have to be deep. I just don’t like it and I can’t get my courage to go. The Sure Start worker told me she would go with me and go in with her and I could sit on the side and get used to it. It’s good that they would do that for me and my daughter. The last thing I want is for her to be scared of water too. I am grateful for their offer and one day I will take them up on it...It’s something I think about all the time. I will get there.”

(Single mother of three)

“People called for a long time before they came in. It was when she was really poorly and not sleeping. She (SSLP worker) asked me if I wanted some help and I said I was desperate, so they came every day while baby was bad and brought this nurse who showed me what to do to ease her coughing. After that I really thought I had someone to turn to and I’d support anything they do, really. We’ve got all the home safety equipment in the house now.”

Choosing a parenting programme

As outlined in the introduction, it is vital that practice in children’s centres is underpinned by evidence of its impact on outcomes. The most effective parent support programmes have a clear theoretical underpinning, follow a programme manual, usually last 8-12 weeks and are delivered by highly skilled practitioners. There are a number of different programme manuals available with a proven track record of success.

Effective programmes create a safe environment in which to encourage the sharing of experiences, value the contributions made by all participants, use accessible learning models to teach new skills and provide clear information that enables parents to make choices. Effective programmes are also enjoyable.

The skills of the facilitator are as important as the particular programme selected. Staff should be appropriately trained and able to develop good relationships with the parents on the course, backed up by good support and ongoing supervision.

Matching the content, intensity and duration of the programme to the needs of the parents who are taking part will make the programme more effective. For example, some programmes are based on strengthening relationships and building self-esteem and social competence; others are aimed at parents whose children are already displaying significant behaviour problems.

The table below sets out a range of programmes that evaluations have found to be effective. They range from general interventions that would suit any family, to programmes of an intensive nature for those with more complex needs. Children’s centres are strongly encouraged to use evidence-based programmes such as these, to ensure that they choose a programme of the appropriate level of intensity. Further information on the programmes is available as indicated, or from the Parenting Education Support Forum, www.parenting-forum.org.uk

Issue/Need	Programme	Description	Contact details
Support for positive parenting	Nurturing Programme	Aims to increase the confidence of parents in their parenting by building empathy, developing realistic expectations and addressing behaviour management.	www.familylinks.org.uk
	Strengthening Families	7-week programme with booster sessions designed to reduce environmental risk and enhance protective factors by helping parents develop their parenting skills.	www.parenting-forum.org.uk
	Family Caring Trust	Programme for parents of children aged 0-6 which focuses on behaviour, discipline and stimulating children's development and learning.	www.familycaring.co.uk
	PIPPIN	Programme for parents having their first child based on attachment theory. Offers antenatal and post-natal component.	www.pippin.org.uk
	Mellow Parenting	Supports parents whose relationships with their young children are under severe stress. Enables parents to find their own solutions to family management problems through mutual support with a minimum of 'expert' guidance from professionals.	www.acamh.org.uk
	Webster Stratton Incredible Years	Aims to identify, intervene with and support families of young conduct problem children, or children at risk of developing conduct problems to improve their long term prognosis.	www.incredibleyears.com
	Triple P	Focused on children's behaviour, with a strong emphasis on developing positive attitudes, skills and behaviour that help prevent problems, arising and fosters family relationships.	www.triplep.net

Issue/Need	Programme	Description	Contact details
Minority ethnic parents	Strengthening Families, Strengthening Communities	Based on a strengths-based 'facilitative model'. Aims to help families develop strong ethnic and cultural roots; positive parent-child relationships; life skills, self-esteem, self discipline and social competence; and an ability to access community resources.	www.reu.org.uk
Supporting parents in developing early literacy	PEEP Learning Together Programme	Supports parents and carers as their children's first and most important educators. It provides a combination of different activities to support children's learning in everyday situations.	www.peep.org.uk
	Parents as First Teachers	Supports parents of children under five. Increases knowledge of their children's development and potential, enables them to gain confidence in their role as parents, builds better family relationships and sets foundations for improved behaviour and community involvement.	www.paft.org.uk

Encouraging parents to attend

The more comfortable parents feel, the more likely they are to keep attending a parenting group. Specific groups of parents sometimes feel more comfortable and are more likely to attend groups organised for people like themselves. These can be particularly important for teenage parents, minority ethnic parents, parents with English as an additional language, and fathers. To promote the participation of these priority groups, dedicated parent support groups should be offered.

In order to maximise the impact of a programme, parents need to attend every week and complete the course. Some parents will find this difficult, and practitioners should employ as many strategies to encourage attendance as they can. Strategies that have been found to work include: providing crèche facilities; carrying out an initial home visit before the course; offering free transport and refreshment; calling parents to remind them a day before each session; gathering parents from the school drop-off point; using parents

who have participated in the course to promote it to other parents; and ensuring the timing of the course is convenient.

Staff skills and training

All members of the children's centre team should receive basic training in working with parents as part of the common core for the children's workforce.

Practitioners offering parenting groups or delivering support through home visiting need specific training in working with parents and should be working to meet new National Occupational Standards at Level 3, or Level 2 for staff supporting a group leader. This includes professionals trained in other disciplines that work with parents, for example health visitors and social workers.

Parents or other volunteers should also be given opportunities to train, and should be supervised by qualified staff.

Effective work with both fathers and mothers will also depend on staff seeing themselves as their partners. This depends on staff demonstrating the following qualities in their work:

- ▶ respect for parents and the role they play in children's lives;
- ▶ the ability to be open and honest with parents at all stage of the support process;
- ▶ a willingness to try and understand parents' experience and how it affects them and their children;
- ▶ enthusiasm and energy for working for the benefit of parents;
- ▶ personal integrity to cope with difficult stories and circumstances; and
- ▶ the humility to acknowledge a parent's expertise and to recognise when a family needs referral to a more specialist service.

Where children's centres are currently not able to meet these standards due to workforce constraints, they should be moving towards these standards by providing training opportunities for staff to meet National Occupational Standards.

Case study 6.2

Parenting Initiatives, Northumberland

Parenting Initiatives was set up as a pilot in 2000 amid concerns over a significant increase in the number of children being placed on the Child Protection Register in South East Northumberland.

The Children's Division of Northumberland Social Services wanted to introduce new, preventative approaches, and set up a community-based family support project, which works to develop the parent/ carer's expertise and strengths. Parenting courses cover 'Challenging Difficult Behaviour', 'Positive Parenting' and 'Shared Beginnings', which encourages parents to make books for their babies. The project works with teenage parents, jointly funded by the local Teenage Pregnancy Strategy. Innovative approaches have been used in working with fathers to support their parenting skills and raise their confidence as fathers.

Together with the Sure Start Local Programme early years services, Jobcentre Plus and Northumberland College, the project has developed a crèche training package over three years. This targets unemployed people and adult returners to train in their local community to gain an NCFE Level 2 qualification in crèche work. To date, 79 adult learners have gained this qualification and, of those, half have gained paid employment.

Further information

- *Parenting in Poor Environments: Stress, Support and Coping* (D Ghatge, N Hazel) Jessica Kingsley 2004
www.jkp.com
- *The Systematic Review of the Effectiveness of Group Based Parenting Programmes for Infants and Toddlers* (J Barlow et al.) *Child: Care, Health and Development* vol. 31, 2005
www.blackwell-synergy.com/loi/cch
- *Supporting Parents: Message From Research* (D Quinton), Jessica Kingsley 2004
www.jkp.com
- *What Works in Parenting Support: A review of the international evidence* (P Morgan, D Chate and A Van der Merwe), DfES 2004
www.dfes.gov.uk/rsgateway/
- The Parenting Education Support Forum:
www.parenting-forum.org.uk
- National Family and Parenting Institute: www.nfpi.org

07 Employment support

How this improves children's outcomes

Living in a household where nobody is working is a significant indicator of poor outcomes for children. Research shows that they are less likely to achieve their potential. Employment helps lift families from poverty. It also has a positive effect on children's mental health, behaviour, social integration and educational performance.

Children's centres are well placed to contribute to the employability agenda and achieving the *Every Child Matters* outcome of achieving economic well-being by helping to address and reach the following key Government targets:

- ▶ increasing the take up of formal childcare by lower income working families by 50%;
- ▶ helping 70% of lone parents back to work and halving child poverty by 2010; and
- ▶ improving the literacy, numeracy and language skills of 1.5 million adults by 2007 and a further 750,000 by 2010.

The percentage of children living in workless households is also likely to be an indicator in the new performance management framework for children's outcomes.

What Sure Start Children's Centres should offer

There are a wide range of employment-related services which children's centres will be able to help parents find and use. These will include opportunities to promote parents' interest in improving work related skills – essential skills like literacy, language, numeracy and IT which are vital to securing well paid employment.

Even when parents have found work, if they struggle to manage their finances their children can continue to live in poverty. Financial capability is vital to enable people to participate in society and to manage their finances effectively. Children's centres should consider providing financial education to parents as part of their support services.

Children's centres should facilitate access to e-learning opportunities that provide a flexible way for parents to fit learning around other demands and to progress at a pace that suits them. By working with Jobcentre Plus and local employers, centres can also actually help unemployed parents find work.

Providing childcare for parents while they are working or attending education or training sessions, or enabling them to find childcare, is one of the most important contributions that children's centres make to the employability of parents. The childcare must be convenient, trusted and affordable.

Good practice in service delivery

Collaborating with other agencies and employers

Children's centres' success in improving parents' employability will depend on the quality of their collaboration with local agencies and partners, such as Jobcentre Plus, local education and training providers, the Learning and Skills Council (LSC) and the Local Authority's Adult Education Service.

(See section 02.)

Case study 7.1

Effective collaboration with local partners to promote employability

Audley children's centre shares a single building with Queen's Park and Audley Neighbourhood Learning Centre (NLC). The NLC improves access and entry to employment and learning opportunities by identifying and removing barriers to participation. It does this by working closely with 15 partner organisations, for example, Jobcentre Plus, Action for Jobs and Connexions, which offer their services through hot desking at the centre. The children's centre provides crèche facilities for parents using the NLC.

NLC works closely with local colleges and other training providers and has successfully engaged over 5,000 learners in various courses from taster sessions to HNCs. With the assistance of Jobcentre Plus, NLC also works closely with local employers, hosting recruitment fairs, providing training and interview facilities. This is in addition to the various forms of support available to assist each individual secure employment, for example, one-to-one support through Guidance Officers, mock interviews, assistance with job applications, and with CVs, and step-by-step career guidance.

Jobcentre Plus

All children's centres (not just those in disadvantaged areas) must have effective links with Jobcentre Plus to encourage and support parents and carers who wish to consider training and employment.

It is important to involve Jobcentre Plus at the planning stage of children's centre development. The Jobcentre district manager is possibly the best point of contact. Where relationships are made at an early stage and resources made available, joint initiatives can reinforce an employment focus within children's centres. By working through centres, Jobcentre Plus can overcome problems about accessibility and trust among customers who might otherwise be excluded.

Early planning will ensure that accommodation and equipment needs are taken into consideration from the outset. As a minimum children's centres should provide IT access to support people's job searching activities.

The exact nature of the collaboration will need to be negotiated and agreed locally by Jobcentre Plus and the Local Authority taking into account the needs of the local community. Details should be set out in a Service Level Agreement.

A recent small scale review into the extent of Jobcentre Plus involvement in children's centres showed a range of services on offer to parents. These included:

- ▶ group information sessions for lone parents before individual work focused interviews (WFLs);
- ▶ promoting and delivering Jobcentre Plus services at children's centres; for example lone parent advisers running ad hoc surgeries, in-work benefit advice surgeries, 'better off in work' calculations, and specialist advice on work for people with health problems;
- ▶ 'warm phones' with a direct link to the local Jobcentre Plus or Jobseeker Direct service. Internet access with Jobcentre Plus advertising their vacancy database. Leaflet stands, displays and signposting; and
- ▶ integrating Jobcentre Plus staff with children's centre planning and team management arrangements, and adopting a 'shared' case management approach between Jobcentre Plus Advisers and children's centres for parents who are not yet ready to take a job.

Step in to Learning

Step in to Learning is a joint Sure Start and Skills for Life Strategy Unit initiative which encourages key staff working in early years and childcare to support parents and carers to take up opportunities to improve their basic skills. Staff are trained to identify literacy,

language and numeracy needs in parents and carers and signpost them to appropriate learning opportunities and access to national qualifications. At the same time it supports the professional development of early years and childcare workers in settings like children's centres by offering them opportunities to gain nationally recognised accreditation for their work.

Local Authorities are encouraged to embed the Step in to Learning training and development programme into their strategic planning for the Childcare Strategy and across their children's centres. Information can be found on the Step in to Learning website www.stepintolearning.org

Family literacy, language and numeracy

Competency in basic skills such as literacy, language and numeracy, will make a big difference to an individual's chances of securing employment.

The Learning and Skills Council is funded to co-ordinate family literacy, language and numeracy initiatives. Local Authorities plan and deliver the initiatives in a range of settings in their area including children's centres. The local LSC Adult and Community Learning Manager and the Local Authority's Family Learning Co-ordinator will have information about the number and location of literacy, language and numeracy programmes and courses in the area.

Courses are jointly planned and taught by an early years teacher or nursery nurse and a specialist adult literacy, numeracy or ESOL teacher where English is not the parent's or child's first language. They range from one day taster courses to intensive courses of 60-72 hours, and can be tailored to meet the individual needs of families, for example, families where English is an additional language or families with learning difficulties or disabilities. One example is a Play and Language course, designed for parents and their children aged 0-3 years, which supports

parents and carers and their babies or toddlers with language development. Parents learn that improving their skills can help their children.

Staff in children's centres delivering literacy, language and numeracy programmes or financial education should undergo training so that they are equipped with the skills necessary for identifying parents and carers with these needs. Staff will also need to know how to support and encourage parents to participate in learning opportunities. The Family Learning Co-ordinator will have details of the training available for staff and the teaching and learning resources available to help them deliver the courses. The Local Authority should also have a strategy in place for ensuring the quality of provision and the involvement of local partners.

Case study 7.2

Family literacy, language and numeracy

In North Tyneside, family literacy, language and numeracy programmes (PACT) are firmly embedded in the Authority's strategy for improving the skills of adults and children. Courses are offered in a range of settings: schools, community centres, and children's centres among them. Services include family literacy courses for parents and children aged 3-5, Keeping up with the Children (Key Stages 1 and 2) Early Start in Sure Starts and One Step Ahead as part of the extended schools programme for Year 7. Throughout Tyne and Wear, courses have been held in 171 schools and 22 children's centres involving 3,888 families.

A number of family literacy, language and numeracy programmes have been set up in children's centres and have been successful in recruiting parents. A financial literacy programme was launched in one centre on International Credit Union Day, with fun activities related to money and numeracy and information about other courses.

Adult education classes

Parents may welcome the opportunity to access classes in subjects in which they are interested, provided that there are crèche facilities. Opportunities in Further Education colleges are extensive and may well build on existing skills as well as creating a first step for those who wish to return to training and employment. Popular courses, many of which carry accreditation, include sewing, cooking, childcare, computer training, English for speakers of other languages (ESOL), crèche work, job interview skills, communication and assertiveness skills and community interpreting. Increasingly parents are training to work with other parents, as volunteers, or in a paid capacity in a children's centre or elsewhere. For example, parents are being trained to consult with other parents, to deliver parenting programmes and to carry out research.

Open days

Inviting local agencies and colleges to take part in open days which combine family entertainment and fun activities with information-giving, is an effective way of making contact with parents. Colleges which collaborate actively with children's centres will benefit by gaining a new client group.

Links with local employers

There are mutual benefits in developing links with local employers. Children's centres can help employers fill vacancies by hosting or arranging courses which develop job related skills, arranging interviews, providing 'contact' references, arranging trial placements and hosting recruitment fairs.

Helping parents overcome barriers to work

Ideas for how to help parents feel confident about going to work include:

- ▶ self-help groups – job clubs for parents who want to find work;

- ▶ providing references based on contact with the centre as helpers or volunteers;
- ▶ a volunteer business adviser coming in to help parents set up their own businesses by advising on business plans and funding sources; and
- ▶ offering a menu of subjects to parents and, if there is sufficient interest, a training course arranged through partner agencies.

Further information

- Ermish J and Francesconi M (2001) *The Effect of Parents' Employment on Children's Lives* Joseph Rowntree Foundation/Family Policy Studies Centre www.jrf.org.uk
- Partners, Sure Start newsletter for Local Authorities, Issue 40, 2005 www.daycaretrust.org.uk
- *National Evaluation Report: Improving the Employability of Parents in Sure Start Local Programmes* (June 2004). Available on the Sure Start website www.surestart.gov.uk, or from DFES Publications dfes@prolog.uk.com
- *Family Literacy, Language and Numeracy – A Guide for children's centres*. Available from DFES publications, dfes@prolog.uk.com
- The website of the Basic Skills Agency, www.basic-skills.co.uk, has a 'Sharing Practice' section that highlights what schools, colleges and other organisations are doing to raise standards in literacy and numeracy.
- The learndirect website gives access to online training, information on learndirect centres, and information and advice on over 900,000 courses throughout the UK. www.learndirect.co.uk
- The Skills for Families initiative resulted in a range of effective practice for Local Authorities, local LSCs, voluntary organisations and other relevant agencies for planning, managing and delivering family literacy, language and numeracy training. www.skillsforfamilies.org
- Step into Learning is a training and development programme for staff and managers in the early years and childcare sector <http://step.tribalctad.co.uk/>
- *Building Financial Capability in the UK*, Financial Services Authority 2004, www.fsa.gov.uk/financial_capability

08 Maternity services

How this improves children's outcomes

Maternity services are universally available under the National Health Service and provide care for women in pregnancy and during labour and childbirth, and care for mothers, fathers and babies in the post natal period. They should link with children's centres in order to:

- ▶ identify mothers and babies at risk of poor outcomes;
- ▶ provide or arrange interventions when problems arise;
- ▶ provide relevant education and health promotion for the health of mother and baby; and
- ▶ provide social and emotional support to increase the parenting competence of both mothers and fathers.

The Government has made a commitment that: "by 2009, all women will have choice over where and how they have their baby and what pain relief to use. We want every woman to be supported by the same midwife throughout her pregnancy. Support will be linked closely to other services that will be provided in children's centres."

Disadvantage and poverty are detrimental to the health of mother and baby, especially where other factors occur like poor diet, smoking, substance misuse, mental illness and domestic violence. Very young mothers, those with absent partners, and mothers from certain minority groups face greater risks. In the past maternity services have not always been able to meet the needs of the most disadvantaged communities or those of particular excluded groups such as parents with a learning disability, and this has been reflected in poor take-up of services in these areas.

What Sure Start Children's Centres should offer

All children's centres should link to maternity services, but those in disadvantaged areas are likely to be collaborating with them frequently to provide services to identified families. Children's centres will be a focal point for the delivery of maternity services as part of a continuum of integrated services, helping vulnerable families in line with the *National Service Framework for Children, Young People and Maternity Services*. Priority should be given to supporting parents from disadvantaged or excluded groups, to reach them early and engage them in antenatal care.

Good practice in service delivery

Maternity services are being reconfigured in many areas, to provide improved access to midwives, health visitors and enhanced and new interventions.

Partnership arrangements

Children's centres will need to develop a partnership with the universal maternity services offered through Acute Trusts (midwives) and Primary Care Trusts (health visitors). Although management arrangements can be complicated it helps to:

- ▶ hold regular meetings with mainstream service managers, from PCTs, Acute Trusts and with the Local Authority, to give overall direction to services in the area;
- ▶ involve local GPs in planning and management, particularly in developing systems for referring women to children's centres and mainstream services;

- ▶ hold regular meetings between children's centre staff and mainstream practitioners, often leading to the development of joint projects, like post-natal support groups;
- ▶ co-locate workers in the children's centre or other shared buildings so that all staff, including maternity staff, can communicate more easily. Team working between midwives and health visitors will assist smooth transition from antenatal to post-natal periods;
- ▶ increase new training activities, especially multi-disciplinary training.

Case study 8.1

A Baby Café

The Calderdale Baby Café has been developed at Elland children's centre in Halifax. The centre is on a single site attached to a school, offering all core services, 56 day care places, and multi-agency provision which accommodates midwifery services, health visiting services and speech and language therapists. The Baby Café supports breastfeeding mothers, and is used by midwives and other health colleagues. The service is used by vulnerable women, and has helped to break down barriers between professionals from different agencies.

Making services effective for families

Effective interventions have two common features. First, they involve early identification of women and children at risk. Preparation for parenthood courses, which begin in early pregnancy, can be a good way to offer such early support to both mothers and fathers. These cover the emotional impact of having a baby on the relationship between partners as well as topics like nutrition advice and breastfeeding, and build supportive relationships among the parents who attend them.

Second, they ensure that the services offered are tailored to the needs of the family in question:

For **teenage parents** appropriate services include antenatal and post-natal groups specifically for pregnant teenagers, young mothers and young fathers; teenage breastfeeding peer support; services delivered in conjunction with mainstream specialist services for teenage sexual health; outreach work in local schools; day care and support provided on school premises for mothers to complete examinations or courses. (See section 12.)

For **minority ethnic families**, group sessions which welcome members of the extended family should be provided with language support. Libraries of bilingual resources such as videos, employing bilingual outreach workers, and working with existing community groups are all good practice. (See section 13.)

For **asylum seekers**, services should offer practical assistance, such as high quality information, support in applying for grants or finding cheap or donated baby clothes, and working closely with existing asylum support organisations. Women should be supported to attend antenatal care and to organise appointments.

Homeless women or those in temporary accommodation may not be registered with a GP. Support can include referral to welfare rights advice or housing departments. Clear links with housing departments are needed particularly to identify pregnant women and families with young children in bed and breakfast hotels.

Support for women experiencing **domestic violence** will need to be provided by trained staff, and underpinned by joint policies with other local agencies. Help for women in this situation will require liaison with Women's Aid and local Domestic Violence partnerships.

For women with **learning disabilities**, services should take account of their communication, equipment and support needs.

Women with **mental health issues**, both pregnant women and mothers with post-natal depression (PND), have been found to benefit

from one-to-one listening visits from family support workers and support groups. Centres will need to develop particular methods for identifying PND in women from minority ethnic groups. They will also need to agree on how they can refer women to existing specialists.

Case study 8.2

Developing skills to tackle post-natal depression

Many SSLPs train staff to identify PND and to help women suffering from it. In one area the programme sent a team of five workers: a Community Psychiatric Nurse (CPN), two health visitors, a midwife and a clinical psychologist on a Training-for-Trainers course at Keele University. On their return they began a programme of training for their colleagues and offered multi-agency training courses twice a year. In another area, it was found that many women wanted to help mothers with PND and the Sure Start Mental Health Worker designed a module to train mothers to give listening support to other mothers, which has received Open College accreditation (Level 1).

It is also important to maintain continuity of contact with mothers. This can be increased using approaches such as:

- ▶ health visitors being involved in antenatal work;
- ▶ midwives being involved in post-natal work;
- ▶ a single interpreter being used with a family over time;
- ▶ antenatal and post-natal events being held at the same venue and time; and
- ▶ family support workers or home visitors making contact with pregnant women and maintaining contact after the birth.

Social support can be provided by volunteers, often known as 'Community Mothers' who are trained to offer emotional support to new mothers, visiting them at home, befriending them, and sometimes offering health advice on topics like post-natal depression and parenting.

Mothers from many minority ethnic communities prefer to receive help from members of their own community and in their own language.

Improving access to services

Because these are universal services, practitioners have experience in reaching families. Health visitors are required to contact all families and one described mixing visits to drop-in sessions in venues round the community, with an ad hoc approach: *"I've done visits in the market, in MacDonalDs, sitting outside on the wall because people won't come in. It's not a matter of me accessing them, but them accessing me where they feel comfortable"*.

Other useful approaches include drop-in rather than appointments systems for antenatal care; the informal availability of staff on mobile phones; having groups in the evenings and at weekends; providing childcare and transport to groups; having interpreters available in those children's centres where they are needed; and following up non-attenders and offering support and assistance so that they attend in future.

Case study 8.3

Better access for rural communities

In many rural communities, antenatal parent craft sessions are regularly delivered in a number of community venues by a travelling team, or a travelling team with a bus. In one area the bus was set up in the car park of a leisure centre. In another, where the nearest hospital was twenty miles away, a Sure Start Local Programme capitalised on the willingness of parents to hold groups in their own homes. Mobile crèches are regularly used. Even in urban settings buses or people carriers can be used to make services more accessible.

Intensive post-natal support

Vulnerable mothers should receive intensive post-natal support: for example, weekly visits at home for the first six weeks after the birth. Post-natal groups can be used to emphasise peer support, social activities, the promotion of mothers' self-esteem and parenting skills. Shy or hesitant women may need to be accompanied to a group. The post-natal period is also an excellent opportunity to engage and support fathers and to identify any problems with children's health.

Support for breastfeeding

Support should be offered to maximise breastfeeding by new mothers. This may involve trained volunteers from a voluntary organisation like the National Childbirth Trust (www.nctpregnancyandbabycare.com) or La Leche League (www.lalecheleague.org). Peer support has also been found to be very effective. A training goal for the centre might be to meet the assessment criteria for a UNICEF Baby Friendly Award, with all staff trained to support breastfeeding, welcoming facilities, and links with breastfeeding support groups.

Smoking cessation

Parents and parents-to-be should be provided with clear information and referrals to specialist services. Stop smoking support groups can also be used to provide peer support (see section 10).

Healthy eating

Improving dietary advice can be given through 'cook and taste' sessions to develop cooking skills and demonstrate healthy eating. Children's centres may provide support to individuals, showing parents what food to buy on a tight budget, and work with local shops or food co-ops to increase access to affordable healthy food. (Section 10 has more on combating obesity.)

Information

High quality, up-to-date materials about all services should be available and be sensitive to developmental, cultural, social and language differences. Specific provision should be made for parents with high communication needs or who use non-verbal communication (see section 05).

Further information

- *The National Service Framework for Children, Families and Maternity Services*, available from www.dh.gov.uk
- The Chief Nursing Officer's review of the nursing, midwifery and health visiting contribution to vulnerable children and young people, August 2004, available from www.dh.gov.uk
- *Maternity services in Sure Start Local Programmes*, (Z. Kurz et al.) DfES 2005, available from www.ness.bbk.ac.uk

09 Speech and language development

How this improves children's outcomes

There are many skills needed for successful communication. The foundations of communication development are laid in the very earliest of experiences. The context for this development is interaction. Communication skills can only be developed with adequate stimulation and response from others. Speech and language development is also intimately connected to other aspects of a child's development and health. It is important therefore that all those involved in working with children encourage language development.

Some children experience difficulty in learning language. As many as one child in ten under five years of age experiences some degree of difficulty. However some children will have greater difficulties and will need the support of specialist speech and language therapy services. A speech and language therapist (SLT) helps children, and their families, who have speech, language and communication difficulties, which can arise from a variety of causes which include Specific Language Impairment, physical and/or specific learning difficulties, autism, hearing impairment, medical or social problems.

Speech and language difficulties may be an isolated phenomenon, but they are commonly accompanied by other problems such as generalised cognitive impairment, behaviour and conduct disorders, attention deficits and emotional problems. Children with communication impairments are at significantly increased risk of educational under achievement. Difficulties may persist into adult life with adverse effects on career opportunities and employment, and may increase the likelihood of social exclusion, offending and mental health problems. Early intervention on speech, language and communication has been shown to produce the best outcomes, ensuring that the child's ability to access the curriculum is maximised.

Essential to the provision of good speech and language development support for young children is collaboration between services and, where appropriate, integration with early education. The development of children's centres offers an excellent model on which both can be based. The *Children's National Service Framework* (NSF) makes collaboration in order to improve outcomes a clear expectation of service delivery, and Local Authorities and health services should, through children's trust arrangements, jointly commission services to ensure this take place.

What Sure Start Children's Centres should offer

Children's centres can play a key role in the positive promotion of children's speech and language development. The aim of the approach should be to stimulate children in their speech and language development. The daily structure of the centre's activities should be used as an opportunity to build in language elements, resulting in a whole centre communication strategy. This should include using a range of activities including:

- ▶ having facilities which allow for a good listening environment;
- ▶ talking and listening to children;
- ▶ using play and toy resources;
- ▶ having activities with music; and
- ▶ storytelling and reading books.

Children's centre staff should also be able to spot speech delay early, and promote language acquisition. Input from a speech and language therapist, perhaps seconded for at least part of the week will be desirable. This specialist can train other workers to identify problems early in individual children and support parents in the development of a more communication friendly environment at home. Where the need arises, children should be referred to the specialist service through a systematised referral system. This may be necessary for the problems such as:

- ▶ difficulties in sucking, chewing and swallowing;
- ▶ delayed speech and language development; and
- ▶ other specific speech and language disorders.

Case study 9.1

BLAST – speech and language therapy programme

Boosting Language Auditory Skills and Talking (BLAST) aims to build up pre-linguistic skills such as attention, listening, speech sound awareness and story awareness in order for children to develop speech and language skills more rapidly based on these pre-linguistic abilities. It benefits all children, not only those with a speech and language delay. BLAST has been used with children with a range of special needs within mainstream settings, such as Autistic Spectrum Disorders, Down's Syndrome, attention difficulties and learning difficulties.

BLAST was rolled out to 103 settings across Middlesbrough, Redcar and Cleveland and is being used regularly by most of those. Feedback from nursery staff is that the children attend better, have more confidence in expressing themselves and are more able to listen to a story and follow it. Teachers have specifically highlighted that children with English as an additional language, attention difficulties, language delays or low self-confidence have benefited particularly.

www.blastprogramme.co.uk

Good practice in service delivery

Helping children learn to communicate and talk

All staff should be trained in language development, typically given by a speech and language therapist. A focus should be on staff understanding how language and communication are underpinned by three key factors – experimenting and learning through play, developing attention and listening skills, and the ability to take turns.

All practitioners can help to support children's speech and language development, both directly, and also by encouraging parents to:

- ▶ talk about everyday activities, such as meal times, nappy or toilet times;

- ▶ play alongside their children at their level and following their lead;
- ▶ be expressive, encouraging eye contact and exaggerating intonation;
- ▶ enjoy action songs; listening games, books and nursery rhymes;
- ▶ reduce the pressure on the child by avoiding asking too many questions; and
- ▶ show interest and respond to whatever their child is trying to communicate.

Good collaborative arrangements

Collaboration between SLTs and other children's centre services should be a feature of the planning and commissioning process. Under the aegis of the children's trust, PCTs will need to engage with early years colleagues to make sure that adequate speech and language services are designed and commissioned for the children's centre. This high-level collaboration will model the behaviour expected of front-line practitioners.

Following assessment of a child, the appropriate service should be designed in collaboration with the parents and family. The service may be provided through a series of one-to-one sessions with the SLT, but it is equally likely to be provided through a learning support assistant or SLT assistant or in group sessions alongside other children with similar needs. Evidence shows that through helping the team of people who are in daily contact with a child, therapy can be provided on a more regular basis and be more relevant to their daily life.

Delivering services in the right place

Where structured speech and language therapy needs to be provided this should be delivered in the most appropriate setting – which may include the home or children's centre, if this suits the child and parents. Where children are attending early educational settings it can be offered within that setting, and strategies should be developed between SLTs and early years professionals who support the child's full learning experience.

Case study 9.2

The best place for delivering a service

The Speech and Language Service in Wiltshire were contracted by the Mini Sure Start Programme to provide support for six families through a traditional Therapeutic Speech and Language approach. However, only half of the families attended with any regularity.

An alternative approach was tried. The revised service was based around two approaches working with Neighbourhood Nurseries and other pre-school groups, and, predominantly, operating a home visiting service. Nursery nurses and other community practitioners were consulted to identify the families in need and worked with them to give some continuity to the help.

The issue of attendance was solved by visiting families in their homes. This also enabled practitioners to gain an understanding of families' particular situations and assess what physical resources families had to hand (space, a table, toys, books, etc).

As a result the speech and language practitioners became more integrated with the local community and the existence of the service was publicised by word of mouth by families who felt more valued by the professionals.

Good practice in reducing waiting times

Some parents report long waiting times to access SLT services. Services can be re-designed to reduce this by introducing a telephone triage system, drop-in clinics and more group work. Eastbourne Downs PCT introduced a drop-in monthly clinic to enable children and parents to access services without an appointment. The child either receives advice and a repeat check up at a later date or an appointment for a fuller assessment. Waiting times have decreased dramatically, with the wait for assessment falling from eight months to one month. Children's centres may be appropriate places to provide such drop in clinics.

Further information

- www.talkingpoint.org.uk provides lots of information for parents and professionals on speech language and communication, as well as other useful links.
- *Speech and language Therapy interventions to children speech and language delay or disorder*, Law,J, Garrett.Z, Nye.C, 2003. Issue 3 Campbell Collaboration
<http://www.cochrane.org/index0.htm>
- Sure Start Programme Guide – Promoting Speech and Language Development, 2001
www.surestart.gov.uk/publications

10 Promoting public health

How this improves children's outcomes

The Government White Paper, *Saving Lives: Our Healthier Nation*, (1999) increased emphasis on public health through its two aims of improving health and reducing health inequalities. It recognised that factors such as poverty, social exclusion, employment, housing, education and the environment have measurable adverse impact on the health of the population.

What Sure Start Children's Centres should provide

Children's centres should aim to increase access to health services by engaging with families who, traditionally, have been unwilling or unable to take up the services and delivering services in a way that better meets their needs. According to local need, children's centres should also plan programmes and services to promote good health and prevent ill-health. Intervening early is critical as patterns of behaviour are often set in childhood and continue to influence health through a lifetime. Encouraging a child to eat 'the healthy option' while young will help to avoid health problems, such as obesity or heart disease, in later life.

Children's centres should work in partnership with health agencies to improve physical and mental health outcomes for young children and their families as well as to reduce health inequalities. In particular they should work with services which use evidence-based interventions to:

- ▶ support parents so that they are confident in helping their children develop physically and mentally;

- ▶ reduce obesity in children by encouraging active play and healthy eating;
- ▶ reduce smoking in pregnancy and smoking around young children;
- ▶ improve mental health and the well-being of young children; and
- ▶ reduce accidents and injuries among young children.

Links to the Child Health Promotion Programme

Children's centres should contribute to the local Child Health Promotion Programme, which provides a framework to ensure the promotion of the health and well-being of individual children, by sharing information with health professionals and offering premises that are accessible for, and used by, local families. The Programme encompasses:

- ▶ the assessment of the child and family's needs;
- ▶ health promotion;
- ▶ childhood screening;
- ▶ immunisations; and
- ▶ early interventions to address identified needs.

Good practice in service delivery

General approach

Effective interventions in the key public health areas listed above recognise that no one area can be seen in isolation from the others. Obesity, for example, and the consequences of some accidents and injuries, can have a lasting impact on the emotional health and well-being of children and their parents. Good parenting has a positive impact on well-being,

learning and achievement, and good parent-child relationships can reduce the risk of children adopting unhealthy lifestyles, such as smoking, drinking and drug taking. Children's centres should support all parents in improving the health outcomes of their children.

Evidence suggests that the parents who would benefit most from intensive parenting support (see section 06) are best identified in the context of universal programmes such as routine health visiting, since this reduces stigma. Children's centres should offer services to all local families, and together with co-located health visitors and midwives, will be well placed to identify families with particular needs (disadvantaged families, parents with mental health difficulties or disabilities, or those with substance misuse problems) and to encourage them to access more intensive programmes of support.

Through children's trusts arrangements, Primary Care Trusts and Directors of Public Health will be able to plan and deliver universal and targeted public health services through additional outlets such as children's centres.

Local Authorities should also consider how children's centres can support and promote Healthy Schools Programmes, for example by co-locating centres with maintained nurseries that have achieved healthy nursery school status.

Diet and nutrition

Children's centres should deliver activities that encourage an understanding of the importance of diet and nutrition in improving children's outcomes. For some families on low incomes timely advice on how to eat healthily at low cost will make a huge difference to the health and well-being of all family members.

But it isn't just information and theory that is needed. Where there are facilities to do so, centres should offer activities that include opportunities for parents and children to learn about food and nutrition in a practical way. Planning and preparing a well-balanced meal then sitting down afterwards, perhaps together with a number of other families, gives an

Case study 10.1

Cooking and eating healthy food together

Sure Start Ravensdale set up cook-and-eat sessions where parents enjoy making simple nutritious meals. The programme aims to empower parents by helping them to: know what a good diet is; prepare food simply and attractively; involve children in preparation; and enjoy eating together. The community dietician is used to hearing parents say their child 'never eats anything' or is a 'faddy or fussy eater'. Her feeling is that parents "might not be aware that children have small appetites, and if they are constantly provided with sweets or sweet drinks between meals they are unlikely to have space left for even a small well-balanced meal." She tries to draw on the pool of knowledge that exists in the community by encouraging parents to help other parents. "If it's coming from them it has more impact than coming from me as a health professional."

opportunity for parents to improve their cooking skills and to develop their children's social skills.

Offering 'drop-in' sessions with a dietician or nutritionist at the centre can be effective in encouraging parents to talk informally about issues that may concern them. The non-threatening, familiar environment of the children's centre will enable less confident parents to admit their lack of knowledge and to ask their questions about their child's health that may link to diet.

Helping children to learn about where food comes from can be of benefit in encouraging them to try different foods and improve the nutritional value of what they eat. Children's centres can help with this by providing opportunities for families to develop and cultivate a vegetable garden. This could be in the grounds of the centre itself or on a nearby allotment.

Another successful activity that helps to bind a community as well as improve diet is setting up a food co-operative. In isolated areas where there are few local shops and buying

fruit and vegetables is difficult or expensive, this is one way of making fresh, reasonably priced produce available.

Combating obesity

Obesity needs to be tackled on two fronts: developing good day-to-day nutrition and increasing healthy exercise. Child obesity rates are likely to be an indicator in the new performance management framework. Children's centres should therefore consider:

- ▶ delivering multi-faceted family-based behaviour programmes where parents take primary responsibility for behaviour change, focusing on diet, physical activity, parenting and communication skills (see section 06);
- ▶ taking steps to equip parents with the skills to provide their children and families with a healthy diet by setting up initiatives such as 'Get Cooking' groups (often delivered by health visitors) looking at healthy eating on a budget or by the inclusion of nutrition and cookery as part of Parenting Skills Programmes (see section 06);
- ▶ offering physical activities appropriate for the pre-school age group like structured and unstructured play, aqua tots, toddler gym/tumble tots and baby massage, in line with the *Birth to Three Matters* Framework and Foundation Stage curriculum (see section 03); and
- ▶ increasing breastfeeding rates (see section 08).

Case study 10.2

Setting up a food co-operative

In West Cumbria Sure Start Copeland set up a co-operative using additional funding through the North Cumbria Health Action Zone. Local producers deliver organic produce to the group and volunteers bag it up. Buyers have to collect but special deliveries are sometimes made.

"For a couple of pounds a week people get seasonal organic produce that hasn't travelled far so is pretty fresh" reported the programme manager.

Case study 10.3

Helping parents to stop smoking

Sure Start Local Programme Bacup & Stacksteads reported a 20% reduction in smoking during pregnancy and after birth. Initiatives used to help parents give up included:

- antenatal support from smoking cessation advisors alongside ante natal drop in sessions run by midwives;
- smoking cessation home visits if required;
- smoking cessation at a variety of times and days with crèche facilities;
- auricular acupuncture for pregnant women who cannot have Nicotine Replacement Therapy (NRT);
- sessions run by Specialist Smoking Cessation Services for all other people;
- Smoke Free Homes initiative; and
- healthy lifestyles visits by family support team/midwives.

In addition, the programme's Health Coordinator can prescribe NRT, and 6 workers and 4 midwives are trained smoking cessation advisors.

Encouraging people to stop smoking

It is particularly important to persuade parents, both mothers and fathers, to stop smoking during pregnancy and to reduce their children's exposure to smoke. Children's centres should:

- ▶ liaise with midwives to identify pregnant smokers at the earliest opportunity;
- ▶ encourage parents not to smoke in the home or near children;
- ▶ offer pre-conception counselling to encourage cessation before pregnancy and reduce the risk of low birth weight;
- ▶ offer smoking cessation training by specialists as part of antenatal care;

- ▶ provide advice and training to all practitioners working with pregnant women and their partners;
- ▶ involve parents from the local community in motivating other parents, especially pregnant women, to give up smoking, encouraging partners to give up together; and
- ▶ use a multi-faceted approach: provide advice and support to mothers to raise self-esteem, reduce the stress factors that make it difficult to give up smoking through parenting support, financial advice, relationship support and training and personal development opportunities.

Promoting mental health and well-being

The Mental Health Foundation, in its publication *Brighter Futures: Promoting Children and Young People's Mental Health* (1999) described how mental health problems in children could lead to poor behaviour and low achievement at school, poor social relationships, involvement in crime, alcohol and drug abuse and other poor outcomes. It also showed that there was an increase in disorders like depression and eating disorders among younger children. But there is good evidence that prevention and intervention programmes based on enhancing cognitive, emotional and social skills do work. Programmes that begin in the first year of life have shown immediate and strong effects on children's IQ scores and on emotional outcomes. Children's centres should:

- ▶ offer parenting programme support to help parents understand children's behaviour and to learn how best to respond to their children (see section 06);
- ▶ offer facilities through outreach or drop-in where health visitors provide developmental advice on behavioural difficulties and changes in sleeping and eating habits;

- ▶ target vulnerable groups including parents who misuse drugs or alcohol; have learning disabilities; experience domestic violence; are homeless and living in temporary accommodation; or who have a diagnosed mental health condition; and
- ▶ have protocols with Primary Care Trusts for referral to Child and Adolescent Mental Health Services.

Accident and injury prevention

Levels of accidental injury are an accurate indicator of disadvantage – children from poor families are more likely to turn up at Accident and Emergency departments. The level of A and E attendance by children under five is likely to be an indicator in the new performance management framework. Children's centres should therefore:

- ▶ offer home visiting support from professional or specially trained lay care givers on accident and injury prevention;
- ▶ issue parents with home and garden safety equipment on loan, on hire for a small charge or free – smoke detectors, fire guards, stair gates, etc;
- ▶ offer education awareness campaigns on accident and injury avoidance – preventing burns and scalds from hot drinks, reducing the risk of falls and fires in the home, making gardens safe, reducing the risk of poisoning; and
- ▶ reduce road accidents involving young children by loaning car safety seats and child restraints and through educational campaigns.

Further information

For more information see the publications section of the Department of Health web site www.dh.gov.uk to access the Public Health White Paper 2004, *Choosing Health: making healthier choices easier* and resources on 'Healthy Living', including smoking cessation, healthy eating and exercise.

The National Service Framework for Children, Families and Maternity Services. Available from www.dh.gov.uk

11 Working with fathers

The need to personalise services for fathers, male carers and other male relatives

All Sure Start Children's Centre services should be responsive to the level of local need to support fathers in their relationship with their partner and in their role as a parent.

Fathers matter to children's development. Research based on the National Child Development Study (which keeps information about 17,000 children and follows them up at regular intervals) shows that where fathers are involved when a child is 7 years of age:

- ▶ there is a positive relationship to later educational attainment;
- ▶ there is an association with a good parent-child relationship in adolescence; and
- ▶ children in separated families were protected from later mental health problems.

This study also found that a father's early involvement with a child was associated with continuing involvement throughout childhood and adolescence. Other research has highlighted the importance of supporting young and vulnerable fathers in their involvement with their new babies. The researchers found that it was the quality of a father's relationship with his partner during pregnancy which was the biggest influence on subsequent involvement with the child – and not family background or social disadvantage.

Barriers to fathers' involvement

It can be a big challenge to involve fathers and other males in family and early years services. In research, young men report feeling excluded from antenatal and post-natal care, and practitioners admitted that they often knew little about fathers, did not see them as central to their task, and lacked the skills to engage with them. Family support services can be insensitive to fathers' needs, and there can often be a female focus and culture among staff and users of services for children and families. Fathers may feel conspicuous at first when using services and mothers may not always be welcoming.

Working with fathers

Responding to fathers' needs

Irrespective of the degree of involvement they have in the care of their child, fathers should be given the support and opportunities they need to play their parental role effectively. Specific areas where fathers may require support include:

- ▶ as direct care-givers to their children. Fathers can lack confidence or strong cultural role models in taking responsibility for children's day-to-day physical and emotional needs;
- ▶ in understanding the value of play and how it can be used to help children develop socially, emotionally and intellectually;
- ▶ in demonstrating their emotional attachment to their children. Fathers who are able to show how much they care about their children are giving them a strong role model for future relationships;

- ▶ in developing and maintaining a positive, co-operative relationship with the mother of the children;
- ▶ finding work, training for work or learning opportunities to enable them to better support their families, and financial support for such learning;
- ▶ help with benefits and entitlements, including housing; and
- ▶ during times of exceptional stress, for example following separation or on arrival in the UK as a refugee.

Family support

There are many situations where fathers have support, but in many cases support from the family is not there. Teenage fathers, for example, may need help to 'grow into' their role as fathers especially if they have not had a strong fatherly presence in their own life. Children's centres should provide services – probably group support – to meet the needs of these men.

Making fathers welcome

Fathers feel welcome where they are accepted and are free to participate without being judged. Staff in children's centres should welcome all parents who are visiting for the first time. They should greet fathers and help them to feel 'at home', making introductions to other parents and a fathers' worker if there is one.

Children's centre staff will need training for working with fathers. This will challenge any negative attitudes towards fathers' ability to care for their children and about their involvement in services; inform them about the important roles fathers play in their children's lives and offer staff strategies for engaging and supporting them. Some centres have found having a fathers' worker a very effective way to coordinate services focused on fathers' needs, and help develop a whole team approach to engaging routinely with both parents.

Case study 11.1

Support for a full-time lone father

A 33 year-old father is divorced and looks after his small daughter full time:

"It had got to the point where I was stuck at home with her all day and I was starting to snap at her...you can't have an intelligent conversation with a two and a half year old".

He was introduced to an SSLP by a health visitor. The fathers' worker has been a constant support. *"He came up to me and said 'I'll get you involved in this, I'll get you sorted with that'. I wanted to get on a course and he's arranged that, he's said bring her along to the playgroup and it's there. Nothing that's been told me has not reached my expectations. People are ready to jump in and help out, you know it's there. But you stand out in the street and ask most of the blokes who walk down here with a pushchair, most blokes will tell you but they won't tell you in front of the missus but they will tell you that they don't know how to cope."*

Activities for men

Fathers generally appreciate some services which are designed specifically for men where they can meet their peers, engage in activities together, and talk about their lives as fathers. Many fathers do not feel they are expert parents and an all male environment can enable them to feel more confident about interacting with their child and seeking advice.

Traditional male interests can provide the basis for engaging with fathers, offer an opportunity for fathers to spend time with their children, access 'peer support', one-to-one information, or advice and advocacy from a skilled worker. Other ideas include working together on an allotment; visiting a swimming pool; taking a group to the toy library on a Saturday morning; developing a play area; barbecues in summer; men's health days. Fathers should be consulted about the kind of services they want and have a part in planning them. There will need to be a mix of different services

Case study 11.2

Activities for men

'Dads Matter' is a partnership between the Sure Start Plus Teenage Pregnancy Team, the MASTS project (supported housing for young people) and Café West (a healthy living centre, in the heart of the community) in Bradford. MASTS were chosen as partners, both because they had already carried out work with young men and because their client-age is up to 25 (many young fathers are not teenagers). Café West has a good quality crèche where fathers can play with their children, as well as fitness facilities, computer suite, confidential quiet space and access to other learning opportunities. From the outset, the young dads (who include estranged dads, step fathers and fathers-to-be) have influenced the programme, choosing the venue, designing publicity leaflets and ensuring, through regular evaluation and consultation, that the project meets their needs. Dads Matter offers a one-one confidential drop in, free lunch, internet access, accredited group work and sports and fitness. Partnership with other professionals to deliver a range of services is key. These have included a local Family Mediator (looking at Fathers Rights), a Health Visitor (delivering Baby First Aid) and a Basic Skills tutor (facilitating C.V. writing, filling in application forms and interview techniques). Dads Matter also offers training to local professionals, to help put fathers on their agenda.

available to meet the needs of different fathers and this will include group-based and one-to-one programmes, home visiting, outreach and centre-based services and a mix of specialist – men-only, and generic father-friendly services.

Other activities that have been found to be effective include:

- ▶ a weekly coffee morning for fathers;
- ▶ helping fathers to find work by putting them in touch with employment agencies;
- ▶ organising talks for fathers on topics like child nutrition, smoking cessation, men's health and personal safety;

- ▶ arranging one-to-one sessions for fathers with housing managers to discuss accommodation issues; and
- ▶ arranging day trips for fathers and children together.

Fathers' workers could be involved in training colleagues about engaging with fathers and working with mothers on attitudes towards and relationships with the fathers of their children.

Employing male workers

Some children's centres have found that employing male workers in a variety of capacities has helped encourage fathers to get involved. In some cases a local father has been a service user and gone on to work in the programme.

Male workers bring a particular perspective to the provision of services, act as a male presence that can help men feel the service is 'for them' and ensure that services are delivered in a way that will appeal to other men. This is important when designing services for men but it will also improve the delivery of other, more general services.

Further information:

- *Fathers in Sure Start Local Programmes (2003)* on www.surestart.gov.uk
- *Guide to Working with Fathers and the Fatherhood Quality Mark (FQM)* www.fathersdirect.com
- *Project findings: The young fathers project to develop and evaluate a model of working with vulnerable fathers* Trust for the Study of Adolescence (TSA), 23 New Road Brighton, BN1 1WZ (TSA website: www.tsa.uk.com)
- *Fathers' Involvement in their Children's Education: A Review of Research and Practice*, NFPI 2005 (www.nfpi.org/data/whatsnew/index.htm)



12 Working with teenage parents

The need to personalise services for teenage parents

Many young fathers and mothers, particularly those who are still of school age, face particular challenges in bringing up their children. Some will be estranged from their own families, many will have had their education interrupted and even those who have chosen to become parents may find themselves missing the social life of their teenage peers.

Although many young parents manage very well, children's centres will need to develop strategies to target this group of families because research shows that teenage parents and their children are at increased risk of poor health and social outcomes. Children's centres should provide teenage parents with:

- ▶ specialist, tailored support, including support for young fathers, to improve health and social outcomes; and
- ▶ services delivered in ways that encourage teenagers to access early advice and support.

The aim of such services will be to improve outcomes for children of teenage parents by:

- ▶ increasing participation in education, employment and training;
- ▶ improving relationships between young people, their partners and their parents;
- ▶ improving self-esteem and self-confidence of young mothers;
- ▶ improving access to support including supported accommodation and benefits;
- ▶ reducing the incidence of low birth weight among babies born to teenage mothers;

- ▶ reducing the infant mortality rate of babies born to teenage mothers;
- ▶ reducing smoking and increasing breastfeeding among teenage mothers;
- ▶ reducing the level of post-natal depression, poor mental health and social isolation of teenage mothers; and
- ▶ reducing the incidence of subsequent unplanned pregnancies.

Good practice in service delivery

General principles

To address the apprehensions of teenage parents about taking part in activities with older parents, separate provision should ideally be offered. If there are insufficient numbers of teenage parents locally to justify separate provision then children's centres should consider provision through one centre in an appropriate geographical location. Services should be informal, young-person centred and available on a drop-in basis. Forms and procedures should be straight forward for young people to use on their own. Services should be advertised using appropriate media such as independent local radio and outreach work by peer mentors.

Young mothers and fathers should be involved in service development. It is likely that young mothers and fathers will often want and need different things. They should be involved through consultation, peer research or feedback and evaluation of services. Working *with* young parents, not just *for* them, will help to increase effectiveness and ownership of the services offered.

The staff providing services should therefore be able to adopt a flexible approach and be willing to change the service in response to feedback from young parents. Teams should be developed with a good skills mix – including workers with relevant experience and those with whom young people can identify.

Services should be offered in accessible venues which are near or co-located with another service valued by young people. Positive images of young mothers and fathers for use in such venues are available free of charge from DfES and can be found on the Teenage Pregnancy Unit's website www.teenagepregnancyunit.gov.uk

To engage young parents, the activities offered should be those that they are interested in – such as advice on diet and healthy eating or sport. Once a relationship of trust has been established through these activities it is easier to address issues like smoking, breast-feeding, contraception, or returning to education. Providing practical support such as crèche facilities; transport; refreshments; incentives such as accreditation for courses and vouchers for involvement in peer support work can all encourage young parents to access the services on offer.

Appropriate services for teenage parents

Intensive crisis support

Many teenage parents need intensive personal advice and support, individually delivered. Sure Start Plus, a pilot programme funded to March 2006, provides targeted support to young parents in 35 Local Authority areas where there are high rates of under-18 conceptions. The key success of the programme has been the role of the Personal Adviser, who provides an holistic package of support to young parents. Sure Start Plus Personal Advisers work within multi-disciplinary teams, referring young parents on to specialist workers where appropriate. The programme has been particularly successful at providing

emotional 'crisis support' for pregnant teenagers and young mothers, helping mediate family relationships, addressing domestic violence, and giving advice on housing, benefits, and healthcare, often acting as advocate for the young woman.

Key aspects of the Personal Adviser's role are:

- ▶ one to one advice, emotional support and practical help;
- ▶ supporting the pregnant teenager and partner, offering opportunities for them to be seen together, where appropriate;
- ▶ providing an integrated support package; and
- ▶ liaising with local agencies, advocacy and ensuring proactive supported referral.

Key needs should be prioritised. It is important to remember that before starting to address issues such as smoking in pregnancy, breast-feeding or returning to education, the more immediate needs of young mothers often need to be addressed. Many of them are in crisis as a result of the pregnancy and need support and advice on dealing with benefits, housing, and the mediation of their relationships with their partners and families. For a number of them, this will include support over domestic violence in their homes.

Sometimes more specific help is required such as help with enhancing parenting skills; mentoring particularly isolated young people who cannot cope with joining in group activities; or access to counselling services to help with low self-esteem, post-natal depression, coercive relationships and problematic family relationships. These services should be designed to allow for a flexible quick service response following referral and sufficient on-going support for young people overcoming difficult experiences. They should not be called 'counselling' (young people often associate this with mental health support and feel it implies they are ill).

Where the numbers of teenage parents are not sufficient to justify a Personal Adviser, there

should be a lead within the children's centre for young parents who ensures that relevant information about childcare, benefits and housing is up to date and ensures links with other services such as Connexions which provides one to one support for parents up to age 19 (and up to age 25 for those with a learning disability).

Working with young fathers

Young fathers often feel particularly excluded from involvement in antenatal and post-natal care by health professionals who in turn feel that they lack the skills to engage with young men (see section 11). However, research shows that successful relationships with their children can act as a positive turning point in young men's lives and their involvement results in improved outcomes for the child.

Research by the Trust for the Study of Adolescence found that the skills, attitudes and knowledge of the people working with vulnerable young fathers was crucial to the success of the work. A dedicated fathers' worker is often the best approach using youth-work type approaches but adapted to the needs of being a parent. A dedicated fathers' worker would also avoid conflicts of interest for the worker over issues such as domestic violence and access arrangements to children.

Support into education and training

Almost 40% of teenage mothers have no qualifications up to three years after giving birth. About 70% of teenage mothers aged 16 to 19 are not engaged in education, employment or work. Children's centres should encourage teenage parents to think about returning to learning to enable them to support their children and avoid poverty and poorly paid employment in adult life as well as long-term social exclusion.

Engagement in learning can also raise self-esteem and confidence in young mothers, 40% of whom suffer from post-natal depression. Research shows that one key factor distinguishing those teenage mothers

who had done well over the long term was developing a career or having employment they liked.

They can be assisted in this through taster courses at FE colleges which will allow them to identify what they might like to study and to experience childcare for their children. Connexions PAs are well placed to provide help on what learning opportunities are available locally. Most teenage parents are eligible for Education Maintenance Allowances (EMAs) of up to £30 a week (plus completion bonuses) on top of benefits if they take up learning post-16. More information is available on the EMA website at www.direct.gov.uk/ema

Tailored maternity services

The Maternity Standard (Standard 11) of the *National Service Framework for Children, Young People and Maternity Services* identifies teenage parents as a vulnerable group whose needs should be met through tailored maternity services as set out in *Teenage Parents: Who Cares? – a guide to commissioning and delivering maternity services for young parents*.

A National Teenage Pregnancy Midwifery Network developing specialist maternity services for teenage parents has been established to share good practice and information on supporting teenagers and their partners during pregnancy. More information is available on the Teenage Pregnancy Unit's website www.teenagepregnancyunit.gov.uk

Preventing second unplanned pregnancies

Twenty percent of births conceived to under 18s are second pregnancies. Many of these are unplanned. Teenage mothers, and their partners, should be given comprehensive information and advice about all methods of contraception, including long acting methods, and be provided with their method of choice. Contraceptive advice should always be accompanied by information about avoiding sexually transmitted infections and about the provision of condoms.

Local teenage pregnancy strategies publish information for young people and professionals about local sources of contraceptive and sexual health advice. Children's centres should display relevant posters and leaflets for young parents and ensure staff have up to date contact details of local services. Materials can be obtained from the local Teenage Pregnancy Coordinator.

A contraceptive booklet written specifically for young parents has been published by Brook. Copies of *Contraception choices after having a baby* can be ordered by email from brook@adc-uk.com (order code:C10). Training courses for health and non-health professionals to help them provide more proactive contraceptive advice to young parents are also available from FPA, www.fpa.org.uk.

Teenage conception rates are likely to be one of the indicators in the new performance management framework for children's outcomes.

Working with teenage parents

Training staff

Both practitioners and administrative staff need to receive training so that they treat young parents with respect and do not judge, criticise, or stigmatise them. This will allay the apprehensions and concerns which deter many young parents from accessing advice. Staff and services should acknowledge the needs of young fathers as well as of young mothers and their children.

Building on links with other agencies

Links need to be made to the Connexions service to increase the uptake of education and training by young parents to reduce their risk of long-term social exclusion.

Local information sharing protocols with maternity services need to be agreed to ensure children's centres are aware of new teenage mothers in the area and can offer services to them and their partners.

Case study 12.1

One-to-one support through an all day 'drop-in'

The Hull Sure Start Plus team operates an all day 'drop-in', once a week. A number of services are on offer for at least some of the day. These services include:

- One-to-one support with a Sure Start Plus adviser;
- An informal parenting group and one-to-one support with a health visitor;
- An informal antenatal group followed by one-to-one support with a midwife;
- Sexual health information, contraceptive advice and free condoms; and
- Support through Connexions with education, employment and training.

The aim is to offer an accessible and friendly space where young people and their children can come for a wide variety of support – both from peers and professionals.

Achievements include:

- Advisers maintaining better contact with young people particularly those who lead chaotic lives as they can just turn up at any time;
- Support for more young people across the whole service. Those who need intensive support can be targeted in the knowledge that others with good informal support will access advisers at the 'drop-in' if a need arises; and
- Young parents meeting the health visitor and being linked to other agencies offering support around parenting, such as Sure Start.

There should also be appropriate arrangements to refer young mothers and fathers to other services, such as CAMHS and other mental health support services or domestic violence perpetrator support.

Outreach to young parents in supported housing

Many young parents may have been in a crisis situation in relation to housing, especially at the time of the birth. They may be poorly accommodated and isolated from family, friends and other networks and are likely to need intensive support in relation to parenting skills because of this. Even if they are accommodated in supported units for teenage parents or are receiving floating support under the Supporting People programme, they are likely to benefit from additional support through daytime activities with their children to encourage better parenting. Children's centres are well placed to provide this.

Further information

The Teenage Pregnancy Unit's website, www.teenagepregnancyunit.gov.uk, provides further information and useful links, including:

- Information about the Teenage Pregnancy Midwifery Network which is a source of information and means of sharing of good practice; and
- *Reaching out to Pregnant Teenagers and Teenage Parents: Innovative practice from Sure Start Plus pilot programmes* (Institute of Education, University of London, May 2005).
- *Sure Start Plus National Evaluation : Executive Summary* Institute of Education, University of London.
- Teenage Pregnancy, Report by the Social Exclusion Unit (1999)
- *Teenage Parents: who cares? A guide to commissioning and delivering maternity services for young parents* Department of Health, Teenage Pregnancy Unit and the Royal College of Midwives (2004). Obtainable from dfes@prolog.uk.com quoting reference 34415
- *Teenage Pregnancy: an overview of the research evidence* Health Development Agency (2004)
- *'You're Welcome' quality criteria: Making health services young people friendly in 2005*. Obtainable from dh@prolog.uk.com quoting reference 271193.



13 Working with minority ethnic families

The need to personalise services for minority ethnic families

Overall, minority ethnic groups experience an increased likelihood of poverty, unemployment, low wages, poor health, and lower attainment, compounded by experience of racial discrimination. They are also often excluded from mainstream services.

Children's centres have an important role in fostering positive relationships within their local minority ethnic communities. Services should be responsive to children's cultural, religious and language needs. They should teach *all* children to value difference and respect children from diverse backgrounds. Where possible, this should include giving children being brought up in areas with low minority ethnic population experience of mixing with children of other cultures and backgrounds.

Children's centres should be aware of their role in helping Local Authorities implement their Race Equality Scheme, which they need to produce under the Race Relations (Amendment) Act 2000. This should include specific targets and actions for children's centres.

Appropriate services for minority ethnic families

Parents from minority ethnic communities will want, on the whole, the same range of services from children's centres as other parents, but may require different kinds of support or delivery in order to access them. Families previously excluded from services will often initially require high quality outreach services to gain the confidence to use services. The manner in which services are delivered will need to be tailored to families' particular needs, in terms of languages, faith and culture. There will not only be diversity between different minority ethnic groups, but also within groups. Play, equipment, resources, books and activities for example should reflect the background of different communities.

Information

Information should be tailored to individual community needs as identified through effective consultation. Patterns of information consumption between different communities may be quite different. Some communities may have less internet access for instance and instead, targeted mailing in community languages may be more appropriate. In some communities, fathers may need to be engaged specifically in their role as head of the family.

Specialist community groups, voluntary organisations or places of worship can advise on how best to provide information to minority ethnic groups.

Monitoring Take-Up

Children's centres should collect data to plan and monitor take up and impact of their services and to demonstrate where policies for promoting equality are successful and where improvements are needed. Further information can be found on the Commission for Racial Equality website and the resource Ethnic Monitoring: A guide for public authorities (www.cre.gov.uk).

Case study 13.1

Engaging a diverse community

Sure Start Woolwich, Riversdale & Glyndon set out to engage the diverse community that it served. Through well planned consultation a need for activities for under 2s was discovered. Parent and toddler groups were set up at suitable venues such as at the local place of worship and at community centres that families used and trusted. Two health visitors co-ordinated drop in sessions, with the support of nursery nurses, and via the groups were able to build relationships with local residents. This improved health outcomes for some minority ethnic communities. Every few weeks the parent and toddler groups are also visited by a child psychologist, speech and language therapist and dental nurse who took short sessions and then were on hand for individual questions. Sessions were structured, themed around religious events and used culturally appropriate toys. Overall the parent and toddler groups at Sure Start Woolwich helped progress children's social and emotional development. It also provided a community space for different cultures to come into contact and a referral route to more formal childcare.

Working with minority ethnic families

Setting up services

Children's centre services should be culturally appropriate and should reflect diversity in all aspects. This is best achieved by involving parents, families and communities in designing services and the manner of their delivery. The use of interpreters to support communities whose first language is other than English is essential.

English as an Additional Language (EAL)

Children's centres need to take account of the communication needs of parents for example where there are sizable communities of EAL speakers, they may need to recruit staff or trained volunteers skilled in community languages. Centre services will also need to be sensitive to the needs of the children growing up in homes where little or no English is spoken.

Training for staff

All staff working in Sure Start Children's Centres should receive diversity awareness training. Effective training supported by Local Authority Equality Officers should provide staff with opportunities to explore issues around equality and diversity and examine their own beliefs and assumptions, conscious and unconscious. Training should highlight some of the barriers that minority ethnic communities can face in accessing services and should develop sensitivity in staff, helping with understanding of the needs of different children and families.

Case study 13.2

Providing language support

Portsmouth City Council, through its Ethnic Minority Achievement Service (EMAS) supports English as an additional language and has improved service access for families of young children which is delivering improved attainment in schooling. Two bi-lingual EMAS Community Cohesion Officers coordinate & provide a range of services and deliver various forms of outreach assisted by bi-lingual assistants. Bilingual staff have initiated parents to the early years curriculum and shared the benefits of early learning and raised expectation. They have also provided support when families are visiting speech therapists or educational psychologists and they have supported these practitioners and health visitors who have been observing and assessing young children with EAL. For more information see: www.bls.portsmouth.sch.uk/earlyyears

Case study 13.3

Working with travellers

At Bridlington in Yorkshire there is a 26-stand site for traveller families, who work in the area in the seasonal tourist industry. Sure Start have formed a partnership with the Traveller Welfare Service and Traveller Education Service and together put a permanent portakabin on the site. From here a range of services is provided and the space has become a hub for the community. The cabin is the venue for play sessions where children are encouraged to develop their play with toys and to refine motor skills in a learning environment, preparing them for classroom interaction. A women's group supported by an Education Welfare Officer has improved attendance at school. There is also a weekly toy library, visits from Connexions and support with reading and literacy available. A grant from AOL has provided internet access.

Staffing in Sure Start Children's Centres

Staff in children's centres should reflect the communities that they serve in order to create confidence particularly when families begin to use services. In order to achieve this, children's centres should look at their recruitment procedures and ensure that they recruit a diverse group of staff. Job adverts should be carefully drafted and published so as to not unintentionally exclude or discourage applicants from target groups. Positive action under the Race Relations Act 1976 will also be an appropriate course of action where required. Additional training in relation to race should be available for those staff, parents and community members who recruit, select and train employees.

Further information

- *Cultural competence in Family Support* – Fatima Hussain, National Family and Parenting Institute. www.jkp.com

The following guides are all available on www.surestart.gov.uk:

- *Promoting race equality in the early years*
- *Sure Start for all – Guidance on involving minority ethnic children and families*
- *Sure Start: For Everyone*
- *Working with young children from minority ethnic groups – A Guide to Sources of Information.*



14 Working with disabled children

The need to personalise services for disabled children

Disabled children should be fully included in all services provided by children's centres. All disabled children, along with their families, should be able to participate in activities and feel that they belong alongside their peers. Families where there is a disabled child will often be under pressure in many ways. Research has shown that they can be among the poorest families in this country, and are often excluded from mainstream services.

Appropriate services for disabled children and their families

Family support services

Families with disabled children often face high levels of day-to-day stress and need appropriate family support services, which are flexible and responsive to their individual needs. Many families need – but do not receive – training in managing sleep problems and their child's emotional and behavioural difficulties. Children's centres should work with local specialist services and voluntary sector groups to ensure that services are available to all disabled children including those with complex health needs, those dependent on technology or tube-fed, those with autistic spectrum disorders and multiple disabilities such as deaf-blindness. Where there are small numbers of disabled children needing specialist support, children's centres may provide services for children from across the Local Authority.

Some families will need practical support with day-to-day care. Children's centres should make contact with the relevant Children with Disabilities Team or other social services in the area to ensure that families are aware of local

arrangements for family support, including the provision of short breaks, equipment and adaptations and advice on sources of financial advice or help with housing and similar problems. Children's centres should be aware that parents of disabled children can request direct payments (cash payments) in lieu of services provided directly by the Local Authority to assist with the costs of childcare or other services. Further information on direct payments is available on the *Every Child Matters* website at www.ecm.gov.uk.

Portage and home-visiting services

Portage is a home visiting support service for families of young disabled children. The Portage or home visitor (often a qualified early years teacher with specialist knowledge about disabilities and Special Educational Needs) builds up a relationship with the family and the child and is able to offer convenient support, play and learning activities tailored to the needs of a particular child. This can greatly improve children's development and preparation to attend school. Portage services can facilitate the transition to pre-school or reception class and liaise with Health and Education departments on behalf of the parents. The National Portage Association is currently being funded by the DfES to develop its services and spread registered Portage to Local Authorities that do not currently offer this service.

Key workers

The *Children's National Service Framework* recommended that parents of severely disabled children require a key worker to help them access, oversee and manage the delivery of services. Children's centre staff may be the ideal people to become key workers.

Therapy services

Children's centres should support optimal physical and cognitive development (using physiotherapy, occupational therapy, speech and language therapy, play and educational programmes). Providing early therapy services can have a positive effect in terms of promoting development and minimising decline or regression among children with development disabilities.

Early years provision

The Effective Provision of Preschool Education (EPPE) study has shown that provision of high quality early years provision can reduce the risk of children being identified as having special educational needs at a later stage from 1 in 3 to 1 in 5. (EPPE Research 2004). Local Authorities and children's centres should monitor take up to ensure disabled children are not being excluded from the benefit of receiving early years provision.

Information

Timely, appropriate, accessible and accurate information should be provided to enable children, parents and carers to make choices about the support and services they wish to use. Parents of disabled children from minority groups are least well-informed and efforts should be made to provide information in community languages and appropriate formats to meet the needs of the local population. Duties under the Disability Discrimination Act 1995 need to be taken into consideration when considering information in appropriate formats, including sign language (see section 05).

Children's centres should have access to or give parents information about welfare and benefits advice from appropriate agencies (such as Jobcentres, Citizens' Advice Bureaux and the Benefits Enquiry Line for disabled people 0800 882200). There are a range of benefits that families with disabled children may be entitled to including Disability Living Allowance (DLA); Income Support; Disabled Child's Premium in relation to Tax Credits; and

Direct Payments. The Government supports a free Helpline, provided by Contact a Family (www.cafamily.org.uk, 0808 808 3555), which can give practical advice to parents or professionals on a wide range of issues (including disability benefits and allowances). Many parents of disabled children will be uncertain how to find good childcare for their child. Children's Information Services have an important role in ensuring that families are aware of all the local options and can make appropriate choices.

Working with disabled children

Early support

The DfES has funded *Early Support* to achieve better co-ordinated family-focused services for babies and very young disabled children and their families. The programme has been based on implementing the DfES/DH *Together From The Start* guidance (2003). All children's centres are expected to use these approaches and materials including the Early Support Family Pack, the Professionals Guidance and the Service Audit Tool. In particular the *Early Support* Service Audit Tool should be used by children's centres to jointly review and evaluate the standard of service they are providing.

The materials and practices include how to provide effective multi-agency early intervention and family support. Children's centres should use the *Early Support* Family Pack to help them personalise services for individual children and their families. *Early Support* has produced information booklets for parents about particular impairments and conditions which help families to make informed choices about the support they need.

The publications are free to Local Authorities, providers and parents (see www.earlysupport.org.uk for ordering information). Also available on the website is information about training packages that have been developed to help Local Authorities use the *Early Support* materials to improve their services, including case studies from *Early Support* Local Authority pathfinders.

Case study 14.1

The 'Early Support' approach

Early Support is part of the North Lincolnshire children's trust Pathfinder. Disabled Children and Young People is one of five areas that have been prioritised for the joint commissioning of services. Early Support will be embedded within North Lincolnshire's children's centres as an approach to the delivery of family centred services.

The project is working to develop the following:

- expansion of the portage model;
- inclusion of parents and families in the commissioning, design and performance management of Early Support activities;
- amalgamation of the Early Support and local frameworks of common assessment, child in need and complex care;
- development of key working/lead professionals;
- better communication and information sharing; and
- delivery of Early Support in hearing support services.

Disability Discrimination Act

Families of disabled children commonly experience exclusion from mainstream and community services. Children's centres should be aware of their responsibilities under the Disability Discrimination Act 1995 and 2005 to ensure they plan and provide services in ways which meet the needs of disabled children.

Listening to disabled children's needs

Local Authorities should consult the parents and carers of disabled children, as well as the specialist voluntary sector, such as Contact a Family, when developing and implementing their services. The needs of disabled children and their families are many and diverse and need to be taken into account at an early stage so that children's centres can provide appropriate support for them. Take up should be monitored and where needs are not being met, appropriate adjustments made so that disabled children are

included. Liaison with and the referral of parents to independent Parent Partnership Services, present in all Local Authority areas to provide information and support to the parents of children with special educational needs, is a key role for children's centres.

Counselling and support

Some parents may need the professional support and advice of counsellors, particularly at the time of diagnosis. Many will welcome being put in touch with a parent support group. Centres should work with local Contact a Family groups, and other specialist local support groups like MENCAP, SCOPE, the National Deaf Children's Society or National Autistic Society in order to provide these services.

Inter-agency working

Disabled children frequently need access to many different services and this can cause considerable stress for families if they are not coordinated. Where possible children's centres should look to providing multi-agency services from the centre, to ease information-sharing between agencies, and ideally to coordinate appointment times so that they are offered on the same day.

Children's centres should develop an effective partnership with schools and the LEA so that any special educational needs are identified as early as possible and appropriate provision made. It is essential to ensure that the transition from early years to school is well managed for children with special educational needs or a disability. Liaison between early years SENCOs (or early years inclusion officers) and school SENCOs and reception class teachers is essential, particularly where special provision or equipment is required.

Many disabled children will have a range of special needs. Children's centres should develop effective partnerships with Child Development Centres, where disabled children can have multi-agency assessments to determine their individual needs and provide any additional support as required.

Case study 14.2

Serving disabled children and their families

Barkerend children's centre in Bradford serves a multi-ethnic city centre community and undertakes a range of activities to support young children with special needs and/or disabilities. Every month a paediatrician visits the centre where a 'fast track' referral system enables children suspected of having special needs to get a quick diagnosis and referral to specialist help where necessary. The provision of support is significantly speeded up as health visitors, childcare staff and parents themselves can arrange to see the doctor without a complicated referral system.

The centre also employs a physiotherapy team that undertakes home visits to teach parents how to do therapeutic exercises with their children. The centre runs a group for children whose physical development is delayed, where parents are taught to help their children with activities that develop muscle tone enabling them, where possible, to learn to walk. Parents are able to take their children to visit the centre's sensory room for play and activities three times a week.

Local schools collaborate extensively with the children's centre, visiting the sensory room, making use of the interpreters, and arranging home visits for families who need additional support. The children's centre has also facilitated hydrotherapy sessions for children for whom this therapy is beneficial.

Liaison with health services will be required for integrated services as some disabled children may also have medical needs. Where appropriate, children's centres should seek guidance and training from health visitors or other health service staff to address the needs of a particular child. (For example, it may be necessary to get therapists to educate and support other staff in building therapy into the child's daily routine). The recently published guidance *Managing Medicines In Schools And Early Years Settings* should be used to provide guidance on best practice so that, in conjunction with parents, medical needs can be catered for within settings and services for young children.

Supporting disabled children requires staff to be trained in the skills to understand and meet the specific needs of each child. This includes training on disability equality and inclusion issues and on supporting the particular health conditions or impairments they are working with directly. Research shows that disabled children can sometimes be excluded unnecessarily from services because of worries over managing risk to staff health. With DfES support, the Council for Disabled Children produced a practical guide *Dignity at Risk* (CDC 2004) looking at risk protocols in relation to invasive and intimate care, moving and handling and restrictive physical interventions and challenging behaviour. Children's centres should develop guidance for staff on these issues.

Further information

The Council for Disabled Children publishes a range of books on good practice and consultation with parents: www.ncb.org.uk/cdc. This includes *Dignity at Risk* on risk management (CDC 2004) and *Including me: managing complex health needs in schools and early years settings*, published by the DfES, DH and the Council for Disabled Children. This is a useful practical handbook which will help children's centres to develop policies and procedures around the management of disabled children's health needs.

The Accessibility Planning Project Early Years, produced by the Council for Disabled Children and the SEN Joint Initiative on Training at the University of London on behalf of DfES, provides invaluable practical guidance on training and strategic planning in order to improve access and inclusion for disabled children in early years settings. This guidance can be downloaded from the Sure Start website at: www.surestart.gov.uk/surestartservices/inclusionandwellbeing/sendisability/resourcessendisability/

The Disability Rights Commission has a range of practical publications and advice for providers wishing to improve access for disabled people on its website at www.drc-gb.org and runs a free Help Line at: 08457 622 633.

Managing Medicines In Schools And Early Years Settings guidance can be downloaded from www.surestart.gov.uk/surestartservices/inclusionandwellbeing/sendisability/resourcessendisability/

Children's National Service Framework – Disabled Children Chapter – www.dh.gov.uk/childrensf – Publications order 01623 724 525 (free of charge)