

All Party Parliamentary Group on Children's Centres Call for Evidence January 2016

The APPG on Children's Centres held an inquiry into the future of Children's Centres, including their potential role as Hubs for local services and family support. The Group conducted a call for evidence to offer stakeholders the opportunity to feed in their views. The Group invited written submissions addressing the following points:

- What are the main advantages of delivering support to children and families through Children's Centres?
- What models and approaches do you think are particularly effective?
- What is your view of the suggestion that the provision of Children's Centres could be expanded into 'Family Hubs', otherwise known as 'Family Relationship Hubs', to include support for parents with older children and relationship support for partners and other family member, such as grandparents? What would be the advantages and disadvantages of this?
- How can Children's Centres improve collaborative working between different types of services? What do you think works well when we try to join up services through Children's Centres and what are some of the challenges?
- What are the key factors to ensuring that Children's Centres can provide effective support for children and families in the future?
- If there are particular examples of good practice that you would like to highlight, please also include details of these – if possible, please provide one specific example relating to one of the inquiry's four main themes (health and development, employment support and childcare, relationship support, supporting families with complex needs).

Written Evidence submitted by Family Action

Main themes covered: health and development, employment support and childcare, supporting families with complex needs

Family Action is a charity committed to building stronger families by delivering innovative and effective services to many of the UK's most vulnerable people. Its wide-ranging work includes:

- help for parents-to-be;
- the provision of high quality Children's Centres in deprived communities;
- intensive family support - often provided directly in the family home;
- counselling and emotional health and wellbeing services for vulnerable children and adults;
- relationship support for couples under stress;
- support for young carers;
- specialist therapeutic work with children and young people who have experienced abuse, bereavement or other traumatic events; and
- financial grants programmes for individuals and families in crisis.

Family Action helps 45,000 families every year across over 135 services. Its vision is that everyone who comes to the charity will receive the help they need to tackle their problems, whether they are experiencing poverty, disadvantage or social isolation.

Family Action is confident in submitting evidence regarding the advantages of, and issues currently facing, Children's Centres as we run over 20 Centres across England and therefore have first-hand experience alongside sound knowledge via our links in the sector.

What are the main advantages of delivering support to children and families through Children's Centres?

Children's Centres provide a unique range of holistic, integrated services across life stages. These provide a targeted approach and enable early intervention on a wide range of topics. **Importantly, effective Children's Centres provide support to the most marginalized, hidden and hiding families in a flexible, non-stigmatising way.** They break down barriers and engage otherwise hard to reach families.

What models and approaches do you think are particularly effective?

We find that peer support models are very successful within Children's Centres. We run peer support services focused on breastfeeding, perinatal/post-natal depression support, improving health outcomes, addressing obesity and supporting progress back into work.

Adult learning and programmes such as the Solihull Approach and TheraPlay are also effective.

Antenatal and postnatal services are particularly key and can be provided in a number of creative ways to engage a broad range of families. We have developed a Perinatal Support Service in our Children's Centres which works with families from before the baby is born to at least one year after. It is an early intervention, low intensity service for those with low-level diagnosed mental health issues or who are at risk of developing perinatal depression. The service is led by a professional project co-ordinator, with a health and social care background, and provided by team of volunteer befrienders who have experience of parenthood and sometimes have received help from the Perinatal Support Service themselves.

What is your view of the suggestion that the provision of Children's Centres could be expanded into 'Family Hubs', otherwise known as 'Family Relationship Hubs', to include support for parents with older children and relationship support for partners and other family member, such as grandparents? What would be the advantages and disadvantages of this?

We have seen that integration of other services within Children's Centres can be beneficial for families, and Family Hubs would therefore be valuable in this respect. For example, the integration of the 2 ½ year old developmental check with Children's Centre and other Early Years staff in addition to Health Visitors is a good screening opportunity for those that are falling behind. We also believe it would be beneficial to locate services such as Registrars in Children's Centres, rather than the town hall, in order to engage hard to reach and vulnerable families and show them what is on offer at the Centre. Providing families with a 'one stop shop' could also improve engagement with services that families would otherwise not access.

However, we believe that it is imperative that an expansion of Children's Centres into Family Hubs does not dilute the focus of service provision from the Early Years. The ante-natal and 0-2 year period is a critical time period in which to address issues that impact upon children's future outcomes. The workforce within Family Hubs must have the skills and qualifications to deliver a

strong 0-2 year old pathway offer in order for children's development outcomes to be maintained and higher future support costs to be avoided.

How can Children's Centres improve collaborative working between different types of services? What do you think works well when we try to join up services through Children's Centres and what are some of the challenges?

There are already many good examples of Children's Centres working collaboratively with other services, as well as being integrated with other services. We have had success with engaging employment providers and Job Centre Plus to provide support for parents to go back to work. We have also worked closely with Early Years teachers, both school and Centre-based, we have developed a number of joint initiatives including transition groups for 2½ year olds and/or children who are already accessing Nursery Education Grant places. Collaborative working works well when all services understand each others' key priorities and outcome requirements.

In terms of challenges, there are still issues concerning data sharing that must be improved and ensuring that children are registered with Children's Centres. A critical ingredient for Children's Centres is the ability to collate and analyse purposeful evidence to measure outcomes and plan services. However, there is often a particular problem with data sharing from the health sector. Clear data sharing protocols are required and we are keen to impress that Local Authorities and Public Health Directors need to work to refresh these. Children's Centre leaders also need clear guidance and support from Local Authorities to better analyse data.

There can also be problems around 'professional status' - with Children's Centre workers feeling they are seen as having 'lower status' by health professionals such as midwives and health visitors. This certainly acts as a barrier to collaborative working.

What are the key factors to ensuring that Children's Centres can provide effective support for children and families in the future?

- Many Children's Centres are now being closed or clustered in order to reduce costs; however, it is difficult to know how effective and sustainable this will be long term. Families that have already developed a relationship with their local Centre may disengage when Centres are clustered, especially if the new Centre site is no longer as close to them and therefore requires them to travel. Clustering Centres is likely to make it more difficult to provide services equitably across locations, therefore making it more difficult to reach all vulnerable children. This will have knock-on effects in the future - as greater numbers of children will not have received the support required to prevent developmental delays and ensure that they are ready to learn. This, inevitably, will impact negatively on their long term life outcomes.
- Funding cuts also mean that targeted services will need to be prioritised ahead of universal in order to continue providing an effective level of support.
- The mental health of parents needs to be understood and supported in order to maximise the outcomes achieved for children. For example, the South London Child Development Study conducted from 1986-2012 with 204 women found that children of mothers who suffered postnatal depression are 12 times more likely to have Statements of Educational

Need by the end of their Primary School years. The identification of those affected by depression is therefore extremely important to ensure that the child also receives extra support as soon as possible.

- Engaging fathers remains a big challenge for Children's Centres. Most Children's Centres close by 17.30, before many dads are home from work/education/seeking employment. It is important that we address the father's relationship with their child, even if they do not live in the family home, as they are a primary educator. Children's Centres can break down barriers if the service delivered is right. There is an immediate need to collate and share best practice around engaging and working with fathers in Children's Centres.
- There is a lack of training and professional development available to Children's Centre staff, coupled with a reduction in the number of qualified Early Years teachers which a Centre can afford to employ. Children's Centres are at their most effective when they have good leadership and staff. Previously the Sure Start programme included funding for qualified Early Years teachers, which ensured quality provision was available via their input into group supervision, observation and assessments, as well as their role as a link to primary and nursery schools. Qualified Early Years teachers play an important safeguarding role via this oversight of other staff; this resource is now spread too thinly. We need to safeguard the quality of Early Years teaching. There is not just a lack of qualified teacher time, but also a lack of spare time for staff to attend training because budget cuts have often left staff teams stretched. Funding is required for sessional staff to backfill the posts so that staff can attend training on attachment theory and child development. The National College for Training and Leadership used to provide training for Children's Centre leaders but funding for this was scrapped at the end of 2014. This lack of investment in leadership is short sighted, as leaders are under such pressure to do more with less. It is not imperative that exactly the same course should be reinstated, but some form of recognised leadership training provision is required. Children's Centres are a statutory provision like schools, and as such the leadership training available should be on a par with that provided to headteachers.

If there are particular examples of good practice that you would like to highlight, please also include details of these – if possible, please provide one specific example relating to one of the inquiry's four main themes (health and development, employment support and childcare, relationship support, supporting families with complex needs).

Health and Development: The Nottinghamshire Home Talk model is excellent. The Speech and Language Therapy Service trains Children's Centre staff to provide an assertive outreach model to parents in their own homes to improve communication, language and literacy. It is evidence based with referrals received from the Health Visitor two year old assessment.