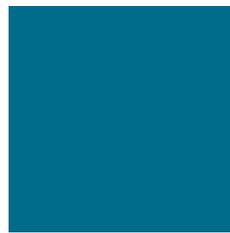


SureStart Children's Centres Practice Guidance



Every Child Matters
Change For Children



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Foreword



The Government wants every child to be able to reach their potential. They should be supported from their earliest years in learning and developing life skills, so they can grow up happy, healthy and achieving their goals. This is good for children and families. It is also good for society – both economically and socially. We want to see an end to child poverty which has held back too many children for too long. *Every Child Matters* isn't just the name of our programme – it is our absolute belief. Children's centres are key to the achievement of this wider vision. A new, permanent arm of the welfare state.

We have made a good start. We now have over 1,000 centres in place, reaching 800,000 young children and their families. During my visits to children's centres across the country, I have seen for myself the dedication of children's centre staff and the sheer hard work that has resulted in parents getting the right support and advice to help them in the difficult job of parenting and also to help them find work so that they can improve their family's financial position.

The multi-agency approach of Sure Start Children's Centres is at the heart of our *Every Child Matters: Change for Children* Programme and our wider reforms. Extended schools will bring that same integrated approach to services for school aged children and their families. Centres will be the key mechanism for improving outcomes for young children, reducing inequalities in outcomes between the most disadvantaged and the rest, and helping bring an end to child poverty.

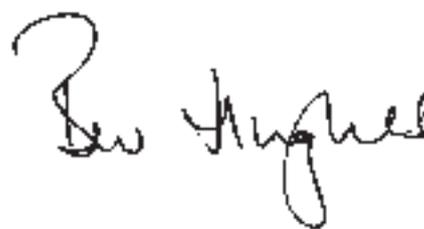
Many more centres will be opening over the next four years – we want one for every community by 2010, so no child or parent misses out on the advantages that the responsive and respectful service delivery approach in Sure Start Children's Centres can bring. It is particularly vital that we reach the most vulnerable and disadvantaged families at greatest risk of social exclusion – including workless households, lone parents, disabled children and parents, minority ethnic groups, teenage parents, asylum seekers and refugees. There is still evidence that some of the most disadvantaged families are not getting the help they need to give their children the chance of a better future. This isn't easy and takes perseverance and persistence. But I want everyone working in centres to focus on ensuring that through effective outreach, contact is established with all families – and in particular, that the most disadvantaged families know what help exists.

I also want all parents – together with the community, private and voluntary sectors – to be actively encouraged to take part in planning and running children’s centres. This will ensure that services are flexible and reflect the different needs of their communities. It is important that the role of fathers is not overlooked. The vast majority of fathers – whether or not they live with their children day to day – have a crucial role to play in giving their children the best start in life. Their ongoing commitment, together with active interest and involvement in all aspects of their children’s life and development is really important in delivering better outcomes for their children.

We want centres to become the first, local port of call for all families with young children, whether they need advice or support on their child’s health, development or care, or help with the challenges parents face every day in bringing up their children in the crucial early years. Centres should be sensitive and persistent in using outreach and home visiting to gain the confidence of, and help, the most excluded groups to participate regularly in Sure Start services.

We have set out in this revised guidance further evidence on how the services offered through Sure Start Children’s Centres can best be delivered to meet the individual needs of all young children and their parents, wherever they live. Together with our new Planning and Performance Management Guidance for

children’s centres, it gives local authorities and everyone working in children’s centres lots of good practice examples and ways to improve service provision, and demonstrate they are making a real difference to the lives of all parents and young children. Families deserve no less.

A handwritten signature in black ink that reads "Beverley Hughes". The signature is written in a cursive, flowing style.

Beverley Hughes
Minister of State for Children,
Young People and Families

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. This is a major change and its success rests on good local authority leadership, close partnership working, joint commissioning of services and effective multi-agency teams.

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 children's centre managers and practitioners, local authorities and Primary Care Trusts (PCTs).

The guidance falls into three parts. Section 02 looks at running a children's centre; sections 03-13 focus on good practice in providing key services, and sections 14-21 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

The Government's vision is a Sure Start Children's Centre for every community providing all families with young children with access to high quality early years provision and other health and family support services, as well as improved support for their children's transition into school. They will also support parents who are seeking to return to work with employment related services, which will help lift families out of poverty.

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 5 should expect to receive, according to their need.

The context

If we are to achieve this vision we need to be aware of the changing context for children's centres. 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.

More and more schools are offering extended services and it is important that local plans join up these two services so that children across the age range and their families can access the services they require and parents can make choices about their work and family lives.

For the first time we have legislation in place in relation to children's well-being and their early years. The Childcare Act 2006 will introduce new duties for local authorities and their partners between now and 2008, aimed at improving outcomes for all children and reducing current inequalities.

From 2008 the Early Years Foundation Stage framework will require providers of integrated early education and care to complete the Early Years Foundation Stage profile data and return this to their local authority, who will in turn return data to the DfES. This will replace the current Foundation Stage profile and will provide us with good evidence of children's progress and development at the end of the Early Years Foundation Stage.

The purpose of this guidance

This guidance is 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 here are not new; they have been part of the Sure Start approach from the beginning. We want to see them consistently applied. The new performance management system for children's centres will lead to changes in practice in a range of areas, including:

Reaching the most disadvantaged families and children

Research shows that there was significant variability in the degree to which Sure Start Local Programmes (SSLPs) reached all families with young children in their area. Some were successful in reaching excluded families, but some SSLP managers have acknowledged that they still need to do a lot more to reach their whole community, and especially 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.

Using evidence-based practice

It is important that children's centres offer services that are attractive to parents. Centres should aim to tap into parents' 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 useful because of the contact they enable between parents and practitioners, but 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. For example, 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.

Improving multi-agency working

Delivering children's centre services requires a range of agencies and organisations to work together. Research has shown that while some centres have good partnership working arrangements, not all centres are benefiting from effective multi-agency working – particularly with health and Jobcentre Plus services.

The Childcare Act 2006 places a duty on local authorities working with their partners in PCTs and Jobcentre Plus to improve outcomes for all children and in particular to reduce inequalities. Using children's trust arrangements key partners across the sectors should 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 this may not always be the case (e.g. where there is a purpose built health service very close to the children's centre or where services are already located in an area which suits the local community). In these circumstances we would expect to see strong joint planning and working with the children's centre and multi-agency arrangements 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 running a children's centre and emphasises the importance of managers and staff knowing the community. Drawing on recent research evidence from the National Evaluation of Sure Start – *Outreach and Home Visiting Services in Sure Start Local Programmes* – it includes practical advice on putting in place effective outreach and home visiting services to ensure the families most at risk of social exclusion can access the services they need. It explores how to establish effective multi-agency teams and how involving parents at every level, not just as service users, can improve the take-up of services. This section should be read alongside the Planning and Performance Management Guidance.

- ▶ **Sections 03 to 13** 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.
- ▶ **Sections 14 to 21** 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. Additional sections have been added to this version for example on working with families in temporary accommodation and partners and families of prisoners.

Supporting delivery

The Together for Children (TfC) consortium has been appointed by DfES to support local authorities with the delivery of Sure Start Children's Centres. The consortium is led by Serco and brings together CareandHealth, ContinYou, 4Children and PA Consulting. TfC is working closely with relevant partners including Government Offices, TDA Development, DfES architectural consultants and Ofsted. The services provided by TfC will include building local authority capacity to plan, commission and project manage the roll out of children's centres, identifying and promote good practice, supporting the development of multi-agency working, and reporting to DfES on delivery progress.

02 Running a successful Sure Start Children's Centre

Knowing your community

The first step is to 'know your community'. This can be achieved in a theoretical way – by using all the statistical data available to local authorities such as population, deprivation, homelessness, demographic and ethnicity data – and in a more real way – by 'walking' the area, making contact with the families through key community groups, schools and normal points of contact like GP surgeries, health centres, and even libraries.

A Centre Manager and their staff will only be able to make a difference if they know where families with under 5s live and, crucially, where the families with the highest levels of need are. There is no substitute for good information about families and their needs.

Case study 2.1

Peterlee Sure Start Children's Centre has created a database of all children, parents and families in the area. It has done so by means of a dedicated team of midwives and health visitors who have collated all the data for the area. The database provides information that the centre can use to identify the needs of children from a very early age, develop appropriate services and monitor the children's development. In the longer term it provides very comprehensive data that the University of Durham is analysing as part of an independent evaluation of the achievements and experiences of those involved in the programme. Families sign a data protection agreement and the centre ensures that the terms are upheld when sharing the children's developmental profiles.

For further information, call **0191 586 8362**

Outreach and home visiting is essential

Outreach services and home visiting serve two main purposes:

- ▶ raising awareness in the community as a whole about the range of services on offer; and
- ▶ for those families who cannot or choose not to come into the centre, providing important information and access to services, thereby reducing the risk of exclusion.

All Sure Start Children's Centres, and especially those serving families in very disadvantaged areas, must offer outreach and home visiting. Someone from the health visiting team will normally visit a family around ten days after the birth of a child. This is an opportunity to talk to parents about the range of services on offer at the children's centre. Centre Managers should liaise with health visitors to identify any families that have not received this new birth visit in their area, and ensure all families with new babies receive a visit within two months of the birth. These visits should be recorded.

The most successful outreach has been achieved where centres have visited all families in the community regularly and frequently.

Reaching the most excluded groups

Some centres use their outreach and home visiting teams to build strong links with community groups and organisations in order to make contact with the most isolated families. Home visiting services should be the first step along a road which will lead eventually to an excluded parent accessing centre-based activities, becoming less isolated, more confident and better able to cope as a parent. All centre staff should be clear that the fundamental purpose of outreach and home visiting services is to improve child outcomes through effective support for the parent.

Reaching the most isolated families takes time and perseverance. It may take several visits before a parent will accept any kind of service the centre can provide. Outreach workers have to be prepared to return again and again. Staff should explore sensitively the reasons a parent does not want to access services at the centre. For example a mother may feel intimidated about walking into a place where she knows no-one. Once a parent is receptive it must be made clear that the real focus for the services is the child. Every attempt should be made to increase the services delivered at home by adding some centre-based activities to support the child's social and emotional development. It may help if a member of staff that the family knows and trusts accompanies the parent on their first visit, or meets them on arrival.

Volunteers and members of the local community can be particularly successful in establishing contact with those families where there is a mistrust of 'professionals' and a reluctance to use statutory services.

Good practice in outreach and home visiting

It is good to have one member of the centre management with responsibility for co-ordinating outreach services. The programme of visits to a family should be time-limited, although timing will vary according to levels of need, and the need for services delivered at home should be regularly reviewed. The aim is to encourage families, wherever possible to use services at the centre eventually.

Where possible a keyworker system should be established and there should be a referral system in place. Protocols should be in place covering all interactions with families and children. Co-locating staff who carry out visits helps to encourage good communication.

Staff involved in providing outreach and home visiting need appropriate training and it helps to have joint training sessions for staff with different professional backgrounds. For example staff need training in how to get back-up advice in supporting families; how to signpost parents to further services; risk assessment; personal safety; confidentiality procedures and training on specific subjects like domestic violence and child protection.

Managers must ensure systems are in place so that the centre is able to monitor which families and which members of families are using their services. Centres should track trends in service usage by different groups – particularly those who may in the past have been excluded from accessing mainstream services – to ensure that services remain appropriate for families. It is essential that progress is made in increasing take-up of services by families who need them most and that centres have the information to demonstrate they are making a difference.

Performance management

Detailed information on monitoring children's centres' services is in the Planning and Performance Management Guidance. The Performance Management framework identifies key indicators of performance as:

Outcomes	Indicators
Learning and Development	% of children who achieve a total of at least 78 points across the Foundation Stage Profile (FSP) with at least 6 points scored in each of the personal, social and emotional development (PSED) and communication, language and literacy (CLL) scales.
Health	% of children in reception year who are obese % of mothers initiating breastfeeding
Child poverty	% of children aged 0-4 living in households dependent on workless benefits
Teenage Mothers	% of teenage mothers aged 16-19 in education, employment or training
Access for the most excluded groups	% of members of the following groups in the children's centre reach area, with whom the children's centre establishes contact: <ul style="list-style-type: none"> ▶ teenage mothers and pregnant teenagers; ▶ lone parents; ▶ children in workless households; ▶ children in Black and Minority Ethnic groups; ▶ disabled children and children of disabled parents; and ▶ other groups which are priority vulnerable groups in the children's centre area.
Parental satisfaction	% of parents in the children's centre area satisfied with services

Local authorities and Centre Managers will discuss other local data sources that will be helpful in identifying communities and their particular needs, and will agree how each centre's performance is to be measured. Particular attention should be paid to monitoring contact with families who are at risk of exclusion and to increasing take up of services by these families over time.

Planning services for children and families

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 we set out clearly the services that should be made available to all families with children under 5. 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, 38 weeks a year for 3 and 4 year olds rising 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 for mothers and fathers;
- ▶ antenatal and post-natal services and child health services and information on health issues;
- ▶ 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 mothers and fathers 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;
- ▶ families living in temporary accommodation;
- ▶ 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
- ▶ disabled parents and parents.

While these families will not always be in difficulty, research has 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, or families ask for more help, 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;
- ▶ group-based antenatal and post-natal support focused on parenting;

- ▶ varying levels of group-based or one-to-one parenting and family support, either before or after the birth of their children, 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 family therapy or services to safeguard children from harm due to abuse or neglect.

Publicising what you offer

Research has shown that many parents are unaware of the services on offer. It is important that centres make every effort to contact all families with young children in their area and publicise the range of help they can give parents.

Centres should seek to use places that parents routinely go to like GPs surgeries, schools, post offices as well as other outlets like CABs, local authority offices, libraries, and voluntary organisations to publicise their existence.

Leaflets about services and newsletters about the centre and its activities are one way of publicising services. Home visiting staff and outreach workers can drop these in when they visit. But they need to be supplemented with other methods – parents with a lot of difficult issues to contend with may not take time to read them. Local radio and local newspapers are a good way to raise awareness and centres need to think about producing material in languages other than English.

See further information in Section 05 Information and Advice.

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 Planning and Performance Management Guidance. Outside these areas it is up to the local authority and statutory partners 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 5 in the local population living in income deprived households;
- ▶ the proportion of families with children under 5 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 5.

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. In the 30% most disadvantaged areas we expect to see children's centres, working with their statutory, voluntary, private and independent sector partners, 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.

(See page 8 for policy on co-location of health services.)

Elsewhere, for example, 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 most affluent 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 for parents and children eg 'stay and play' 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.

Safeguarding children

Local authorities and school's governing bodies who are responsible for providing services directly must ensure that effective recruitment and vetting checks are carried out on all staff, including obtaining references and enhanced CRB Disclosures, and that appropriate records are kept. Detailed advice is contained in the document, *Safeguarding Children and Safer Recruitment in Education*, available at www.teachernet.gov.uk

Where third parties are contracted to work with Sure Start Children's Centres written agreements must clarify responsibilities for undertaking checks and storing records. Normally the third party provider should be obliged to check their own staff and keep records, and confirm with governing bodies/head teachers that this has been done.

Centre Managers, in conjunction with the local authority, should ensure their centre has a clear child protection policy and that all staff can demonstrate an understanding of child protection and how this relates to their role. In practice this means Managers should:

- ▶ use the documentation from the local safeguarding children's board;
- ▶ appoint a lead person whose job it is to ensure every member of staff is competent in their knowledge of child protection and knows what to do if they are worried that a child is being abused and what the procedure is for reporting and recording child protection issues;
- ▶ ensure staff do not make themselves vulnerable and are clear how any allegation of abuse against a member of staff or other adult will be dealt with;
- ▶ ensure parents are aware that staff have a duty to share child protection issues with other professionals and agencies; and
- ▶ be ready with support for children, their families and staff if a child protection incident were to occur.

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. Governance arrangements for children's centres should bring together the parties needed to facilitate a multi-agency approach and to challenge the centre constantly to improve its performance so as to achieve better outcomes for children. Involving parents within governance arrangements is another way to build up active contact with parents and provide a route for their views to be heard and acted on. Guidance on the management and governance of children's centres and extended schools will be issued in early 2007.

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

The National Professional Qualification for Integrated Centre Leadership (NPQICL) is the qualification that we expect all children's centre managers to take and that will become the established leadership programme for those leading children's centres. It is run by the National College for School Leadership and more details are available on their website at: www.ncsl.org.uk/programmes/npqicl/index.cfm

Making the multi-agency approach work

Experience tells us that one of the best ways of establishing a strong multi-agency team is to give workers and professionals time together. Co-location of services with, for example, health visitors, midwives, family support workers, outreach workers, managers and volunteers sharing office space or a staff room, fosters a better understanding of the aims and priorities for each agency and helps to identify common ground. Issues of confidentiality need to be addressed specifically with information sharing protocols and particular care must be taken if there is any possibility of volunteer workers having access to information about local families.

A strong, skilled leader with enthusiasm for the Sure Start approach must articulate 'the vision' that has been developed and agreed by senior managers from all parties involved. The vision should be translated into realistic children's centre goals and common targets so that all team members are clear that they share the same goals. 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.

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.

Case study 2.2

Team-working in Carlisle South

Sure Start Carlisle South was one of the first designated children's centres in Cumbria, and builds on a successful Sure Start local programme. A multi-agency team of about 40 staff covers a large geographical area and serves a community of around 1500 children under 5 and their families. Staff from a wide range of professional backgrounds work together to deliver imaginative and innovative services to their community. There are community development workers – with responsibilities for parent development, family support, involving fathers, and encouraging childminding – a health team comprising community midwife's, two health co-ordinators with responsibility for issues such as teenage parents, peer-led health focused Community Parents Programme, and developing public health services, a speech and language development worker, as well as a family support team and a play development team. And of course there are the childcare teams who run the daycare and crèche. The whole team has a shared sense of purpose and is strongly committed to the work they do with local families.

One scheme of which they are rightly proud is the 'trainee scheme' whereby parents take a work placement alongside the team and are supported by a mentor. A training and career plan is devised which leads over time to a qualification. Several trainees have progressed to employment and the rolling programme means more opportunities for more parents.

The team says the secret of their success is "the style of management – lots of freedom, but lots of responsibility" – which enables them to develop their skills and try out their ideas.

Carlisle South were winners of the 4children award for Children's Centres Team of the Year in 2006.

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.

Regular opportunities for the whole team to meet together to review progress, share experiences and discuss closer working are advisable to really establish a sense of team identity. It sounds simple but with heavy case loads it can be difficult for everyone to keep in touch. The Centre Manager should ensure that time is made for this important activity.

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.

The Common Assessment Framework

The Common Assessment Framework (CAF) is a nationally standard approach to conducting an assessment of the needs of a child or young person and deciding how they should be met. It has been developed for use by all people working with children and young people so that they can communicate better and work more effectively together. It aims to be the main method for identifying additional needs.

CAF guidance was published in April 2006 alongside guidance on information sharing and the role of the Lead Professional. All local authorities are expected to implement the CAF by 2008.

The Information Sharing Index

The Information Sharing Index will be a tool that will enable practitioners delivering services to children to identify and contact one another easily and quickly, so they can share information about children who need services. The index will hold:

- ▶ basic identifying information: name, address, gender, date of birth and unique identifying number based on the existing Child Reference Number/National Insurance Number;
- ▶ basic identifying information about the child's parent or carer;
- ▶ contact details for services involved with the child – as a minimum school and GP practice, but also other services where appropriate; and
- ▶ the facility for practitioners to indicate to others that they have information to share, are taking action, or have undertaken an assessment, in relation to a child.

The Index will not provide an integrated case management system nor will it hold information from the CAF.

Regulations are expected to come into force in the spring of 2007 and statutory guidance on the operation of the Index will be issued in the summer of 2007.

Important partnerships

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

Involving parents

The high level of involvement, and commitment, of local parents in Sure Start has been one of its greatest successes. Children's centres should ensure that this approach is carried forward and built upon. Where parents feel a strong link with the centre and the services, and feel their views are valued and acted upon, they will want to bring their children to the centre and they will talk to other parents who will do the same.

Parents can be involved in formal and informal roles – by taking part in the governance arrangements, by working alongside the professional workers as volunteers, providing peer support for example in breastfeeding groups. For some parents the centre will offer the opportunity to take up training or work, for example setting out on a career in childcare by working in the centre's early years provision.

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*, the Health White Paper *Our health, our care, our say* and the *National Service Framework for Children, Young People and Maternity Services*. 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. In talking to health colleagues and Primary Care Trusts, children's centres should emphasise ways in which they can help health to meet its priorities and targets. 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 thereby lifting their families out of poverty. Early joint planning and formal agreement of roles will help shape common objectives and a shared vision of the expected outcomes. Other team members who are already working with families can act as conduits by identifying parents who may benefit from employment support or for whom a chat with an employment adviser at an early stage could result in their giving early thought to training/job opportunities before they reach the point of seeking work.

Case study 2.3

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.

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. Under such a model, the children's centre can play a wider role in the delivery of extended services for the whole school population.

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

Local authorities must consider and consult 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 must ensure they do not duplicate existing provision as they establish children's centres. They should work with those organisations that have a track record in understanding local needs and delivering services that improve children's outcomes. **Section 8(3) of the Childcare Act 2006** introduces a new requirement for local authorities to determine whether it is appropriate for private or voluntary providers to deliver the early years provision for a centre before they do so themselves. **Section 8(3)** will come into force from **1 October 2007**.

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. The Children's Centres Planning and Performance Management Guidance contains additional advice on how to consider and consult all private, voluntary and independent sector providers in the area.

The Childcare Act 2006 provides that local authorities should see themselves less as direct providers 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.

Case study 2.4

Rusholme Children's Centre in Manchester estimates that it has worked with over 200 partnerships since it was established to deliver services in the area. The partnerships include statutory bodies, public organisations and voluntary organisations, with the aim of using and enhancing existing provision to meet the needs of Manchester's many groups and communities.

The centre, as a result of having good partnership working, has a wide outreach and has encouraged communities who speak different languages to access services, for example via the Somali Women's Group. Rusholme hopes that by working with existing groups it will avoid duplication and be able to provide a wider range of services, as well as encouraging more partnership working in the area.

For more information, contact Rhonda Douglas on **0161 257 2542**.

Financial management – getting value for money

Local authorities should decide the level of delegated authority they will give to others, for example, a third party/organisation who provides services or is under contract to run a centre, and the level of administrative and finance support they can provide for each centre. Where contracted arrangements are drawn up these should clearly state the budgetary responsibilities of all parties. Centre Managers should ensure they are clear where their responsibilities lie and the level of authority they have in relation to spending any budget.

Local authorities will also agree the contributions centres can expect from delivery partners within the children's trust, such as PCTs, and consider carefully the method of resource allocation between centres to ensure resources reflect what each centre should be achieving. Centre Managers who have difficulty in obtaining the agreed resource should speak initially with their local authority so they can raise the matter with their children's trust partners.

Local authorities have a key role in ensuring centres operate efficiently. They may decide that it will be more efficient, for example, for some centres to share expert staff such as financial, IT, legal and HR services and for staff and facilities to be shared between children's centres and schools which are co-located. Local authorities are also well placed to use resources more efficiently by procuring products and services on behalf of centres collectively.

Listening to families and communities

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 5 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 are culturally appropriate. 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 5 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. The Participation Works website (www.participationworks.org.uk) provides a single access point to comprehensive information on policy, practice, networks, training and innovative ideas for involving children in decision making.

Case study 2.5

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

Lambeth's Early Years and Sure Start Service is keen to develop a culture of listening to children and is pioneering various approaches to consult with children and young people:

- **Our Lives in Lambeth** – children up to the age of six have been asked to send in pictures, words and photographs that illustrate their lives in Lambeth, to be used in a touring exhibition.
- **The Listening Group** – parents and carers are the experts at listening to children, the Group brings them together with early years professionals to devise approaches to consulting with children.

There will be a structured training programme to support parents and professionals to develop techniques for encouraging children to express their views. The Early Years and Sure Start Service will involve young children and Area Partnership Committees in the production of a complete strategy over the next year.

Engaging parents in consultation

Consultation, like every aspect of a children's centre, needs to be comfortable, welcoming and enjoyable and often take an informal approach. Contact parents first through services they already use like baby clinics, playgroups, schools or sports clubs. 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 up 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.

The Children's Centres Planning and Performance Management Guidance includes advice on monitoring parental satisfaction with services.

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 (1997-2004) 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 on the staff, the quality of provision is higher, and children make more progress.

All Sure Start Children's Centres in the 30% most disadvantaged areas will offer 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 performance management guidance identifies the level of children's development as recorded at the end of the Foundation

Stage, as a key performance indicator. Centres will agree with local authorities the best methods, and sources of data available, for monitoring progress in this area. More details are in the Planning and Performance Management Guidance.

What Sure Start Children's Centres should provide

Since April 2004 all three and four year olds have been entitled to a free, good quality, part-time early education place. This place consists of 12.5 hours of free early education per week for 38 weeks each year and can be accessed through a range of provision in the maintained and private, voluntary and independent sectors.

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 new duty in the Childcare Act 2006. Where gaps in supply are identified, alternative providers including private providers should be considered first and could provide early years as partners either within the children's centre or outside of it. Where children's centres do not offer early years provision, they should provide information for parents on where this can be found, in order to encourage take-up of the free entitlement for three and four years olds. Information about local providers and how to access a free place is available via the Children's Information Service, **0800 0960 296** or at www.childcarelink.gov.uk

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

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 principles 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 fully 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 any extra hours they receive in addition to the provision which is free.

Creating the right environment for children under 5

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 (see section 17 Working with 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.

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. Provision which is required to be registered by Ofsted must also meet the requirements of the national standards for under 8s day care and childminding.

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 deliver the free entitlement for 3 and 4 year olds are required to have regard to the Curriculum Guidance for the Foundation Stage and 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.

The Early Years Foundation Stage

From September 2008, all settings offering early years provision will be required to deliver the new Early Years Foundation Stage (EYFS). The EYFS will be a single, coherent framework for the delivery of integrated care and early education. It will remove the existing legal distinction between care and education and build on the Birth to Three Matters framework, Curriculum Guidance for the Foundation Stage and the national standards for under 8s day care and childminding.

The Government consulted on the detailed content of the EYFS from 5th May to 28th July 2006, and the response can be found online (www.dfes.gov.uk/consultations/conResults.cfm?consultationId=1393).

Monitoring and recording children's progress

Effective monitoring of every individual child's progress is essential. The on-going cycle of thinking about the development and assessment of children's progress through observation and planning enables practitioners to provide opportunities for all children to play, learn and succeed in an atmosphere of care and of feeling valued. 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. Parents should be involved in reviewing progress and planning a challenging and enjoyable experience across all of learning and development.

In line with the introduction of the EYFS in September 2008, and under the duties of the Childcare Act 2006, practitioners will be required to complete an EYFS profile for each child. The EYFS profile replaces the current Foundation Stage profile and will use the same process of summing up each child's development and learning achievements at the end of the EYFS. The profile is based on

ongoing observation and assessment in all six areas of learning and development, recorded against the 13 assessment scales derived from the Early Learning Goals.

In 2007, guidance is due on regulations establishing the process for setting statutory early years outcomes targets for local authorities under the Childcare Act 2006. The regulations outline the process for local authorities to set statutory targets to improve the outcomes of young children and reduce inequalities between them (see Further information).

Transition to school

A particularly important stage in children's progress will be preparation for the transition from a pre-school to a school setting. The transition to school may be stressful for some children as they try to adjust to a new environment. Although this is a normal reaction, how children cope with it may have important consequences for their health and learning. Some children may be more likely to experience problems, such as those with learning difficulties or English as an additional language. A study of the transition from the Foundation Stage to Key Stage 1 (see Further information) made the following recommendations:

- ▶ transition should be seen as a process, rather than an event;
- ▶ school managers should enable staff in the Foundation Stage to meet with staff in primary schools to discuss children's transition to Key Stage 1 and to plan to meet their learning needs;
- ▶ staff should communicate with parents about the transition to school, including visits wherever possible; and
- ▶ parents should be given guidance on how to prepare their child for school and what will be expected from their child.

Children's centres should form strong links with local primary schools in order to try and meet these recommendations.

Helping parents to support early learning

How parents help their children to learn and play at home is vital – it not only influences the child's 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 14 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

Currently, all children's centres offering early years provision must have a minimum 0.5 of a qualified teacher involved in planning and delivering the service before designation. Centres should aim to increase this to be a full time post within 18 months.

By 2010 all children's centres offering early years provision are expected to employ an Early Years Professional (EYP) to plan and lead the delivery of the integrated day care and early learning provision. The Children's Workforce and Development Council (CWDC) published the *Early Years Professional Prospectus* which sets out the approach to the award of Early Years Professional Status (EYPS) to support the development of a new EYP role (www.cwdcouncil.org.uk/projects/eypprospectus.htm).

It is anticipated that many EYPs working in children's centres will be qualified teachers who have undergone some additional training to achieve EYPS. Further details of fast track routes to EYPS for qualified teachers is set out in the *Early Years Professional Prospectus*.

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

- ▶ detailed knowledge of child development and appropriate teaching and learning methods;
- ▶ 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 also 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.

The requirement to register

Currently, settings which provide 'childcare' for more than 2 hours a day and for more than 6 days a year are required to be registered by Ofsted and to meet the requirements of the national standards for under eights day care and childminding. Where the early years provision in a children's centre is provided by a private or voluntary sector provider, that provider will be required to be registered as long as the provision operates for more than 2 hours a day and 6 days a year.

Where the early years provision in a children's centre is made directly by a maintained school, Ofsted will take a view on whether the main purpose of the provision is to provide care or education in deciding whether it needs to be registered.

The Childcare Act 2006, with the introduction of the EYFS in September 2008, will remove this existing unhelpful legal distinction between care and education. From September 2008, all early years provision for children under the age of 3 will be required to be registered. Provision for children aged 3 to 5 made by private and voluntary sector providers will also be required to be registered. Provision for children in this age group provided directly by schools on the school site for their pupils will not be required to be registered as such provision will be taken into account as part of the main school inspection.

Continence policy

As the age children enter education is lowered, so more will not yet be toilet trained, it is good practice to set a continence admissions policy. This should be in line with the setting's Equal Opportunities Policy and should not discriminate, in line with the Disability Discrimination Act 1995 (as amended 2005). Children's centres must not have a blanket policy of excluding children who are not yet continent; reasonable adjustments should be made to meet the needs of individual children. Children's centres should set a strategy for children not yet continent or having problems acquiring the skill and develop multidisciplinary approaches to support this; but should also recognise that some disabled children will not achieve full continence by the age of 5. Specific points to note include:

- ▶ lack of continence is not necessarily linked to disability but can be connected to other long-term medical, cognitive and developmental difficulties. Settings should therefore be careful about establishing a common standard that some children may be able to meet more easily than others;

- ▶ settings have an obligation to meet the needs of children with delayed personal development just as they would any other form of delayed development;
- ▶ there should be an individual continence management plan for each child, formed in liaison with the family and reviewed and updated regularly;
- ▶ normalise the process – ensure staff have adequate training with clear guidelines and stigmatising is discouraged; and
- ▶ settings need to provide accessible toileting/washing/changing facilities, as set out in *Good Practice in Continence Services*, DH 2000.

An example continence policy is available from www.surestart.gov.uk/publications/?Document=1365. Further information is available from www.eric.org.uk and www.promocon.co.uk

Further information

- *Birth to Three Matters* (2002), DfES, www.standards.dfes.gov.uk/primary/publications/foundation_stage/940463
- The Foundation Stage Curriculum, www.standards.dfes.gov.uk/primary/publications/foundation_stage/63593
- National standards for under 8s day care and childminding, www.surestart.gov.uk/improvingquality/ensuringquality/standardsregulation
- The Early Years Foundation Stage – Consultation on a single quality framework for services to children from birth to five, www.surestart.gov.uk/improvingquality/ensuringquality/eyfsconsultation
- Consultation on draft regulations setting out the process for setting statutory targets for local authorities under the Childcare Act 2006, www.dfes.gov.uk/consultations/conDetails.cfm?consultationId=1419
- 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* (2005) Anning et al, DfES, available from www.ness.bbk.ac.uk.
- *Child Benefits: The importance of investing in quality childcare* (2004), Melhuish, E., London, Daycare Trust

- *A literature review of the impact of early years provision upon young children, with emphasis given to children from disadvantaged backgrounds: Report to the Comptroller and Auditor General* (2004), Melhuish, E., London, National Audit Office,
www.nao.org.uk/publications/nao_reports/03-04/268_literaturereview.pdf
- *A Study of the Transition from the Foundation Stage to Key Stage 1* (2005), Saunders et al, DfES,
www.dfes.gov.uk/rsgateway/DB/RRP/u013990/index.shtml
- Children's Workforce and Development Council – The Early Years Professional Prospectus,
www.cwdcouncil.org.uk
- The Disability Discrimination Act 1995 (as amended 2005), available from
www.opsi.gov.uk/ACTS/acts2005/20050013.htm

04 Childminding

How this improves children's outcomes

The Childcare Act 2006 requires local authorities to assess their local childcare needs and to secure sufficient childcare for working parents. Childcare will only be deemed sufficient if it meets the needs of the community in general and in particular those families on lower incomes and those with disabled children. Local authorities are expected to work with local private, voluntary and independent sector (pvi) providers to meet this need; and childminders will play a key role in both the planning and delivery of early childcare services. The Planning and Performance Management Guidance contains more about working with the pvi sectors and the contestability process.

Registered 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 in supporting parents who work shift patterns. They can care for children of different ages together – for example siblings – and can provide specialist family support services, for example to teen parents.

Children's Centres and childminders should work collaboratively to support the delivery of good quality integrated home-based services to parents. The most effective way to do this is via robust childminding networks. Children's centres will benefit from the commitment, local knowledge and wide range of skills that childminders bring; and childminders benefit from the advice, ongoing professional

development and practical support available at the centre. Children and families benefit through:

- ▶ a greater choice of high quality, flexible childcare;
- ▶ more tailored support for those with particular needs; and
- ▶ enhanced focus on the social, emotional and physical needs of children.

Through their regular contact with parents, childminders can also play an effective role in supporting children's centres to reach out to local communities and engage parents in the wider service offer.

What Sure Start Children's Centres should provide

The way that children's centres work with childminders will vary according to local need, but will be based on the principle of increasing the quality and availability of childminding and other forms of home-based care.

The range of support that children's centres should provide to childminders to achieve this should include:

- ▶ a network coordinator to support and monitor the quality of childminding provision, and integrate this with other children's services;
- ▶ arrangements for childminders to use centre facilities, such as toy libraries, meeting rooms and stay and play sessions;
- ▶ vacancy coordination – helping parents to find the right childminder, including arrangements for cover if a childminder is 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 centres.

Good practice in service delivery

All children's centres, wherever they are located, must develop working links with childminder networks.

Local authorities should consider robust methods of quality assurance for childminder networks, such as the National Childminding Association's (NCMA) 'Children Come First' scheme, or a locally developed framework. Characteristics of robust quality assurance frameworks that have been applied to childminder networks include:

- ▶ network management systems to support the quality of the service and ensure availability of childcare;
- ▶ agreed standards of service provided by the network and individual childminders;
- ▶ availability of training and development opportunities coupled with a commitment by childminders to undertake ongoing development; and
- ▶ practical advice and support available for childminders.

Evidence from phase 1 (2004-06) indicates a mixed picture on progress in the development of networks that are fully integrated with the work of children's centres. In some cases the link between centres and childminders is limited to access to meeting rooms. We want to see more active collaboration that delivers the benefits of integrating childminders within the wider service offer. Local authorities are encouraged to develop models that result in childminders being seen as partners of children's centres, delivering services on their behalf with clear agreements on what each party can expect from the other.

Case study 4.1

Network development in Birmingham

Birmingham City Council has a strategy to link all Sure Start Children's Centres with quality assured childminder networks. At Doddington Green Children's Centre, the network coordinator is employed by Barnados and ensures that childminders have access to a full range of training, quality assurance support and practical facilities. Childminders also have the opportunity to provide short-term breaks for disabled children, and to work on a sessional basis providing crèche facilities for parents/carers. Network Coordinator Jenny Neale says "All the staff in the centre work together to meet the needs of families and childminders are an integral part of the services we offer. It really has been a real partnership effort between all providers to meet the needs of local parents". Each children's centre develops childminding services to meet the needs of the local community.

Contact Maggie Kempson, Senior Development Worker for the Birmingham Local Authority EYDCP, for more information. **0121 404 4879**, email maggie.kempson@birmingham.gov.uk

Local authorities should identify appropriate models for linking children's centres with childminder services. Appointing a network co-ordinator can be an effective way of supporting these links, particularly where a cluster model is adopted – a two-tier approach with an overall manager overseeing a group of networks and involving a large number of childminders.

Children's Centres as a hub for training and development

Children's centres should become a hub for training and development for local childcare providers, including childminders. We know that being part of a network gives childminders a source of support and advice, improves confidence and increases a childminder's motivation to undertake qualifications and training. Children's centres should play a central role in delivering the ten year childcare strategy objective that more childminders will achieve level 3 and other relevant qualifications, and develop long-term careers as part of the children's workforce. Centres should play a role in supporting childminders in key periods of change, such as the introduction of the Early Years Foundation Stage (EYFS) in 2008.

Support for childminder's training can be sought from the Transformation Fund – £250 million allocated to local authorities to be spent between April 2006 and August 2008 on early years provision. The Transformation Fund will be used to support practitioners training towards qualifications and accreditations; including childminders who care for under 5s. It can offer support for training, additional to

Case study 4.2

Early Years Foundation Stage (EYFS) – 2008

- The EYFS will bring together and build on existing frameworks: *Birth to Three Matters*; and the Foundation Stage.
- Many childminders will already be delivering the EYFS; others should be reassured that their training and development needs will be met.
- Where childcare is shared, childminders and early years settings will need to work together to ensure the smooth running of the EYFS for the child.

More information can be found at www.everychildmatters.gov.uk

that normally taken, for staff to improve their qualifications to achieve a full level 3 and up to level 5 in a relevant subject. Visit www.everychildmatters.gov.uk for guidance on the Transformation Fund.

While a limited number of childminders may be part of a network closely integrated with a children's centre, centres should aim to support all childminders based in their area, giving access to training, business support and practical resources wherever possible. Over 90% of local authorities have adopted the Support Childminder Scheme, and children's centres represent the ideal context for building on this mentoring model, with experienced networked childminders introducing newly registered colleagues to the life of their local children's centre and the opportunities it brings.

Case study 4.3

Linking new childminders to children's centres

Through the support childminder scheme, run by the National Childminding Association (NCMA) Doncaster Metropolitan Borough Council has linked childminder mentors to all of their 14 children's centres. Their work includes offering training on the Common Assessment Framework and special needs, and supporting new childminders through drop-ins. The local authority and children's centre also give childminders (including the mentors themselves) the opportunity to take part in a quality assurance framework.

Contact Maureen Harwood, Support Childminding Co-ordinator, National Childminding Association (NCMA), **01302 752 715**.

Integrating childminders into family support services

Childminders are a well established source of support for children and parents with particular needs, and children's centres are well placed to develop this type of support. Childminders will be an invaluable resource in helping local authorities meet the 'sufficiency' duty on childcare for disabled children, set out in the Childcare Act 2006. Other examples include childminders:

- ▶ specifically trained to work with families from ethnic minorities;
- ▶ providing short-term breaks for children of parents with alcohol or drug problems; and
- ▶ supporting speech and language development in conjunction with therapists and special needs teams.

Case study 4.4

Caring for children with additional needs

Buckinghamshire Childminding Network supports disabled children and young people, young carers and teen parents, by providing short-term breaks and emergency care. The network has a multi agency management group which ensures that a wide range of training and development opportunities are available for childminders. Network coordinator Loraine Spragg explains: "We care for children aged birth to 19, and work with health visitors, Care and Protection teams, voluntary groups and many other agencies involved in providing services for children. We aim to provide flexible quality care to meet the individual needs of each child and young person."

For information, contact Loraine Spragg, Community Childminding Services Co-ordinator, Buckinghamshire Community Childminding Network (BCCN) – winners of the 4Children and Prima Childcare Team of the Year Award 2006, **01494 438 252**

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; and
- Children Come First. The role of approved childminding networks in changing practice (2005), Sue Owen, Early Childhood Unit, National Children's Bureau.

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, and on the Childcare Act 2006.

05 Information and advice for parents

How this improves children's outcomes

Parents are their children's first and primary educators and carers – staff in Sure Start Children's Centres need to treat them as such. Parents need good information so they can make decisions, 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 places for 3 and 4 year olds;
- ▶ 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.

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.

Parents themselves should be seen as valuable contributors of information. Children's centres will not only provide information to help parents make decisions, but should encourage parents to feed information back – about their experiences, needs and concerns. Involving parents in this way is key to empowering them, which in turn has positive effects on children's outcomes (National Evaluation of Sure Start – *Empowering Parents in Sure Start Local Programmes*, 2006). Informed parents will also be able to exert pressure on the system to deliver better services.

What Sure Start Children's Centres should provide

Local authorities through their Children's Information Service (CIS) must provide information to parents relating to childcare in their local area. Under Section 12 of the Childcare Act 2006, local authorities have a duty to provide "information advice and assistance" to parents and prospective parents. This means that by April 2008 every local authority in England must offer comprehensive information on local childcare, children's services and parenting support for parents of children and young people up to their 20th birthday. 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 the Child Support Agency; helplines and websites. Many CISs are already moving in this direction, providing wide-ranging information to help mothers and fathers in their parenting role.

Case study 5.1

Expanding a CIS to work in children's centres

The Children's Information Service in Brent has established links with all five children's centres in the area and these links are being strengthened further through a range of activities:

- information points – leaflet carousels and CIS factsheets;
- outreach sessions – a multi-agency team attends the children's centres monthly to provide one to one and group sessions with parents on the topics of health, education and employment;
- hot phone connections;
- internet link;
- CIS induction for all staff; and
- a CIS prospectus to be produced by each centre.

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 topics, 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;
- ▶ child support and advice for separated parents;

- ▶ services to support parents and children through disrupted relationships and bereavement;
- ▶ how mainstream or specialist 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.

Case study 5.2

Warm phones and internet kiosks in Surrey

Surrey Early Years and Childcare Service have installed warm phones at Woking, Epsom Downs and Guildford Children's Centres. Parents visiting the centres simply press a button to be connected to someone at either:

- Surrey Children's Information Service;
- Surrey County Council Contact Centre;
- New Deal Lone Parents Help Line;
- Job Seeker Direct; and
- Local Borough Council.

The Early Years and Childcare Service is also running a pilot with the installation of internet kiosks in two children's centres which provide parents with a direct link to a number of website resources.

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. Children's centres need to have systems in place to make sure that the information being given to parents is frequently updated.

Children's Information Services are an important resource for children's centres. 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.

Case study 5.3

Face to Face Information Service

In Liverpool, a Face to Face Information Service is delivered through all children's centres. Appropriate staff members are identified to undergo training in childcare choices, data protection, customer care and the use of databases. Once a staff member has completed the training, they are given access rights to use the system and can deliver appropriate information to parents. Regular newsletters and review meetings are used to keep all staff up to date, and to evaluate how well the service is working. Feedback obtained is fed back into the training process. It is important for staff to feel comfortable with the system in order to be confident in providing advice to parents and engaging with other professionals.

Getting information to all parents

Local authorities have a responsibility to ensure that information is accessible to all parents and is provided in a way that encourages all parents to feel able to ask for help, whatever their circumstances. Information should be written and targeted to reach identified groups such as families in temporary accommodation, Black and Minority Ethnic groups, Travellers and those with English as an additional language.

Information should be sensitive to the needs of fathers as well as mothers and should be specifically designed to reach them. Evidence shows that generalised information aimed at parents tends only to reach mothers. Information for fathers should include material on flexible working, how fathers can increase their caring contribution to family life, and how to parent after separation.

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 1995 (as amended 2005). 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 should work effectively with other agencies, particularly health services, to identify vulnerable families (see section 02 Running a successful Sure Start Children's Centre for more on outreach services).

Case study 5.4

Taking information and advice to parents

Islington CIS runs an active marketing and outreach programme – averaging 60 outreach events a quarter, involving the whole team. This includes a programme of twice monthly sessions in children’s centres as well as sustained contact with Black and Minority Ethnic and special needs groups with visits to community events and group meetings. Advice sessions are held in health clinics, libraries and job centres, as well as joint outreach with Jobcentre Plus. In co-operation with extended schools co-ordinators, they attend parent’s evenings to reach a different group of parents. Touch screen kiosks are going into some children’s centres and all CIS publications are available on the CIS web site. The CIS also manages the Children’s Directory, the web based directory of services for children and families, and actively promotes its use to practitioners and parents.

Seacroft Children’s Centre 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 Centre 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 Sure Start services.

Further information

- The *National Service Framework for Children, Young People and Maternity Services*, 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; these include the birth of a child or sibling; when a child starts a new school; or when there are problems or changes in the adult couple's relationship. (Throughout this document, the term 'parents' has been used as a shorthand to include mothers, fathers, carers, and other adults with responsibility for looking after a child, including looked after children, in line with the *National Service Framework for Children, Young People and Maternity Services, 2004*)

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 consistent 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. Mothers and fathers need to feel confident in their ability to bring up their children in a positive way.

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 or temporary accommodation and limited means of transport;
- ▶ are bringing children up on their own;
- ▶ are teenage parents;
- ▶ are experiencing domestic violence;
- ▶ feel discriminated against because they are from Black and 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; and
- ▶ are caring for a disabled child.

How parents perceive services will influence the likelihood that they will ask for help. Families in need may not want to use the services that are on offer, for a variety of reasons:

- ▶ they may consider that asking for help is a sign of failure, and that they will be judged as unable to cope;

- ▶ 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; and
- ▶ 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 with appropriate outreach can help to overcome these barriers, and ensure that all parents have access to the support they need to get involved in their children's learning and development and give them the best possible start in life. Such services are central to helping children's progress and 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 14-21.

What Sure Start Children's Centres should provide

Parenting strategy

The Government has invited local authorities, together with stakeholders – including children's centres – to develop a parenting strategy for designing and delivering a continuum of parenting support services. The strategy should consider the varying needs and circumstances of mothers and fathers in the area and will be included in the Children and Young People's Plan. The strategy should be developed in conjunction with other planning documents such as the teenage pregnancy strategy; special educational needs strategy; and joint commissioning strategy; to provide integrated system-wide support.

Single Commissioner of Parenting Support

All local authorities have been asked to identify a Single Commissioner of Parenting Support Services – to work within the context of the children's trust joint commissioning unit – who will have responsibility for assessing the need for parenting support; identifying gaps in provision; and ensuring that parenting support is appropriately reflected in the Children and Young People's Plan. Sure Start Children's Centres are encouraged where possible to liaise with the appointed Single Commissioner in their area. It is important that the services provided by children's centres are co-ordinated with other family services, extended services offered through primary schools, and Healthy Schools Programmes, to best meet the needs of parents in their community.

Structured parenting programmes

Children's centres should provide access to structured, validated, evidence-based parenting programmes for parents of children aged 0-5 who need support. Parents for whom additional support may be necessary include 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 behavioural difficulties or sleep problems, and should be run by practitioners trained to do so.

The length and style of programmes offered should be based on appropriately evaluated models and include a mixture of longer-term courses involving weekly sessions; and shorter, informal 'spin off' sessions. These have been successful in attracting parents who find it difficult to commit to or manage a full course.

Case study 6.1

Parenting Initiatives, Northumberland

The Children's Division of Northumberland Children's Services have a new, multi-agency, preventative approach to working with children and families at risk. The community based Parenting Initiatives project works to develop parents and carers' expertise and strengths. Parenting courses cover: challenging and difficult behaviour; alternatives to smacking; positive parenting and sibling rivalry; food hygiene; and parents' awareness of substance misuse. Using discussion and a focused approach to problem solving with parents and carers, it is possible to find what is working well in their parenting and build on this to improve behaviour and relationships.

The project uses a wide range of innovative approaches in supporting and developing relationships with children, including work with teenage parents, and fun days for fathers and children, which have increased the membership of dads involved in the parenting skills groups.

In total since March 2006, 220 parents have been supported and over 260 children, 178 of which were under the age of 8 years. A group of parents who have taken part in the courses have now set up their own group, the third such group since the project started. The project has trained 12 parents in facilitation skills; these skills are transferable to many areas of the parent's life including the work place. The project currently works with 4 self-employed facilitators to expand the work of the project.

For more information contact Chris Metcalfe, Project Manager, on **01670 798 812**

Choosing a parenting programme

There are a number of different parenting programmes available with a proven track record of success. Children's centres should choose the appropriate course content, intensity and duration for the type of parents served. 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 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.

The table below sets out a selection 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 encouraged to use evidence-based programmes such as these, of which there are many more available. Parenting UK in partnership with the DfES have launched an on-line database of evidence-based parenting programmes for Single Commissioners of parenting support services. The database is accessible online at www.toolkit.parentinguk.org and can be searched by fields such as method of delivery, level of need, and age range. Children's centres are encouraged to speak to their Single Commissioner for further advice.

Outreach services and home visiting

Children's centres should give special attention to those families that need extra help with their children. Practitioners should consider the balance between group-based activities in the community, home visiting or both. Some parents find it challenging 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. Gradually, 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.

Children's centres should work in close partnership with health visitors, midwives, and family support workers to co-ordinate support, and ensure that such partners are involved in the development of services.

Issue/Need	Programme/Contact details	Description
Support for positive parenting	Family Links Nurturing Programme www.familylinks.org.uk	Supports parents and carers as they develop practical parenting strategies that enhance the emotional and mental health of the whole family, building relationships, improving attitudes and behaviour and raising self-esteem.
	Strengthening Families www.strengtheningfamiliesprogram.org	7-week programme with booster sessions designed to reduce environmental risk and enhance protective factors by helping parents develop their parenting skills.
	Fives to Fifteens basic parenting programme - Family Caring Trust www.familycaring.co.uk	Programme for parents of children aged 0-6 which focuses on behaviour, discipline and stimulating children's development and learning.
	PIPPIN www.pippin.org.uk	Programme for parents having their first child based on attachment theory. Offers antenatal and post-natal component.
	Mellow Parenting www.mellowparenting.org	Supports parents whose relationships with their young children are under severe stress, to find their own solutions to family management problems through mutual support with a minimum of 'expert' guidance from professionals.
	Webster Stratton Incredible Years www.incredibleyears.com	Identifies, intervenes with and supports families of young conduct problem children, or children at risk of developing conduct problems, to improve their long term prognosis.
	Triple P www.triplep.net	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.
Minority ethnic parents	Strengthening Families, Strengthening Communities www.reu.org.uk	Helps 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.
Supporting parents in developing early literacy	PEEP Learning Together Programme www.peep.org.uk	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.
	Parents as First Teachers www.paft.org.uk	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.

Home visits may be universal or individually tailored to meet families' specific needs:

- ▶ **Universal support**, delivered to all families in the area at key stages in children's lives, has the benefit of being non-stigmatising, especially if parenting advice is delivered through the medium of play; helping parents to understand and engage in parent-child interaction. A report conducted for the DfES by the National Family and Parenting Institute (NFPI), also highlighted the benefits of parents being able to raise issues and have them answered informally during a home visit; issues they may not raise during a formal parenting course.
- ▶ **Targeted support** should be offered to parents where professional staff judge that they and their children face significant, additional risk of poor outcomes; or parents themselves ask for further help. 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 the Child and Adolescent Mental Health Service (CAMHS). Targeted support should have a clear structure and defined objectives, taking a holistic approach to working with the whole family.

Case study 6.2

How families experience home visiting

The mother quoted below lives 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.

"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."

More information on outreach and home visiting can be found in Section 02 Running a successful Sure Start Children's Centre; and in specific chapters on working with hard to reach groups – sections 14-21.

Informal support for parents

A welcoming children's centre will provide informal opportunities for parents and carers to 'drop in', meet and chat with other parents with young children. 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.

Modelling parenting behaviour

Parenting skills and ways of encouraging parents to take an active role in supporting their child's development and progression, can be passed on through the modelling of good parenting behaviour by staff in children's centres. During parent toddler sessions, parents can observe and learn from staff engaged in play and other interactions with children and how they manage behaviour positively. When using this approach it is important that the whole centre is involved and all staff are both aware of, and suitably trained in the positive parenting methods to be used.

Attachment, bonding and separation

A number of children's centres have conducted successful activities designed to improve the attachment, bonding and separation experiences of children and parents. These activities are designed to improve the well-being of parents and children, with beneficial impacts on child behaviour and adult adjustment to parenthood (see section 13 Mental health for more on this). Services of this nature have included:

Case study 6.3

Tailored attachment support

In one urban children's centre, situated in an area with large Turkish, Albanian, Kosovan and Somali communities, the very specific needs of centre users has been a driver to the provision of tailored support addressing separation anxiety in children and adults. Many of the population are asylum seekers arriving from countries at war and in crisis. The centre observed that for these families 'normal' developmental stages of attachment and separation anxiety can be protracted and that both children and adults show great reluctance to be apart. They developed a specific support group and course to address separation issues using behavioural and attitudinal outcome measures related to reductions in separation anxiety.

Source: *Planning, Commissioning and Delivering Family Support in Children's Centres*, (2006), a draft report for the DfES by the National Family and Parenting Institute (NFPI) www.familyandparenting.org

- ▶ ante and post-natal classes discussing issues such as feeding, establishing a routine, and adjusting to life changes after the birth;
- ▶ support during key developmental stages, providing workshops to help with issues such as sleeping and bedtime routines, weaning and potty-training; and
- ▶ baby massage, music and movement groups (eg. Tumble Tots, Musical Playtime) as a means of strengthening parent-child relationships.

Relationship support

Good parenting and a positive home learning environment for children can depend significantly on the strength of the couple relationship. Equally, the couple relationship can be seriously tested by anxieties or problems with children. Where there has been a demand or need for it from parents, some children's centres have run successful relationship support services.

Those offering these services have taken care to plan and deliver them in as non-stigmatising a way as possible. Staff can be trained in One Plus One's *Brief Encounters* course, which covers how to respond when parents reveal relationship problems (www.oneplusone.org.uk). Councillors from services such as Relate have been contracted in to provide support for a session a week, either in the centre or in an alternative community venue. Staff from the centre may accompany individuals or couples attending to introduce them to the counsellor and reduce their anxiety.

Child contact centres

Child contact centres are defined as 'safe, friendly, neutral meeting places where children of separated families can spend time with one or both parents and sometimes other family members.' The time spent at a contact centre is a valuable opportunity for usually absent parents to have a positive effect on the child and their relationship. Centres usually provide one of two distinct types of contact – supported or supervised:

- ▶ **Supported child contact** takes place in a variety of neutral community venues where there are facilities to enable children to develop and maintain positive relationships with non-resident parents and other family members. Apart from attendance dates and times, no detailed report will be made unless there is a risk of harm to the child, parent or centre worker.
- ▶ **Supervised child contact** requires a venue that provides privacy and confidentiality to each child and family and is structured to provide maximum safety to all concerned and maximum stimulation for children.

Children's centres should contact their local CAFCASS area manager and local family court to find out what provision is already available in the area, and make information available to families (Children and Family Court Advisory and Support Service, www.cafcass.gov.uk 020 7510 7000).

Children's centres may themselves be able to run a supported contact centre or to work in partnership to enable another organisation to do so on their premises. Children's centres should seek advice from the National Association of Child Contact Centres on specifications; whether supported provision is appropriate; risk management; staff training and accreditation (www.naccc.org.uk 0845 4500 280).

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 fathers and mothers, is as important as *what* they do;
- ▶ parents should be treated with respect by staff, as equals. 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 judgemental ethos will help parents feel that centre staff are glad to see them and their children;
- ▶ all parents are different and 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, and at different levels of depth – from information to intensive support, to enable all parents to engage with the centre at their own pace and in response to their own needs.

Encouraging parents to attend

In order to maximise the impact of a parenting programme, regular attendance is important. Some parents will find this difficult, and practitioners should use a range of strategies to encourage attendance. Strategies that have been found to work include: providing crèche facilities; carrying out an initial home visit before the course; offering free transport and refreshments; 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 and location of the course is convenient – for example, to enable working fathers to attend.

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 fathers, teenage parents, Black and Minority Ethnic parents, and parents with English as an additional language. To promote the participation of these priority excluded groups, dedicated parent support groups can be offered (see sections 14-21 for more on working with specific groups).

Case study 6.4

The Elijah project for fathers

The Elijah project offers support and advice to Black and Minority Ethnic fathers and their families in the Chapletown and Harehills area of Leeds. The project is a result of collaboration between Chapletown Community Church and Barnardos.

The project aims to provide accessible, responsive parenting advice, including support groups, healthy lifestyles initiatives, and help for fathers who live separately from their children. The project creates an environment where men can socialise and be mutually encouraging; increasing their confidence and ability to talk about their feelings.

For further information on supporting minority ethnic fathers in their parenting role, visit the Race Equality Foundation website, www.reu.org.uk/projects/project04.asp

Staff skills and training

All members of the children's centre team should receive 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. Where centres are currently unable to meet these standards due to workforce constraints, they should be moving towards them by providing training opportunities for staff. Parents or other volunteers should also be given opportunities to train – it is important to recognise that parents who have themselves successfully raised children should be considered a valuable resource. Ongoing monitoring and supervision will be important for all those who work with parents, as this is key to maintaining quality.

Visiting families at home requires skill and sensitivity on the part of the home visitor to adapt to the context in which they are working. They will need to be able to offer practical help and support; encouraging parents' own strengths and abilities to build their confidence in how best to support their children's learning and development. This should be based on evidence-based practice – appropriate training is therefore essential. Home visiting can also be a good opportunity to engage with both parents together; visitors will need the skill and confidence to negotiate the relationship between the adult couple.

From Autumn 2007, there will be a National Academy for Parenting Practitioners (NAPP) that will have three key activities:

- ▶ training, development and support for the parenting workforce, especially the trainers of practitioners and those who train trainers;
- ▶ acting as a national centre and source of advice on high quality academic research evidence on parenting and parenting support, combined with practical knowledge of what works and has worked in different situations and with different client groups; and
- ▶ supporting the Government's parenting agenda, as it develops.

Further information

- *Parenting in Poor Environments: Stress, Support and Coping* (2004), Ghate, D. and Hazel, N., Jessica Kingsley
- *The Systematic Review of the Effectiveness of Group Based Parenting Programmes for Infants and Toddlers*, Barlow, J. et al., *Child: Care, Health and Development* vol. 31, 2005
- *Supporting Parents: Message From Research* (2004), Quinton, D., Jessica Kingsley
- *What Works in Parenting Support: A review of the international evidence* (2004), Morgan, P., Chate, D. and Van der Merwe, A., DFES
- Parenting UK, www.parentinguk.org.uk
- Commissioners Toolkit – database of replicable parenting programmes, www.toolkit.parentinguk.org
- *Planning, Commissioning and Delivering Family Support in Children's Centres*, (2006), a draft report for the DFES by the National Family and Parenting Institute (NFPI)
- Various reports available from the National Family and Parenting Institute: www.familyandparenting.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 and can help to break intergenerational cycles of deprivation. It also has a positive effect on children's mental health, behaviour, social integration and educational performance.

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

- ▶ halving child poverty by 2010 and eradicating it by 2020;
- ▶ increasing in the number of children in lower income working families using formal childcare by 120,000 by 2008;
- ▶ helping 70% of lone parents back to work; and
- ▶ improving the literacy, numeracy and language skills of 1.5 million adults by 2007 and a further 750,000 by 2010.

The performance management guidance identifies the percentage of children aged 0-4 living in households dependent on workless benefits, as a key performance indicator. Centres will agree with local authorities the best methods, and sources of data available, for monitoring progress in this area. More details are in the Planning and Performance Management Guidance. This will help local authorities to monitor outcomes related to reducing child poverty where children's centre links with Jobcentre Plus can have an impact.

What Sure Start Children's Centres should provide

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. 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.

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.

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. There is clear and strong evidence on the positive impact of formal childcare on female labour market participation and outcomes for children and families. The childcare must be convenient, flexible, trusted and affordable; children's centres should work in conjunction with Jobcentre Plus and childminders networks to signpost parents to what is on offer. Children's centres should also provide fathers with information on flexible working; and how non-resident parents can contribute to childcare.

Case study 7.1

Childcare Affordability Programme (CAP) – London Development Agency (LDA)

The CAP was formed in 2005 as part of a 3 year funding package with the LDA and Sure Start. Through the provision of subsidised day care places, the programme aims to make childcare in the capital affordable, flexible and of greater quality whilst assisting parents to stay in or return to full time or part time employment.

Childcare providers in participating boroughs that meet the CAP criteria are eligible for: full-day care places to be subsidised up to £30 a week for families in receipt of the Child Tax Credit at a higher rate than the family element, so that full-day care places are offered to eligible parents at £175 per week; and funding to offer improved flexibility of places in terms of the number of hours per day or session and the times of day per week.

The CAP is a pilot programme for London, the evaluation of which in November 2008 may inform future decisions about funding for childcare nationally. For more information on the CAP, visit the LDA website – www.lda.gov.uk/childcare

Jobcentre Plus

The Childcare Act 2006 places a reciprocal duty on local authorities and relevant partners such as Jobcentre Plus to improve the outcomes of young children under school age and, most importantly, to reduce inequalities between children growing up in disadvantaged areas and the wider population.

Children's centres are key to the successful achievement of these new legal duties. As such all children's centres (not just those in disadvantaged areas) must have effective links with Jobcentre Plus to encourage and support parents and carers, particularly from the most disadvantaged families, who wish to consider training and employment.

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. By working through centres, Jobcentre Plus can overcome problems about accessibility and trust among customers who might otherwise be excluded.

The following is a list of Jobcentre Plus services that can be offered to parents in children's centres:

- ▶ group information sessions for lone parents before individual work focused interviews (WFI);
- ▶ 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.

Case study 7.2

Jobcentre Plus 'teletalk' system in Southampton

Forest First Children's Centre in Southampton is using a 'teletalk' system for working with Jobcentre Plus. The system enables centre staff to log on and directly access a Jobcentre Plus advisor as required, enabling users of the centre to receive employment advice on demand but without the advisor having to attend the centre. The system is one of a number of partnership initiatives between Forest First Children's Centre and Jobcentre Plus, which include running job searches and receiving the latest local jobs two or three times a week.

The joint work is mutually beneficial, including in terms of its contribution to the centre meeting its objective to provide employment advice and to Jobcentre Plus targets for helping people into employment.

Contact Forest First Children's Centre on **02380 894 425**.

It is important to involve Jobcentre Plus at the planning stage of children's centre development. The Jobcentre Plus District Manager is the initial 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. Early planning will ensure that accommodation and equipment needs are taken into consideration from the outset.

Case study 7.3

Partnership working with Jobcentre Plus

Sure Start North West Children's Centre in Nottingham is benefiting from excellent partnership working with Jobcentre Plus (JCP). Elaine Sorbie, the New Deal Lone Parent Adviser, is working with key partners: Local Learning Champions; Broxstowe Estate Skills and Training; and Children's Information Service; to help parents undertake training opportunities and find work. Elaine has been working with the centre for some time and the number of customers she sees is building. In addition to Elaine's visits to the centre, there is also an information board, leaflet dispenser and a 'warm phone' which provides a direct link to the Jobcentre for advice about employment opportunities.

If you would like more information about JCP's involvement in Sure Start North West Children's Centre or more generally about JCP's outreach work in children's centres please contact Ann Hodges, Childcare Partnership Manager, Nottinghamshire on **0115 979 3754**.

Childcare Partnership Managers

Each Jobcentre Plus district has a Childcare Partnership Manager (CPM) as part of the district management team. The CPM will provide the strategic link between children's centres and Jobcentre Plus, for example, through sharing information to keep Jobcentre Plus personal advisers informed about the local childcare market, and children's centres informed about Jobcentre Plus services. It is important that children's centres make contact with their local CPM to discuss what level of involvement is required, as dictated by the local area; for instance, where significant numbers of unemployed parents live in the local area, the Jobcentre Plus presence in the centre will be higher than in more affluent areas. CPMs are able to take strategic decisions, in conjunction with the Jobcentre Plus district management team, and in consultation with the children's centre's planning team, as to the level of resource which Jobcentre Plus can commit to children's centres.

New Deal for Lone Parents

Through their connections with Jobcentre Plus, children's centres should encourage lone parents to join the New Deal. A personal adviser will be allocated to them to offer advice on how to get into work, what work to look for, and how much better off they could be in a job. In addition, personal advisers have a role in providing guidance for parents with specific needs such as disabilities and health problems; and information about the provision of childcare in the locality. Children's centres are well placed to assist in these areas and will therefore be a key point of contact for personal advisers.

Delivering on Child Poverty: what would it take? (2006), a report by Lisa Harker, made a number of recommendations relating to the way in which Jobcentre Plus deals with parents, including the advice and assistance provided in their choices about childcare. The Department for Work and Pensions is due to respond to the recommendations in early 2007.

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 to signpost them to appropriate learning opportunities and access to national qualifications. It also supports the professional development of early years and childcare workers in settings such as 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.surestart.gov.uk/stepintolearning

Family Literacy, Language and Numeracy

The Learning and Skills Council (LSC) funds family literacy, language and numeracy (FLLN) programmes; providers plan and deliver these initiatives in a range of settings in their area including children's centres, extended schools and across the Key Stages. FLLN provision forms a key part of the LSC's adult learners offer in each local area.

Courses are jointly planned and taught by an early years school teacher or nursery nurse and a specialist adult literacy, numeracy or English for Speakers of Other Languages (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; such as those from particular groups or with learning difficulties or disabilities. An example of such courses is Play and Language, designed for parents and their children aged 0-3 years, which supports parents, carers and their babies or toddlers with language development – parents learn that improving their literacy 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 local 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 7.4

Family Learning – Newcastle City Council 'Pots of Gold'

The Basic Skills Agency is funding a series of six pilots to look at ways of delivering financial literacy to hard to reach groups. Working with parents, Newcastle City Council has designed a series of introductory family finance courses. These are delivered in children's centres across the city for parents of children up to Key Stage 2, as part of the core offer for Family Learning. The aim is to embed Skills for Life in a financial education context, and parents can gain national accreditation in literacy and numeracy through family finance. Family finance is seen as a useful contribution to delivering 'economic well being' in the *Every Child Matters* framework.

In the courses, parents learn about budgeting; savings and investments – including the concept of risk; Child Trust Fund; debt; and buying goods and services – rights and responsibilities. Parents also have the opportunity to discuss money and families, and some of the pressures they are under. In focus groups, parents often said they went without so that their children could have designer label clothing, which they felt was necessary to prevent bullying. Many parents also felt under pressure from financial institutions to borrow money, or from utilities or telecommunications suppliers offering switching deals, often on the doorstep. Parents are finding the courses valuable, particularly in helping them to teach their children about money.

Sure Start practitioners have reported increased confidence in parents, and development of a broad set of skills including speaking and listening.

In time, the City Council aims to build closer links with local Citizens Advice Bureaux and credit unions, so that parents can be signposted to individual advice and exposed to sources of affordable credit.

For further information email
una.mcnicholl@newcastle.gov.uk

Further information is also available from:

- ▶ National Family Learning Network,
www.campaign-for-learning.org.uk/familylearningnetwork/index.asp
- ▶ Readwrite,
www.dfes.gov.uk/readwriteplus
- ▶ Skills for Families,
www.lsc.gov.uk/National/Partners/PolicyandDevelopment/SkillsForFamilies,
- ▶ Basic Skills Agency,
www.basicsskills.co.uk

Adult education classes

Parents may welcome the opportunity to access classes in subjects in which they are interested, provided that there are crèche facilities available. 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.

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.

Good practice in service delivery

Multi-agency working

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.

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.

Case study 7.5

Effective collaboration with local partners

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 various partner organisations, for example, Jobcentre Plus, Voluntary Bureau and Connexions, which offer their services through hot desking at the centre.

As well as organising training through Lifelong Learning, the NLC also works with various other training providers to set up different courses to meet the needs of individuals; these can range from basic to advanced courses. With the assistance of Jobcentre Plus, NLC 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 and group support through the Guidance Officer; mock interviews; help with job applications; CVs; and step-by-step career guidance. Other services include free use of the internet facilities for residents looking for employment and training opportunities.

Vulnerable groups

Some adults face particular barriers to work and are overrepresented in low-income groups; these include lone parents, minority ethnic families and disabled parents. Employment support strategies should be tailored to meet the needs of these groups. Targeted outreach is important to encourage parents to engage with support services, and the services offered should look to meet their specific needs such as: childcare support; English language lessons; and literacy programmes (see sections 14-21 which cover how to tailor services to particular groups).

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.

Case study 7.6

Preparing parents for employment – Longsight Children’s Centre

Longsight Children’s Centre in Manchester serves a very culturally diverse community. Parents who access the centre are encouraged to take advantage of the training, employment and volunteering opportunities on offer. Those who express an interest are automatically given an appointment with the centre’s Information, Advice and Guidance Adviser (IAGA) to discuss their long term aspirations and to determine if they are in need of additional support and training or are job ready.

Parents who need training can access a range of courses in the centre; for example, English for Speakers of other Languages (ESOL), counselling courses, community interpreting courses, basic skills, and IT. Free childcare is also provided for participants. Developments are underway to deliver courses in a number of satellite sites across the ward, such as schools and libraries. If the parent is in need of further education, support is given to find the appropriate course and to help remove any barriers which may impede accessibility or successful participation, for example, by referring the parent to ESOL.

For parents who are job ready, the IAGA provides support to help them secure employment by offering help in preparing a CV and completing an application form.

Further information

- *The Effect of Parents’ Employment on Children’s Lives* (2001), Ermish, J. and Francesconi, M., Joseph Rowntree Foundation/Family Policy Studies Centre, www.jrf.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 quote ref FLLN/CC
- *Being Healthy – Promoting health messages through family literacy, language and numeracy*. Available from QIA publications, qia@prolog.uk.com quote ref: FLLN/BE
- *Building Financial Capability in the UK* (2004), Financial Services Authority, www.fsa.gov.uk/financial_capability
- *Delivering on Child Poverty: what would it take?* (2006), Harker, L. www.dwp.gov.uk/publications/dwp/2006/harker
- The website of the Basic Skills Agency has a ‘Sharing Practice’ section that highlights what schools, colleges and other organisations are doing to raise standards in literacy and numeracy, www.basic-skills.co.uk
- 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.lsc.gov.uk/National/Partners/PolicyandDevelopment/SkillsForFamilies
- Step into Learning, www.surestart.gov.uk/stepintolearning
- The Jobcentre Plus website provides information about the services available and access to the Jobcentre Plus vacancy database, www.jobcentreplus.gov.uk

08 Maternity services

How they improve children's outcomes

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

- ▶ identify parents 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, father and baby; and
- ▶ provide social and emotional support to increase the parenting competence of both mothers and fathers.

Disadvantage and poverty are detrimental to the health of mother, baby and family, 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 by these families. The National Evaluation of Sure Start (NESS) (2005) report on maternity services in Sure Start Local Programmes indicates that assertive outreach has helped to identify families previously hidden from mainstream services; actively engaging with them; offering clear referral links; and supporting them to attend appointments.

Infant mortality

Infant deaths are more common in vulnerable and disadvantaged groups and reducing the incidence of infant mortality in these groups is a Government priority. It is supported by a PSA target to reduce, by 2010, the gap in infant mortality rates by 10 per cent between 'routine and manual groups' (who may be disadvantaged) and the rest of the population. This is an extremely challenging target and children's centres are a key vehicle for delivering it. Women and their families, especially those from disadvantaged backgrounds, should be supported and encouraged to book early for antenatal care to benefit from the full range of available health advice and support.

What Sure Start Children's Centres should provide

All children's centres should link to maternity services, and those in disadvantaged areas should be collaborating with them on a consistent and planned basis 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.

Making services effective for families

Effective interventions have two common features. First, they involve early identification of women and children at risk and establishing a trusting relationship with them. 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, including prevention of second unwanted or unplanned pregnancy; outreach work in local schools; day care and support provided on school premises for mothers to complete examinations or courses (see section 15 Working with teenage parents).

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 16 Working with minority ethnic families).

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.

Women living in **temporary accommodation** may not be registered with a GP. They may also be vulnerable to mental health problems, substance misuse and domestic violence. 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 who may have been placed temporarily in bed and breakfast hotels (see section 21 Working with families in temporary accommodation).

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 (see Section 21 Working with families in temporary accommodation, which contains more on domestic violence).

For **disabled** women, services should take account of their communication, equipment and support needs (see section 18 Working with disabled parents).

Women with **mental health issues**, both pregnant women experiencing significant depression or anxiety 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 pregnancy related depression (PRD) in women from minority ethnic groups. They will also need to agree on how they can refer women to existing specialists (see section 13 Mental health).

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; and can also provide an opportunity to identify mothers and fathers at risk of depression at an early stage.

Case study 8.1

Transition into Motherhood Programme in Shrewsbury

The Transition into Motherhood Programme, a commissioned service delivered through Shrewsbury Children's Centre, enables women at increased risk of developing pregnancy related depression (PRD), whether ante or post-natal, to develop the skills to cope with the transition into motherhood. Led by a multi-agency team of a health visitor, midwifery advisors and the psychology therapy services, the Transition into Motherhood Programme screens for PRD, enhances the support offered by midwives, and ensures that mothers and mothers-to-be are referred to the appropriate services as early as possible. There is also a regular drop in group which covers a range of topics including: understanding and managing PRD; relaxation methods; assertiveness and self-esteem; and developing realistic expectations of motherhood. The group introduces CBT (Cognitive Behavioural Therapy) techniques, which are proving to have a positive impact. Joining the group allows new mothers to normalise their experiences and to develop a peer support network.

A former childcare practitioner, Lucy was one of the women who attended the Transition into Motherhood Programme. Having experienced PRD following the birth of her first and second child, she had become increasingly unsure of her own parenting abilities. She joined the Transition into Motherhood Programme while planning her third pregnancy and, by exploring her expectations of motherhood, she found that she had been placing unrealistic pressure on her parenting ability. When Lucy gave birth to her third child, she was able to enjoy motherhood without the symptoms of PRD, now feels confident in her ability to parent and offers a supportive role to other parents on the Transition into Motherhood Programme programme.

For more information contact
Judith Mennel (01743 276017) or
Julie Duncan (01743 452400)

Trial of Health-led parenting support

The Social Exclusion Action Plan (SEAP), *Reaching Out: An Action Plan on Social Exclusion* (2006), recognised the need to do more to reach socially excluded families for whom intervention is often too little and too late. Following programmes in the US which offered intensive home visiting to the most at risk families during pregnancy and the first 2 years of life, evaluation held over 20 years has shown sustained positive impacts on outcomes for both parents and children. This approach is to be tested in the UK. There is funding until March 2008 for 10 health-led parenting support demonstration projects, which may be developed around children's centres that are already providing integrated support to disadvantaged families.

The objectives are to test the deliverability of a model of early identification and preventive health-led intensive home visiting; to demonstrate its impact on engaging the most at risk families; and to identify short term outcomes for children and families. The results of the demonstration are likely to inform the future of health-led child and family support services. Further information can be found at www.dh.gov.uk/assetRoot/04/14/04/34/04140434.pdf

Support for fathers

The *National Service Framework for Children, Young People and Maternity Services* emphasises the importance of fathers' involvement and support, and of maintaining fathers' health and wellbeing. Research into antenatal care carried out by St Michael's Fellowship and Tulse Hill Sure Start in South London, alongside Fathers Direct and the University of Bristol, found that fathers often feel marginal to the care process. Antenatal services can be a golden opportunity to kick start communication with dads and the research suggested a number of useful approaches:

- ▶ think about the environment and whether it gives out the messages that men should be there;

- ▶ think systematically – father friendliness must pervade the system;
- ▶ special dad-focused materials like a ‘dad bag’ containing items for father and baby can be a good way to acknowledge dads; and
- ▶ employing a fathers’ worker can help, in terms of making contact with dads, helping run classes and assisting in developing a strategic approach.

The post-natal period is also an excellent opportunity to engage with and support fathers who are almost always present at this time. It is important to detect post-natal depression in fathers; a specialist support worker offering groups and one-to-one sessions outside working hours can help with this (see section 13 Mental health; and section 14 Working with fathers).

Support for breastfeeding

Support should be offered to promote and 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.

Practical long-term support should be delivered alongside the promotion of breastfeeding. Support for mothers should be flexible enough to recognise the varied experiences women have of breastfeeding; and the different positions of minority ethnic communities. Children’s centres should try to convey clear messages about the benefits of breastfeeding, whilst acknowledging the difficulty of fitting it around work and other commitments and providing advice and help in addressing

such issues. The particular importance of breastfeeding in the first few days after birth should be emphasised – this has significant benefits for child health and has been shown to increase the duration of breastfeeding.

The performance management guidance identifies the percentage of mothers initiating breastfeeding as a key performance indicator. Centres will agree with local authorities the best methods, and sources of data available, for monitoring progress in this area. More details are in the Planning and Performance Management Guidance (see section 10 Family health for more on the health benefits of breastfeeding).

Case study 8.2

Baby Cafés

Originally set up as a pilot in Haywards Heath, West Sussex in 2000 by two experienced health workers using funding from their local PCT, Baby Cafés have gone from strength to strength. The cafés provide a comfortable and welcoming environment where mothers can drop in at any time to access information and support surrounding breastfeeding. Partners, midwives and other health colleagues all participate in the service. The service is used by vulnerable women, and has helped to break down barriers between professionals from different agencies.

The success of the Baby Café has led to the extension of the Baby Café network across more than 80 sites nationally, each of which practice the model of care standard. Many of these sites are co-located in children’s centres. In Halifax, The Calderdale Baby Café has been developed at the Elland Children’s Centre which operates on a single site attached to a school and provides all core services, including 56 day care places and speech and language therapists as well as breastfeeding support.

More information can be found on the website www.thebabycafe.org.uk

Smoking cessation

Smoking is a risk factor for infant mortality. 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 12 Smoking cessation).

Promoting healthy parent lifestyles

Tackling the problem of childhood obesity has been set as a priority across government and requires changes to lifestyles as a whole. Children's centres are ideally placed to promote a holistic approach through the support and education of parents. Specific advice can also be provided on healthy eating during pregnancy as well as the dangers of drug and alcohol abuse (see section 11 Reducing obesity; and section 20 Working with parents with drug or alcohol problems)

Information

High quality, up-to-date materials about services in the antenatal and post-natal periods 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 Information and advice for parents).

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 should develop a partnership with the universal maternity services offered through Acute Trusts (midwives) and Primary Care Trusts (health visitors). Successful

joined-up working is underpinned by strong leadership, good relationships between individuals, commitment to a shared vision and adequate resources. 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;
- ▶ make links with statutory and voluntary services working with excluded women, such as those placed in temporary accommodation, to increase awareness of services provided by the children's centre and to ensure referrals are made to the midwife/health visitor;
- ▶ involve local GPs in planning and management, particularly in developing systems for referring women to children's centres and mainstream services;
- ▶ share information – taking account of data sharing protocols agreed between agencies – in order to make referral systems more comprehensive and efficient;
- ▶ 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; and
- ▶ increase new training activities, especially multi-disciplinary training.

Case study 8.3

Co-locating workers in Islington

Two consultant midwives from Whittington Hospital in Islington, have led the movement of midwifery services into surrounding children's centres. The local population contains a high proportion of asylum seekers and other excluded groups. Recognising the value of re-locating maternity services into a non-clinical environment, the team have found that women are more encouraged to attend and are likely to engage with centres in the future.

Their target is to provide a named midwife for each children's centre in the hospital catchment area who will work with other agencies to provide antenatal and post-natal care; parent education and breastfeeding support; and a weekly drop in clinic. Paradise Park Children's Centre currently offers the most developed facilities, where a midwife; maternity assistant; experienced NCT teacher; and health visitors combine forces to provide a fully rounded service.

Continuity of contact and care

It is important to maintain continuity of contact with mothers; National Institute for Health and Clinical Excellence (NICE) guidelines for post-natal care (2006), state that a documented, individualised post-natal care plan should be devised during antenatal care or as soon as possible after birth. This can be achieved using approaches such as:

- ▶ health visitors being involved in antenatal work;
- ▶ midwives and health visitors discussing the post-natal plan for children and families experiencing marked social exclusion;
- ▶ 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.

The NESS (2005) report into maternity services in SSLPs emphasises how team-working between midwives and health visitors

Case study 8.4

Volunteer Doula Support Mothers in Hull

Newland and Avenue Sure Start in Hull has developed a project to recruit, train and match up volunteer 'doulas' with pregnant women in the local area. Although doulas do not offer clinical skills, they are trained to offer emotional and practical support through the latter stages of pregnancy and childbirth and for the first few weeks of family life, and signpost women to appropriate agencies as and when needed. Their training covers areas including breastfeeding, child protection Level 1, volunteering, health & safety, aromatherapy, domestic violence awareness, water births and smoking cessation in pregnancy amongst other subjects.

Prior to recruiting the volunteers much in depth preparation work was carried out with the local midwifery services and agencies which have helped support the project, in the local maternity hospital, community and also referring women in.

Since recruiting the volunteers, they have supported over 30 women who may be coping with issues such as homelessness, limited English, domestic abuse and drug dependency. Feedback has been very positive; reducing incidences of medical intervention and increasing breastfeeding rates; as well as being a rewarding experience for volunteers. A local mum who had the support of a doula quoted: 'The support of my volunteer doula has been invaluable before, during and after the birth of our daughter. With my husband, the three of us worked as a team to prepare for an active labour. It was a fantastic birth experience, complemented by the Doula Project'.

The project is still in the 'pilot' phase and is being researched by Hull University, with a view to develop and roll out nationally. Please contact Heather Barnes on **01482 499 092**, or visit **www.newlanddoulas.org.uk** if you would like any further information.

ensures a smooth handover between ante and post-natal care periods. Additional 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. Where interpreters are needed, the same interpreter should be used over time in order to build trust and provide a consistent level of support tailored to meet individual needs.

Improving access to services

Maternity services are universal, and as such, practitioners have experience in reaching families. Health visitors are required to contact all families and should mix visits to drop-in

Case study 8.5

Better access for rural communities

Imaginative and resourceful ways can be found to reach families in rural areas for whom distance or lack of transport is a barrier to accessing services. In many rural communities, mobile crèches and antenatal parent craft sessions are regularly delivered in community venues by a mobile team, often in a travelling 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. Even in urban settings buses or people carriers can be used to make services more accessible.

The Oswestry Area Children's Centre, Shropshire, works from a widely dispersed variety of satellite settings surrounding its children's centre base. The rural nature of the area therefore requires an effective means of locating and maintaining contact with women in need. In order to achieve this, every woman in the Sure Start area is assessed and given an Edinburgh Post Natal Depression Score between 20-28 weeks gestation. This identifies vulnerable women in the locality and enables midwives and mental health advisors to provide each individual with an appropriate care plan.

centres in various locations with other approaches to help extend their reach:

"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; texting and follow up with women who do not attend appointments; having groups in the evenings and at weekends; providing childcare and transport to groups; and having interpreters available in those children's centres where they are needed.

Section 02 Running a successful Sure Start Children's Centre, contains more useful information on the importance of outreach and good practice in service delivery.

Further information

- *NESS – Maternity Services in Sure Start Local Programmes* (2005), (Z. Kurz et al.) DFES, available from www.ness.bbk.ac.uk
- *National Service Framework for Children, Young People and Maternity Services* (2004), available from www.dh.gov.uk
- *Routine Post-natal Care of Women and their Babies* (2006), NICE, www.nice.org.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
- National Childbirth Trust provides valuable information for both parents and professionals, available from www.nct.org.uk
- Unicef UK Baby Friendly Initiative, www.babyfriendly.org.uk
- Social Exclusion Action Plan (SEAP), *Reaching Out: An Action Plan on Social Exclusion* (2006), www.cabinetoffice.gov.uk/social_exclusion_task_force/reaching_out

09 Speech and language development

How this improves children's outcomes

There is a strong body of evidence to suggest that the foundations of communication development are laid in the very earliest of experiences. The early years are crucial for language acquisition and the first three years in particular contribute substantially to children developing key language skills by the time they reach early childhood. The development and use of communication and language is at the heart of young children's learning; children need to be able to communicate effectively to learn and develop other skills. Language skills contribute to the development of literacy skills which in turn are important for developing the ability to access other areas of the National Curriculum.

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 communication and language development.

Some children experience difficulty in learning language and communication skills. As many as one child in ten under 5 years of age experiences some degree of difficulty; those in greatest need will require 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. These can arise from a variety

of causes including: Specific Language Impairment; physical and/or specific learning difficulties; autism; hearing impairment; medical or psycho-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 therefore 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 Sure Start Children's Centres offers an excellent model on which both can be based. The *National Service Framework for Children, Young People and Maternity Services* 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 provide

Children's centres can play a key role in the positive promotion of children's speech and language development and this should be a primary focus for every child's progress. The daily structure of the centre's activities should be used to integrate excellent language models to stimulate children in their development. This should include using a range of activities including:

- ▶ providing a good environment for listening and attention;
- ▶ adults talking and listening to children;
- ▶ imaginative use of play and toy resources;
- ▶ activities with music, song and rhyme; and
- ▶ storytelling and reading books.

Case study 9.1

Basic Skills Agency development programmes

The BSA has launched two family programmes designed for parents and carers of very young children – *Language and Play* and *Number and Play*. The programmes help parents and early years professionals understand the key role they have to play in children's development, and how talking and playing together can make a huge difference.

The programme support packs include: an outline of a series of sessions for small groups or 1:1; guidance on running these sessions; handouts and tips for home; storytelling ideas, songs and rhymes. A learning diary and certificate of completion are also available online.

For more information or to order:
www.basic-skills.co.uk/resourcecentre or call
0870 600 2400

Early intervention

Children's centre staff should promote language acquisition and identify speech and language difficulties. Early intervention can prevent developmental difficulties compounding into more serious problems at a later age. Input from a speech and language therapist, for at least part of the week, is desirable. This specialist can train other workers to provide good language models for children, identify problems early, and support parents in creating a more communication friendly environment at home. Where the need arises, children should be referred to the specialist service. This may be necessary for the problems such as:

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

In order to monitor speech and language development in young children, children's centres could host monthly information sessions, inviting small groups of local children and parents to meet with health visitors and a speech therapist. The sessions offer a chance to discuss early concerns and share practical advice. Positive feedback has shown that parents benefit from the opportunity to meet professionals in an informal setting. It is felt the style of these groups encourages a wider variety of families to attend.

Good practice in service delivery

Training staff and parents

All staff should be trained in language development, delivered by a speech and language therapist. A focus should be on staff understanding how the development of language and communication is underpinned by four key factors: experiencing good language models; 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 during everyday occurrences whilst they are occurring – activities might include meal times, shopping trips, nappy or toilet times
- ▶ play alongside their children at their level supported by good language;
- ▶ allow the child to take a lead and direct activities;
- ▶ 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.

There are a number of programmes which provide suitable training for those who work in a childcare environment:

- ▶ The **Communicating Matters** project aims to raise the awareness of practitioners to make them more reflective of their interaction with children and the ways they can best support children's speech and language development. Building on the Primary National Strategy's *Playing with Sounds* programme, and sitting alongside the findings of the Rose Review into reading in early years settings, Communicating Matters provides high quality training materials for encouraging children to achieve the skills as set out in the Foundation Stage curriculum. Trainers can order copies of the materials from Prolog on **0845 60 222 60** quoting the reference 02026-2006PCL-EN.

- ▶ Children's communication charity, **I CAN**, offer advice and training for those working in a childcare environment. The I CAN Early Talk Programme works to build partnerships with local authorities, children's trusts and PCTs in order to provide training for early years staff and practitioners, and disseminate resources and activities (www.ican.org.uk).

A number of children's centres have shown promising results from the running of weekly sessions with parents to introduce them to songs, activities and stories taken from the **Peers in Early Education Project (PEEP)**. Each week parents are introduced to a new learning activity and are provided with a take home pack containing books, puppets and other props. The project aims to build children's self-esteem and confidence as learners; and encourages parents in their role as early educators (www.peep.org.uk).

Case study 9.2

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.

BLAST packs and two day training courses are now available (www.blastprogramme.co.uk)

Case study 9.3

Collaboration programme in Gateshead

The Chatterkids Language Group was developed in the four Sure Start areas of Gateshead in order to:

- meet a general need of many pre-nursery children for language enhancement;
- engage hard-to-reach families;
- identify children whose communication difficulties are severe enough to need specialist intervention by a Speech & Language Therapist (SLT); and
- thereby fast-track those children to receive timely therapy from colleagues in the SLT Department, or from medical colleagues, via the Child Development Team.

A key feature in running Chatterkids courses is collaboration between the Sure Start SLT and Social Services staff of the local family centres. The staff are deeply embedded in the community and can enable families that might not otherwise consider NHS help to accept it for their children's communication difficulties. In the last 2 years, work has also been done with 9 schools in the borough to run Chatterkids groups.

Children considered to be late talkers (fewer than 50 words at two years) are referred to the group by early years practitioners and parents themselves. Groups of six children, each with a parent/carer, take part in a weekly Chatterkids language and social skills group for six weeks. Group leaders are able to forge relationships with parents over the six week period which leads to a much higher take-up of services subsequently recommended e.g. referral to Speech & Language clinic or Child Development Team.

For more information, contact Beryl Hylton (SLT) berylhyltondowning@gateshead.gov.uk

Good collaborative arrangements

Under the aegis of children's trust arrangements, PCTs should work with local authority early years colleagues to make sure that adequate speech and language services are designed and commissioned for the children's centre. Although the number of SLT staff is increasing within the health service, providing more intensive services through children's centres as described in this chapter is likely to take time.

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 number of different routes: one-to-one sessions with the SLT; a learning support assistant or SLT assistant; or in group sessions alongside other children with similar needs. Evidence shows that by helping the team of people who are in daily contact with a child, therapy can be provided on a more regular basis. This helps the child to integrate new skills into their everyday communication more easily and is 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. Sometimes it may be necessary to provide assessment or interventions in a specialist healthcare facility. Where children are attending early educational settings, therapy may 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 9.4

The best place for delivering a service

The Speech and Language Service in Wiltshire was 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 method 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 alongside them to give depth and 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 opposed to clinical settings, the children were seen in their everyday context and the natural interaction between children and parents could be observed.

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 provide innovative ways of ensuring appropriate referral and handling throughout. For example, children's centres may be appropriate places to provide drop in clinics.

Although drop-in clinics are very effective where families are good at identifying problems and seeking help, those who need it most may be less likely to attend. Centres will need to ensure that the level of service provided is tailored sensitively to meet the needs of individual families locally.

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.
- www.talktoyourbaby.org.uk run by the National Literacy Trust, offers free downloadable resources and lists examples of Sure Start speech and language initiatives.
- Children's communication charity I CAN, run an Early Talk programme and provide training and a series of useful publications, www.ican.org.uk
- Peers in Early Education Project (PEEP) can be found online at www.peep.org.uk
- *Speech and language Therapy interventions to children speech and language delay or disorder* (2003), Law, J., Garrett, Z., Nye, C., Issue 3, Campbell Collaboration
- *Independent Review of the Teaching of Early Reading* (2006), Rose, J., www.standards.dfes.gov.uk/rosereview
- Sure Start Programme Guide – Promoting Speech and Language Development, 2001 www.surestart.gov.uk/publications/index.cfm?document=753
- *National Service Framework for Children, Young People and Maternity Services* (2004), available from www.dh.gov.uk

10 Family health

How this improves children's outcomes

The Government's public health white paper, *Choosing Health: Making healthier choices easier* (2004) recognises the importance of addressing children's health needs from pre-conception and throughout the journey to adulthood. It recognises that patterns of behaviour are often set early on and continue to influence health throughout life. *Choosing Health* also emphasises the importance of reducing health inequalities and the need to address a broad range of issues to achieve this, such as poverty, education and housing.

Health and well-being are fundamental to the achievement of the *Every Child Matters* outcomes and to the long-term prospects of young people as they move into adulthood. Health problems can impair a child's ability to achieve, enjoy and learn, placing them at risk of lower levels of educational achievement and of failing to achieve their full potential. The role of health services in the earliest years of children's lives is vital in preventing the possible negative effects of deprivation and disadvantage.

Health professionals are the first point of contact with parents even before their child's birth. They are therefore in a unique position to establish trusting relationships with families and to influence parenting practices and promote healthy lifestyles at a point where parents are open to change. The skills that health professionals have in empowering parents to care for themselves and their children through advice and support are clearly essential to the success of Sure Start Children's Centres.

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 services, and delivering services in a way that better meets their needs. Children's centres should also plan programmes and services to promote good health and prevent ill-health.

Children's centres should work in partnership with the wider network of health agencies to improve physical and mental health outcomes for young children and their families as well as to reduce health inequalities. In working with partners it is important to respond to health priorities and identify ways in which children's centres can help health agencies to achieve their objectives and targets.

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 emotionally (see section 06 Parenting and family support);
- ▶ promote and support breastfeeding (see section 08 Maternity services);
- ▶ reduce obesity in children by encouraging active play and healthy eating (see section 11 Reducing obesity);
- ▶ reduce smoking in pregnancy and smoking around young children (see section 12 Smoking cessation);
- ▶ improve mental health and the well-being of young children and their parents (see section 13 Mental health);

- ▶ encourage parents to have their children immunised;
- ▶ reduce accidents and injuries among young children; and
- ▶ improve oral and dental health.

Links to the Child Health Promotion Programme

By 2014 all children and families will have access to the Child Health Promotion Programme (CHPP). The CHPP is set out in Standard One of the *National Service Framework for Children, Young People and Maternity Services*. It is a comprehensive system of care that includes:

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

The programme provides a framework for delivering those health interventions that all children need to achieve the best possible health and wellbeing outcomes. It will be delivered in a range of settings by health visitors, midwives, GPs, school nurses and early years staff. Children's centres therefore have a key role to play in working with health professionals to help deliver this programme by sharing skills, information and premises.

Immunisation

The routine immunisations recommended for babies up to 13 months of age protect against the following diseases: diphtheria; tetanus; whooping cough Hib; polio; meningitis C; pneumococcal infection; measles, mumps and rubella. Babies at risk at birth are also recommended to be immunised against tuberculosis (BCG injection) and hepatitis B. As children get older and up to the age of

five, booster immunisations are recommended against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

These diseases can be very serious, and where immunisation rates are low the likelihood of outbreaks occurring increases. Those babies who do not complete the recommended schedule are more likely to:

- ▶ belong to a minority ethnic group;
- ▶ come from a deprived background;
- ▶ be part of a large family;
- ▶ be born to a teenage parent; and
- ▶ be part of a single-parent family.

Missing immunisation appointments may be due to: other concerns in family life at the time; being unable to get to the clinic location; or parents' beliefs towards immunisation. Immunisation remains the safest way to protect children against serious diseases and children's centres should encourage mothers to immunise on time and completely. Home visits and drop-in clinics can help, where access is an issue for example in excluded groups; and information sessions should be held to raise awareness of the need to complete the recommended immunisation schedule. More information about immunisations can be found at www.immunisation.nhs.uk

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. Early safety schemes have shown to result in reduced numbers of children appearing in A&E and hospital burns units. Children's centres should therefore offer a range of interventions to help reduce the risk of accidents. Some examples include:

- ▶ offering home visiting support from professional or specially trained lay care givers on accident and injury prevention;

- ▶ providing new parents with a Birth Bag containing advice leaflets and small safety items such as cupboard locks and corner protectors: trials offering these suggest parents find them very useful and effective at reducing accidents;
- ▶ issuing parents with home and garden safety equipment on loan, on hire for a small charge or free – smoke detectors, fire guards, stair gates, etc;
- ▶ offering 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 (can be delivered in conjunction with the local fire service), making gardens safe, reducing the risk of poisoning;
- ▶ advising parents on the stages of infant development and the implications for accident and injury prevention: although no two infants are the same, this information provides useful indicators about what babies can do (for example the risk of rolling over when placed on a high surface area);
- ▶ providing information on sun protection: for the first six months infants should be kept in the shade; young children’s exposure to the sun should be limited, especially between 11am and 3pm; they should be covered by loose cotton clothes and exposed skin protected with sunscreen (sun protection factor 15 or above); and
- ▶ reducing road accidents involving young children by loaning car safety seats and child restraints and through educational campaigns; including how equipment should be properly fitted.

Oral and dental hygiene

Oral health problems can have a negative impact on children’s self esteem and lead to complications with eating and speaking later on. Oral hygiene behaviour learnt as children lasts throughout life; teaching children the importance of oral care with the use of a fluoridated toothpaste at a young age can make them less likely to suffer dental problems as adults. Dental advice should be delivered in conjunction with information on healthy eating and monitoring the frequency of sugar intake; educating both parents and children about the damaging effects of sugary food and drinks is very important.

The **Brushing for Life** initiative aims to improve oral health in areas of the country where dental care needs are at their highest. The campaign provides health visitors and health care professionals with a Brushing for Life pack; containing flouride toothpaste, a toothbrush and a leaflet on oral hygiene. The packs can be distributed to parents undertaking visits to children’s centres, where a trained health worker should be available to provide advice on the care of children’s teeth. For enquiries, or information on ordering packs, contact the Department of Health on **020 7210 4850**.

Children’s centres should aim to forge links with dental services in their local PCTs who will be able to arrange for oral health promotion officers to run dental health workshops. Organising these for childminders can be an effective means of passing information down to children and parents. Childminders who encourage tooth brushing and a healthy diet, whilst children are in their care, will help to promote good habits early in children’s lives.

Case study 10.1

Beacon Children's Centre Personal Dental Service

The Beacon Children's Centre in Nelson, Lancashire, in conjunction with the local PCT, offer a Personal Dental Service (PDS) for families not registered with an NHS dentist. Children under 5, their siblings, pregnant and nursing mothers can access the service which operates three sessions a week from a Sure Start outreach venue.

For babies on the waiting list a children's centre support worker and oral health promoter invite all 12 month old children and their families to an oral health session, 'Tot's Teeth' at the PDS; where they are given information on oral health, diet, and stopping bottle use. They all receive a gift including a cup, toothbrush and toothpaste and are given their first appointment to visit the dentist.

A bilingual children's centre support worker is present at one session a week to assist patients with a fear of dental checks and cater for the needs of local Pakistani families.

Users of the PDS report that it has increased the frequency of their child's teeth brushing; reduced their child's sugar intake; increased their confidence in encouraging good dental health; and led them to register with an NHS dentist.

For more information contact Katherine Lord, katherine.lord@ed.lancscc.gov.uk

Good practice in service delivery

General approach

Effective interventions in the key family health areas listed above recognise that no one area can be seen in isolation from the others. Evidence suggests that good parenting is the most important predictor of positive well-being, learning and achievement, particularly among disadvantaged families; and good parent-child relationships can reduce the risk of children adopting unhealthy lifestyles, such as smoking, drinking and drug taking. Offering healthy lifestyles programmes for families to join – encompassing diet (including breastfeeding support), exercise, relaxation, smoking cessation, support with life issues, creative expression, and many other possible activities – can be a particularly successful means of addressing health issues in a holistic way.

Evidence suggests that the parents who would benefit most from intensive support 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 health visitors and midwives (who may be co-located or run clinics from the children's centre), will be well placed to identify families with particular needs (disadvantaged families, teenage parents, parents with mental health difficulties or disabilities, or those with substance misuse problems) and to encourage them to access more intensive programmes of support.

Multi-agency working

It is essential that local authorities and health colleagues work together to plan, share data and deliver universal and targeted health services through children's centres. Primary Care Trusts will want to consider 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.

Local authorities should 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. Links should also be made with the Healthy Schools Programme and Extended Schools. Both of these programmes are explicitly interlinked, have mutually reinforcing agendas, and are encouraged to join forces to drive forward improvements in public health outcomes.

Links with Health Trainers

Health Trainers are a key part of enabling people to lead healthier lives and make healthy life choices. Some people have difficulty changing to a healthier way of life because support is not easily accessible, only available at the wrong time of day or in a form of support that is not easily understood by those who need it. Health Trainers are drawn from the communities in which they work, which may make them more welcomed by those they work with. They are able to offer a new approach to tackling health inequalities and poor lifestyle choices, and can transcend professional boundaries. There is real potential for joint working between children's centres and Health Trainers. More information on health trainers can be found at www.health.gov.uk

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
- *National Service Framework for Children, Young People and Maternity Services*, available from www.dh.gov.uk
- Authorities may find it useful to refer to the *Health Profile of England* (2006), a report published by the Department of Health to compare local statistics on topics such as child obesity, smoking and drinking. The report highlights regional variations in health inequalities and may prove useful for child health commissioners to see where they fall on the scale. www.communityhealthprofiles.info
- NHS Immunisation website, www.immunisation.nhs.uk
- The Child Accident Prevention Trust (CAPT), www.capt.org.uk
- Brushing for Life Initiative, DH website, www.dh.gov.uk/NewsHome/NewsArticle/fs/en?CONTENT_ID=4139134&chk=2Z9sRv
- *Choosing Better Oral Health – An Oral Health Plan for England*: www.dh.gov.uk/AboutUs/HeadsOfProfession/ChiefDentalOfficer/fs/en Published in 2005, this is the Government's strategy for improving oral health
- www.stop-the-rot.co.uk – a source of information and support materials for parents and early years settings about the prevention of tooth decay in children
- The Healthy Schools Programme, www.healthyschools.gov.uk

11 Reducing obesity

How reducing obesity improves children's outcomes

Childhood obesity is one of the key public health challenges facing society today, both in terms of the range of health problems it is associated with and also the cost burden it places on the NHS and the UK economy. In 2001, the National Audit Office estimated that obesity can lead to 9,000 premature deaths a year, and is an important risk factor in a number of chronic diseases.

The prevalence of obesity in England has tripled since the 1980s and, if current trends continue, at least a third of adults, a fifth of boys and a third of girls will be obese by 2020. The seriousness of the problem is shown in the range of consequences it has for the health of individual children and young people:

- ▶ respiratory disorders such as asthma, and a reduced tolerance to exercise;
- ▶ increased risk of developing type 2 diabetes – 'late onset' diabetes that doctors used to see only in adults is now being diagnosed in young children;
- ▶ an increase in the risk factors for cardiovascular disease such as raised blood pressure and raised blood cholesterol; and
- ▶ psychological problems, such as depression, eating disorders, and low self-esteem; social stigma, reduced social mobility and a poorer quality of life.

The negative health consequences of childhood obesity create knock-on health problems in adult life and an increased likelihood of becoming an obese adult.

To tackle this problem, the Government has set a Public Service Agreement target '*to halt, by 2010, the year-on-year increase in obesity among children under 11 in the context of a broader strategy to tackle obesity in the population as whole*'. This target is the joint responsibility of the Department for Education and Skills, the Department of Health and the Department of Culture, Media and Sport. The problem can, and often does, begin early in a child's development, and Sure Start Children's Centres therefore have a key role to play in addressing this in a number of ways.

What Sure Start Children's Centres should provide

Children's centres are well placed to educate children about healthy living from a young age; the point at which it is most effective. In doing so, centres should engage parents to promote a whole-family approach to eating well and keeping active. Centres should not only offer information, but demonstrate good practice by providing healthy food, where food is available; and organising or promoting physical activities.

Breastfeeding

Children's centres can play their part through the promotion of breastfeeding. Evidence strongly demonstrates a link indicating that babies who are breastfed are less likely to become obese as they grow older. Breastfeeding needs to be viewed as part of a cohesive package of measures to give children a sound start and tackle the problem early on (see section 08 Maternity services for more on breastfeeding).

Diet and nutrition

Eating patterns have changed, with more availability of foods high in fat and sugar, changes in food marketing, larger portion sizes, and less food being prepared at home. Children's centres should deliver activities that encourage an understanding of the importance of diet and nutrition in improving children's health. Where there are facilities to do so, centres should offer opportunities for parents and children to learn about food and nutrition and healthy eating 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 opportunity for parents to improve their cooking skills and to develop their children's social skills;
- ▶ 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 questions about their child's health that may link to diet;
- ▶ offering practical tips for parents on how to manage children with fussy eating habits;
- ▶ 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, or by organising visits from local food producers; and
- ▶ food co-operatives can help bind a community as well as improving diet: in isolated areas where there are few local shops, this is one way of making fresh, reasonably priced produce available.

Case study 11.1

Healthy eating course at Rose Hill and Littlemore Children's Centre

Rose Hill and Littlemore Children's Centre in Oxfordshire, provides workshops and advice on healthy eating. A six week course on healthy eating encouraged parents to change their children's diets. Activities focused on understanding the difference between healthy and unhealthy food and included: looking at the contents of 'junk' food and its effects on children; making shopping lists; and making menus with children. Parents were set the challenge of not bringing fizzy drinks, crisps etc into the house for two weeks. Staff commented that parents found this particularly difficult and it was important to reinforce the health message in a supportive way. Staff believe the course has been successful in raising awareness and changing some parents behaviour.

Contact Shauna Smith for details,
shauna.smith@oxfordshire.gov.uk

Physical activity

The root cause of obesity is the imbalance between energy in (what we eat) and energy out (how active we are). Where possible, children's centres should encourage physical activity through play, baby massage and tumble-tots classes. *Birth to Three Matters* provides examples of activities to promote play and learning, guidance on planning and resourcing, and meeting diverse needs. To promote fitness in parents, centres can offer adult exercise groups across a variety of different activities such as aerobics, swimming and martial arts. Encouraging family cycling, walks or nature trips can be an effective way of involving the whole family in healthy living activities, and this interaction between parents and their children also aids personal development.

Parental and personal responsibility

An important strand of this work includes personal responsibility of parents and families. Tackling obesity can only be done by working with both parents and children – the strongest current indicator that a child will be obese is that both parents are overweight or obese. These parents are most likely to be resistant to health messages, but children's centres should try to engage them in healthy eating and active behaviours – improvements in parents' health are likely to bring improvements in their children's. Parents should be encouraged to:

- ▶ lead by example, ensuring they adopt a healthy diet and are physically active;
- ▶ opt for active play over sedentary entertainment to raise children's physical activity levels;
- ▶ reduce car journeys and walk more, where this is reasonably practicable; and
- ▶ ensure children eat regular, healthier meals and snacks, based on diet and nutrition guidance.

Equipping parents with the confidence and skills to promote healthy eating and physical activity can be done as part of multi-faceted parenting programmes, covering additional issues such as behaviour and development (see section 06 Parenting and family support).

One-to-one support

Children and parents who are already overweight or obese may need additional, more intensive support to make lifestyle changes and lose weight. Targeted one-to-one support can be offered in conjunction with the above services to assist such families make the necessary long-term changes to their diet and behaviour. National Institute of Clinical Excellence (NICE) guidance (December 2006 – see Further information) recommends that this work is done by health professionals such as health visitors and health trainers.

Good practice in service delivery

Staff training

The ideas surrounding healthy lifestyles may be new for some parents, especially those in the most vulnerable groups. Children's centres should ensure that staff are adequately equipped to fulfil their role in promoting healthy eating and physical activity; and in preventing and reducing obesity. Children's centre staff may require some training to ensure they are aware of the importance of a balanced diet – encouraging a healthy lifestyle needs to be a policy actively promoted by the whole centre.

Training should be given to help staff recognise overweight and obesity problems and to know how to deal sensitively with these issues. There can be reluctance on the part of staff to raise concerns if they are worried about stigmatisation and the impact on self-esteem. However the long-term health risks associated with obesity necessitate early intervention, and staff should feel comfortable and confident in doing this.

Measuring performance

The overall effect of children's centre activity helping to combat obesity is difficult to measure in itself, as it may consist of a wide range of different types of services offered. Nevertheless, it may be possible to measure the effect over time, and as such, the performance management guidance includes the percentage of children in reception year who are obese as a key performance indicator. More details are in the Planning and Performance Management Guidance.

Further information

- For information on healthy eating: Food Standards Agency, www.eatwell.gov.uk; 5 A Day, www.5aday.nhs.uk; Healthy Start, www.healthystart.nhs.uk – also see the previous Practice Guidance
- *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children*, produced by NICE. All the versions of the guidance and implementation tools will be available from www.nice.org.uk/CG043

12 Smoking cessation

How this improves children's outcomes

The knock-on effect of a child growing up within a household of smokers has serious implications for the smoking behaviour, health and ultimately life chances of that child. Exposing children to second hand smoke in the home places them at greater risk of cot death and asthma; and causes them to be more likely to go on to smoke as adults. Children growing up in homes where their parents smoke every day, are three times more likely to develop lung cancer than children of non-smokers, even if they do not go on to smoke as adults themselves. It is particularly important to persuade parents, both mothers and fathers, to stop smoking during pregnancy:

- ▶ women who smoke are less likely to carry their babies to full term and there is a 26 per cent increased risk that they will miscarry or experience a stillbirth;
- ▶ babies of smoking mothers are an average 200g lighter at birth; and
- ▶ infants of parents who smoke are more likely to be admitted to hospital for bronchitis and pneumonia in the first year of life.

Some young pregnant women may believe that smoking leads to smaller, low birth weight babies, which may make childbirth less painful. It is important that we understand what stops young women making healthy choices and tailor our messages accordingly – in this case that childbirth is no less painful if your baby is low weight.

Reducing the number of women who smoke during pregnancy is a key factor in achieving the infant mortality aspect of the Government's PSA target on health inequalities; namely to reduce, by 2010, the gap in infant mortality rates by 10 per cent between 'routine and manual groups' (who may be disadvantaged) and the rest of the population.

What Sure Start Children's Centres should provide

Smoking cessation services can be offered as a mixture of one-to-one support, group support, drop-in sessions and other interventions such as Smoke Free Home initiatives. Sure Start Children's Centres should:

- ▶ liaise with midwives to identify pregnant smokers at the earliest opportunity (see section 08 Maternity services);
- ▶ offer pre-conception counselling to encourage cessation before pregnancy and reduce the risk of low birth weight;
- ▶ provide specialist advice and smoking cessation training to all practitioners working with pregnant women and their partners; midwives for example can offer flexible one-to-one support;
- ▶ encourage partners in their role of supporting pregnant women to give up, and offer a partner's tool-kit to assist with this;
- ▶ involve parents from the local community in motivating other parents, especially pregnant women, to give up smoking, using peer support groups and buddy systems;

- ▶ where necessary, encourage motivated parents attempting to quit to access Nicotine Replacement Therapy (NRT), now licensed for pregnant women also; and
- ▶ work with health visitors and health trainers to encourage parents not to smoke in the home or near children by running Smoke Free Homes initiatives: participation can be encouraged by providing a parent's pledge pack containing advice, telephone support information and a pledge certificate.

Case study 12.1

Smoke Free Homes in Lancashire

The Maden Centre in Bacup, Lancashire, runs a number of initiatives including smoking cessation at times when crèche facilities are running, and support sessions for partners. One particular success story has been the coordination of an ever expanding Smoke Free Homes Scheme.

The initiative aims to reduce children's exposure to second-hand smoke in the home. Upon joining the scheme, members agree to maintain a Smoke Free Home or Smoke Free Zones(s). Since its launch in Bacup, the scheme has grown to a network of 14 other children's centres in Lancashire and Cumbria. In addition, further programmes have signed up for the training, and others are in the process of assessing how many potential families could benefit in their area. The network facilitates the pooling of knowledge, skills and resources to expand the initiative's reach. The scheme encompasses 1350 homes, in which over 1500 children are now living in a smoke free environment, and the involvement of the local PCT looks set to develop this success even further.

No Smoking Day events

Holding No Smoking Day events can be an effective way of attracting parents' interest in smoking cessation services and can bring together a range of practitioners, such as health visitors, school health workers, smoking cessation advisors and Sure Start staff. Day events can offer many activities aimed at local residents: quizzes and information sheets; taking Carbon Monoxide (CO) readings; teaching children which parts of the body are affected by smoking; and recruiting families to join Smoke Free Homes. Children's centres may want to host these events, hold them in other community settings, or travel around the area with a mobile information stall.

Good practice in service delivery

Integrated support through multi-agency working

Adopting an integrated approach to NHS Stop Smoking Services is the most effective way of supporting parents. Centres should work in partnership with health visitors, midwives and other health practitioners to co-ordinate smoking cessation support.

By combining leaflets and resources with one-to-one support, drop-in sessions, No Smoking Day events and family initiatives, ongoing and holistic assistance can be provided. Children's centres should aim to provide multi-faceted support: advice to mothers to raise self-esteem; reducing the stress factors that make it difficult to give up smoking through parenting support; healthy eating guidance; financial advice; relationship support; and training and personal development opportunities.

The National Evaluation of Sure Start (NESS) report into smoking cessation services in local programmes (2006) suggests that lengthening the period of support, and tailoring services to target specific groups increases their success. For example, organising smoking cessation events aimed specifically at pregnant women, fathers, or teenage parents; taking care to adapt the advertising, timing and location of the event to suit the target group.

Centres should maximise use of the resources available on smoking cessation, such as that found online (www.givingupsmoking.co.uk) including special materials for pregnant women and their partners; from the NHS Smoking Helpline (0800 169 0 169); the NHS Smoking helpline for pregnant smokers (0800 169 9 169); by liaising with PCT smoking cessation co-ordinators; and referring patients where necessary.

Staff training

Training staff to meet the specific demands from local residents will increase the number of sources through which parents can access advice and support. Specialist smoking cessation advisors from the PCT should be involved in training children's centre staff through courses and training open days. Midwives and other staff working with pregnant women can be trained to offer one-to-one support to those who want to stop smoking.

Further information

- *Smoking Cessation Services in Sure Start Local Programmes (2006)*, available from www.ness.bkk.ac.uk
- www.nosmokingday.org.uk provides information on running a No Smoking Day event

13 Mental health

How this improves children's outcomes

Good mental health enables us to enjoy life. It gives us a sense of wellbeing, helps us to form relationships, feel part of society, and communicate with others. A person's mental health fluctuates just as physical health does, and at some point, many of us will experience mental health difficulties – often at a time when parenting young children. A parent's mental ill-health can have an effect on the mental health and development of their child, and also the parent-child relationship that forms in the first few years of life.

The first 12 months of a child's life are a particularly important time for building and developing the emotional and mental resilience which babies take with them as they grow and develop. This is known as attachment theory – the theory suggests that when a baby is able to form a strong bond and reciprocal relationship with their parent/s, they are more likely to feel secure, grow up confident and have good mental health themselves.

As the formation of positive parent-child relationships is essential from birth, early intervention is key in promoting good mental health in both parents and children. The *National Service Framework for Children, Young People and Maternity Services* states that children and young people who have mental health problems should easily be able to get the right assessment, treatment and support they need, when they need it. Sure Start Children's Centres can play an important role in meeting this standard by promoting good mental health, providing early intervention services, and delivering or connecting to support for parents and children with existing mental health difficulties.

What Sure Start Children's Centres should provide

Promoting good mental health

In order to promote good mental health in parents and children, children's centres should be aware of what it is that families need to ensure good mental health. There are three key areas of a family's life which need to be considered:

- ▶ **Relationships** – the establishment of positive relationships is essential for parents' and children's mental health, both between one another and the professionals who support them. For babies and young children, consistent, predictable, empathetic relationships which provide boundaries as well as opportunities for play and nurturing touch, enable them to feel secure and accepted. See the YoungMinds (www.youngminds.org.uk) website for resources on the importance of the relationship between parents and their children; and section 06 Parenting and family support.
- ▶ **Internal resources** – The ability to acknowledge and prepare for the change associated with becoming a parent is important; this period of transition is an especially vulnerable time. Parents require the skills to recognise the emotional and physical needs of their children as well as the capacity to manage their own feelings. Children's centres can offer parenting support groups for new parents to share experiences, and enable centres to identify mothers and fathers at risk of pregnancy related depression at an early stage (see section 08 Maternity services).

Case study 13.1

Baby massage to promote attachment

Baby massage is one way in which children's centres have sought to encourage infant-parent attachment and in turn promote good mental health in both parents and babies. Instructors, trained by the International Association for Infant Massage, teach parents to massage their babies using soothing movement and touch. Positive outcomes of infant massage include: making the baby feel loved; facilitating body awareness; building both parent's and baby's self-esteem; relaxing parents and enabling them to learn about their baby's needs and desires.

One mum who attended baby massage classes said afterwards:

"Baby massage was very helpful when Ella was very young. It gave us something to do together. We were just together for so much time. It was a routine for me with my hands and with Ella, it made me feel good, and I felt like I was doing something good for her too".

Further information about baby massage can be found at www.iaim.org.uk

Case study 13.2

Welcome to Parenthood at Tipton, Sandwell

The Welcome to Parenthood group, offered by Tipton Children's Centre aims to reduce new mothers' stress and anxiety about being a parent. The group is open to all women in the area in order to identify those at risk of developing post-natal depression at an early stage and offer intervention if appropriate. Parents have the opportunity to meet others in the same situation, share experiences and build supportive relationships. Education is also an important aspect and the group covers topics including: transition and self-care; the role of the health visitor; child development and milestones; and weaning. The final group offers a pampering session and mothers are offered reflexology, Indian Head massage and manicures, with the aim of improving their confidence and helping them to focus on their own needs as well as those of the baby.

For details contact Tipton Children's Centre on **0121 5574341**

- ▶ The relationships and internal resources that parents have will affect their ability to draw on **external resources** – help from children's centres and other services – centres should therefore promote good mental health by supporting parents and children to develop in these areas, and also to support them in understanding the mental health needs of each other.

Connections to child and adult mental health services

Children's centres should have a good knowledge of the adult and child mental health structures which exist, how they operate and how referral protocols can be established. Adults with mental health difficulties may need support from a range of different agencies and provision varies between regions. These agencies include:

- ▶ **GPs** – usually the first point of call for people with mental health difficulties, GPs can discuss mental health problems, prescribe medication and make appropriate referrals either to a psychiatric outpatient unit or the local community mental health team (CMHT). Some practices may also have counsellors or clinical psychologists who offer support.
- ▶ **Community Mental Health Teams (CMHTs)** – the majority of people with mental health difficulties are supported by CMHTs. Teams are often based in the same centre and can include: social workers; community mental health nurses; occupational therapists; psychiatrists; psychologists; counsellors; and community support workers. For those people receiving care from a number of different agencies the CMHT will provide a care co-ordinator or key worker who will co-ordinate their care and offer a single point of call for them to access for support or advice.

Case study 13.3

Child and Adolescent Mental Health Services (CAMHS)

CAMHS work with children and young people with mental health problems up to the age of 18. They work with other children's services to promote emotional well-being and deliver preventative services and treatment. CAMHS delivers services in line with a four-tier strategic framework: Tier 1 – Universal Services; Tier 2 – Targeted Services; Tier 3 – Specialist Services; and Tier 4 – Highly Specialised Care for young people suffering serious mental health problems. Once referred, families will be contacted to offer them an appointment; for the child, the parent or the whole family. CAMHS teams work in a number of different settings and appointments may take place in the CAMHS service, the child's home, at the doctor's surgery, health centre, or in children's centres. The teams are comprised of mental health trained workers from a variety of backgrounds including: child and adolescent psychiatrists; social workers; clinical psychologists; psychotherapists; family therapists; teachers; and outreach workers. After their assessment, interventions may take a number of forms, including ongoing therapy. CAMHS teams also offer training and support to staff working with children and parents. The aim is to help children and their parents find a way to cope with challenges and feel more in control of their lives.

For further information contact your local CAMHS.

- ▶ **Hospital-based facilities** – there has been a reduction in the reliance on psychiatric hospital services over recent years. People usually spend a few weeks in an acute unit before they are discharged and supported by their CMHT in their local community.
- ▶ **Outpatient units** – people with mental health difficulties will usually meet the psychiatrist from their CMHT here, to review their treatment and support.

- ▶ **Day hospitals** – staffed by nurses and occupational therapists, these aim to provide a programme of high level support and a range of activities which meet the needs of each individual.
- ▶ **Other support services** – there are a range of other support services available for adults with mental health difficulties provided by both voluntary and statutory agencies.

Good practice in service delivery

Parents and children with mental health problems often face a number of barriers to accessing support such as: stigma and associated fear of being judged; lack of confidence; social exclusion and poverty; and language or literacy barriers. Children's centres need to address these barriers if they are to meet families' needs and promote good mental health.

Culture

Children's centres need to develop an ethos which highlights the importance of promoting good mental health and which is shared by the staff team, partner agencies and families. In order to do this there should be:

- ▶ a shared understanding about what mental health means and why it is important for the whole family;
- ▶ an effort to 'demystify' and raise awareness of mental health and the services with which it is associated;
- ▶ identified outcomes associated with good mental health so that staff can see how their support is helping children and parents; and
- ▶ work towards de-stigmatisation of mental health, offering a welcoming, non-judgemental environment.

Listening to parents and children

Services can only be successful when they listen to parents and children and meet their needs. All families have different needs and experiences at different times, and children's centres should recognise the varying different needs of families within their communities – especially typically excluded groups such as fathers, minority ethnic families, teenage parents and disabled parents (see sections 14-21) – and provide a flexible and innovative approach.

Outreach and home visiting

Some parents with mental health difficulties may be reluctant to access centre-based services. The provision of outreach workers to visit families at home will serve to both promote the early identification of mental-health problems, and gradually persuade families to access services on offer at the children's centre itself.

Multi-agency working

Children's centres should build on a strong structure of networks and partnerships between services: adult and child mental health services; drugs and alcohol services; child protection teams; clinical psychologists; GPs; and voluntary sector services. In order to enable effective joint working, children's centres should consider: which local and national networks already exist and which it would be useful to access; which cases would benefit from joint working and how this would happen; and how staff become aware of which other agencies can be accessed and how.

The following methods can promote effective multi-agency working:

- ▶ **Joint thinking** – encouraged by inviting different agencies to attend discussion sessions of cases and opportunities for partnership; and inviting mental health trusts to management meetings.

- ▶ **Mental health champions** – identified by children's centres and partner agencies to take responsibility for highlighting opportunities for joint working.

- ▶ **Sharing skills** – centre staff could facilitate or attend joint consultations or training sessions between agencies to ensure that skills, knowledge and experiences are shared.

Staff training

Staff require clear guidance and support from managers and colleagues to ensure that the mental health needs of families and children are acknowledged, understood and addressed. Training should be tailored to meet the needs of staff and draw on the skills and knowledge that already exist. Important skills and knowledge include:

- ▶ the ability to recognise mental health problems and the impact that they can have on the *whole* family;
- ▶ good communication and listening skills with colleagues, partner agencies and families;
- ▶ an approachable manner;
- ▶ the ability to identify when additional support may be required and to know where to access this; and
- ▶ a reflective and analytical approach which allows good practice to be built on and challenges to be overcome.

Further information

- *National Service Framework for Children, Young People and Maternity Services* (2004), see standard 9 on the mental health and psychological well-being of children and young people, www.dh.gov.uk
- *Feeling Good: Promoting children's mental health* – activity sheets to help parents and their children talk about how they feel and what makes them happy, sad, stressed or secure. The Sainsbury Centre for Mental Health, www.scmh.org.uk
- Listening to children – *Telling it like it is*: a DVD describing the experiences of children who live with parents suffering from mental illness, available from Barnardos www.barnardos.org.uk
- YoungMinds work to improve the mental health of children and young people – they offer a Parents Information Service (0800 018 2138) and a website with useful advice, including a directory of mental health services, and also training for frontline workers, www.youngminds.org.uk. Some of their useful publications include:

Tuning into our Babies (2003) – on the importance of the relationship between parents and their children
Looking after Ourselves (2003) – a booklet which recognises the demands of parenting and encourages parents to look after their own emotional well-being

- *Being Seen and Heard: The needs of children of parents with mental illness* (2004) – 1 hour long training film for use by staff involved in supporting parents with mental ill health and their children. Published by Gaskell (Royal College of Psychiatrists) www.rcpsych.ac.uk

- A checklist for professionals coming into contact with the children of parents with mental health problems – developed after consultation with young carers, this checklist aims to help ensure professionals give children and young people the information they need to come to terms with their parent's mental health problem. Partners in Care, The Royal College of Psychiatrists, www.rcpsych.ac.uk/PDF/Checklist_professionals.pdf
- The Royal College of Psychologists website also provides a rich source of mental health information for non mental health professionals and for the general public, www.rcpsych.ac.uk/mentalhealthinformation.aspx
- Parental Mental Health and Child Welfare Network – set up to promote joint working between adult mental health and children's services, sharing of information and practice examples, www.scie.org.uk/mhnetwork
- Mental health and well-being information can be obtained from the National CAMHS Support Service, www.camhs.org.uk

14 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 supporting fathers in their role as a parent and in their relationship with their partner or ex-partner, and more generally to promote the role of fathering. Managers need to make clear to all staff that this is essential for children's welfare and a core aspect of all their jobs – and offer support and training to help staff fulfil this responsibility.

Fathers matter to children's development; father-child relationships – be they positive, negative or lacking – have profound and wide ranging impacts on children that last a lifetime; particularly for children from the most disadvantaged backgrounds. Research shows that where fathers have early involvement in a child's life:

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

It can be a challenge to involve fathers and other males in children's centre services; fathers are not accustomed to using many of the services available; may be unaware of them or think they are not for them; and may lack confidence in coming forward – this is especially true of groups of fathers who are vulnerable and excluded such as young, minority ethnic and non-resident fathers. Barriers to fathers' involvement can include:

- ▶ services that are insensitive to fathers' needs, that do not adequately assess fathers or seek to strengthen father-child relationships;
- ▶ an overtly female focus and culture amongst staff and service users, and a lack of confidence to explain to female service users why it is important to engage with fathers; and
- ▶ underestimation of the significance of a father's involvement if he is not visible to the service, or not living with the child.

Appropriate services for fathers

Gathering information

Irrespective of the degree of involvement they have in the care of their child, fathers should be routinely offered the support and opportunities they need to play their parental role effectively. Children's centres need to develop effective systems to gather information about fathers in all the families they are in contact with. Data collection sheets should include space to record information about fathers and other male carers, and agencies should be encouraged to provide this information at the point of referral. A parent link or community outreach worker with a specific remit to engage with fathers will be most effective, but *all* staff should be encouraged to engage proactively with fathers at initial contact. This will include inviting fathers to be present at initial home visits, which should be arranged at times they can make, and following up to gain contact with fathers who are not present to begin with – unless there is a clear child welfare reason not to do so.

This approach should be followed for all fathers who have a significant impact on the child's welfare, whether or not they have parental responsibility or are living with the child. This is not always easy. All children's centre staff need the skills and confidence to engage with fathers and to work with mothers about the rationale for this approach.

Family support

Specific areas where fathers may require support include:

- ▶ as direct care-givers to their children. Some fathers lack confidence or strong cultural role models in taking responsibility for children's day-to-day physical and emotional needs. They may not have had much involvement with their own fathers but are often motivated to do a better job of parenting. Other fathers lack local facilities where they can take their children that are welcoming to men, and available at times they can access them;
- ▶ in understanding children's developmental needs; 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 their children. This will generally be most effective if the centre engages with both mother and father around these issues;
- ▶ in developing their own support networks, for example by getting to know other fathers;
- ▶ finding work, training for work or learning opportunities to enable them to better support their families, and financial support for such learning; (See section 07 Employment support)

- ▶ help with benefits, child support responsibilities, and entitlements, including housing; and
- ▶ during times of exceptional stress, for example following separation or on arrival in the UK as a refugee.

Children's centres should offer a range of services to meet these needs, including one-to-one, couple and group-based support. Many fathers will only engage in such services after initially developing a strong relationship with a specific worker, whom they can trust and identify with – so centres need to be clear which worker(s) will take on this crucial role. Centres should also offer some services specifically for men – but must not assume that all men prefer male-focused services, or that such services can meet all their needs. Children's centres should signal strongly that they are places for men as well as women.

Services for men

Fathers generally appreciate some services which are designed specifically for men. They often involve services for fathers with their children, but may also include services where they can meet other dads, 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. These services can also form a vital 'bridge' to other universal children centre services. Specific staff need to be identified to deliver these services, who are comfortable and skilled at engaging with men. They need to be well supported by other centre staff and have opportunities for training and peer support with other similar workers.

Traditional male interests can sometimes provide the basis for engaging with fathers, in addition to the opportunity for fathers to spend time with their children; access 'peer support'; one-to-one information; or advice and advocacy from a skilled worker. Ideas include:

- ▶ working together on an allotment;
- ▶ visiting a swimming pool or other sports facility (but the assumption should not be made that they will always be interested in sport);
- ▶ music or photography projects involving dads and their children;
- ▶ taking a group to the toy library on a Saturday morning;
- ▶ a weekly 'dad's breakfast';
- ▶ developing a play area;
- ▶ barbecues in summer; and
- ▶ men's health days – including smoking cessation (see section 12 Smoking cessation).

Fathers should be regularly consulted about the services they want, whether existing universal and specialist services are accessible and meeting their needs, and should have a part in planning them. Men-only services or sessions need to be timed appropriately, planning around working hours. Fathers' working patterns can include evening and night work, long hours or times away from the home. To reach men, a centre may therefore need to be flexible about when it organises activities or sessions for men. Often fathers collect children from centres at the start or end of the day (while the mother is at work) and this may be a good time to make contact.

Case study 14.1

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. Everything told to me has 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."

Good practice in service delivery

Making fathers welcome

Centres should extend an explicit invitation for fathers to be involved in all children's centre services, and should offer services at times that fathers can attend. Centres will need a strategy to publicise all their services *to fathers specifically* (not just generic 'parents', which fathers will usually interpret as not including them), and to communicate why their involvement will benefit their children and themselves. Where fathers are not currently involved in services, staff should work sensitively in partnership with mothers (who will often be the first point of contact) to facilitate that involvement.

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 staff, and a fathers' worker if there is one.

Case study 14.2

Welcoming fathers in Thorpe Hamlet

The Sure Start Children's Centre in Thorpe Hamlet, Norwich, have been working to make their buildings more welcoming to men by implementing various changes to the service environment:

- Staff should avoid the building being seen as a 'haven' for mothers; the words 'mum and dad' rather than parent should be used wherever possible.
- Images displayed are made as attractive to men as they are to women; more images of outside environments and families playing football have been used. "When you come into the building there is a panel which is a kind of mosaic of photographs taken by our 3 and 4 year olds. We gave them disposable cameras and found that the child's eye view of the world included dad as much as mum. When you come into the building you see a broad picture of what the child's view of the world is – and that is not female oriented."
- The learning centre building has been tailored to be a more adult environment than that used for play sessions and drop-ins. "It's a far more adult environment. Men are much more comfortable sitting on proper chairs with the information around them. And I've found that once they've crossed that threshold, and felt comfortable, then they are much happier about entering the main Sure Start building."

For more information contact Liz Chapman on lchapman@surestartthorpeh.co.uk

Centres should develop recruitment and training strategies that ensure *all staff* are sensitive to the needs of fathers as well as mothers. This will challenge any negative attitudes staff hold towards fathers' ability to care for their children and about their involvement in services, inform them about the important role fathers play in their children's lives, and offer strategies for engaging and supporting them. All staff need to feel confident about and responsible for engaging with fathers.

Employing male and female workers

Both male and female staff can engage well with fathers; in fact some fathers find it easier to engage with a female worker. The skills and attitudes of a member of staff is the crucial factor; he or she must be approachable, knowledgeable, sensitive, reliable and positive about fatherhood.

Some centres have found that having a fathers' worker is a very effective way to coordinate services focused on fathers' needs. In some cases, a local father has been a service user and gone on to work in the programme. Centres can advertise specifically for male staff where they will be working with fathers, or explicitly encourage them to apply for all posts at the centre.

Male workers bring a particular perspective to the provision of services, and act as a male presence in an environment where the overwhelming majority of workers at front line level are female. This 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 and will also improve the delivery of other, more general services. Fathers' workers could be involved in training colleagues about engaging with fathers, and working with mothers on their attitudes towards and relationships with the fathers of their children.

Case study 14.3

Fathers support in County Durham

Ferryhill and Chilton Sure Start, County Durham, have been very successful in engaging a significant number of fathers in their activities and events. The total number of male attendances at all activities increased from 354 in 2003 to 659 in 2004, a rise of 80%.

A crucial factor in achieving success in the area of fathers' work has been the close partnership working between Sure Start Ferryhill and Chilton and the voluntary agency Fathers Plus – a community project of the regional charity Children North East. The agency supported the appointment, training and management of a part-time Fathers Worker; and have also delivered extensive staff training – on the issue of engaging and working with fathers and male carers to the whole Sure Start team since the launch of services in 2001.

Men of different ages and from diverse family and employment backgrounds have been successfully involved in all levels of the work of Ferryhill and Chilton Sure Start – from attendance at activities, to membership of parenting groups and involvement in governing roles.

Important elements that have led to this successful working have been:

- ongoing and overt managerial commitment to the work;
- consistent use of a gender-differentiated approach;
- the skills and abilities of the dedicated female Fathers Worker, who has been vital in engaging men locally, strongly supported by a dual management structure;
- a cycle of consultation with fathers/male carers ensures that their needs and interests are met on an on-going basis; and
- the availability of specific fathers' events and the use of social marketing to attract men.

For Further information contact Carole Dawson – Sure Start Ferryhill and Chilton, cdawson@sedgefield.gov.uk or Roger Olley – Head of Service (Fatherwork Children North East), roger.olley@children-ne.org

Multi-agency working

Children's centres should build relationships with a range of agencies who can signpost and refer fathers to children's centre services, including: local maternity services; schools; employers; local community, youth and leisure groups and facilities; teenage pregnancy services; services for separating and separated parents; Connexions; and Jobcentre Plus.

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. Fathers Direct offers training and consultancy on all aspects of working with fathers, for individual staff and whole teams.
- *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 Early Years Settings (2005)* and *Involving Fathers in Early Years Settings: Evaluating Four Models for Effective Practice Development (2006)*, reports by the Pre-School Learning Alliance, can be found on the research pages of their website www.pre-school.org.uk
- *Supporting Young Fathers: Examples on promising practice*, Dr Nigel Sherriff, Trust for the Study of Adolescence (TSA) – due for publication late 2006

15 Working with teenage parents

The need to personalise services for teenage parents

The **Teenage Pregnancy Strategy**, launched in 1999, has a target to reduce under 18 conception rates by 50% by 2010. This target is a joint Public Service Agreement between the Department for Education and Skills and Department of Health. Since the launch of the strategy, under 18 conception rates have reduced by 11.1% and under 16 conception rates by 15.2% – the lowest rates for 20 years.

Just over half of under 18 year olds who get pregnant continue with the pregnancy and there are around 50,000 mothers under 20 at any one time. As well as reducing conception rates, the aim of the Teenage Pregnancy Strategy is to improve the outcomes of those who do become young parents through the appropriate provision of support to reduce their long term risk of social exclusion.

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 may find themselves missing the social life of their teenage peers. Although many young parents manage very well, Sure Start 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:

- ▶ teenage mothers are 25% more likely than average to have a low birth weight baby;
- ▶ infant mortality rate is 60% higher than for babies of older women;

- ▶ teenage mothers are half as likely to breastfeed;
- ▶ teenage mothers are the most likely of all age groups to smoke during pregnancy;
- ▶ almost 40% of teenage mothers have no educational qualifications; and
- ▶ becoming a teenage mother increases the probability that any partner she may have has no post 16 education and is unemployed at age 30.

Teenage parents are young people as well as being parents and services need to reflect this by working towards being young people friendly; a more informal and participative approach is particularly successful. Children's centres should provide teenage parents with specialist, tailored support, including support for young fathers; and delivered in environments and locations 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 – grandparents should be encouraged to play a key role;
- ▶ supporting the involvement of young fathers in parenting their children, including non-resident young fathers where appropriate;
- ▶ 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.

Improvements in these areas will contribute to three important Government targets: reducing the gap in infant mortality by at least 10% by 2010; reducing the proportion of young people aged 16-19 not in education, employment or training by 2 percentage points by 2010; and reducing the proportion of children living in households where no one is working by 2008. The performance management guidance for children's centres identifies the extent to which children's centres make contact with teenage parents in their area as a key performance indicator. Centres will agree with local authorities the best methods, and sources of data available, for monitoring progress in this area. More details are in the Planning and Performance Management Guidance.

Appropriate services for teenage parents

Intensive crisis support

Many teenage parents need intensive personal advice and support, individually delivered. Seventy-five per cent of teenage conceptions are unplanned and many young parents cite largely negative reasons for their decision to continue with the pregnancy such as turbulent and unhappy family relationships and disengagement from school. A number of the poor outcomes that teenage parents experience are because of these difficult early experiences, including mental health problems that arise prior to the pregnancy.

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. This may include support over domestic violence in their homes.

Sometimes more specific help is required such as enhancing parenting skills; mentoring for 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. Teenage mothers are three times more likely to suffer post-natal depression, and poor mental health can continue for up to three years after the birth of the child. 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 (see section 13 Mental health).

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. 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 support (see section 21 Working with families in temporary accommodation).

Looked after teenage parents

Teenage parents who are in or leaving care have additional needs and concerns. For instance, they are much more wary of asking for help because of fears that their children might be taken into care; and also of Social Services in general. They may face practical difficulties from being given independent housing as care leavers aged 16, before they are ready to look after themselves. Children's centres can and should provide support to foster carers looking after teenage parents, who play a vital role in the well-being of pregnant looked after children.

Personal Advisers and Lead Professionals

Sure Start Plus ran as a pilot programme providing 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 was the role of the **Personal Adviser**, who provides a holistic package of support to young parents. Personal advisors work within multi-disciplinary teams, referring young parents on to specialist workers where appropriate. The programme was 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.

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. They can ensure that relevant information about childcare, benefits and housing is up to date and arrange 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). Nearby centres should consider a 'cluster' arrangement whereby one centre becomes the lead for working with teenage parents.

The role of Personal Adviser is similar to that of the **Lead Professional**, introduced as part of the *Every Child Matters* agenda. A lead professional is someone who takes the lead to co-ordinate provision and be a single point of contact for a child and their family, when a range of services are involved and an integrated response is required. This falls in line with the introduction of the Common Assessment Framework (CAF) to underpin multi-agency working; although it is not mandatory for local areas to introduce this model of working, it is encouraged as a means to further the integration of services.

Key aspects of the Personal Adviser/Lead Professional's roles 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.

Guidance for managers and practitioners on the lead professional, and associated materials, are published on the website www.everychildmatters.gov.uk/leadprofessional

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 14 Working with fathers). 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 are key. A young father's worker does not have to be a man – young fathers in the study did not mind about the gender, race or age of the person; it was their attitude that was most important. One of the recommendations from the Sure Start Plus evaluation however is that there should be different workers for young mothers and fathers. This will help avoid possible conflicts of interest if there are issues around custody or domestic violence. It may be necessary to offer flexibility in appointment times to accommodate potential relationship issues with the mother and her family who may attend the same children's centre; and also school and work commitments during the day.

Case study 15.1

Gainsborough 'Bacon Butty Club'

Gainsborough Children's Centre in Lincolnshire is in an area with high teenage pregnancy rates. It runs a dad's group on a Saturday morning called the 'Bacon Butty Club'. As the title suggests, fathers of all ages come along with their children, have a bacon butty and engage in a range of sporting and other activities. The group is well attended and a range of health and other messages can be conveyed through this medium in a fun and interactive way.

For more information contact Alison Poxon (Teenage Pregnancy Co-ordinator) on **01522 550 534**

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 estimated to not be 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. The performance management guidance identifies the percentage of teenage mothers aged 16 to 19 in education, employment or training as a key performance indicator. More details are in the Planning and Performance Management Guidance.

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 Personal Advisers 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. Further information on the basics of learner support for young people is available on the website www.direct.gov.uk/youngpeoplefinance

Parents under 20 who commence publicly funded courses or traineeships are also able to claim help with their childcare costs from the Care to Learn scheme, see www.dfes.gov.uk/caretolearn for more.

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 Royal College of Midwives website (www.rcm.org.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 be given during pregnancy and always be accompanied by information about avoiding sexually transmitted infections and about the provision of condoms. This advice could be delivered in the centre, or on home visits.

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. The website for RU Thinking also provides an accessible source of information for young people (www.ruthinking.co.uk).

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 location. Services should be offered in accessible venues which are near or co-located with another service valued by young people. Some parents may have anxieties about services based in extended schools if they have had negative school experiences. Children's centres should try to overcome this by promoting their services in a manner appropriately targeted at 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).

Services should be advertised using appropriate media such as independent local radio and outreach work by peer mentors. 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.

A great deal of encouragement may be required to engage young parents and the activities offered should be those that they may be interested in – such as free food tasting sessions and sport. Once a relationship of trust has been established through these activities it is easier to address issues like smoking, breastfeeding, contraception, or returning to education. It is important to recognise that young parents may need time for their own personal development as well as support in their parenting role. Providing practical support such as crèche facilities; transport; refreshments; incentives such as accreditation for courses and vouchers as rewards for involvement in peer support work can all encourage young parents to access the services on offer.

Case study 15.2

Birchwood Children's Centre Bingo

Birchwood Children's Centre in Lincolnshire, which covers an area with high teenage pregnancy rates, runs a bingo group to attract young parents. The bingo session is run alongside a range of activities including a parents' rota to cook nutritious food for the children who attend. Other activities include delivery of a 'Young Parents to be' programme, an accredited antenatal programme for young parents. This programme has been effective in engaging young people in education and training which they then continue following the birth of the baby. A peer education programme exists to train young parents, through an accredited qualification, to work with other young people as part of a broader Personal Social Health Education programme to convey the realities of teenage parenthood.

For more information contact Alison Poxon (Teenage Pregnancy Co-ordinator) on **01522 550 534**

Involving young people in developing services

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. 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. *Working with* young parents, not just *for* them, will help to increase effectiveness and ownership of the services offered.

Case study 15.3

Young Parent Involvement in Crewe

The Young Parents and Young Parents to be Group at the Underwood West Children's Centre, Crewe, encourages teenagers to play a role in the running of the group and structure a programme of events. Using funding from the Teenage Pregnancy Local Implementation Grant, the young parents have helped to develop an information booklet and leaflet for all pregnant teenagers which is distributed by a number of agencies.

For more information contact Patricia Hann (Lead Sure Start midwife) on **01270 253 431** or **pat@surestartcrewe.org.uk**

Staff training

Both practitioners and administrative staff should receive training so that they treat young parents with respect and do not judge, criticise, or stigmatise them. Staff should tailor their approach to a style suitable for young people. 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.

Multi-agency working

Personal advisers and/or lead professionals should play a key role in facilitating effective communication and partnerships 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 should 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. Guidance for midwifery services on partnership working is to be issued by the Teenage Pregnancy Unit in 2007.

There should also be appropriate arrangements to refer young mothers and fathers to other services: such as CAMHS and other mental health support services; domestic violence support; Jobcentre Plus; and skills and learning services.

Further information

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

- *Reaching out to Pregnant Teenagers and Teenage Parents: Innovative practice from Sure Start Plus pilot programmes*, (Institute of Education, University of London, May 2005). Obtainable from www.teenagepregnancyunit.gov.uk or order through DfES Prolog, quote ref: 0-9550487-1-0, email dfes@prolog.uk.com or telephone **0845 6022 260**
- *Sure Start Plus National Evaluation: Executive Summary*, Institute of Education, University of London. Obtainable from: www.teenagepregnancyunit.gov.uk or order through DfES Prolog, quote ref: SSPNE/SUM, contacts as above
- 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.

Other information sources include:

- National Teenage Pregnancy Midwifery Network, which can now be found at www.rcm.org.uk
- *Experiences of Pregnancy and Parenthood among Young People in and leaving Local Authority Care: Implications for policy and practice*, Elaine Chaise, National Children's Bureau and Thomas Coram Research Unit, Institute of Education (2006)
- The Basic Skills Agency offer a set of four leaflets in their Raising Expectations series containing motivating real life stories about health, education, parenting and home life, www.basic-skills.co.uk
- *The Young Fathers Project: A project to develop and evaluate a model of working with young vulnerable fathers – project findings*, Trust for the Study of Adolescence (2004)

16 Working with minority ethnic families

The need to personalise services for minority ethnic families

Evidence shows that some minority ethnic groups suffer disproportionately high levels of disadvantage: increased likelihood of poverty; unemployment; low wages; poor health; and lower attainment; all of which may be compounded by experience of racial discrimination and separation from mainstream services. Local authorities and Sure Start Children's Centres should be aware of the ethnic composition of the community and adapt their services accordingly to meet local needs. The ethnic, cultural and linguistic profile of an area may be very diverse; children's centres therefore need to be alert to the variety of issues which may be faced by different groups and individual families.

Children's centres can increase participation by previously disengaged families by actively encouraging them to become engaged in the design and delivery of their services.

Children's centres also have a key role in promoting social cohesion and fostering positive relationships within their community. Early years services should lead by example to foster positive attitudes towards difference among staff, children and parents.

Opportunities should be sought to enable children and families to mix with groups and individuals from a range of cultural and linguistic backgrounds.

Children's centres should be aware of their role in helping local authorities implement their Race Equality Scheme, which is required by the Race Relations (Amendment) Act 2000. The local authority scheme should include specific targets and actions for children's centres (children's centres classed as public authorities are also required to produce their

own Race Equality Scheme – see the guide *Promoting Race Equality in Early Years* (2004) for information on this).

The performance management guidance for children's centres identifies the extent to which children's centres make contact with vulnerable groups in their area (which may include minority ethnic families) as a key performance indicator. Centres will agree with local authorities the best methods, and sources of data available, for monitoring progress in this area. More details are in the Planning and Performance Management Guidance.

Appropriate services for minority ethnic families

General services

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. The manner in which services are delivered should be tailored to families' particular needs, in terms of timing, venue, language, faith and culture. Play equipment, resources, books and activities for example should reflect the background of different communities; and positive images of minority ethnic groups should be displayed prominently. Centres should be aware that there will not only be diversity between minority ethnic groups, but also within groups. Overall, sensitive services free from discriminatory practice work best to attract families and will prove most sustainable. Promoting and embedding anti-discriminatory practice will not only support ethnic minority families but will ensure equitable provision for all.

Examples of targeted services that are currently being offered include:

- ▶ adult language courses – using interpreters, arts and visual equipment to provide language-based activities; and dressmaking and sewing groups as a mechanism for aiding language development amongst women who spoke little or no English;
- ▶ bilingual assistance for breastfeeding support groups for Bangladeshi women;
- ▶ swimming sessions targeted at Muslim women and their young children;
- ▶ Jewish mother and toddler groups with children's books in Hebrew and English and a Muslim group with Islamic reading resources; and
- ▶ self-esteem courses directed at women from specific minority groups.

Although targeted services are a positive way to increase inclusion of minority ethnic families, the National Evaluation of Sure Start (NESS) report, *Black and Minority Ethnic Families and Sure Start: Findings from Local Evaluation Reports (2006)*, highlights the importance that those services targeted at specific groups are also linked to other mainstream non-targeted services offered by children's centres. If targeted services are not adequately integrated, support offered to minority ethnic groups may become compartmentalised or isolated into specific projects.

Information

Patterns of information consumption between different communities may be quite different and the delivery of information to families should be tailored to individual community needs. Some communities may have less internet access for instance and instead, targeted mailing in community languages may be more appropriate. Literacy in home languages should not be assumed, not all languages have a written form; ongoing research into the needs of the local community is essential for effective dissemination of information.

In some communities, such as more conservative Muslim areas, men may be resistant to women contacting children's centres on their own. This can be partly overcome by targeting services at men themselves, offering 'fathers' days' to try and engage men, disseminate information, and attract them and their partners to use children's centre services.

Time should be taken to understand community networks such as places of worship, key local businesses or places of work, and how these can be used effectively to distribute information. Specialist community groups and voluntary organisations can also provide support and advice on how information can be tailored to engage with groups which currently feel excluded.

English as an Additional Language (EAL)

Evaluations suggest that the greatest barrier towards inclusion in Sure Start services is of English language proficiency. Children's centres should try to overcome this by offering information in all community languages and by employing a greater number of multi-lingual staff or outreach workers – 'ambassadors' of community languages have been useful in targeting and supporting initial contact with families. Development of bilingual services needs to be extremely sensitive to the local situation; the most vulnerable families are those who may find it hard to trust anyone from an 'official' service. A shared language does not necessarily imply a shared cultural, ethnic or religious heritage and inappropriate appointments can be counter-productive. Building trust within and across communities is essential, and will take time.

Children's centres can link with adult education providers to offer courses in improving English language skills. Staff should also be sensitive to the needs of children growing up in homes where little or no English is spoken.

Case study 16.1

Providing language support

Portsmouth City Council, through its Ethnic Minority Achievement Service (EMAS) supports English as an additional language and seeks to improve service access for families with young children. Bi-lingual EMAS Community Cohesion Officers coordinate & provide a range of services and deliver various forms of outreach assisted by bi-lingual assistants, such as:

- explaining the early years curriculum and school entry procedures to parents;
- providing an inter-cultural resource loan service;
- assisting early years practitioners in their observation of EAL children; and
- supporting children when visiting speech therapists.

The EMAS has developed links with the Portsmouth SSLP to run the Bilingual Support for Families (BSF) service which aims to ensure that parents and children who speak English as an additional language have access to Sure Start services in the area through support in their home language.

For more information see www.blss.portsmouth.sch.uk

Outreach

Children's centres will need to build a relationship of trust with minority ethnic communities so that families feel they know about and are able to access services, for example by employing a dedicated community development worker to engage with minority ethnic groups. The NESS report, *Black and Minority Ethnic Families and Sure Start: Findings from Local Evaluation Reports (2006)*, encourages greater partnership working with minority groups in terms of programme delivery. Community groups, voluntary organisations and places of worship, once on board, can make a valuable contribution to shaping services targeted at minority ethnic families and also encouraging their involvement.

Children's centres can benefit from the level of trust already established by these organisations and use it to form connections with otherwise hidden families. This is particularly the case for highly mobile and very vulnerable groups, such as refugees and Asylum Seekers. Travellers of all backgrounds, including settled Romany Gypsies, face additional barriers to accessing services which may include discriminatory practice and attitudes (see section 02 Running a successful Sure Start Children's Centre for key messages on outreach).

Case study 16.2

Working with Travellers in Bridlington

At Bridlington in East Riding of Yorkshire there is a 26-stand site for Travelling families, who work in the area. The Sure Start Children's Centre have formed a multi-agency steering group 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;
- drop-in sessions supported by an Education Welfare Officer have improved attendance at school;
- there is a fortnightly toy library; and visits from Connexions and support with reading and literacy are available;
- MIND (National Association for Mental Health) are collaborating with the children's centre staff to offer arts development to all age groups to enhance mental wellbeing; and
- family support work has been targeted to individual families with positive outcomes in the domain of child protection.

For more information contact Jasper Bolton, jasper.bolton@eastriding.gov.uk

Good practice in service delivery

Consultation

Consultation should be used to identify the difficulties and barriers minority ethnic communities face when accessing services. There should be a comprehensive consultation about how services can be sensitive to the needs of all minority ethnic groups, and children's centres should be alert to the differences within and between ethnic groups. Some members of communities may be better placed to express their views than others – consultation should be varied in both method and language, in order to obtain their contribution. Groups for consultation should include:

- ▶ minority ethnic families living in the area;
- ▶ members of minority ethnic community organisations, and the ethnic minority voluntary sector;
- ▶ faith communities;
- ▶ front-line minority ethnic staff;
- ▶ local minority-ethnic run businesses and predominantly minority ethnic workplaces; and
- ▶ local minority ethnic community leaders and councillors.

Recruiting parents from minority ethnic groups to conduct consultations and user-satisfaction surveys in the local area can be of significant benefit. This can overcome the most common barrier to seeking information from the community which is lack of English language proficiency. Matching the ethnic backgrounds of researchers to those of the community can increase response rates and also begin to forge trusting relationships that will encourage families to use children's centres.

See section 02 Running a successful Sure Start Children's Centre for more on the importance of consultation.

Case study 16.3

Examples of community consultations

Local evaluation reports can highlight particular needs in an area for those groups that are the most vulnerable to exclusion or separation from key services. Examples of such surveys include:

- an evaluation of breastfeeding rates in a Sure Start area in East London which found that they were lower for Bangladeshi women than other women in the area – telephone interviews with women suggested that employing more women from different ethnic backgrounds would improve the breastfeeding support service;
- a consultation to canvas the views of families who were not accessing local children's services, including minority ethnic families with children with special educational needs – prior to starting, the evaluators contacted local organisations that work with such families in order to identify how to make contact with the target groups;
- one Sure Start Local Programme (SSLP) identified Afghan families as having particularly low take up of Sure Start services and health support – the SSLP approached a local Afghan charity and worked in partnership to carry out a survey of health needs and concerns, and how the SSLP could best address these.

Case study 16.4

Parent Forum research in Tower Hamlets

Ocean Children's Centre in Tower Hamlets, trained their Parent Forum members, most of whom were either Bengali, Sylheti or Somali speaking, to use a research questionnaire to find out local parents' opinions of the Sure Start programme and any Sure Start services they were using. This work was led by a University of Bristol research team, who trained the women and co-ordinated the process. The women were trained in interview techniques and how to approach parents who they did not already know, as the idea was to get as wide a cross-section of opinion as possible. The approach worked very well and exceeded the total number of completed questionnaires required to produce valid research findings.

For information contact Tipu Uddin on **020 7791 3049** or email tipu.uddin@nhs.net

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).

Staffing in children's centres

Where possible, the staff in children's centres should reflect the communities they serve in order to encourage families to access services. Children's centres should consider their recruitment procedures – with reference to the Race Relations (Amendment) Act 2000 – and ensure that they recruit a diverse group of staff at a variety of levels. Job advertisements should be carefully drafted so as not to unintentionally exclude or discourage applicants from target groups, and adverts should be placed in locations it is known that communities access. Job descriptions should be accessibly presented and support provided to candidates on completing applications and preparatory interviews/training.

Parents can also be encouraged to become involved in running voluntary language skills schemes and act as informal interpreters of children's centre publicity materials. Care should be taken to involve volunteers from all sections of the community and that parents do not feel their bilingual skills are being used as a free alternative to bought in services. Professional support from outside the immediate community may be preferable in some situations, especially where confidentiality is an issue.

Staff training

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 them to understand the needs of different children and families.

Training should set in context the important role that staff can play in developing an understanding of diversity among children and families, and the promotion of good relations between all local communities – in line with the local Race Equality Scheme. Staff should be confident in dealing with incidences of racism, and know where to get further support if necessary. The format and content of race awareness training should be appropriate and relevant to local communities and involve community members where possible.

Additional training in relation to race should be available for those staff, parents and community members who recruit, select and train employees.

Further information

- The Race Relations (Amendment) Act 2000, www.opsi.gov.uk/ACTS/acts2000/20000034.htm
- *Promoting Race Equality in Early Years* (2004), www.surestart.gov.uk/publications/index.cfm?document=1154
- *Black and Minority Ethnic Families and Sure Start: Findings from Local Evaluation Reports* (2006), NESS, www.ness.bbk.ac.uk/documents/synthesisReports/1289.pdf
- *Ethnic Monitoring: A guide for public authorities*, Commission for Racial Equality website, www.cre.gov.uk

The following guides are all available at 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.

The London Asylum Seekers Consortium works to promote inclusion for refugees, their guide *Supporting Refugees in London: Towards a Strategy for Refugee Integration 2005-6*, is available online at www.westminster.gov.uk/communityandliving/ethniccommunities/asylumseekers/publications/upload/LASCV4FINAL.pdf

The Race Equality Foundation (formerly the REU) produce useful publications and training materials www.reu.org.uk

17 Working with disabled children

The need to personalise services for disabled children

Disabled children should be fully included in all services provided by Sure Start Children's Centres. All disabled children, along with their families, should be able to participate in activities and take part equally 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 most disadvantaged families in this country, and are often excluded from mainstream services.

Families with disabled children face additional barriers to accessing services. They include: concerns about the ability of settings to meet their needs and about others' reactions to their child's behaviour or appearance; multiple demands on their time, including hospital appointments and meeting their child's health and care needs; higher costs associated with caring for disabled children – for example, for childcare and transport – and reduced scope for employment; and physical barriers such as unsuitable buildings or transport.

Children's centres should be aware of their responsibilities under the Disability Discrimination Act 1995 (as amended 2005) to ensure they plan and provide services in ways, and make reasonable adjustments, to meet the needs of disabled children, parents and carers. The local authority's Disability Equality Scheme should include details of how the authority will improve outcomes for disabled children, young people and adults and cover the role of children's centres and early years settings. Children's centres should help local authorities ensure they are achieving their aim by providing evidence

through monitoring take-up of children's centre services. Further information is available from www.dotheduty.org

The performance management guidance for children's centres identifies the extent to which children's centres make contact with vulnerable groups in their area (which should include disabled children) as a key performance indicator. Centres will agree with local authorities the best methods, and sources of data available, for monitoring progress in this area. More details are in the Planning and Performance Management Guidance.

Appropriate services for disabled children and their families

Family support services

Families should receive appropriate family support services, which are flexible and responsive to their individual needs, particularly during 'crisis periods'. Many families need training in advice and support on managing sleep problems and their child's emotional and behavioural difficulties.

Family support can build relationships and ease access to other services, resources or groups, particularly with parents who may be initially reluctant to seek such support, who lack confidence or face language and cultural barriers to services. The right support can help parents to plan ahead and to access services and community resources themselves – by providing information, encouraging them to join groups and activities, and actively supporting transitions to nursery or school.

Case study 17.1

Contact a Family

The charity Contact a Family has launched a service to support children's centres in England in their work with disabled children and their families. They can provide children's centres with written information for parents of disabled children on a wide range of topics including:

- sources of financial help;
- special education needs;
- understanding children's behaviour; and
- returning to work.

The Contact a Family directory of specific conditions, rare disorders and UK family support groups provides information about long term medical conditions with details of relevant support groups, useful for parents and anyone working with children.

Contact a Family can also provide help with running support groups, workshops on participation and produce a regular bulletin specifically for children's centres.

Pauline Shelley, Contact a Family's National Development Manager, says:

"As the first port of call for many parents, children's centres are uniquely placed to help improve the lives of local families with disabled children. Our information can help those families access the services and support they need, and, at the same time, ensure that children's centres are providing information for the whole range of families, in line with their Childcare Act commitment."

For more information visit www.cafamily.org.uk
email: ccsubs@cafamily.org.uk or phone
020 7608 8742.

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. 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 social care services in the area, including the Children with Disabilities Team, to ensure that families are aware of local arrangements for family support. These include: providing short breaks; equipment and adaptations; advice on sources of financial advice; and help with housing and similar issues. Children's centres should be aware that parents of disabled children can request direct cash payments in lieu of social care services provided directly by the local authority to assist with the cost of childcare or other services. Further information on direct payments is available on the *Every Child Matters* website www.everychildmatters.gov.uk.

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 parent groups and other specialist local support groups such as MENCAP, SCOPE, the National Deaf Children's Society and National Autistic Society in order to provide these services. Peer support and informal parenting groups are also shown to be highly valued.

Case study 17.2

Supporting a family with severely disabled children and language barriers

One Sure Start, in a disadvantaged, predominantly Asian neighbourhood works with many families with severely disabled children. Family support is the key service offered, including outreach to help parents with their children's complex health needs. The family support team is representative of the local community, with workers who speak several different languages.

One family they have worked extensively with has two children with a rare degenerative condition, one requiring tube-feeding. The mother has learning difficulties. Sure Start involvement has included:

- helping the mother to learn how to administer a nasal-gastric feed, modelling the process until she felt confident to do it herself. This was necessary as the father was often in hospital with their other child;
- accompanying them to key appointments and running through the information afterwards to help with understanding. Helping with follow-up calls and letters. Providing a booklet on their children's condition in their mother tongue;
- arranging transport for out-of-town appointments and liaising with other services including physiotherapy and dieticians;
- regularly visiting the home to provide practical and emotional support and portage home-learning;
- advising on benefits and helping to fill in Disability Living Allowance (DLA) forms; and
- helping to choose a nursery for their other daughter.

Needs based planning

Children's centres should ensure they have information on the numbers of disabled children under 5 in their area to inform planning. Health agencies can provide up-to-date information on new births in order to ensure that new parents are reached and the earliest of concerns are identified. Health professionals, early years and family support practitioners are able to identify emerging (undiagnosed) special needs at an early opportunity, allowing for support to be targeted before difficulties grow and became entrenched. Centres should work with local specialist providers for disabled children and their families – typically the Child Development Centre and the Children with Disabilities Team – to ensure that they are notified of disabled children living in their area, and to find out if these families are using their services and if they face barriers to access.

Referral and prevention

Research has found that the two most common special needs related to speech and language and emotional and behavioural difficulties can be improved if early support is drawn in from the relevant professionals. Targeted interventions – like a short series of home visits – to work with the parent and child on for example, language development or behaviour management – can produce significant results. Groups (for example Toddler Talk or Jumping Jax) enable professionals to reach more parents and provide on-going involvement, helping to build parents' skills and confidence further (see section 09 Speech and language development).

Portage and home-visiting services

Portage is a home visiting early learning and support service for families of young disabled children. The Portage or home visitor, who is 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 through regular home visits and is able to offer support, play and learning activities tailored to the needs of a child. This can greatly improve children's development and preparation to attend school.

Children's centres should contact their local authority early years SENCO if they consider a family could benefit from access to a Portage service. Further information about Portage services is available from the National Portage Association, www.portage.org.uk

Health visitors are able to provide home support and an initial link to children's centres. They can observe the environment where most parent-child interactions occur so that specific needs can be better identified. Establishing routines, developing continence, advice on nutrition and diet and managing behaviour may be more easily addressed at home and offer parents more convenience than visits to clinics.

Research has found that home visits were valuable in reaching families with disabled children, families whose children had particularly challenging behaviour, families facing language and cultural barriers to services and parents with learning difficulties. As well as improving 'reach', home visits enabled health professionals to tailor interventions more effectively, engaging parents as partners in supporting their child's development and sometimes helping them to see beyond the presenting need.

Case study 17.3

One mother's experience of home-visiting

Lorraine is a young mother whose three year old son, Jason, has severely delayed language and behavioural problems. She did not send him to playgroup because she was worried about how he would behave. He slept poorly, which affected the whole family, and would go all day without speaking a word.

A friend put her in touch with Sure Start. The speech and language therapist and clinical psychologist visited for several weeks, doing activities with her and Jason and suggesting things to work on until their next visit. Jason made rapid progress. In Lorraine's words:

"He's just like a totally different child...it's unreal. Nobody believed me, he would go all day without saying nothing, he used to just point to everything and now he just says everything, like everything you say, he'll repeat it!"

"He used to have really bad tantrums, but now I think because he can communicate better, he's not so stressed out and getting too mad with himself."

"Before he wouldn't sleep in this own bed, if he did, he'd wake up all the time, but now he goes to bed at 7 o' clock and sleeps right through, he settles right down now."

Jason now attends the Sure Start nursery four mornings a week, where he has settled in well. He has been referred to the local children's development unit for a full assessment.

Therapy services

Children's centres should promote optimal physical and cognitive development using physiotherapy, occupational therapy, speech and language therapy, mental health services, play and educational programmes. Providing early access to therapy services can have a positive effect in terms of promoting development and minimising decline or

regression among children with development disabilities. Specialist staff should be encouraged to have a visible presence in children's centres where possible, in order to reassure parents and lessen the feelings of stigma that can be attached to services.

Early Years Provision

The Effective Provision of Preschool Education (EPPE) study (2004) showed 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. Access to early years provision is essential to increasing the early identification of developmental needs. Prompt access to specialist advice from speech and language therapists and mental health workers may do much to turn around emerging difficulties – reducing delay and providing a better basis for that child's future development and achievement. Local authorities and children's centres should monitor take up to ensure disabled children are not excluded from the benefit of receiving early years provision.

Raising skills and awareness

Health professionals can develop the skills of other early years staff, raising their awareness of developmental 'norms', effective practice and appropriate responses to individual needs. Where appropriate, children's centres should seek guidance and training from speech and language therapists, psychologists 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. *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 (see further information).

Key Workers and Lead Professionals

The *National Service Framework for Children, Young People and Maternity Services* recommends that parents of severely disabled children are supported by a key worker to help them access, oversee and manage the delivery of services. Families with a key worker report less isolation, higher morale and better relationships with service providers (*Care coordination and key worker services for disabled children in the UK, 2004*). Key workers tend to be named individuals who serve as a single point of contact and help to deliver a coordinated response to need. Children's centre staff may be the ideal people to become key workers. Care Co-ordination Network UK has developed a set of key worker standards that are recognised nationally. More information and the standards themselves can be found at www.ccnu.org.uk

In developing the role of the lead professional under *Every Child Matters*, the Government recognises that a key worker may carry out the functions of a lead professional. The role is clarified in *The Lead Professional: Practitioners' and Managers' Guides*, which can be downloaded from www.everychildmatters.gov.uk/deliveringservices/leadprofessional

Information

Children's centres should provide timely, appropriate, accessible and accurate information to enable parents and carers of disabled children to make choices about the support and services they wish to use, including how to find good childcare for their child. For parents of disabled children from minority groups information should be provided in community languages and appropriate formats to meet the needs of the local population (see section 16 Working with minority ethnic families). Duties under the Disability Discrimination Act 1995 (as amended 2005) need to be taken into consideration when considering information in appropriate formats, including sign language. Disabled parents may need additional support

to enable them to make informed choices (see section 18 Working with disabled parents).

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

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. More information on Parent Partnership Services can be found at www.parentpartnership.org.uk

Good practice in service delivery

Early Support Programme

Early Support aims to achieve better co-ordinated family-focused services for babies and very young disabled children and their families. The programme is based on implementing the DfES/DH *Together From The Start* guidance (2003). 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. Children's centres should use the Early Support Family Pack to help them personalise services for individual children and their families, and the information booklets for parents about particular impairments and conditions which help families to make choices about the support they need. 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 publications are free to local authorities, providers and parents (see www.earlysupport.org.uk for ordering information). 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 can also be found on the website.

Case study 17.4

Early Support Pathfinder in Wolverhampton

In Wolverhampton an Early Support Pathfinder, the Special Needs Early Years Multi-Agency Panel meets every three weeks to coordinate the referral of individual children to the services required to meet their needs. Within the city's ten children's centres, children aged 0 to 3 are identified as requiring one of three levels of support to ensure their inclusion:

- Level one – children with additional needs will have full access and participate in activities supported by centre staff. These staff could be advised by the centre SENCO or other specialist services.
- Level two – children with sensory impairments or learning difficulties will be supported through the *Transition scheme*; providing short-term specialist support to the centre in order to enable inclusion of the child and identify staff training needs.
- Level three – children with significant complex learning difficulties will be supported through the *Assisted scheme*; up to two half day sessions will be made available at a children's centre, supported by additional specialist staffing to provide inclusive support and staff training. Children will be provided with a Team Around the Child (TAC) co-ordinated approach; a keyworker – to be chosen by the parents; and a family service plan to ensure integrated delivery of services.

For more information, contact Jill Wellings, Head of Special Needs Early Years Service, jwellings@wolverhampton.biblio.net **01902 558406**

Listening to disabled children and their families

Parents of disabled children should be consulted on the development and implementation of services. The needs of disabled children and their families are many and diverse and need to be taken into account at an early stage. Partnership with parents of disabled children should be an ongoing process, to ensure services on offer are appropriate for their individual needs. Local parents' groups and the specialist voluntary sector, such as Contact a Family, can be an effective mechanism for ensuring families with disabled children are not excluded from mainstream services. *Parent participation – improving services for disabled children: Professionals' guide – Contact a Family and Council for Disabled Children (2004)* provides advice on how best to achieve this. Take up should be monitored and where needs are not being met, appropriate adjustments made so that disabled children are included.

Staff training

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 children with particular health conditions or impairments. Staff should also be trained to be aware of safeguarding disabled children. Good practice is evident when there are: staff workshops and training opportunities provided by specialist staff; co-working by specialists and generalists; and invitations to partner organisations to run sessions and take part in events.

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 *The Dignity of Risk* (2004), which looks at risk protocols in relation to invasive and intimate care, moving and

handling, restrictive physical interventions and challenging behaviour. Children's centres should develop guidance for staff on these issues. Lack of continence is another barrier used to exclude disabled children (see Section 03 Early years provision, for information on setting a continence admissions policy).

Multi-agency working

Disabled children stand to gain significantly from multi-agency arrangements, key benefits of which include: improved reach; sensitive forward planning and supported transitions for children; and holistic responses to families' needs. For professionals, the benefits include: improved awareness of special needs (across all services); embedding effective practice; more flexibility in terms of how to respond; greater awareness of other services and their role; ease and speed of referrals.

Research has shown that the factors underpinning effective joined-up working include: strong leadership; co-locating staff and services; creating cross-cutting roles; providing joint training sessions; creating unified information systems and forums for discussion; and shared social opportunities.

Where possible, children's centres should look to provide multi-agency services from the centre. This will ease information sharing between agencies, and ideally to coordinate appointment times so that they are offered on the same day. To ensure effective transition to school, 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.

In March 2006 the Council for Disabled Children published a guide *Pathways to Success*, which looks at the development and learning from the pathfinder children's trusts that focused on services for disabled children. More information can be found at www.ncb.org.uk/cdc

Case study 17.5

Serving disabled children and their families

Sure Start 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. Parents are able to take their children to visit the centre's sensory room for play and activities.

Where parents are able to attend, 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.

The centre works in partnership with the Education Department Learning Support Services to deliver additional Portage Home Visiting services locally. This is an educational service for pre-school children with additional needs and their families. It aims to equip parents with the skills and confidence they need to help their child. Two Portage workers are able to deliver services in community languages.

Local schools and other agencies are encouraged to collaborate with the children's centre, to visit the sensory room, and to refer families who need additional support.

Further information

- The Council for Disabled Children (CDC) 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 CDC 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, available from www.surestart.gov.uk/surestartservices/inclusionandwell-being/sendisability/resourcessendisability
- *Managing Medicines in Schools and Early Years Settings* guidance can be downloaded from www.surestart.gov.uk/surestartservices/inclusionandwell-being/sendisability/resourcessendisability
- *Care coordination and key worker services for disabled children in the UK* (2004), Greco, V., Sloper, P. and Barton K., SPRU University of York.
- *National Service Framework for Children, Young People and Maternity Services* – includes a standard on disabled children and those with complex health needs, www.dh.gov.uk
- Prime Minister's Strategy Unit Report, *Improving the Life Chances of Disabled People* (2005), includes recommendations for change in early years, family support and transition services for disabled children, young people and families. Report can be downloaded from www.strategy.gov.uk
- The Council for Disabled Children and Contact a Family published two guides – one for parents and one for professionals – called *Parent Participation: Improving services for disabled children*. They can be accessed at www.cafamily.org.uk/packs.html (0808 808 3555).
- The Directgov website also provides useful information for parents of disabled children at www.direct.gov.uk/CaringForSomeone/CaringForADisabledChild/fs/en
- The Disability Rights Commission has a range of practical publications and advice for providers wishing to improve access for disabled people on its website www.drc-gb.org (08457 622 633).
- The Disability Discrimination Act 1995 (as amended 2005), available from www.opsi.gov.uk/ACTS/acts2005/20050013.htm

18 Working with disabled parents

The need to personalise services for disabled parents

It is estimated that there are over 2 million **disabled parents** in the UK. Sure Start Children's Centres should work together with other professionals to help disabled adults and their children receive the right emotional and practical support to meet the assessed needs of the child and family. These may include: community nurses, social workers, health visitors, midwives, psychologists, speech and language therapists, occupational therapists and advocates.

It is perhaps misleading to talk about disabled parents as if they were a readily identifiable group of parents. The phrase disabled parents includes a wide range of people with some very different and individual needs arising from learning disabilities, physical or sensory impairments, mental health problems or conditions like HIV/AIDS. Each disabled parent has specific needs and the impact of disability on their family will be highly individual.

What these groups of parents have in common is the experience in their daily lives of difficulties and barriers, including prejudicial assumptions on the part of others about their ability to parent effectively. It is often not their disability that is primarily responsible for the difficulties they face in their parenting role but negative attitudes and unequal access to support.

There are no precise figures on the number of people with **learning disabilities** who are forming relationships and having children but it is generally acknowledged that their number is rising. Definitions of 'learning disability' vary

and adults with 'mild' learning disabilities may only come to the attention of statutory services if they have problems parenting their children but otherwise go unnoticed. Parents with learning disabilities are far more likely than other parents to have their children removed from them and permanently placed outside the family home. The first national survey of adults with learning disabilities in England conducted in 2005 found that one in 15 of the 2,898 adults interviewed had children. It also found that 48% of the parents with learning disabilities interviewed were not looking after their own children (see *Adults with Learning Difficulties in England 2003/4* – Emerson, E., Malam, S., Davies, I and Spencer, K (2005) – www.ic.nhs.uk/pubs/learndiff2004

At national level, *Valuing People* (DH, 2001) committed the Government to 'supporting parents with learning disabilities in order to help them, wherever possible, to ensure their children gain maximum life chance benefits'. The *National Service Framework for Children, Young People and Maternity Services for England* (DfES/ DH, 2004) states that specifically local maternity services should address the needs of women with learning disabilities and physical impairments, and take into account their communication, equipment and other support needs. As maternity services become increasingly located in children's centres, centre staff should be aware of this. The Disability Discrimination Act 1995 (as amended 2005) sets out a new 'disability equality duty' on all services, including the public sector which means that public services must promote and provide 'equality of opportunity to disabled people, including disabled parents'.

Case study 18.1

CHANGE

CHANGE is a voluntary organisation run by disabled people. It aims to achieve better support for parents with learning disabilities through a range of activities including: their campaign *Fighting for our Children*; production of accessible publications on being a parent; and the involvement of parents with learning disabilities in training professionals who support parents or are concerned with children's welfare.

CHANGE has produced a book *You and Your Baby*, to help parents with learning disabilities care for their children. It contains practical information for new parents about caring for a young baby from birth until the age of one. Produced in 'easy to read' format, the book uses graphics to help people who have difficulty in reading and understanding the written word. It is provided free to new parents by health visitors and can also be purchased through CHANGE.

For more information:

CHANGE

Unity Business Centre, Units 19 & 20,

26 Roundhay Road, Leeds, LS7 1AB

Tel: **0113 243 0202**

Email: **changepeople@btconnect.com**

The performance management guidance for children's centres identifies the extent to which children's centres make contact with vulnerable groups in their area (which should include children of disabled parents) as a key performance indicator. Centres will agree with local authorities the best methods, and sources of data available, for monitoring progress in this area. More details are in the Planning and Performance Management Guidance.

Appropriate services for disabled parents

There are a range of interventions which children's centres should consider to meet the needs of individual families. The most effective support will be that which starts with the families own understanding of their difficulties, often the removal of disabling barriers in the environment and/or the provision of practical help, for example, a personal assistant. For learning disabled parents the help may more often focus on promoting the parents' learning and skills. Research shows that disabled adults and their families respond well to services which provide consistency and continuity in terms of staff support and resources. Support should be based on the needs of the whole family, and not just centred round the disabled parent.

- ▶ **Early identification.** Involving parents early in informal support networks can help prevent more serious crises occurring later on. Children's centres and health and social care services should agree joint local protocols for referrals, assessment and joint working in order to respond promptly and appropriately to the needs of children and parents.
- ▶ **Pre-pregnancy, antenatal advice and support** through information appropriate to the concerns and understanding of the disabled adults; support and time to understand the choices available; early contact with relevant services; awareness on the part of generic services of the needs of prospective disabled parents; and close working with maternity services.
- ▶ **Assessing parents' support needs and strengths** through multi-professional/ agency and competency based assessments, working with families through their preferred communication methods, taking account of the comprehension level and communication methods of parents and

allowing sufficient time so that assessments can be properly explained to the parents. Assessments should take into account environmental factors, social stressors and the support available; all of which may be determining how well parents cope. Assessment may be best carried out in the family's own home, rather than an unfamiliar setting. For learning disabled parents IQ-based assessments may contribute to an assessment of parental capacity but are not sufficient in themselves.

- ▶ **Providing skills training and support for parents.** For learning disabled parents in particular this requires early assessment of competencies; easy to understand information or adapted material; and teaching in a person-centred way, with concepts broken down into small parts which can be easily understood. Role play, modelling, videoing parenting and picture guides can all be useful. There should be close work with midwives, health visitors or other appropriate specialists; and time to work at the parent's pace and to liaise with others. Information should be available about housing, benefits, and how to deal with prejudice and harassment. Many disabled parents, whatever the nature of their impairment, will often value opportunities to gain support and greater understanding through meeting other disabled people, either in a group or through working with a professional disabled person.

Studies have shown that learning disabled parents who receive timely and good information and advice can and do learn about child care, home safety, child health and how to interact with their children. The steady increase in parent education programmes, including those offered through Sure Start, has helped support parents with learning disabilities; with home-based programmes proving more successful than others.

- ▶ **Parenting groups** that offer informal support. These groups can use mainstream parenting materials adapted for parents with learning disabilities or with sensory impairments; focus on issues of importance to parents at the time, e.g. harassment and bullying; provide peer support and recognition of achievements and sharing of experiences. They help to reduce isolation; provide social support during school holidays; and enable access to community facilities and ongoing contact with workers for informal advice and support. Group programmes are most effective when combined with individual and home support (see section 06 Parenting and family support).

Case study 18.2

Elfrida Society Parenting Group

The Elfrida Society in Islington actively supports parents with learning disabilities by providing a coffee morning for them, facilitated by a parent with learning disabilities and her support worker. The group provides peer support for parents who feel vulnerable and alone. The parents' views about how the coffee mornings should run were sought, via questionnaire, at the outset. The mornings have a structure and ground rules and parents invite visitors, such as speech therapists and health visitors to talk to them. The parents share ideas and have tackled issues such as bullying, smacking children and their relationships. A psychologist comes to the group each week to help parents think about issues.

The service also supports parents on an individual basis, and engages with local professionals by organising meetings to encourage agencies supporting parents with learning disabilities to communicate more effectively with them and each other.

For further information contact:
Mahmuda Murshed or Susan Moore

Tel: **020 7354 6349**

Email: **parenting@elfrida.com**

- ▶ **Support for disabled fathers** should involve encouragement and affirmation so that all fathers as well as mothers gain the confidence to engage positively with services and enhance their capacity to be good parents. Successful engagement of fathers whether they are disabled or not, requires clear and assertive policy, practice which consciously is adapted to meet fathers' needs, and continual monitoring to ensure the contribution of both fathers and mothers to family life is recognised.
- ▶ **Involving the extended family.** The extended family is generally a valuable source of support to parents and their children, and should be involved in a way that supports the parental role in the family and promotes the well being of children. Children's centre workers should have a clear understanding of the possible impact of their interventions on family dynamics. It is very easy to become unwittingly involved in inter-generational or sibling conflict. Clarity about the role of workers and purpose of interventions with extended family members is especially important if child protection processes are underway. Family group conferences and systemic family therapy can be used to mobilise family support. Systemic family therapy looks at the attitudes and relationships within the family as a whole, the effects of this, and what can be done to help. For more information see the Association for Family Therapy and Systemic Practice (AFT) www.aft.org.uk
- ▶ **Helping parents to engage with other agencies.** Children's centre staff can encourage parents to engage positively with other agencies by building up their confidence and providing them with

ongoing emotional support. Assigning a disability specialist worker to disabled parents could be a valuable step towards improved communication between the family and the various services involved with them. Such a specialist could provide expert support to parents and develop their confidence and capacity to contribute effectively to meetings.

Case study 18.3

Special Parenting Service, Cornwall

This is the longest running specialist service in the UK offering support to families where one or both parents have a learning disability. It provides home based services, assessment, teaching programmes, parenting groups and advocacy for parents. The service is funded by the Cornwall Partnership Trust to provide a comprehensive parenting assessment utilising the *Parent Assessment Manual* (McGraw et al, 1998), which assesses parents' knowledge, skills and practice across 34 parenting domains. The assessment focuses on both the needs of the child as well as the parent and provides a risk assessment and priority ratings in terms of a family's need for support. In addition, a family history, psychometric testing and any other needs of the family may be assessed (e.g. mental health, parents' relationship, child development).

Intervention services and teaching programmes are provided (having been funded by Sure Start Local Programmes across Cornwall), targeting the medium to higher priority ratings and skills identified by the *Parent Assessment Manual*. Under Sure Start, these programmes have had a major focus on family preservation and child development.

www.cornwall.nhs.uk/specialparentingservices
Tel: 01872 356 040

Good practice in service delivery

Disabled parents are often frightened of asking for support when they need it. All parents, including disabled parents, should hear the message that it is quite acceptable to ask for parenting support. Providing accessible information and working in conjunction with voluntary sector organisations can be important ways of reducing stigma and the fear of asking for help.

Children's centres should also meet the needs of families affected by disability in respect of race, religion, language, culture, sex and gender.

Staff training

Children's centre staff can help disabled parents promote the welfare of their child if they provide assistance and support at critical stages. The support offered is more likely to yield improved outcomes for both parents and children if the professionals delivering it have had access to appropriate training. This should include:

- ▶ disability awareness and disability equality training by disabled parents about their needs;
- ▶ child development including specific sessions on child protection; and
- ▶ good practice in assessing support needs and strategies to support parenting.

Children's centres should consider joint training with other services and professionals as this can be a route to mutual understanding and more harmonious working.

Safeguarding children

Where there are concerns that any child, whether their parent is disabled or not, is at risk of significant harm, good practice will be promoted by:

- ▶ **clarity about rights**, roles and responsibilities, including the legislative basis for action and the entitlement of parents to support under both children's and community care legislation;
- ▶ **comprehensive assessments**, including appropriate specialist input from both children's and adults' services;
- ▶ **information sharing** between relevant agencies and professionals; and
- ▶ **involvement of parents** and children, and the provision of independent advocacy.

Case study 18.4

Disabled Parents Network (DPN)

Disabled Parents Network (DPN) is a national organisation of and for disabled people who are parents or who hope to become parents, and their families, friends and supporters. It helps disabled parents to help each other and works to bring about change. DPN can provide information, advice, peer support and contact with other disabled parents throughout the UK. The network can arrange training for volunteers and others working alongside disabled parents and parents-to-be. In addition, it has a helpline operated by disabled parent volunteers for use by disabled parents as well as professionals and others interested in their work – **08702 410 450**.

Further information can be found at www.disabledparentsnetwork.org.uk

Advocates

Advocates enable parents' voices to be heard and should be independent of the services supporting the parent. They can play a vital role in supporting disabled parents, particularly when families are involved in child protection or judicial processes. To do this effectively, advocates (both paid and unpaid) require a good understanding of the legislation, policy, and practice of the services which promote the well being of children and disabled people.

Multi-agency working

Conflicts and dysfunctional relationships between adults and children in families can easily be reflected in the relationships between workers in adult and children's services. To promote good outcomes for children and parents, effective multi-agency working and clear inter-agency communication are essential. Staff should have a clear understanding of the policies and practices of partner agencies, including support provided by the voluntary and community sector. Joint protocols can provide the framework for clearly planned, co-ordinated and consistent services. By providing multi-agency support, children's centres can help to reduce parental stress and improve parental engagement and thereby improve outcomes for children.

Further information

- The Disability Discrimination Act 1995 (as amended 2005), available from www.opsi.gov.uk/ACTS/acts2005/20050013.htm
- *Finding the Right Support*, The Baring Foundation (May 2006) – Review of issues and positive practice in supporting parents with learning disabilities and their children, www.baringfoundation.org.uk
- *You and Your Baby* (2006) CHANGE
- *What works for Parents with Learning Disabilities?* (2005), McGaw & Newman, Ilford, Barnardo's
- *Parent Assessment Manual* (1998), McGaw, S., Beckley, K., Connolly, N. & Ball, K., Truro, Trecare NHS Trust, available from www.cornwall.nhs.uk/specialparentingservices/patientassessmentmanual.asp
- *Making the Difference: A training pack for organisations working with parents with a learning disability* (2005), The Parenting Fund/The Ann Craft Trust Mencap
- *Valuing People* (2001), available from www.dh.gov.uk
- *National Service Framework for Children, Young People and Maternity Services* (2004), available from www.dh.gov.uk
- www.supported-parenting.com – Range of research studies undertaken by the Parents with Learning Difficulties Research Programme at the University of Sheffield (Tim and Wendy Booth)
- The Disabled Parents Network – www.disabledparentsnetwork.org.uk
- *Framework for the Assessment of Children in Need and their Families*, available from www.dh.gov.uk

19 Working with partners and families of prisoners

The need to personalise services for partners and families of prisoners

It is estimated that around 150,000 children have a parent in prison, and many more will have close relatives or siblings in prison. Many of these families will already be facing situations of financial and multiple hardships; problems which frequently get worse when a key family member is imprisoned. They may face stigmatisation, discrimination and social isolation because they are related to a serving or ex-prisoner.

Losing a parent to imprisonment can be an extremely life damaging event for a child. Children's lives may change dramatically and suddenly, particularly if the imprisonment leads to a change in care arrangements. The trauma experienced by children increases the likelihood of them having mental health problems, financial difficulties, or going on to offend in later life – 30 per cent of prisoners' children suffer significant mental health problems, compared with 10 per cent of the general population (*Every Child Matters Green Paper, 2003*). *Positive Outcomes for Children and Families of Offenders using Ormiston Services (2006)* shows that high-quality child-centred visits to prison and ongoing support in the community are hugely beneficial to children's wellbeing, as measured against the key areas set out in *Every Child Matters*.

The stability and quality of family relationships during and after imprisonment also impacts on the prisoner's likelihood of re-offending, and is an important factor in securing employment and accommodation upon release. Prison sentences place a significant strain on relationships; many prisoners lose touch with or separate from their families as a result of their

imprisonment. However, no one statutory body has responsibility for providing support services; the majority of support is provided by the Voluntary and Community Sector (VCS), which may face insecurity in funding and staffing. Work needs to be taken forward to explore how statutory and non-statutory services can work together to improve provision, and Sure Start Children's Centres can play a key role in this.

Appropriate services for partners and families of prisoners

Children of prisoners may have witnessed police raids, arrests or assaults, and can suffer severe long term anxiety. Despite the situation, children often feel deep loyalty to the absent parent and feel the separation acutely. This can however be mixed with conflicting feelings of anger at being deserted. Children may feel some guilt that their behaviour caused their parent to be imprisoned.

After arrest, during imprisonment and after release, there are a number of ways children's centres can work to build children's self-esteem; encourage open discussion of their feelings; reduce anxiety about life in prison; and facilitate involvement in social activities to combat isolation and stigma.

Following arrest, during hearings and trial

During this time, families will experience a great deal of uncertainty. Children's centres can provide childcare when parents are required to be in court, and can help families with making arrangements in preparation for a parent serving a sentence. Children's centres should seek to work alongside the courts, probation service, and social services to support children at this time.

During imprisonment

Contact between imprisoned parents and their children is a key factor in maintaining their bond, however due to distance and costs the frequency of visits can be rare. Children's centres should help families when booking visits, saving up for and arranging transport, especially where distance is a problem, and work with children and other family members before and after visits to ensure their quality is maximised. Those eligible can apply for financial assistance for visits from the Assisted Prison Visits Unit – see www.hmprisonservice.gov.uk/adviceandsupport/keepingintouch/assistscheme for information.

Child-centred visits involving board games and play equipment allow parent and child to interact. In contrast to normal visits, prisoners can move around with their families and have extended time for bonding and play; they can involve both parents and it is sometimes possible for larger families to visit together. Children's centres should have contact with local prisons to establish when child-centred visits are offered and ensure families take part in these. For the large number of families that rely on phone calls and letters for contact, children's centres should provide advice on how short calls can be used effectively, and assist with letter writing where poor literacy may be an obstacle.

Sometimes families may have a concern about a relative in prison but will not know who to talk to. Some prisons employ a member of staff to work specifically with families, titled 'Family Development Officer' or 'Family Liaison Officer'. Alternatively, the chaplaincy team, health staff, an officer on the prisoner's wing or a member of the probation department can offer advice. Children's centres can help families make these connections, and get prison telephone numbers from the prison service website www.hmprisonservice.gov.uk

Case study 19.1

Sure Start Fortune Park Children's Centre, Islington

The Fortune Park Children's Centre sits within the HMP Holloway catchment area and does a lot of work to support the prisoners there. In conjunction with the prison, arranging classes for the prisoners has worked particularly well.

The Children's Centre Liaison Officer runs a weekly antenatal class and yoga session in the prison, which addresses the physical and emotional tension many of the women experience. This has enabled her to build up a good trusting relationship with the women who attend who she can go on to support by liaising with their health visitor, social workers and other agencies on their behalf. Continuity of support is achieved by maintaining as much contact as possible after release:

"It helps alert you to those prisoners who need support and their family circumstances – and it also helps you to keep track of them when they're released, so you can liaise with their local services accordingly."

(Children's Centre Liaison Officer)

Grandparents and other carers' role in looking after children

Grandparents commonly take on the role of carer and their role in supporting children during this time is crucial. Children's centres can provide a family support worker or hold grandparents' group meetings to discuss the issues they face when taking on a new dependent. Advice on modern parenting is available from Parentline Plus, **0808 800 2222**, www.parentlineplus.org.uk

Grandparents may require guidance on the new benefits they are entitled to when caring for a grandchild. They should be encouraged to undertake a financial benefit check and may also be subject to re-housing if they currently reside in social housing

(the Child Benefit Office can be contacted on **0845 302 1444**). If the child has had to move area, grandparents will also need to consider GP and dental registration. Children's centres should have the appropriate telephone numbers on hand.

On release

Most parents who cared for their children before imprisonment expect children to return to their care upon release. Every effort should be made to ensure parents address the practical elements involved, such as adequate accommodation. Where children's centres have details of parents returning to the community, it is essential that they maintain communication with these identified parents.

Children's centres should work with grandparents and other carers to assist with the care transition process which can be disruptive. Offering group sessions for parents, grandparents, and carers to attend, can help the family to reintegrate with the returning parent.

Children whose care arrangements do *not* change upon their parent's release still need support as the family takes time to adjust. Children will need to be supported and included in any decisions made about their future during this time.

Information

Children's centres should display information about support services such as the Prisoners' Families Helpline, and offer leaflets with details of other relevant agencies. One person should take the lead in keeping this information up to date, ensuring it is prominently displayed and clearly states the centre's policy on confidentiality. This can encourage families to discuss imprisonment and reduce the stigma that is often attached.

Good practice in service delivery

Staff training

All staff should be given training in the sensitivity and confidentiality needed when dealing with children and families of prisoners. Depending on their age, children may not understand where their parent has gone and why, and practitioners will have to liaise with family members and/or carers to decide how to address this. See Further information for resources available to help children understand more about prisons.

Children may find it difficult to talk about their emotions openly, but their worries may be reflected in changes in behaviour at home or in the childcare setting. They may become anxious, aggressive or difficult to control, and staff should offer children the opportunity to express themselves through talk, play and expressive activities.

Parents leaving prison may have their own personal problems that need to be addressed, such as substance misuse, mental health difficulties and physical and sexual abuse. Staff should be sufficiently trained to be aware of all these issues, able to identify parents in need of further help, and refer them to the appropriate health support services.

Multi-agency working

Children's centres should establish good working relationships with the variety of voluntary and community sector agencies that currently provide the majority of support for children and families of prisoners. Working with Family Development/Family Liaison Officers in nearby prisons, and the Probation Service will also help to ensure a consistent transition of support before, during and after visits.

Case study 19.2

Multi-agency working – The London Resettlement Strategy

The London Resettlement Strategy is a multi-agency response to improve resettlement outcomes for the 1,200 prisoners released into London every month. It identifies seven pathways in which offenders need support in order to resettle successfully; one of which is the Children and Families Pathway.

Since publishing the strategy in 2005, it has brought together representatives from the VCS and the prison and probation services to promote for example: family familiarisation tours in Holloway prison; Prison Advice and Care Trust (PACT) visitors' centres; and drama-based parenting and relationships courses in three London prisons. Phase two of the strategy, published September 2006, sets out among its objectives: securing strategic engagement across London boroughs; and encouraging Sure Start, Connexions, children's centres and Children's Trusts to become more involved in the pathway.

Children's centres who would like more information can visit www.gos.gov.uk/gol (select the community safety section) and contact the Resettlement Team on **0207 217 3002**.

Signposting families to mainstream services and sources of support

When leaving prison, parents are likely to need help on a variety of housing, employment and health issues. Children's centres should use their connections with local authority housing associations, Jobcentre Plus and local health practitioners, to point families towards appropriate help.

Further information

A non-exhaustive list of support agencies and further sources of information:

- Prisoners' Families Helpline (0808 808 2003), www.prisonersfamilieshelpline.org.uk, co-ordinated by Action for Prisoners' Families (APF).
- The Prison Service website contains information on support organisations, contacting prisoners, keeping in touch, and assisted prisons visits, www.hmprisonservice.gov.uk – the Prisoner Location Service can also assist with finding people in custody of unknown whereabouts, email prisoner.location.service@hmps.gsi.gov.uk
- Prisoners Advice and Care Trust (PACT) (020 7490 3139), www.prisonadvice.org.uk
- National Offender Management Services – contact the NOMS Community Integration Team for information on different organisations and partnerships offering support (020 7035 0019).
- Kids VIP works to improve relationships between children and their imprisoned relatives. They provide training for visiting staff and play coordinators, and are the authors of the *Good Practice Guide to Children Visiting in Prisons* (2005) and the *Kids Visiting Prison* DVD and booklet (2006) (020 7582 2649).
- Ormiston Children & Families Trust offers family support services to offenders' families in the Eastern Region, through both prison and community settings. Details of their research and resources including *Positive Outcomes for Children and Families of Offenders using Ormiston Services* (2006) are available from www.ormiston.org

Publications for children:

- *Visiting my Dad* – Published by the Ormiston Children and Families Trust, free to friends and relatives of offenders, £3 for organisations, www.ormiston.org
- *Tommy's Dad* – the story of a young boy and his sister whose father is sent to prison; *Danny's Mum* – tells the story of Danny, whose mother has been sent to prison; and *Finding Dad – an illustrated story for older children* – all available from www.prisonersfamilies.org.uk

Publications for carers and professionals:

- *My Mum/Dad's in Prison Pack* – contains leaflets for carers and those who support families, and worksheets to help children express how they feel, available to download free from www.ormiston.org
- *The Outsiders Series* – a series of booklets outlining the issues families are likely to face and providing practical information on how to cope, free from www.prisonersfamilies.org.uk

20 Working with parents with drug or alcohol problems

The need to personalise services for parents with drug or alcohol problems

There are up to 1.3 million (one in eleven) children in the UK living with parents who misuse alcohol (*Alcohol Harm Reduction Strategy for England, 2004*) and between 250,000 and 350,000 children in England and Wales where one or both parents have serious problems with illegal drugs (*Hidden Harm Report, 2003*). The *National Service Framework for Children, Young People and Maternity Services* identifies children of problem drug and alcohol users as children in special circumstances requiring a particular focus from services to prevent them from experiencing poor outcomes.

Parental drug and alcohol problems can have adverse effects on a child's health and well-being at every stage of development. Maternal drug and alcohol use during pregnancy can seriously affect foetal development – important antenatal appointments may be missed and maternal nutrition may be poor. After birth, there is an increased risk of children being harmed by a range of hazards including poor hygiene, lack of safety precautions or inadequate supervision. Children may experience a number of harms including: emotional and physical harm; neglect; social isolation; and normalisation of drug use.

Alcohol misuse by parents has been identified as a factor in over 50 per cent of child protection cases. Between 50 and 90 per cent of families on social workers' child care caseloads have parent(s) with a drug, alcohol or mental health problem (*Bottling it Up: The effects of alcohol misuse on families, 2006*).

Appropriate services for parents with drug or alcohol problems

The effects of having a parent with drug or alcohol problems can be particularly bad for very young children who are dependent on parents to meet their physical, emotional and social needs. However, substance misusers are not necessarily bad parents and many families will be able to cope given the right support.

Family support

Offering support to parents can have major benefits for the child – the right kind of intervention and support for adults with drug or alcohol problems can often mean that children are protected and can remain with their parents. Effective support for parents and children which Sure Start Children's Centres may work with other agencies to provide, include:

- ▶ evidence based interventions or programmes for parents (see section 06 Parenting and family support);
- ▶ individual or group sessions giving parents an opportunity to discuss the underlying causes of drug or alcohol problems, the effect on themselves and their children, and to address parenting difficulties and work towards behavioural change;
- ▶ advice on issues that may trigger drug or alcohol problems and how to better manage stressful events;
- ▶ practical help to reduce the burden of maintaining a home including budgeting skills, nutrition, and support to establish routines and boundaries;

- ▶ programmes which develop coping strategies and reduce chaotic behaviour in the family environment, such as anger management techniques to reduce the levels of arguments and violence witnessed by children, and family communication skills;
- ▶ practical help to attend appointments for counselling or visits to the hospital or GP;
- ▶ developing support networks for parents and their children – for example through peer support groups – ensuring there are trusted individuals who can offer practical and/or emotional support when required; and
- ▶ opportunities for children to talk about their circumstances and fears.

Outreach

Support workers dedicated to working with parents with drug or alcohol problems can offer intensive, flexible and personalised support. Outreach workers providing services in the home environment should build trusting relationships with parents to try and engage them in children's centre services (see section 02 Running a successful Sure Start Children's Centre for more on outreach).

Specialist maternity services

The Maternity Standard (Standard 11) of the *National Service Framework for Children, Young People and Maternity Services* identifies parents who are substance misusers as a group requiring specialist maternity services. All women who have a significant problem drug and/or alcohol use should receive their care from a multi-agency team which will include a specialist midwife and/or obstetrician. Children's centres will already be working with maternity services and should promote links with specialists in the area.

Case study 20.1

Specialist maternity support in Northumberland

In North Northumberland, the Sure Start Community Midwife works alongside the Specialist Midwife to offer a full support package to pregnant women who are experiencing drug or alcohol problems. The package includes: liaison with the maternity unit and children's services if appropriate; support with housing issues; transport for the more rurally isolated families; and a full post-natal care package, including a Family Support Worker if requested by the parent or linked professionals.

Families are supported to access mainstream children's centre services and are routinely contacted to ensure they know of on-going support that could be put in place.

Every situation is different and the care package is personalised to ensure that families receive a bespoke service to meet their needs. Staff routinely undertake training via the local Drug Action Team. Multi-agency co-operation and clear protocols for information sharing and action are key to effective practice.

For information, contact Jan Casson (Programme Manager) or Jan Marshall (Community Midwife) on **01668 283 372**.

Women who have sought help for their substance misuse during pregnancy should be supported and encouraged to continue with treatment after the birth of their child. Extra support will be particularly important for families where babies have drug-withdrawal symptoms.

Good practice in service delivery

Early assessment

It is important to identify at-risk families at the earliest opportunity. There should be an early assessment of vulnerable children in key risk groups, as part of a wider needs assessment using the Common Assessment Framework (see section 02 Running a successful Sure Start Children's Centre).

Where an unborn baby or child is identified as being at risk of exposure to substance abuse, specialist services should be provided, including: intensive structured parenting; child and family support – including outreach and home visiting; and access to further specialist substance abuse support services, which may include those provided by the voluntary sector.

Multi-agency working

An effective multi-agency approach should include: shared policies and protocols between agencies; an understanding of each other's roles; joined up assessment and care plans; and joint working between adult and children's services.

A range of services are provided, in particular by health and voluntary organisations, to meet the needs of parents with drug or alcohol problems. These services are linked to agencies at the local level through Drug Action Teams (DAT), which comprise, as a minimum, health, social services, education and police representatives. DATs will also have established referral links with substance misuse services and child protection services.

Children's centres should form clear protocols which cover referral procedures and care pathways, in conjunction with the local DAT and other local agencies offering services to parents with drug or alcohol problems.

Case study 20.2

Providing multi-agency support in Cumbria

Sure Start West Allerdale Children's Centre is based in Maryport, in West Cumbria, and provides services throughout the town and to seven outlying villages, covering hundreds of square miles. Since 2001, practitioners within the programme have seen a steady increase in the referrals of parents and carers with issues related to substance misuse.

During April to September 2006 the family support team worked intensively with fourteen families, offering different packages of support dependant upon the assessed need or request. The types of support offered were: assistance with housing issues and maintaining tenancies; debt management; childcare; help to access counselling for issues such as domestic violence and post-natal depression; transport; 'home making' and hygiene skills; and dispute resolution.

Many of the families where parents are engaged in substance misuse regularly move, change their contact details, or leave the area. One of the challenges for the programme is to maintain lines of communication. This means working closely with health visitors and midwives, having regular contact with voluntary agencies in the area (CADAS Cumbria Alcohol & Drug Advisory Service, Rising Sun Trust, NCABS, ADDACTION), developing links with schools and pre-school providers such as the local Barnardos project, and developing relationships with the local community police officer.

For more information, tel: **01900 819 190**.

Staff training

All staff should receive training so that they treat parents with drug or alcohol problems with respect and do not judge, criticise or stigmatise them. Staff need to have basic substance misuse knowledge and an understanding of the possible effects on parenting capacity, and an ability to appreciate children's experiences and needs.

Staff in children's centres have a role in identifying children with unmet needs, whose parents may have a drug or alcohol problem. Protocols should be in place to ensure that where such needs are identified, staff have the awareness and confidence to make the appropriate referrals to specialist drug or alcohol services, in accordance with the Local Safeguarding Children Board procedure.

Children's centre staff may benefit from a wide array of training, including professional courses, the opportunity to shadow a drugs-support worker, and invitations to meet with local agencies and voluntary organisations that provide support to drug users.

There are various resources designed to raise the drugs awareness and knowledge of professionals, including the FRANK Action Update – *Drugs: Know Your Stuff* (see Further information section).

Further information

- *Alcohol Harm Reduction Strategy for England* (2004), www.strategy.gov.uk/downloads/su/alcohol/pdf/CabOffice%20AlcoholHar.pdf
- *National Service Framework for Children, Young People and Maternity Services* (2004), available from www.dh.gov.uk
- *Hidden Harm Report* (2003), The Advisory Committee on the Misuse of Drugs (ACMD), can be downloaded from www.drugs.gov.uk/hidden-harm-report
- *Bottling It Up* – the Turning Point report on the effects of alcohol misuse of families (2006) can be downloaded from www.turning-point.co.uk/bottlingitup
- *Adult Drug Problems; Children's Needs* – National Children's Bureau toolkit for practitioners looks at ways of improving the professional response from assessment to care planning www.ncb.org.uk
- *Children's Needs – Parenting Capacity: The impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development*, Cleaver, H. et al. (1999), London, Stationery Office
- FRANK Action Update – *Drugs: Know Your Stuff*, is a pack designed for professionals who work with young people or families and is a useful tool for increasing understanding about drugs – their use, risks, effects and the law, www.drugs.gov.uk/communications-and-campaigns/materials-library/frank/action-updates/druginfo?view=Standard&pubID=349400
- Information on the work of the National Treatment Agency for Substance Misuse is available on their website www.nta.nhs.uk
- *Joint National Treatment Agency and Drug Strategy Directorate Workforce Development Plan for the Substance Misuse Field*, (2006), www.drugs.gov.uk/drug-strategy/workforce-planning/?version=1
- Information on the work of Alcohol Concern is available on their website www.alcoholconcern.org.uk/servlets/home
- STARS project has produced a wide range of materials for direct work with children which can be downloaded from their website www.parentsusingdrugs.org.uk or contact 0115 942 2974

21 Working with families in temporary accommodation

The need to personalise services for families in temporary accommodation

At the end of June 2006, there were around 69,000 families with dependent children living in temporary accommodation in England; more than 90 per cent of these were living in self-contained accommodation, with the remainder in non-self-contained accommodation such as hostels and bed and breakfast accommodation. Research suggests that some children living in temporary accommodation are likely to be among the most disadvantaged in the country and are prone to suffer poor outcomes. They are for example:

- ▶ more likely to be on the Child Protection Register – 12 per cent, compared to less than 1 per cent in the general population – *Homeless Children: problems and needs* (1999);
- ▶ likely to experience educational disruption and disadvantage; and
- ▶ at a higher risk of ill-health, and impaired physical and mental development.

Effective action therefore requires services such as health, education, housing and social services working together to maintain contact. As stated in *The Vital Link: Preventing Family Homelessness* (2004), Sure Start Children's Centres can play a vital role in facilitating access to services and support, responding flexibly to needs and coordinating communication between services.

Appropriate services for families in temporary accommodation

Outreach and drop-in sessions

Outreach services should be used to improve contact with families in temporary accommodation who may otherwise miss out on what Sure Start can offer. Children's centres should maintain good working relationships with temporary accommodation staff in local housing authorities, in order to make contact with, and conduct visits to families with children in temporary accommodation. Outreach visits can also be combined with courses and drop-in groups; either hosted at temporary accommodation sites (e.g. family hostels) or at children's centres. Children's centre services should be well advertised and temporary accommodation staff asked to ensure that families are provided with details of their local children's centre and the services it offers.

Case study 21.1

Support for families in hostel accommodation in Blackpool

Sure Start Talbot and Brunswick Children's Centre in Blackpool, actively supports parents and children in hostel accommodation through a variety of groups and activities:

- On Monday afternoons a community/family support worker from Sure Start calls into the hostels and tells residents about the activities and services they can access. Goody bags, a newsletter and timetable of activities are given to each family.
- Every Thursday each room is posted with a leaflet informing the residents of the coffee club which is held in the hostel playroom. The club is used to make residents aware of other services and groups and provides an opportunity to discuss health, diet, safety and parenting information. As with all other Sure Start activities, user questionnaires are completed and form the basis of consultation with families.
- With parents' consent, children can access the weekly young people's group held in the Sure Start building or a Barnardos activity in a local church. Additionally, hostel families can access summer trips, funded through the Parents Forum.

The centre also supports parents on an individual basis, working in partnership with other professionals to ensure the individual needs of children and parents are met. The children's centre supports families through the process of being re-housed and either continue to have an input with the family if they are accommodated in the locality, or alternatively, develop (with consent to share information) an exit strategy, which facilitates a smooth transition to other areas with Sure Start Children Centre services.

For further information please contact Eileen Houghton on **01253 651 190** or **enquiries.sstb@blackpool.gov.uk**

Working with temporary accommodation staff in local authorities

Temporary accommodation staff in housing departments should be encouraged to notify children's centres when new families are placed in temporary accommodation or when others are moved from one temporary home to another. This will enable children's centre staff to make contact with the family, which can be followed up with a visit or call and gradually built into a supportive relationship. Conversely, where children's centres have contact with families who may be at risk of homelessness and require housing assistance, they should refer the family to the local authority housing service.

Health and social services

Families and children who are living in temporary accommodation are at greater risk of health problems, and may require support in dealing with complex needs such as learning disabilities, substance abuse and depression, which can further compound their difficulties. It is essential to ensure that families are registered with a local primary care practice, both for ongoing care and so that contact can be made with their previous practice for information sharing purposes.

By working with health sector personnel, children's centres can offer a more rounded service. When health practitioners (such as health visitors) are conducting drop-in clinics, family support workers can for example meet parents and accompany them to the sessions. Children's centre staff should be aware that some people who have experienced homelessness may have mental health and addiction problems, and staff should be trained to recognise this and offer support, directing people to the appropriate service (see section 13 Mental health).

Some children of families in temporary accommodation may also be at increased risk of child protection incidents because of a lack of continuity and information transfer as they move around parts of the country. Children's centre staff should be given adequate training in how to recognise and refer children who may be at risk.

Case study 21.2

Co-ordinated strategy in Newcastle-Upon-Tyne

Newcastle housing department has three tower blocks used as temporary accommodation for families who have experienced homelessness consisting of 47 flats, two of which have been converted into a crèche and a children and young people's club. A multi-agency approach has been developed to support these families and their children. Funding comes from different sources, including Newcastle City Council Housing Department, the PCT, Children's Fund, and Westgate Children's Centre. The team includes a health visitor, housing support workers, a community psychiatric nurse, a mental health social worker and family support workers from the regional children's charity, Children North East.

The boundary of the local Sure Start has been extended to incorporate those living in the towers blocks, made possible by the establishment of the children's centre, which has increased the number of children reached by 30 per cent. Staff support families to access children's centre services whilst living in temporary accommodation and continue to provide a high level of support to maintain this link once resettled in their new community. Each package of support is tailored to meet the needs of individual families and ensures ongoing support to help them successfully remain in the community.

For more information, contact sylvia.copely@newcastle.gov.uk or lesley.hutchinson@newcastle.gov.uk

Relationship breakdown and domestic violence

A significant number of families placed in temporary accommodation will have lost their previous home following relationship breakdown; and many of these breakdowns may have involved domestic violence. Children's centre staff should be able to identify evidence of distress amongst children and parents – both men and women – as a result of domestic violence, and to offer assistance; through referral to helplines and counselling, or informal group support sessions, held at the centre itself. Children's centres should form links with families who are in temporary accommodation in refuges, as these are particularly vulnerable. Evidence suggests that not tackling this issue can result in anti-social behaviour problems amongst children further down the line.

The 24 hour National Domestic Violence Helpline provides advice to those who need it. Call them free on **0808 2000 247** (www.womensaid.org.uk). The Men's Advice Line and Enquiries (MALE) provides support for men in abusive relationships **0845 064 6800** (www.mensadviceline.org.uk).

Children's centres may also have a role to play in facilitating supervised parental contact between children and their separated parents, by running a child contact centre or working in partnership to enable another organisation to do so on their premises. Please see section 06 Parenting and family support, for more on child contact centres.

Respite

Respite care can be an extremely valuable opportunity to give parents a chance to spend time pursuing their own needs; whether educational and skills development, employment seeking, or housing related. Children's centres with childcare facilities can run crèches to support this purpose.

Shared activities

Some families in temporary accommodation may be living in uncomfortable, close quarters with little opportunity for children to play. Offering drop-in groups at centres can provide families with a refreshing escape where parents and children can interact in quality shared activities. The provision of a play library can give children who have likely lost their usual play things a chance to enjoy a range of toys.

Information

Clearly stated, relevant information about services that are available for families living in temporary accommodation should be displayed in children's centres. There are a number of agencies that offer leaflets, and telephone and internet based advice (see further information).

Good practice in service delivery

Training

The experience of homelessness can leave families feeling lonely and socially detached. In addition, some families may be distrustful of authorities, for example, if they have had negative experiences in the past. They therefore require a measured and sensitive approach. Staff should be given training in how to build effective relationships through consistent contact and open, informal discussion.

Specialist advice

Some people who have experienced homelessness, or are living in temporary accommodation, can benefit from specialist advice and referral to specialist services:

- ▶ parents with mental health difficulties (see section 13);
- ▶ teenage parent families (see section 15);
- ▶ minority ethnic families (see section 16);
- ▶ disabled parents (see section 18); and
- ▶ parents with drug or alcohol problems (see section 20).

Further information

- *The Vital Link: Preventing Family Homelessness* (2004), Community Practitioners and Health Visitors Association (CPHVA), www.cphvabookshop.com
- *Homelessness Strategies: a good practice handbook* (2002), from the Department for Communities and Local Government website, which also has other sources of advice, www.communities.gov.uk
- *Homeless Children: problems and needs* (1999), Vostanis, P. and Cumella, S., London: Jessica Kingsley
- Shelter UK, www.shelter.org.uk, and free housing helpline 0800 800 4444
- www.homelesspages.org.uk, a source of information about training and publications on homelessness.

Sure Start Children's Centres Practice Guidance

You can download this document from www.surestart.gov.uk

Copies of this publication can be ordered online at
www.teachernet.gov.uk/publications

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Annesley
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Textphone 0845 6055560
Email dfes@prolog.uk.com

ISBN: 978-1-84478-850-7

Please quote reference SSCC-PRACT2006

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Published by the Department for Education and Skills