Children's Centres: An English Intervention for Families Living in Disadvantaged Communities

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Abstract

The role of the parent has been clearly defined in the literature as having a positive influence on children's emotional, behavioural and educational development, more so than other factors such as maternal education, poverty, peers socio-economic status and schooling (DfES in Every child matters (Green Paper). DfES, London, 2003; Desforges and Abouchaar in The impact of parental involvement, parental support and family education on pupil achievement and adjustment. A literature review. DfES, London, 2003). Supporting the capacity to parent is of prime interest when considering how to improve opportunities for the most disadvantaged families and their children. This chapter focuses on one particular English intervention entitled the 'children's centre'. Drawing on international literature and definitions of parenting support, this chapter will explore some of the research evidence collected by the Evaluation of Children's Centres in England (ECCE) study which focuses on how children's centres conceptualise, choose and deliver parenting and family support services to families. A number of characteristics of effective interventions have been identified within the literature as having the greatest impact on improving child outcomes (Glass in Child Soc 13(4): 257–264 1999; Sure Start in The aim of sure start. http://www.surestart.gov.uk, 2001; Johnson in Impact of social science on policy. http://www.esrc.ac.uk/_images/Sure_Start_final_report_tcm8-20116.pdf, 2011). These include the following: a two-generational focus that targets both the parent and child together; multifaceted approaches that include amongst others, enhancing family relationships; services which are non-stigmatising, lasting long enough to make a difference, locally driven, culturally appropriate, sensitive to user needs and centre-based. This chapter will explore these findings in order to address three research

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questions: (1) *Who are children's centres serving?* (2) *What are children's centres doing?* and (3) *How are children's centres approaching their work*? The chapter will conclude with policy implications and future directions for programmes that share similar characteristics to English children's centres.

Historical Overview and Theoretical Perspectives

The role of the parent has been clearly defined in the literature as having a positive influence on children's emotional, behavioural and educational development, more so than other factors such as maternal education, poverty, peers socio-economic status and schooling (DfES 2003; Desforges and Abouchaar 2003). Children of families living in disadvantaged circumstances are often referred to as 'at-risk' because they are considered to be at increased risk of 'learning delay' while their parents are perceived to be in greater need of interventions to enhance their child's life chances.

The English model of parenting support conceptualises 'at-risk' families broadly as those in need of parenting support to improve their child's developmental and learning outcomes; and those demonstrating a number of risk factors (Evangelou et al. 2008). Risk factors might include a lack of self-esteem or confidence as a result of isolation (geographical, economic and social), poor housing, ethnic minority status combined with low income, a lack of awareness of their needs, barriers in communication (literacy and additional language needs), and health issues (mental health). Parental life trajectories are also a contributing factor to family vulnerability in terms of drug or alcohol abuse, domestic violence and child abuse; or their transient lifestyles (traveller communities). 'At-risk' families have been the focus of parenting support in England for many years as demonstrated through a government initiative entitled the Sure Start Children's Centres programme.

Sure Start Children's Centres aim to provide integrated services (e.g. health, education, welfare) for all young children up to the age of five,

and their families. They have a long history dating back to 1999, and at their peak in 2004 a network of 3500 were in operation. A complex multi-layered evaluation, *the Evaluation of Children's Centres in England* (ECCE: 2009–2017) was commissioned by the Department for Children, Schools and Families (DCSF, now Department for Education: DfE), and led by a consortium of three organisations: NatCen Social Research, the University of Oxford and Frontier Economics. This chapter will explore some of the ECCE findings against features known to be characteristic of effective family interventions in the literature. In particular, this chapter will address three research questions: (1) *Who are children's centres serving?* (2) *What are children's centres doing?* and (3) *How are children's centres approaching their work*?

The chapter will first address definitions of parenting support, and family/parenting support programmes that provide the basis for practices used in English children's centres. It will also briefly consider national and international parenting policies and services to enable the readers to understand how children's centres compare to programmes developed in other countries. Research evidence collected by the ECCE study will have implications for policy and future directions for programmes that share some of the characteristics of the children's centres.

What Is Parenting Support?

Given the importance of the parental role on children's development, early interventions for children frequently position their focus on parenting when attempting to reduce later effects of disadvantage (Goff et al. 2012). More recently, parenting support has been considered a social investment to promote children's health and

well-being, improved behaviour, and school achievement (Molinuevo 2013). The definition, availability, and offer of parenting support vary greatly across different countries and communities, and are influenced by societal priorities (Moran et al. 2004; Molinuevo 2013). In this chapter, we use the definition of parenting support offered by Evangelou et al. (2014, p. 1), which was drawn from a definition first posited by Pugh et al. (1994) and Smith (1996).

> A range of measures which support parents in their efforts to socially and culturally adjust to their surroundings, access appropriate economic resources and services, understand the social, emotional, psychological, educational, and physical needs of themselves, their children, and their families as a whole, and engage families with their communities.

While definitions of parenting support vary, there are similarities regarding intended users and needs, and the aims of the services on offer (Evangelou et al. 2014; Molinuevo 2013). The type of parenting support is dependent on country-specific opportunities, cultural priorities and constraints. Countries face similar challenges regarding their offer of parenting support, including *service uptake* (parental reluctance to engage with services due to associated stigma; low rates of father involvement); *service delivery* (varied staff job roles; high staff turnover and prioritisation of evidence-based programmes; and *service evaluation* regarding study designs and difficulty to establish control groups (Molinuevo 2013).

The 'ecological perspective' of human development described by Bronfenbrenner (1979) is often taken as a starting point when conceptualising parenting support. He described it as being akin to a nested structure such as 'Russian Dolls' (1994). When considering the development of a child, five systems shaping a child's development exist: microsystem, meso, exo, macro and chronosystem. Moran et al. (2004) recognised that parenting support typically caters towards the *microsystem* layer of the child, supporting their relationships with immediate family, parenting and individual characteristics. By focusing parenting support initiatives specifically on a child's *microsystem* there is

little consideration of more distal ecological factors such as their social environments, lifestyle, culture, community, and wider family. The parenting support intervention on which this chapter focuses takes a more holistic view to family support. The *Sure Start Children's Centre* programme considers distal elements of the child's ecological system alongside their immediate environment, including services to tackle family poverty, community integration, physical environment and housing, parental education and employment, and family relationships.

One way of reconceptualising parenting support is to place the parent, instead of the child, in the centre of the Bronfenbrenner model and consider the importance of parental needs in terms of their relationship with their child as well as with other adults. One dimension explores and supports how parents interact with their own child. The other dimension addresses the personal needs of parents, their role as a member of their local community, and their relationship with their partners. Parenting support is offered in multiple ways across the international spectrum, and parenting programmes or family interventions are a common means of offering such support. Other countries embed parenting policies or practices within their daily provision of services to children and families, to enable parenting support to reach greater numbers of families. Both methods of intervention will now be addressed.

Parenting and Family Support Approaches

A parenting programme is a well defined course of work aiming to support varied concepts and dimensions of parenting with clearly delineated principles and aims: it is focused on supporting parental understanding and enhancing awareness, underpinned by a set of implicit or explicit underlying theories that typically utilise a number of different strategies with both short and long-term outcomes for children and/or parents. Often such parenting programmes are referred to in the literature as parenting interventions and the terms are used interchangeably here. There

appear to be commonalities in the target recipients of parenting interventions, in the foci of their offer and in the ways that the services are delivered. A number of programmes in the US and Canada support families with children aged under five, families living in poverty or in low income, young or first time parents, or families defined as being most 'at-risk' (for example the STEEP programme in the US (Erickson et al. 1992); Nobody's Perfect in Canada (Kennett and Chislett 2012); and Head Start in the US (ECLKC 2014).

The delivery of parenting support also varies internationally, with some programmes focusing on the parent-child dyad (STEEP); some on parenting development and wider family need (Nobody's Perfect); and others more heavily on child development (Head Start). Other models used internationally include parental peer support (REAAPS in France; Daly 2013), individualised parenting support through universally accessible services (Denmark, France, Germany, Italy and the Netherlands; Bobby et al. 2009); standardised parental support interventions (for example, Triple P, HIPPY and the German PEKiP programme), and area based support (Welsh Flying Start centres; Knibbs et al. 2013).

Parenting support is often embedded within the mainstream services of a country, and offered through a mix of overarching policies, universally accessible services and country-specific priorities and restraints. Examples of national approaches to parenting support include parenting advisory groups, research centres or national organisations, or institutions which support the development of future policy and parenting frameworks (for example, the CICC in the US (Alvy 2005); national parenting and family support bodies in France (Molinuevo 2013)).

The United Kingdom takes a strong interest in parenting support (and specifically on improving parenting practices) as a route to narrowing the gap in child outcomes between rich and poor, or those from a majority compared to a minority, background. The emphasis is commonly on reaching the most disadvantaged families, driven by a policy discourse suggesting that inadequate parenting will have an influence on poorer outcomes for children, as opposed to limited financial resources (Field 2010; Allen 2011). England was described by Daly (2013, p. 164) as having "the most elaborate architecture anywhere for parenting support". A number of institutions were in place including the existence of a National Academy for Parenting Practitioners which focused on professional development of practitioners (although this has since closed); a Family and Parenting Institute; and a national network of children's centres which are the focus of this chapter.

There is recent widespread international interest in the use of standardised 'evidence-based' programmes for parenting support and family intervention, although definitions and terminology of what constitutes 'evidence' vary by discipline (Williams-Taylor 2007). Many authors agree that robust scientific research methods such as evaluations using experimental designs (Randomised Control Trials: RCTs) and longitudinal evaluations should be conducted to test the sustainability and replicability of outcomes (Williams-Taylor 2007; Moran et al. 2004; Seibel et al. 2011). Moran et al. (ibid) however recognise that RCT designs are not well-suited to evaluating particular programmes (such as community-based parenting support) due to a lack of matched comparison groups or ethical reservations; and may be at the detriment of discarding promising practices (Molinuevo 2013).

The use of rigorously evaluated programmes with replicable outcomes has become more apparent with increased interest in the area. Well-evidenced parenting programmes and interventions have been promoted in the US since the early 1960s (Nurse Family Partnership, HighScope, Incredible Years and Parents as Teachers) (Williams-Taylor 2007; Small and Mather 2009). Interest in evidence-based programmes is similarly high in the UK: a Government report was commissioned to identify promising early interventions for children against strict criteria and standards of evidence (Allen 2011). The defining characteristics of an evidence-based programme include an evaluation that has been peer reviewed by knowledgeable

experts, an endorsement by a respected governing agency with inclusion on their list of effective programmes and different ratings of effectiveness (Seibel et al. 2011; Huser et al. 2009).

Sure Start Children's Centres: A Community-Based Intervention in England

A major review in 1998 found that families tended to be poorer when children were very young, and that early poverty had lasting effects into adulthood (Glass 1999; Wagmiller and Adelman 2009). Sure Start Local Programmes (SSLPs) were established in England in 1999, and were area-based; that is, located in the most disadvantaged areas across England but open to all families with children aged four and under in that area. They aimed to follow the UK parenting agenda of narrowing the gap in outcomes between poor children and their more affluent peers, through the provision of new services for families and integration with existing public services. The centres bore a close resemblance to the earlier community-based family centres, aiming to integrate early education, childcare, healthcare, and family support services while preparing children to be academically, socially, and occupationally successful in their adult lives (Melhuish et al. 2010a, b).

In 2004, SSLPs were revised towards a network of 3500 children's centres across England, with the aim of one per community. The initial goal of children's centres resembled the original SSLPs: to provide integrated services (e.g. health, education, welfare) for all young children up to the age of five, and their families. In 2005, early findings from an evaluation of SSLPs suggested that benefits were greater for *moderately* disadvantaged families than for more *severely* disadvantaged families (Melhuish et al. 2005). As a result, children's centre aims were further revised to follow a 'core offer' of services: information and advice to parents; open-access sessions; outreach and family support; child and family health services and access to specialist services; links with *JobCentre Plus*

for training and employment advice; and support for local childminders. Centres in the 30 % most disadvantaged areas were additionally required to offer early education and childcare.

The original 'core offer' of services which centres were tasked to provide in 2005 was revised yet again in 2012 towards a 'core purpose', which removed the requirement for centres to support parents in finding employment, or early education and childcare for their children (Department for Education 2013):

> …to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.

The children's centre programme can be considered as following a *risk and protection-focused prevention model*, as it aims to tackle both the *risk* factors associated with later undesirable outcomes (such as poverty, poor home learning environments and poor parenting) as well as enhancing *protective* factors which are consistently associated with positive outcomes in later life (such as stronger families and social networks, healthy neighbourhoods and higher employment: France and Utting 2005). Evangelou et al. (2008) suggest early intervention to be an important element of successful preventative work; and high economic returns of early intervention have been recognised for promoting school, reducing crime, workforce productivity and reducing teenage pregnancy (Heckman 2008). Children's centres feature a number of characteristics which are common of preventative programmes: their community-based nature, their aim to increase community capacity and partnership, their target audience of economically deprived families, and their use of 'evidence-based' work (France and Utting 2005).

Building Evidence and Knowledge from Other Evaluations

Evaluation findings from similar community-based programmes in the United States have been mixed. Programmes aimed towards children

classified as 'at-risk' such as Head Start, have generally shown positive impacts in the short term on increased IQ (Barnett and Hustedt 2005). A study carried out with families who were randomly assigned to Head Start treatment and waiting-list groups showed that children in the Head Start group were quicker to improve on receptive vocabulary and phonemic awareness than children in the comparison group; and children in the Head Start treatment group were significantly more likely to have parents address their children's health needs (Abbott-Shim et al. 2003). Results concerning the longer term outcomes of Head Start however vary, suggesting that there may be differences due to variations in populations, programmes and context across different evaluations (Barnett and Hustedt 2005).

A number of family-based intervention programmes in the UK have demonstrated benefits for families through their evaluations. For example, the National Evaluation of Sure Start (NESS) evaluated the original SSLP programme (from which children's centres were drawn) using an integrated cross-sectional, longitudinal design. The NESS evaluation intended to examine any effects of SSLPs on children, families, and communities, and any conditions under which Sure Start was most effective in improving outcomes (NESS Research Team 2012). NESS had a number of strands including implementation, impact, local context analysis, cost effectiveness and support for local evaluations. Within the implementation strand, a number of sub-studies were carried out to investigate the parenting focus of SSLPs: empowering parents; fathers; employability of parents; maternity services; outreach and home visiting; black and minority ethnic populations; and family and parenting support.

The impact strand of the NESS evaluation addressed parenting and family outcomes at the ages of 3, 5 and 7. For the parenting evaluation, the NESS team found some evidence towards SSLP parenting support programmes being effective when 'good practice' was apparent (Barlow et al. 2007). The impact study (Melhuish et al. 2012) followed over 5000 families of 7 year olds (also studied at 9 months; 3 and

5 years old) in 150 SSLP areas. A few positive effects of SSLPs related to improved maternal wellbeing and family functioning were displayed within the families of 7 year olds. Lone parent families and workless households were reported to have greater life satisfaction, and families of 7 year old boys were reported to have a less chaotic home environment. SSLPs were also associated with families engaging in less harsh discipline and providing a more stimulating home learning environment. There were, however, no effects on child outcomes such as "school readiness" (their cognitive, social and socio-emotional development) and positive effects regarding child health outcomes were only visible at age five (lower BMIs and better physical health: Melhuish et al. 2010b).

An evaluation of the Welsh Flying Start intervention compared parents living in Flying Start areas (more disadvantaged areas) to parents living in matched comparison areas (relatively less disadvantaged). The evaluation suggested that the Flying Start programme might have been successful in bringing families in disadvantaged areas up to the conditions experienced in relatively less disadvantaged comparison areas (Knibbs et al. 2013). Families in Flying Start areas reportedly had better awareness of parenting and language support programmes, better contact with health visitors, and more confidence as parents. There were however no statistical differences between the two areas when considering key parent outcomes (parental behaviour regarding child immunisation rates, parenting self-confidence, mental health, or home environment) or child outcomes (cognitive and language skills, social and emotional development and independence, self-regulation) (Knibbs et al. 2013).

Current Research Questions Addressed by This Chapter

Guidance regarding effective interventions in the UK is fairly limited. UK family interventions (Sure Start and Flying Start) have demonstrated significant improvements to family functioning,

health and well-being, showing that interventions can develop parents' understanding of child behaviour and development. Importantly however, evaluations of such UK interventions have not shown any long-term improvements to child cognitive outcomes (Melhuish et al. 2010a; Knibbs et al. 2013). Indeed, evaluations of a similar community-based intervention in the US (Head Start) have shown mixed long-term effects on child outcomes.

A number of characteristics of effective interventions have been identified within the literature as having the greatest impact on improving child outcomes and were discussed within a UK comprehensive spending review (CSR) (Sure Start 2001; Johnson 2011). Characteristics of effective programmes include the following: a two-generational focus that targets both the parent and child together; use of multi-faceted approaches that include, among others, enhancing family relationships; provision that is non-stigmatising, locally driven, culturally appropriate or sensitive to user needs; and centre-based provision. This chapter will explore these findings in order to address three research questions: (1) *Who are children's centres serving?* (2) *What are children's centres doing?* and (3) *How are children's centres approaching their work*?

Research Methodology

The evaluation comprised of five sub-studies: a survey of children's centre leaders; a survey of families using children's centres; visits to the children's centres to evaluate their service delivery; the impact of children's centres and a cost-benefit analysis. The study had a nested evaluation design, with children's centres participating in a large survey of over 500 children's centres leaders, being used to draw samples for the remaining four sub-studies.

The data reported within this chapter is taken from visits to 121 children's centres across 2012 and 2013, drawn from the first two phases of children's centres and located in the 30 % most disadvantaged areas of England. The evaluation used a mixed methods approach and collected data via questionnaires, interviews with staff and parents, documentation review and rating scales.

Empirical Findings

ECCE researchers conceptualised *parenting* and *provision for parents* within children's centres by placing the parent as the central focus. Researchers recognised that children's centres provide a range of services which address the wider needs of families (moving from the parents' immediate situation towards larger needs or societal demands). Figure 1 displays how ECCE researchers categorised children's centres support for families according to their parental needs; taking a more holistic view of other individuals in their lives. There are four *areas of parental lives* that are described within the model: two of these represent needs which relate to individuals that are close to them, i.e. children and family/partners, and two reflect the parent as an individual, i.e. in terms of their own personal needs and their community.

Who Are Children's Centres Serving?

Children's centres were targeting many of the 'at-risk' groups focused on by other international parenting support programmes, while keeping in mind UK Government guidance focusing their work on *families in greatest need*, *child development and school readiness* and *health and life chances*. Effective interventions are known to take the parent and child together as a focus (Sure Start 2001; Johnson 2011), and children's centres included both parents and wider family members in their approach towards intervention. Importantly, children's centres were also clearly moving beyond the child's *microsystem* of individual, parental and family needs to consider the needs of both the child's *mesosystem* and their *exosystem* (factors associated with the family location and neighbourhood characteristics).

Children's centres were reaching both extremely vulnerable and targeted families (for
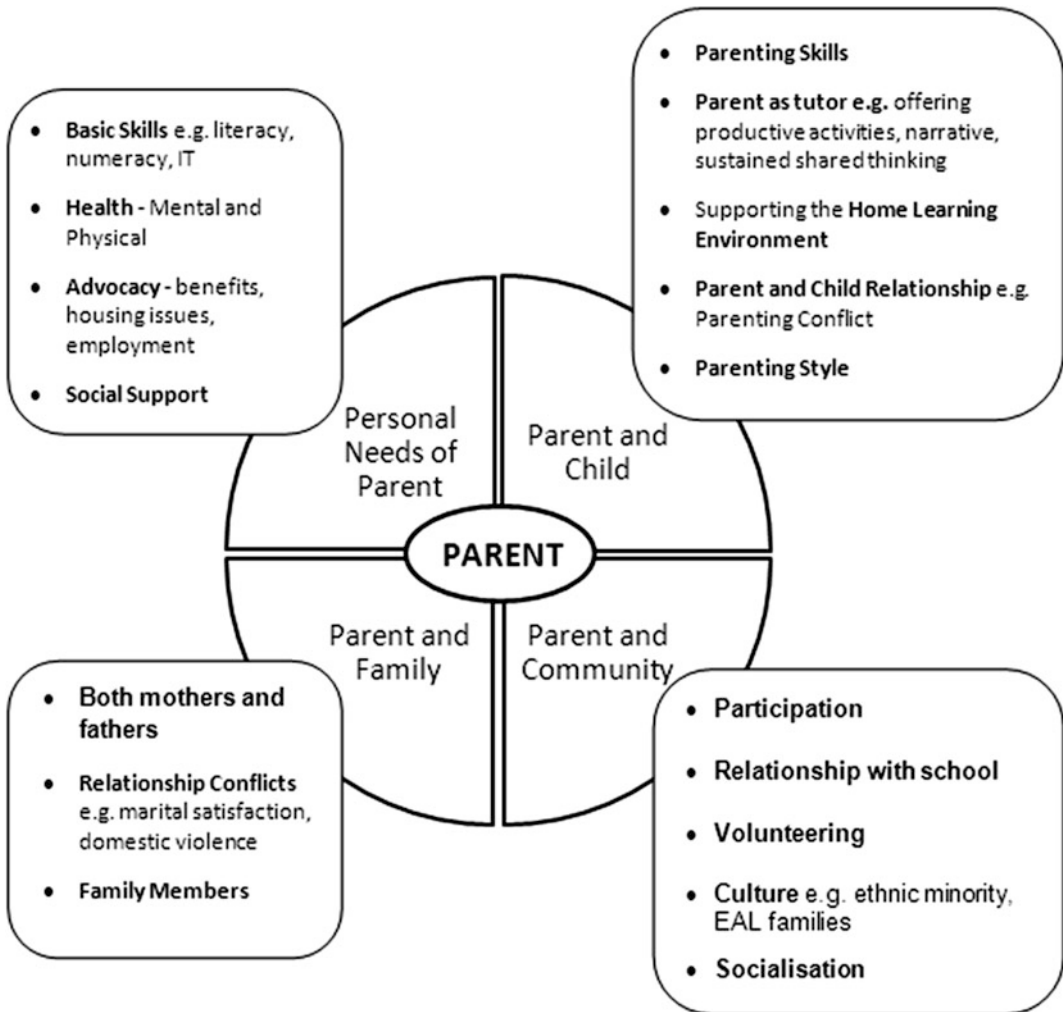
Fig. 1 'Model of parental needs' which may be targeted by children's centres (reproduced from Evangelou et al. 2014)

example, those on care plans which were part of the legal system), as well as less vulnerable families with particular needs. Lone parent families were reported most frequently, along with young parents, fathers, minority ethnic families living in poverty, or those from other cultures, and extended families. Deprivation and poverty was a frequent feature of family lives. Staff were interviewed from children's centres located in the most disadvantaged areas of England and therefore it was of little surprise that centres often aimed to provide services for *all* families in their area, offering open-access services to '*get*

families in' and support any families with needs. The nature of area deprivation meant that a number of families were living in geographical isolation, experiencing a lack of socialisation and reduced support networks, and often living in unsuitable or temporary accommodation. Families were described as facing issues such as substance abuse and obesity; or living in areas of multi-culture, gang culture, rurality, and poor transport.

Looking beyond the needs of the child's *microsystem*, staff recognised that a holistic offer of provision must first tackle parents' immediate

needs (which can have a substantial impact on the quality of life for the child) before supporting their parenting role. In particular, staff recognised the need for parents to develop parenting skills and to become more knowledgeable about their child's development. Focusing more on the distal elements of the child's ecological system and moving away from the individual, staff were focused on the complete holistic ecology of the child's environment, and aware of the vast range of issues that need to be considered to support child development such as family poverty, location, parental education and security.

What Are Children's Centres Doing?

Children's centres in 2012 were offering a range of services centred on both the child and their family (parents and extended family). These services were largely consistent to those offered within children's centres in 2011 (Hall et al. 2015). Some of these services focused on adults' needs and skills, while others focused more strongly on the child or capacity-building in the community (Goff et al. 2013).

The Parent and Child Microsystem

Effective interventions tend to concentrate on enhancing family relationships through the provision of practical guidance on parental attachment, sensitivity and responsiveness to the child (Sure Start 2001). In line with Moran et al.'s (2004) findings that parenting support programmes commonly focus on the *microsystem* of the child, centres placed the greatest importance on targeting services towards the needs of 'parents and children' as a unit, which reflect more traditional conceptualisations of parenting support, specifically, the improvement of parenting skills and the parents' ability to look after their child. As shown in the ECCE *model of parental needs* (Fig. 1) ECCE researchers envisaged parent and child needs to include parenting skills, supporting their role as their child's first educator, developing a more supportive home learning environment, improving the parent-child relationship and parenting style. Centres provide a

number of services for children and families to access together (i.e. stay and play groups), along with positive parenting opportunities (developing attachment and positive interactions).

Multi-faceted Approaches

There was substantial variation in terms of the level and type of support offered, with centres offering a combination of generalised and personalised information, personalised support, and centre sessions, catering their level of support to meet the needs of attending parents. Children's centres offer a great variety of services targeting both parent and family needs including services aimed at partner emotional support (i.e. advice and support regarding separation, domestic violence and anger management), improving children's health and lifestyle, and family services (such as outreach or home-based support, and groups for fathers). This holistic approach follows the finding that effective early interventions are known to be multi-faceted and target several factors (Kumpfer 2009; Johnson 2011). The approach also supports more distal child ecology including family poverty, community integration, physical environment and housing, parental education and employment. Moran et al. (2004, p. 20) note that "few services are able to tackle directly the background to many problems—poverty, lack of community integration, degraded physical environments, inadequate education, poor housing": yet this is exactly what children's centres aim to accomplish. Children's centres recognise that children should be supported to live in a secure and safe home environment (before considering immediate parenting needs), and that families often face a multitude of complex intertwined difficulties.

Evidence-Based Intervention

The importance of using well-evidenced interventions has been clearly documented within the literature as a basis for replicating positive outcomes within controlled environments. ECCE researchers understood evidence-based programmes to mean those which met the strict standards of evidence and evaluation set down in a Government report by Allen (2011), which was

taken as a guide for which programmes had rigorous research evidence, often through randomised control trials, for effectiveness. There was widespread use of well-evidenced programmes across the sample of children's centres between 2012 and 2013 (with centres particularly offering Incredible Years, Triple P and Family Nurse Partnership). Indeed, over half of the age-appropriate evidence-based family programmes defined by Allen (2011) were reported by staff as being implemented by these children's centres. The well-evidenced programmes however, differed in terms of their aims and the degree to which they were implemented with fidelity (Sylva et al. 2015).

The widespread offer of evidence-based programmes was alongside recognition of other promising practices (a challenge reportedly faced by other countries when planning parenting support; Molinuevo 2013). Children's centres staff reported implementing a wide range of other 'named' programmes which were deemed suitable for their families (for example Baby Massage, Every Child a Talker and the Solihull Approach) even though the evidence for their effectiveness was less secure as the programmes identified by Allen (2011).

Children's centres appear to be a successful vehicle for providing families with access to evidence-based family interventions and parenting programmes, a popular method of parenting support across a number of countries.

How Are Children's Centres Approaching Their Work?

Children's centres were using a wide range of supportive strategies with families. ECCE researchers recognised that the supportive strategies resembled and were heavily focused on the 'Opportunities, Recognition, Interaction and Model' (ORIM) framework developed by Hannon (1995), which positively acknowledges ways in which parents support their children's learning, and how staff might be working with the families. Staff from the majority of centres reported examples of providing *Opportunities* for

the parents (awareness of a variety of activities for use with their children, support to improve their financial situation, and employability); *Modelling* of learning strategies and dispositions from adults (for example parenting skills, cookery skills and health advice); *Interactions* with other adults and children (encouraging social interaction and trusting relationships); and finally *Recognition* and valuing of their early achievements (including praise and encouragement). Additional strategies used with parents included encouragement (presenting a welcoming, supportive, accessible and inclusive environment; developing independence, responsibility and participation); parental empowerment; focusing on meeting individual needs and providing information and knowledge.

In contrast, the ORIM framework was not so apparent in the examples of supportive strategies that staff used with children (which focused more on meeting their individual needs and improving their environments). Centre staff particularly spoke of providing *opportunities* for children to learn; developing school readiness (including early language skills, social skills, appropriate behaviours and adjusting to separation); facilitating *interaction* with adults in learning situations (for example, to enhance the parent-child relationship); individualised experiences (ensuring child activities are age, ability and child-led); creating supportive environments (relaxing, friendly and accessible); and lastly, *role-modelling* (from other children and adults).

Non-stigmatising Services

Moran et al. (2004) describe a distinction between 'universal' interventions (those aimed at less severe parenting difficulties and available to whole communities) versus 'targeted' interventions (those aimed at more complex parenting difficulties and specific individuals deemed to be most 'at-risk'). 'Progressive universalism' is noted to be a more effective method of delivering intervention, as this allows everyone to access support but reserves targeted support for the most 'at-risk' families (Molinuevo 2013). Boddy et al. (2009) identified four levels of accessibility in parenting support: (1) support embedded within

universal services; (2) support activated as part of a universal service; (3) universally accessible support; and (4) targeted specialist support.

Children's centres are one of the main vehicles for ensuring that integrated and good quality family services are located in accessible places and are welcoming to all; as such centres typically offer services at all levels of Boddy et al.'s accessibility model. Open-access family services such as Stay and Play (where parent remains in charge of their child but both adult and child can experience a rich array of resources in the context of other families and child care staff) is both an open-access service as well as a means to engage and support targeted families. Stay and play is used to identify hidden family needs which might be prohibiting centres from carrying out successful parenting support; and to support and model appropriate parenting strategies. Centres often use open-access services such as stay and play as a means to implement 'progressive universalism' i.e. staff signpost or refer families to other services as more immediate needs become apparent, and staff offer a targeted package of family support and outreach in homes when families are identified as having the greatest needs.

A common challenge for parenting support is how to engage parents who are reluctant to attend an intervention, due to associated stigma and concern about being labelled as a 'bad parent' (Molinuevo 2013). Services which are non-stigmatising and avoid labelling are said to be most effective (Sure Start 2001; Johnson 2011). Children's centres aim to break down parent and family barriers which make it more difficult for families to attend, by building up trust and reassuring parents that they will not be 'judged'. Children's centres are also known for their welcoming open-access approach and non-stigmatising nature: however, during the period of children's centre data collection reported in this chapter (2012–2014) there was a clear shift in focus away from open-access services towards more targeted work with a narrower focus on vulnerable families with very complex needs (Hall et al. 2015; Sylva et al. 2015). This streamlined targeting was in line

with the revised core purpose for children's centres (DfE 2013), which specified that children's centres were now required to reduce inequalities for families in greatest need. Children's centre staff were concerned that a reduction in the availability of open-access services might mean that families with more preventable lower-level needs may not receive any help, due to their ineligibility to access the service, or the withdrawal of open-access services (Sylva et al. 2015). This was a clear tension for centre staff who recognised the importance of their open-access work for all families in the community but also for encouraging reluctant or excluded families, making centres more accessible, and reducing stigma.

Locally Driven Interventions

Effective family interventions are often locally driven, taking into account parent and local community consultation (Sure Start 2001; Johnson 2011). Children's centre staff were able to consult with centre families through parent forums and feedback channels, evaluating this information against their current provision and the needs of local families. It was more challenging for centres to consult with parents who were not yet involved with centre services due to their relative invisibility: those centres who were most successful at parent consultation were able to actively consult potential families through local surveys, and maintained good links with health visitors and midwives carrying out new birth visits (taking this as an opportunity to locate non-attending families: Goff et al. 2013). Children's centres considered the needs of their local community through the delivery of a range of services targeted towards local needs, and a multi-agency response that drew upon signposting and referrals to local agencies. Staff built links with their communities by consulting with other organisations, visiting the community, seeking new venues for services and developing community outreach and events. Children's centres were also offering a variety of opportunities for parents to get involved in the running of their centre and feel empowered: parents attending these children's centres were most

likely to volunteer as a playworker during centre sessions, and volunteer at community events.

Centre-Based Intervention

Brooks-Gunn (2003) suggested that centre-based programmes report positive results over home-based programmes. The primary course of service delivery for children's centres was originally intended to be a centre-based 'one-stop-shop' for services in disadvantaged communities (noted by Boddy et al. 2009 as the 'come'-structure in Germany). While children's centres do offer a range of services on their centre site, they also balance this with more targeted services in the home (the 'go'-structure) which are known to be successful for improving access to hard-to-reach families, in line with the revised core purpose of the children's centre intervention (Boddy et al. 2009).

Universal Versus Culture-Specific Mechanisms

The children's centre intervention is innovative given that it displays a number of characteristics known to be associated with effective interventions as well as a range of mechanisms used within parenting support interventions internationally. This section will address 'universality' which can be seen as a mechanism of both *what* and *how* services are offered: this will be discussed in relation to the idea of cultural-specificity as a characteristic of effective interventions. It will argue that the dichotomy drawn between universal and culturally specific mechanisms in terms of children's centres work is a false dichotomy.

There are two levels to universality which are relevant to children's centres. The first regards *what* makes a service universal, specifically in terms of the *availability* and legal entitlement of an intervention or service open to all families (for example, schools and health services). The second details *how* services can be universal in terms of their *accessibility* for attending families, for example through accessible course materials and service structure. In terms of the *availability* of universal provision, children's centres provide

a number of services which follow 'progressive universalism' in that they are open and non-stigmatising for all families, but also aim to engage and support the more targeted families. The ECCE study however argued for the term 'open-access' as opposed to 'universal' services, as children's centres were intended to be available to local families in the most disadvantaged areas (rather than universally in every community), and were 'open' primarily as a means to avoiding stigma and reaching families on the cusp of disadvantage who needed some form of support (Sylva et al. 2015). Regarding *accessibility* to universal services, children's centres aimed to ensure open-access provision was available to the most disadvantaged or minority families in multiple ways. The vast majority of centres were able to provide translation services during centre sessions which allowed families (from a variety of backgrounds) to interact and engage with others during the same session while receiving identical information and activities. Leaflets (such as centre timetables) were often available in other languages.

A characteristic of effective interventions is that they are culturally appropriate to individual families and sensitive to their needs (Sure Start 2001; Johnson 2011). Children's centres are recognisable for the plethora of services which they offer towards a wide range of family, child and parental needs and their varied manner of delivery according to the needs of individual families. What is offered through children's centre services is carefully chosen by staff in order to meet the needs of the local community, and is sensitive to the accessibility needs of individual families. While the majority of centre resources were spent on families with young children or those with specific needs (for example, young parents, lone parents and workless households), a moderate amount of centre resources were also targeted towards Black and Minority Ethnic (BME) communities and parents with limited English language skills. Many children's centres in the sample offered translation services and signs and leaflets in non-English languages. There were also sign-language sessions and specialist groups for particular minority ethnic

families or for fathers. The majority of centres reported that they focus their work on the individual needs of each family. What is interesting is that such 'cultural specificity' is also a feature of *accessibility* to universal services as just described. The dichotomy drawn between universal and culturally-specific mechanisms in terms of children's centres work cannot be drawn, as the very nature of the intervention requires that the two types of mechanism work alongside one another.

The flagship element of children's centres is their holistic approach: while a key feature of their service delivery is a focus on the primary parenting unit (the 'parent and the child'), service provision looks beyond this *microsystem* to consider wider familial and community needs known to affect the child's environment and ultimately their future development. This multi-faceted approach to service delivery supports more distal ecology including family poverty, community integration, physical environment and housing, and parental education and employment. Unlike parenting programmes and support offered by other countries which often have clearly specified foci and purpose, the children's centre holistic approach makes it challenging to generalise the findings from the evaluation of children's centres to other countries, as the provision is often culturally specific and sensitive to the needs of local service users.

There are however lessons that can be taken forward by other countries. The evaluation of children's centres has shown that it is not enough for parenting support interventions to focus only on the parent and child *microsystem*. Children's centres face many similar challenges to other international parenting support interventions including encouraging the engagement of more reluctant families; their holistic approach to service delivery however, ensures that the intervention is available to as many family groups as possible.

Policy Implications

This chapter has demonstrated that taking a more holistic approach to parenting support bears a number of similarities in the foci of effective interventions within the literature. Parenting support in other countries might benefit from a wider consideration of the full spectrum of complex issues facing families, and a deeper investigation into distal areas of a child's and parents' characteristics. Where possible, future provision should consider the wider parental needs reported by Evangelou et al. (2008) in their 'model of parental needs': for example, the personal needs of the parents in terms of their basic skills, health, advocacy and social support; the needs of the family in terms of relationship conflicts; and the needs of the parent in their community in terms of their participation, relationship with schools, volunteering, culture and socialisation.

There are two important points raised by the children's centres evaluation team:

1. While parenting support should be focused on parent and child needs, interventions must recognise the full spectrum of complex needs displayed by parents (which extend beyond parenting skill concerns) and need to be considered before parenting programmes and strategies can be successfully implemented;
2. Children's development should be considered in terms of their more distal experiences and in particular the influence of wider parental needs on their *mesosystem* and *exosystem*.

The evaluation of English children's centres reported in this chapter was carried out during a period of uncertainty and turbulence for children's centres. The children's centre programme has encountered vast changes to funding arrangements (moving away from an originally ring-fenced budget, towards unprotected local authority-led budgeting); widely reported funding reductions and restrictions; and volatility in terms of staffing and centre organisational structure (Sylva et al. 2015). A change in the UK political context has also led to a number of revisions to children's centre guidance documents (Hall et al. 2015), although centre staff were striving to ensure that such changes had a limited impact on the families accessing centre services.

Children's centres are well-known for offering welcoming, open-access services, although a

move towards targeted provision was in line with recent Governmental changes to the specified core purpose for children's centres (now focussed more squarely on meeting the needs of the most disadvantaged families). Centre staff voiced concerns regarding what a loss of open-access services would mean for those families who do not meet the new criteria or have preventable low-level needs, particularly if their needs could easily be met with open-access services. Many centre staff recognised the value of open-access provision for engaging the more 'at-risk' families, and making services accessible to more reluctant families; and this is of key importance to effective intervention.

Future Directions

Children's centres have encountered multiple revisions to guidance documents and a redefined 'purpose'. Each fundamental revision requires a detailed and strategic reconsideration of the services on offer for families, and a scrutiny over which family needs to prioritise under the constraints of limited funds. A characteristic of effective interventions is that the intervention can be locally driven and takes account of 'local voices' from parent consultations—it is however more difficult for centres to plan their services with the needs of their local communities in mind, when their service offer is governed by prescriptive legislation. Children's centres in general would benefit from more stability in terms of the aims of their intervention as well as secure longer term funding, which would allow centre staff to plan for the future.

Coinciding with a change in focus towards more targeted work, centre staff described working with families with very complex needs. There was an increase both in the volume of this work and the skills required to provide more specialised support to families who were living in very difficult circumstances. The changing political climate had also affected the partner agencies with which children's centres offered their services, and partner organisations were pulling back their support and services to reserve

their own limited resources. In some cases, this meant that centre staff were taking on intense work with families who displayed complex needs, that would normally be carried out by specialised staff (Sylva et al. 2015). Centre staff would benefit from further training to enable them to work with the higher level of needs they are now encountering. Such training will enable them to understand how parents can be supported. There is to date some evidence within the literature regarding characteristics of successful interventions within a UK context, however the planning and development of future interventions would benefit from more robust evidence on effective interventions.

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