



House of Commons
Education Committee

**Foundation Years:
Sure Start children's centres**

Fifth Report of Session 2013–14

Volume II

Oral and written evidence

*Additional written evidence is contained in
Volume III, available on the Committee website
at www.parliament.uk/educom*

*Ordered by the House of Commons
to be printed 11 December 2013*

The Education Committee

The Education Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department for Education and its associated public bodies.

Membership at time Report agreed:

Mr Graham Stuart MP (*Conservative, Beverley & Holderness*) (Chair)

Neil Carmichael MP (*Conservative, Stroud*)

Alex Cunningham MP (*Labour, Stockton North*)

Bill Esterson MP (*Labour, Sefton Central*)

Pat Glass MP (*Labour, North West Durham*)

Siobhain McDonagh MP (*Labour, Mitcham and Morden*)

Ian Mearns MP (*Labour, Gateshead*)

Mr Dominic Raab (*Conservative, Esher and Walton*)

Chris Skidmore MP (*Conservative, Kingswood*)

Mr David Ward MP (*Liberal Democrat, Bradford East*)

Craig Whittaker MP (*Conservative, Calder Valley*)

Charlotte Leslie MP (*Conservative, Bristol North West*) was also a member of the Committee during the inquiry.

Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the Internet via www.parliament.uk

Publications

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the Internet at www.parliament.uk/education-committee

Committee staff

The current staff of the Committee are Dr Lynn Gardner (Clerk), Katy Stout (Second Clerk), Martin Smith (Committee Specialist), Claudia Sumner (Committee Specialist), Ameet Chudasama (Senior Committee Assistant) and Caroline McElwee (Committee Assistant).

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Taken before the Education Committee

on Tuesday 22 January 2013

Members present:

Mr Graham Stuart (Chair)

Neil Carmichael
Alex Cunningham
Bill Esterson
Ian Mearns

Chris Skidmore
Mr David Ward
Craig Whittaker

Examination of Witnesses

Witnesses: **Naomi Eisenstadt CB**, Senior Research Fellow, Department of Education, Oxford University, and **Dame Clare Tickell**, Chief Executive, Action for Children, gave evidence.

Q1 Chair: Good morning. Welcome to this session of the Education Committee looking at Sure Start children's centres. Thank you both for coming and attending. What is a Sure Start children's centre, who is it for and what is it supposed to do?

Dame Clare Tickell: You do the first version and then I will do the now version.

Naomi Eisenstadt: Right. I think that is the most important question, because it is meant to do lots of things and the question is: can it do all of them? The original design of Sure Start was about multi-purpose education on health and parenting outcomes, but also parental employment outcomes and also a very strong model on community development, so a one-stop shop for families and children. In the beginning, of course, it was largely mothers, and I would say it is still probably largely mothers, but children would get developmental activities, and parents would get help with parenting in informal and formal ways—parenting classes—and also on employability skills. That is a very, very wide brief.

Chair: Yes.

Dame Clare Tickell: I think the current version is also that. What we do not have so much now as when we had phase one or as we had with Sure Start centres at the beginning is the oversight from the centre, which defines very clearly what can and cannot be done. In some respects that is a good thing, because in fact they reflect locality very well now, but it makes them vulnerable to decisions that are taken that are not necessarily consistent with what we know works for Sure Start or children's centres. I do think at some point I would like to land the point, but there is something about what we call them, because some people think Sure Start and that evokes a response, which takes me back to the first phase one Sure Starts, and other people think about different things. One of the great things that you guys could do is to decide what they are called in this review, because I think that sometimes creates a dissonance for people making decisions or having views that are about preconceptions that they had as opposed to what it is that they do now.

Q2 Chair: We have done various inquiries into assessment, and I think there was one academic who

came up with 23 different purposes for assessment, so however brilliantly your exam is designed, it can only handle a few of these purposes. Naomi, you gave a list of headings, but they so easily subdivide. How many purposes do these Sure Start children's centres have? You have community development, whatever the meaning of that is. You obviously have preparedness for employment for the parents. You have straightforward education. You have parenting help per se. You have child development and you then have this school readiness, which I suppose relates. Has there been a change in the emphasis given to these policy priorities at different times, and what has fallen back, what has come to the front and where do you think we should be going?

Naomi Eisenstadt: There has been a huge change in terms of community development, and that was based on evidence from the evaluation. In the beginning, we were very, very interested in co-production and co-design and parent-led and all that stuff, and just because the parents like it, it does not mean it is going to help the kids or, indeed, help them. If they do not like it, they will not come. So there is a problem about to what extent you are responding to what mothers and fathers want and to what extent you are delivering things that you know will help their children or, indeed, help them. So that is a tension in itself.

Q3 Chair: Is there a tension in that those who are best able to articulate what it is they want are not necessarily the people for whom you are primarily trying to design the service in the first place?

Naomi Eisenstadt: I think that is exaggerated myself. I think that most people can articulate what they want, but they want different things. The joke was always the great aromatherapy debate: that parents say they want aromatherapy, but this does nothing for their employability skills nor does it do anything for their children, their children's school readiness or, indeed, their children's social and emotional development. But if it gets them through the door and then you use that to assess wider needs and have those discussions, then it is a useful thing to do, provided you realise it is your technique for getting them through the door and not something in itself—that it is going to

promote community cohesion or whatever. That is the big issue.

I really could not care less what you call them. Call them “banana”. The question is what does Government think the offer is for children and families and how is that offer made and what are the key priorities? To go back to your question, Graham, there is a range of outcomes we want for children and a range of outcomes we want for adults. A few centres can do it, but it is very difficult for single centres to do all those, and at some level, either at the centre itself or, indeed, at local authority level or at central Government level, someone has to decide which are the pre-eminent of those and concentrate on them, because it is unfair to judge them by, as you say, too many different measurements of success, because it all flattens out.

Q4 Chair: Naomi, you have been instrumental in the whole programme; as you say, it is for policymakers to prioritise, give clarity and be realistic about what most centres can do. There is always a danger you meet the superhero head, the superhero children’s centre leader and you say, “Well, if they can do it, everyone can do it,” and that is a false idea that ministers are often gripped by. So what do you think the priorities should be, or should they not be decided? Of course, this is supposed to be a Government of localism. We believe in devolution and allowing people to tailor their service to meet local need. Is this a decision that should not be made at this level of Government but should be made locally?

Naomi Eisenstadt: I am quite happy either way. I tended, when I was running things, to be terribly authoritarian and wanted to decide everything at the centre, so I just own that, but I think it is okay as long as, if you are deciding locally, the measurements are local. So, I have my own view about what should be the key concentration. One of the big changes, and, indeed, one of the big successes since Sure Start was invented, is universal, 15 hours a week early education and care free for all three- and four-year-olds. There has been a fantastic uptake and that is massively important. So, I would like children’s centres to concentrate on under-three’s, and I think under-three’s are really important. If I was going to have it child-centred, I would be concentrating on social and emotional development and language development, because I think language development is enormously important in terms of school readiness. But I also believe, if your main aim is anti-poverty, you should be concentrating on parenting and employability skills. Again, it is that dichotomy, because basically if you do not want to be poor, you have to have a job, and if women are home with their children, improving their literacy skills is a double hit: if you cannot read, you cannot read to the baby; if you cannot read, it is unlikely you are going to get a decent job. We should just think through specific things like that, but certainly I think the concentration should be on under-threes.

Q5 Chair: You are clear on that. One of the initial big impetuses was around employability skills for the parents so they get into work, and we know the

children of parents who work have much better outcomes. Has the focus on that been diluted over time and do we need to return more to it?

Naomi Eisenstadt: It has been diluted in taking away the childcare requirement, because if the parents do not see the childcare, if they do not see it as reality, they are much more reluctant to go into work, and the childcare in children’s centres tends to be higher quality.

Dame Clare Tickell: I agree with pretty much everything that Naomi has said, and I am happy if it is called a banana too. We need something that does not have multiple definitions, I think, for me. That is the bit that is not hugely helpful.

To go back to your question on the statement of intent, I absolutely take your point that there are lots and lots of things that now get chucked into the Sure Start or the children’s centre basket. One of the things that certainly we are experiencing in the children’s centres that we provide, and in some ways I welcome it, is there is an expectation that they provide a one-stop community shop in lots and lots of different ways for parents with young children. Increasingly—and this is where I think Naomi’s point about under-threes is important—also they are a way that maybe you can absorb older children. That is a good thing and a legitimate thing, because of course lots of mothers and fathers—indeed, lots of parents—do not just have under-threes; they also have siblings who need to be looked after. But there is a risk that if you do not remember what the core purpose is, you dilute what the children’s centre is doing and turn it into really just a community resource or maybe a family centre. So there is something about remembering that these are primarily a resource for young children and we need to see them in that way.

Interestingly, what the co-produced statement of intent does not express, which is something that was kind of in the first principles and is really, really important for us, is that we are providing a multi-disciplinary centre and health is really, really important in that, and that is not specifically and explicitly in the statement of intent. For us, when I think about our best children’s centres and how closely they work with health professionals—where we have paediatricians, health visitors and midwives working in those children’s centres, working very closely not only with children but with parents—I think that is missing, specifically as a way of recognising the importance of pulling together all of those professionals.

Q6 Chair: Effectively, you think that we have to keep this wide range of priorities, but then that comes down, I would imagine, to the quality of leadership at the centre if you are going to have genuine integration rather than just a whole bunch of services provided from the same building.

Dame Clare Tickell: Leadership, for me, is absolutely critical. The point about lots of different services takes us into the locality point, which is where I think locality is really helpful, because different localities are of course different, and our children’s centres reflect what is happening at a local level. So I do not think it would work to be totally prescriptive and say, “You have to have one of all of these in a children’s

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centre for it to be good.” What you need to recognise is the importance of ensuring that the children’s centre reflects the locality and can demonstrate strength of relationships and partnerships.

On leadership, I think it is really, really important that we have good leaders in children’s centres. Just as I think it is important that we have qualified healthcare workers and qualified teachers—we may come on to that question—I think it is really important that we recognise the importance of leadership and a high quality of professional person who is running children’s centres in order to have the kinds of conversations that we need to have. Remembering always that it is really important that they are, for me, a universal service, we do lots and lots of work on early intervention in our children’s centres. Safeguarding is a real issue, and we need to have the kinds of conversations that can recognise the fact that children may be at risk, parents may be struggling, they may be neglected, and the children’s centre has a really key role to play in both doing something about that and working with agencies to ensure that there is not harm to a child.

Naomi Eisenstadt: Graham, can I just make a point about leadership, because it was something that struck me when I was writing my book about Sure Start? One of the reasons that leadership is so important is, when Clare describes inter-agency and inter-disciplinary work, if you do not have status within the community and you ring the health agency, they are not going to ring you back. This happened to me. When I ran a children’s centre many, many years ago in Milton Keynes in the late 1970s, early 1980s and I rang the community paediatrician because I was worried about a health issue affecting the children in my centre, she thought I was out of my mind. I was a nursery worker. What was I doing ringing a doctor? So unless there is some status in being a children’s centre leader, you will not get the inter-agency co-operation that you need to make it work properly I do not want the children’s centre to manage the health visitors; I want the children’s centre leader to be able to work collaboratively with the health service managers so that the co-location means something.

Dame Clare Tickell: Just as an addendum to that, one of the issues that is around very much—I asked the question, in Action for Children, before the Select Committee—is this knotty issue about communication and data sharing between health, having said how important health is. One of the things that a number of my staff got back and said is that there is a real issue, because very often it is difficult to share information because health professionals are, quite rightly, concerned about confidentiality around vulnerable adults who are parents. So you get an interesting social work conversation about what takes primacy. Is it the wellbeing of the child and safeguarding issues with the child or is it protecting a vulnerable adult? You do need someone who can fight that and have professional credibility in order to have that conversation.

Q7 Neil Carmichael: We have been round that course with Professor Helen Mundel’s¹ report in

terms of the need to have more judgment in these matters, and that is what you are essentially saying, is it not?

Dame Clare Tickell: I have not read her report, so forgive me.

Q8 Neil Carmichael: She was talking about social services and the move away from the tick box, bureaucratic approach towards harm and judgment and so on of social work, so you would endorse that, presumably.

Dame Clare Tickell: Absolutely and I would say these social work discussions are infinite, particularly when you are talking about vulnerable adults who are parents and also their children. They are all about infinite shades of grey and it would be lovely if there were very straightforward answers. There never are straightforward answers. You need to have a deep conversation that thinks about risk and how it is that you mitigate risk.

Q9 Neil Carmichael: Building on that point, what you need is not so much little boxes of solutions but a whole pool of professionals able to relate to each other on relatively equal terms and able to make judgments upon the circumstances that they find.

Dame Clare Tickell: Indeed, and very often the characteristics of serious case reviews are that in fact that rich conversation has not managed to take place, because the connections between the different agencies, for whatever reasons, have fallen down.

Q10 Chair: In any area, health always seems to be the elephant in the room. But flows of information, first of all, from local authorities to children’s centres, are they adequate?

Dame Clare Tickell: From our perspective, that does not feel to me to be a problem. The children’s centres we run are commissioned by local authorities. I do think that the idea that there should be known social workers where there are none is a very good one. It is not hugely helpful if you have to work with duty social workers, but that does not feature as a big issue of concern for us in the 200 or so that we run.

Q11 Bill Esterson: I want to ask you about the new core purpose. Have the Government got this right when they say that the purpose should be to improve outcomes for young children and their families, with a particular focus on the most disadvantaged families in order to reduce inequalities in child development and school readiness, supported by approved parenting aspirations, self-esteem and parenting skills and child and family health and life chances? On the concentration on the most deprived, some of the children’s centres I have been to have a good social mix and that seems to have a very beneficial effect. Discuss.

Naomi Eisenstadt: This is a real problem and it comes up all the time, and the other issue is whether we are aiming to address the tail or shift the curve. I think the social mix in children’s centres is really important, provided the staff are skilled enough to notice and identify the most disadvantaged and provided they

¹ Member meant to say Professor Eileen Munro

have the data from their area to do the outreach work and find out who is not coming and why.

Dame Clare Tickell: And go and find them.

Naomi Eisenstadt: Yes, and go out there and find them. It is interesting in terms of my saying that community development is not part of it anymore, but one of the community development bits of it is making sure that the current crop of users are not off-putting to the most disadvantaged, because that is what happens. They do not want the drug-abusing woman there; they do not want their children mixing with that family. So it is a very skilled task to get that mix right. I think you can do it, but I think that you have to be very explicit about it. I kind of have a quadrant box about wants and needs, and the difficulty that there are the families who are wants yes, needs yes, which makes everybody feel good because they are grateful for the services and they tell the Minister, "It changed my life; he really could not do this before he came," and all that. Then there are the wants no, needs yes families. The wants no, needs yes group of families are the ones that the other mothers do not want around either. So it is the outreach work and understanding the community and having those links with social services and having links with adult mental health and having them with the drug services, because when an adult goes to use a drugs service, they do not know if they are a parent or not. They do not know if they have a two-year-old or not, and that is how you find out. You sit in the housing office. The most disadvantaged families will still need a place to live and it is those links that will link you to the most disadvantaged, but unless you keep your other group in, you will not get the benefits of social capital building, and also you wind up with a highly stigmatised service.

Q12 Alex Cunningham: When you talk about not understanding the cohort of people that make use of it, you mentioned that, more or less, some mothers or families are driving other families out. Is that what has happened across the country with Sure Start centres?

Naomi Eisenstadt: No, but it is a skill that you need to make sure that you have. It is not that they drive them out; the initial evidence from Sure Start—the big shocker evidence—was on teen mothers. Teen mothers were not benefiting from Sure Start. A whole bunch of other women were.

Q13 Alex Cunningham: Were they driving the more needy out? I thought that was what you were suggesting.

Naomi Eisenstadt: I do not think they are driving them out. I think it is about whether it is a comfortable place for everybody and how you make it a comfortable place for everybody. Driving out is a bit hard. I do not think anyone says, "No, you cannot come." I think it is how you feel when you walk into the place and what kind of welcome there is and how much you introduce the other people, and that is really, really important. My view is if you go too hard on the community development line and parent-run, the danger of parent-run is that the confident parents will drive out the others, and I have seen that happen. So you cannot have a wholly parent-run centre, nor

can you have a centre that is wholly for the most disadvantaged, and you need to use your data to keep checking who you are and are not reaching.

Dame Clare Tickell: One of the things I would add to that is I can think of a number of such instances in our children's centres work, which speaks to Naomi's point about how skilled a job it is to integrate people who otherwise, in some instances, have felt hugely stigmatised within their communities. Very often in those communities everyone knows who everyone is and there will be a handful of families that people have a whole set of preconceptions about, and it takes great skill to gently get those people engaged with a children's centre and the people within it. When that flies, what you get is people who have had all of those preconceptions realising that there is something they can really do, as members of the community, to integrate that family, and that is really exciting, but that needs to be managed very carefully.

Q14 Mr Ward: Particularly with a lot of the young mothers, the last experience of a similar setting was when they were at school, and that was a pretty unpleasant experience for many. There is no easy way to say this, but how do you reach the hard to reach and particularly mothers in certain ethnic minority communities where there is a reluctance to let the female out of the house, particularly into a setting where there may be—well, hopefully—young fathers in the setting as well? How can we reach out to them?

Naomi Eisenstadt: If you want the Bangladeshi women, you need Bangladeshi staff.

Dame Clare Tickell: And you need sometimes to think about providing services off site, very specifically, so you would take services to people, as Naomi says, in ways that are more recognised on those cultural issues. It is really, really important to do that.

Naomi Eisenstadt: It is an important both/and. It is a terrible cliché, but you start where people are but you do not leave them there. I had so many really interesting experiences. When I first took Norman Glass to Birmingham to visit something I was running when I was in the voluntary sector, he was going around the country deciding what he was going to do. It was the first place he had ever been to that was absolutely packed with men. It was East Birmingham; it was a Pakistani and Bangladeshi community and it was benefits advice day and the men handled the money, so it was a way that men got in. You just need to figure it out within different communities, but I think it is really, really important that you do not set up separate provision that stays separate. That is what is really important, because then we are encouraging isolation and also we are enormously disadvantaging their children in terms of the social mix that they will benefit from at school. The problem works the other way in Cumbria: will the children growing up in Cumbria feel comfortable working in Birmingham or in Tower Hamlets? So those social mixes are really important.

Q15 Chris Skidmore: You have mentioned the word "community" several times so far in the discussion, but how do you go about defining community, because

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obviously it is such a loose term that it means nothing to me as a politician. We use the word “community” all the time and it sounds like a nice warm word that we can put in our leaflets.

Chair: Hard-working families in the community.

Chris Skidmore: Yes. When it comes to looking at the numbers and the location of the service, even within wards, how do you go about constructing what is a definable community? Obviously the location of the children’s centre itself is often vital—whether it is in a middle class area, which stops people from the council estate crossing a road. Have you got any thoughts on how you would define a community or should it just be left loosely for the local services to decide themselves once they are leaders in the community themselves?

Dame Clare Tickell: That is such a good question. They are all good questions, sorry.

Chair: Some are better than others.

Dame Clare Tickell: I could not possibly comment. In a way, it is both. I think there are communities, and to ignore the way a community or a set of communities traditionally has defined itself would be a silly thing to do, because you would not get traction beyond a self-defined community of people. I can think of a children’s centre that we run on Merseyside that I went to, which was just absolutely fantastic and the resources that have gone into it are—sorry, not Merseyside, the North East—quite staggering. As a consequence, I met people who—exactly your point—were crossing a road and going into a community that traditionally they just did not. There was a station on one side of the road and a station on the other side and never the twain shall meet. But because the schools, the children’s centre and everybody had made it a priority to get people from both of those communities into that children’s centre and there was no sectarian element to it at all, it was working. I think you can redefine communities or you can do work that will redefine them that will encourage people to challenge some of the ideas that they may have had for generations about people from those different communities by what it is that you are providing in those children’s centres very deliberately and explicitly. Also, very often they are offering stuff that otherwise they are not going to get. The question is making sure that people know that those services are there and that it is not going to be a problem for them coming into them. Does that make sense?

Q16 Chris Skidmore: Yes. Essentially, you are saying also that the key to the door with children’s centres is that there is a limited range of add-on services as well.

Dame Clare Tickell: You have to create something that, within the context of your locality, is something that people want or absolutely offers something that makes some sense and that they will hear about from other people, not just because you put things through their door or because their social worker or their teacher tells them that it is a good thing to do. It becomes something that they want to be a part of.

Q17 Chris Skidmore: In terms of trying to create that and trying to get that outreach and attraction to

the service, does there come a point where there is an issue of funding and resources in that you need to create a larger service that is going to span across several communities, rather than having several cottage Sure Start centres that are going to be too small to effectively have the resources.

Naomi Eisenstadt: It is extremely difficult. It is the same thing we are facing in health with specialist hospitals, six in the whole country—and I would rather go to the specialist hospital and travel. But as to the types of services we are talking about, when we first did Sure Start we said pram-pushing distance. Of course, now that we have obesity problems, we should lengthen that so you have to walk further to get to your centre, and then that will solve two problems.

Dame Clare Tickell: As long as they do not have a heart attack on the way.

Naomi Eisenstadt: Yes. I think neighbourhood locality is really important and I think that you can have some specialist services that move around. I had a really nice example. I visited the most wonderful children’s centre, and I was really very uncomfortable about visiting it, but when I went I was completely knocked out by it. It was Lubavitch Orthodox Jewish Centre in Stamford Hill. I do not like separate provision—just historically I do not; I am very uncomfortable about it. But first of all, the woman who ran it said she was very proud of how diverse it was because there were so many different sects of Orthodox Jews in Stamford Hill and they let people in who were not Lubavitch, so this was really impressive. What I really liked in particular was that this was Haringey, Hackney authorities and there was a Muslim centre, an Orthodox Jewish centre and a general centre, and the three centre leaders met once a month to decide where the midwife would be and where the health visitors would be. So they were moving the specialist services around the centres and around those communities. When I challenged her on whether this is the way to bring up British children, she said, “Nobody would come if we do not do it this way, and these children need support like anybody else’s children.” I would recommend any of you visit it; it is a remarkable place. Adult education is on the top floor; it has the largest Yiddish library in London, in a children’s centre. It is wonderful. But I think that notion about what makes up community and then how you take scarce resources and move them around communities, rather than trying to have big centres with everything that are further apart, will not work for early years services.

Q18 Chris Skidmore: That will not be as effective almost because it reflects a critical dividing line in services. That is, I guess, you can target educational services, but under NHS constitution rules you have to have—

Dame Clare Tickell: Yes. I know you want to move on, but to your resources point, one of the things that a number of local authorities are doing that we are working with is commissioning clusters of children’s centres over a geography, and we are doing quite a lot of that. So there may have been six children’s centres where, traditionally, we would have had the full panoply of services and specialisms and expertise in

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each of those children's centres: they are now clustered. As long as you have the leadership in each of those children's centres, you can say, "This one will specialise in this and this one will specialise in this," which allows you to make better use of resource, but there are caveats to that in terms of leadership. That is not a reason not to have good leadership in each of the children's centres.

Chair: Thank you. This is a fascinating discussion and terribly informative. One thing I should just remind you of is of course the business end of what we do. We conduct these inquiries, we then write our report, we make our recommendations, and the Government has to respond. Just make sure, by the end of the session, if there are any recommendations coming out of these insights about any changes that could be made at governmental level, not to leave those unsaid and untested.

Q19 Bill Esterson: Speaking of which, if we talk about money for a bit, how do we get the best value for money and the most effective use of resources when those resources have been reduced? You mentioned parenting, employability and making Sure Start a resource for young children. Is that the answer to that question and is that what the Government's new core purpose is going to achieve?

Naomi Eisenstadt: I am going to say something deeply unpopular, but I do believe that we do not need 3,500 children's centres. I would rather see fewer better, and I think there is a really interesting irony in all of this: because they are so popular, there is incredible toxicity in closing them. So instead of closing, you reduce staff and you reduce staff and you reduce staff, and they cannot do anything. I am advising Oxford on the evaluation of children's centres. I am really worried we are not going to find much impact, because if they are so thin, they cannot be effective. I would rather have the model of a full service, all singing, all dancing, in the poorest communities and have significantly fewer. Because we have universal pre-school education now, I think that makes sense. I also think we should sweat the asset of our universal services in health and education, so if you really do not have children's centres in non-poor areas, what is the health visitor doing, what is the school doing, what is the pre-school doing? Almost everybody comes in touch with a public service.

Q20 Bill Esterson: So, use health and education to target the under-twos and their families where there are no children's centres.

Naomi Eisenstadt: Yes. We have brilliant universal services in this country. We do not sweat the asset.

Q21 Chris Skidmore: Just quickly on that point, if you had to give a number as to the 3,500—

Dame Clare Tickell: I think you walked into that one, Naomi.

Chris Skidmore: There must be some figures out there that you would say are realistic.

Naomi Eisenstadt: I cannot.

Q22 Chris Skidmore: You have made a statement saying you should do it, so you must be able to give some suggestion about, in percentage terms, what would be a reduction.

Naomi Eisenstadt: The fear in the reduction is that the money is not reinvested in those poorer areas. So if I felt safe that the money was going to be invested in those poorer areas, I would feel much more comfortable. If it just goes off into the ether—

Q23 Chris Skidmore: If there was a ring-fence, then what would you be looking at?

Naomi Eisenstadt: 1,500.

Q24 Craig Whittaker: What the Minister said when she came before us, Liz Truss, was that only 25 would physically close with the rest being more like mergers. Do you see that model as more effective going forward?

Naomi Eisenstadt: No, I think it is really depressing that only 25 were physically closed. A lot of those centres will be half a person and a bunch of leaflets. What we have seen is where each centre used to have their own centre manager, they take that centre manager out and that manager manages five centres, and that manager may be the only graduate-level qualified person in the centre.

Dame Clare Tickell: This is my point about quality. If you cluster, you cluster your back office, but what you do not do is to think that you can have one person—like in the Catholic Church, where they now have priests managing a number of parishes. That is not going to work. This goes right back to the very beginning, which was the point about the importance of having highly professional staff leading children's centres who are able to engage with the other professionals to ensure that you get that integrated response.

Q25 Bill Esterson: Most of the centres in my constituency are in schools or co-located in schools, so the logic of what you have just said, Naomi, is to get the school to use that physical space if you are going to reduce the numbers. How common is that as an experience—that they locate either with health or with education, and therefore there is a space there, so the kind of model that you have just identified—

Naomi Eisenstadt: I did not mean the physical space. I think co-location with schools is a good thing provided the school is sympathetic and understands the wider inter-agency work. Of course, what it does do is it brings that inter-agency work into the school in more general terms, which is a very good thing. So I think that is a good thing. I am talking about where I started earlier on: what is the offer for children and families? In the poorest areas there should be a centre you can go to that is a multi-agency centre, but what about the poor kids who live in non-poor areas, because there are a lot of them, and what about the non-poor kids where families have complex problems anyway? It is about the way the public services work in terms of what we used to say when I did social exclusion—no wrong door. No matter which bit of the public service you come into contact with, what is the awareness of safeguarding issues? What is the

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awareness of maternal mental health on child outcomes? Would a school know that the mother of a child in the school has a serious mental health problem? It is how the system works together where we have a system already in place.

Q26 Bill Esterson: It leads into things like the Common Assessment Framework.

Naomi Eisenstadt: Yes, exactly.

Dame Clare Tickell: Yes, absolutely.

Q27 Bill Esterson: But is it important to have a physical place for people to go to?

Dame Clare Tickell: Yes, I think it is.

Q28 Bill Esterson: Sorry, while you are thinking about the answer, I think this is one of the reasons that closures have been avoided and I think what you have said is what I have seen as well—you get this skeleton function. But if you close them, people have to travel very large distances and then they are not accessing, or does that just come back to your point about the alternative with other services?

Dame Clare Tickell: I went into one the other day that we have taken over in Hampshire that is part of a bigger community centre. It was very challenging intellectually, because you walked into this huge community centre, which has a library attached to it and there is a tiny little corner and a room that is called “the children’s centre”. It was very challenging in lots of ways, but in fact what it does very well is to signpost into a much large children’s centre that is down the road, and your point was that if you did not have the signposting and people could not go into that one first, they probably would not end up accessing the other range of services.

Q29 Bill Esterson: So the satellite model is effective.

Dame Clare Tickell: In that particular instance, but then behind that in Hampshire there are a lot of children’s centres, so it is quite difficult to take a particular piece out and say, “If you have that, that works for everything,” because you are back to the locality point. But the infrastructure in different local authority areas is universally different and, in a sense, that is the challenge.

On your education point, I have seen and we run some fantastic children’s centres that are next door to schools. When that works well and you get something that can work from birth through into reception and beyond and picks up on all of the fantastic recommendations that I met on the Early Years Foundation Stage, it works brilliantly well. There is a risk, though, that at the moment when there is so little money around we distort into an over-emphasis on health or an over-emphasis on education. One of the great strengths—and this is not just me saying this because I work in the voluntary sector—around the independence of Sure Start is that it levels out all of those disciplines, so that you will genuinely get people who become focussed on doing something with all of their colleagues that is in the interests of the child. That is a secondary thing that informs the fact that they are there with the child at the centre of what it is that they are doing. The risk, when you start dropping

it into different public sector agencies, is that becomes the thing that determines the approach that is taken, if that makes sense.

Q30 Bill Esterson: Yes, it does. I suppose the answer I am looking for in what you are saying is about how you make sure that there is a consistency of approach across the whole of—let us go for utopia—public services, the voluntary sector and everybody who has anything to do with families and children.

Dame Clare Tickell: I do not think you can ensure it, because you just cannot, but I think that there are some ingredients that will help it to happen, as with everything. You know how fragile these things are sometimes because a key member of staff leaves one of the agencies and it is something that was completely taken for granted, so they fall through everybody’s fingers, and they realise quite how important that person was and the skills that they had in holding the piece together. What you can say, though, is that if you have professionally qualified, articulate, confident professionals working across that system, you have a better chance of having the right conversations, which we were talking about earlier on, than you have if you have people who are under-qualified in any part of that system, because they will not be able to get their particular perspective across when it is really important.

Q31 Chair: The message that could be taken out is cut the numbers, so we are going from 3,500 down to 1,500, because you would rather have fewer, much better, richer, better qualified and supported and better paid leaders in place. But there is always the fear, and it is the reason one sits defending the indefensible, that if you reduce the number they will just reduce the budget and you will end up with fewer under-funded, poorly led, poorly rewarded leaders, and so you get into basically fighting very hard to defend the indefensible because they fear what would happen if they do not. How do we negotiate our way through so that we do not lose the insight, the impetus and the belated recognition by Government of the need to support early years as part of a rational approach to preparing young people for the world?

Dame Clare Tickell: In terms of the problem with the counting thing and the 3,500, I am not sure I would have said what Naomi said

Chair: It was very brave, yes.

Dame Clare Tickell: I am quite sure, because that 3,500 is made up of phase ones, phase twos and phase threes, so in point of fact you have apples, pears and bananas sitting in that 3,500.

Naomi Eisenstadt: That is exactly right.

Dame Clare Tickell: So I would start from something else, which is about the definition of a good children’s centre, and I think some of the things in the core purpose are there and right. We need to be thinking about what it is that children’s centres do, recognising that sometimes you are proving a negative, because in point of fact it is what does not happen as a consequence of having children’s centres in communities, and it is the fact that by intervening early and providing that range of different services you are reducing the number of children who will go

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into tier three and tier four, up at the safeguarding end. Lest we forget, lots of children's centres are delivering the Early Years Foundation Stage. What we know in our organisation is that the profile on Early Years Foundation Stage outcomes is improving year on year in our children's centres, and that is good for schools. So there are secondary benefits that you need to be sighted on in order to understand their value and that, I think, is a better way of thinking about why it is we need to protect them.

Q32 Mr Ward: There was a rationale for centres or areas being within phase one, two and three, so that could be a starting point in terms of looking at how we get to fewer.

Naomi Eisenstadt: I think the difficulty is that it is not a helpful argument. I know that at some point you have to do it, but in terms of numbers or how many I think the key question is: what is any family with an under-five in this country entitled to, what do we think they need, and what is going to deliver the best outcomes for their children? Now, we know what that is in schools. Nobody argues that we should not have schools and no one has done a randomised, controlled trial about whether school works or not. No one has taken half the eight-year-olds out of school for a year, randomly, to see what happens. Everybody knows where the school is. Everybody knows where the GP is. Everybody knows where the hospital is. We now have that in place for three- and four-year-olds in terms of childcare, early education, and that is an enormous plus.

The puzzle that is missing is this integrated, complex, family support when children and families are most vulnerable. Families tend to be poorer when their children are young. Being poor when you are young has the longest impact on your life, and when I say young, I mean minus nine months to three; I am including pregnancy and very, very early on. If there is one thing that we fail on, I think we fail babies. I do not think we do enough to support through the baby period. So it is not about how many; it is about how you distribute the resource you have in a way that is going to have the biggest impact. Where I really agree with Clare, and I say it in a slightly different way, is that these places shift the families on the cusp just back from the brink of where they may fall into deep disadvantage, real problems. We will never know how many, but the savings on that are enormous, and I am very, very worried that if unemployment increases, if child poverty increases, those families on the cusp are going to fall the wrong way. So the need for these sorts of services will be increasing over the next couple of years, not decreasing. The funding to provide them is going to be decreasing.

Q33 Neil Carmichael: It is a really fascinating discussion. I just want to go back to a point you made before about making public services sweat a bit more. By that I suppose you are talking about the vulnerable groups being directed or at least advocated on behalf of through professional structures so that they get to the right place at the right time, so that whatever public services are available—and there are much

more than you sometimes think—they are using them in a more robust way. Is that a summary of your argument?

Naomi Eisenstadt: It is the whole business about hard to reach. It is almost impossible to find a family that is not in touch with something, because the very poorest families will probably be in touch with housing and benefits. So it is about how we join up housing and benefits in terms of not just referral—"here is a leaflet"—but the phone call. It is sort of reverse outreach work, if you know what I mean.

Q34 Neil Carmichael: There is another issue, which stems from Chris' question before about what a community is. If you have a community that is, effectively, too introverted in its outlook and location and so forth, it is going to be really hard to break into that community. So another area of focus, if you like, is effectively, I suppose, social opportunity, social awareness and more information flowing around to areas that have basically been starved of information in the past. So how do you construct the sort of community that is sufficiently local but also sufficiently well connected to the professionals and to the other structures that can support it?

Dame Clare Tickell: When we talk about sweating assets with children's centres, we talk very much about how it is that we make sure that our children's centres are integrated properly within the wider system, which I think is your point. I think that is a really interesting point, so, for instance, the two-year-old offering or the conversations and difficulties that there are around the delivery of the two-year-old offering seem to have happened in parallel to, but not talking to, children's centres. So there has not been a conversation. I am not necessarily saying that the two-year-old offering should be universally delivered in children's centres, but there is sometimes a disconnect between the two, which means that we waste an awful lot of time, effort and resource not thinking about, "Well, how do those two complement each other? If that is happening there, what does not happen there or vice versa?" So, for me, asset sweating is about how it is that your local system connects up to make sure that you are not duplicating or even triplicating effort, because if you do that, somewhere else something else is not going to be happening.

Q35 Chair: Is there any recommendation coming out of that—any blockage to that? What kind of impetus could be given to the system to make that more likely to happen?

Dame Clare Tickell: For me, there is definitely something about thinking, if you are planning or if you are looking at some of the troubled-family stuff or some of the two-year-old offer stuff at the moment, about where children's centres sit in that. What impact might it have and how might we think positively about where children's centres sit in that, rather than them being something that happens over there?

Naomi Eisenstadt: How do you make the two-year-old offer not 15 hours of childcare and 15 hours of parent support—a much more inclusive offer?

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Dame Clare Tickell: Yes.

Q36 Chair: That is my question and I get only questions back. You are the experts to give us the answers, so we can put them in our report and take the credit for them. That is what we are looking for.

Naomi Eisenstadt: It is great, because I am not employed by anybody anymore, so I can say what I want. I think the two-year-old offer is nuts, myself. I do not think we are in a position financially to offer a free good to 40%, and I would much rather have the two-year-old offer be a conditional offer on a kind of support within a children's centre or, indeed, reducing the cost of going to work by childcare. If it is an offer that says, "I am a mother at home, I am not working, I am in the bottom 40% and I can just go somewhere and leave my child in childcare for 15 hours and that childcare is not particularly high quality," I do not think it is a good use of public money. I do not think that we have enough quality childcare in place to offer those that will make a difference. What we know from the evidence of the evaluation of the two-year-old pilot was, unless it was high quality, it did not make a difference.

Q37 Chair: It also, as it happens, goes completely against a Government that is supposed to believe in two things: an outcome rather than an input-based approach and localism. Instead, we tell them precisely how many hours, precisely who gets it, because we know best.

Naomi Eisenstadt: Yes.

Dame Clare Tickell: There is a better question, which is: which two-year-olds most need that support and how do you find them? In a sense, that will give you your percentage as opposed to the 40%.

Q38 Chair: Maybe those who need it most need 35 hours or it may be that they only need it for four months intensively, who knows, but we cannot find out because we have to fulfil the national—

Dame Clare Tickell: Yes, and that would be a qualitative response rather than a quantitative.

Chair: I am going to move to Ian and then I am going to, finally, move to our second scheduled question.

Ian Mearns: Chair, you are very kind, but the moment has passed.

Chair: Ah, excellent.

Q39 Alex Cunningham: The moment did not pass when I was having a drink. Our witnesses seem to have an uncanny ability to answer the next group of questions before we ask them, but I want to take Naomi back to when she was running the Sure Start unit. That was a time when the number of centres grew to, I think, three times more than what you are suggesting is perhaps the core number that should be serving our communities. You said they got to about 4,500—

Naomi Eisenstadt: 3,500 is what we are up to.

Q40 Alex Cunningham: Now you are suggesting maybe 1,500. My constituency has four or five centres within a two-mile radius embedded in communities of great need. They do not necessarily work perfectly,

but how do you get to the point where you can reduce the numbers and retain the quality but ensure that the access is taken?

Naomi Eisenstadt: The example I can give you is the area I know, Milton Keynes, where I live and where I have just done a child poverty review. Milton Keynes is very interesting because it has average child poverty levels but real concentrations in particular areas. There are a couple of wards that have three children's centres that are all within walking distance of each other. One of the children's centres wanted to offer GCSE English and some of the mothers wanted to take it, but they did not have enough takers for it. I think those three children's centres should have got together and offered GCSE English and walked the mothers there—just made a real assertive effort—because the adult education could not afford to put on a course for the numbers who were willing from the one centre. If you did that, if you worked exactly as Clare is describing—more collaboratively in these poor areas—then three centres makes sense, but they work together in a different kind of way. I just think the number is irrelevant; it is what is on offer, can people access it, who needs what and how do we make sure that happens?

Q41 Alex Cunningham: How can you make a recommendation that you feel 1,500 is the right number?

Naomi Eisenstadt: I was strongly advised to pick a number. I do not want that number. I do not think the number matters. I think we need better fewer. It is what you define as a children's centre. So, if you take that area and you say we have some satellites, we have some drop-ins, but that is one centre with one manager, that manager needs to know who is coming and needs to know the nature of the community. Once you go up to five or six or seven, then they do not know enough about what is happening in detail on the ground, and that is what worries me.

Q42 Alex Cunningham: You have talked quite a bit about quality, which of course is absolutely essential. The charity 4Children found that there has been a reduction in the number of full-time childcare places but also the number of teachers in the centres. Does this not trouble you?

Naomi Eisenstadt: It troubles me enormously.

Q43 Alex Cunningham: What are we going to do about it? What do we need to do about it in terms of recommendations?

Dame Clare Tickell: We talked of the requirement that there should be a qualified teacher in children's centres. Interestingly, everywhere I go I hear support for there being qualified teachers in children's centres. It seems to have a momentum of its own, which is great. So, as a recommendation, I think it would be very helpful to say there should be qualified teachers in children's centres.

Q44 Alex Cunningham: So what then is the relationship between Sure Start children's centres and the early education thing, particularly when they are

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next door working very closely with their local schools?

Dame Clare Tickell: For me, there should be a relatively seamless transition and I would take Naomi's point: minus nine months through to Key Stage 1 should happen in a way such that a child is unaware of the fact that they are moving through a system from something that starts with antenatal care and is very much driven by health, through to something that is about early years and all of the things that Naomi has talked about—so we are concentrating on personal, social, emotional development, communication and language and physical development—into something that takes you into preparing your child so that they can go happily into reception. Where that is delivered and how that is delivered will vary in different places and it is not hugely helpful to be prescriptive about it. That, in a sense, is the journey that the child should go through without realising that they have suddenly been handed from health into early years, and there comes a point where they are handed from early years into Key Stage 1 and it all feels very different.

Q45 Alex Cunningham: Again, you are managing to answer my next question before I ask it, but just to quote UNISON, they said that it would be a retrograde step to remove the requirement to have a qualified teacher linked to children's centres. Do you both agree with that?

Naomi Eisenstadt: The requirement was for the children's centres in the 30% poorest areas that were phase one or two. It was not all children's centres. I think the other serious requirement that was taken away and relates to the qualified teacher argument is the childcare, because where the qualified teacher adds the most is in good childcare. The qualified teacher does not add that much in terms of parent support or in terms of evidence-based parenting programmes. I used to say, again, when we had this real separation between early education and care, the three-year-old does not know that they are in a group setting because their mother thinks they need early education or because their mother is working. The three-year-old still needs a high quality early education and the two-year-old needs a high quality early education, and the removal of the need for childcare loses that opportunity, but also, I think, is a disincentive in terms of getting mothers into work.

Q46 Alex Cunningham: Going back to your expression that what the Government was proposing is "nuts" in relation to two-year-olds, how do we make sure that we get to the right two-year-olds? If we cannot do everybody and there is insufficient capacity, how do we get to the right two-year-olds, particularly in light of the fact that a lot of Sure Start centres have not succeeded in achieving the outreach that we would all have required in the early years of Sure Start?

Dame Clare Tickell: One of the recommendations that was in my Early Years Review was that we get a proper integrated check at between two and two and a half for children, so that the existing health visitor check is expanded so that early years professionals

have some input into that. The explicit thinking behind that recommendation was that we identify those children who may need extra support either because their parents need support or because they themselves have some kind of language delay or an indicator that they need some help. That would go some long way to cracking this one. There are still discussions taking place between the Department of Health and DfE on this, so a strong recommendation from me would be that the Committee finds a way of saying that it would be really helpful if that could be expedited. That is a way specifically to identify those children who need support or those families that need support, because sometimes it is the families rather than the children who will show that they need support.

Q47 Alex Cunningham: You both talked about sweating the assets and getting value out of the money that is available. Is there sufficient resource there that could be realigned with the sorts of things that you have just been saying, Clare?

Dame Clare Tickell: On the two-year-old check, that should not be hugely expensive. The two-year-old check is specifically about aligning two systems up and getting people who work in early years and people who work in health to have a conversation about what it is that they are seeing, putting it all together and saying, "Does this signal something that we otherwise would not spot?" So the two-year-old check is simply a question of getting agencies to work more closely together.

Q48 Chair: But then there is simply the matter of getting together the agencies to do this, one of whom is health.

Dame Clare Tickell: I know.

Q49 Chair: That is the most absurd thing I have heard, Clare.

Dame Clare Tickell: I am answering the question on resource.

Q50 Chair: How do we change the incentives, because obviously the incentives and the framework are not sufficient at the moment to encourage that behaviour? How do we change it?

Dame Clare Tickell: There is a clear recommendation that I made in my review in March two thousand and whenever it was—two years ago—that is still being discussed. It is turning into a monster: I have seen some stuff that is the output and it is huge. It was supposed to be a small, intelligent way of getting people to have that conversation. It is not that people are not having intelligent conversations, but they are very big.

Naomi Eisenstadt: The other big change that is happening that will help on this, I believe, is that as we get health and wellbeing boards under way, moving public health into local authorities, we get much stronger linkage between social care and universal health services, particularly health visitors. What I am worried about—this Committee can ask this of the DH—is it still is not clear to me where midwives are going to be managed or commissioned,

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and midwifery, in terms of identifying those families, is enormously important. Again, it is a brilliant universal service. Are we using it to help identify those families?

Dame Clare Tickell: On the broader resources question, which I think we were partly talking about there, it goes back to this centre localism point and I suspect is behind the 40%. At the moment, because there are diminishing resources, there is a bit of central determination taking place, so we have the Troubled Families stuff, we have the two-year-old—

Q51 Alex Cunningham: What starts that diminishing of resources, Clare?

Dame Clare Tickell: The local authority settlements being less than they are. There are two things, are there not? There are local authority settlements being less than they are and contracting services, and there is also the fact that the need being experienced by people who are now coming into our children's centres is greater and will become more so, I think, when the welfare benefit reforms kick in. So you have two things taking place at the same time.

One of the things that is happening centrally as a way of trying to protect resource is we will get the Troubled Families initiative, for instance, and we will get the two-year-old offer, which is trying to determine how that money gets spent. That then makes the conversations that take place across the system more difficult, so we, sitting in modern children's centres, have potentially targets set by different people trying to hit different policy initiatives, which is just clunky. Whereas if you sit and think across the system at a local level about what our resources are and how we can deploy those best and to what extent we need to make sure there are not perverse incentives pulling us in different directions, we could make better use of the diminishing resources that we have.

Q52 Alex Cunningham: Sticking with quality and the need for professional staff and everything else, in your book *Providing a Sure Start*, Naomi, you noted that the Government is keen to encourage the voluntary sector and the local community organisations to become more involved in running children's centres. What is the risk associated with that shift into the community organisations, particularly for your quality, professional staff and things of that nature?

Naomi Eisenstadt: Well, if Clare is running them, it is fine. I think it is about standards and the way you commission and how you write those contracts for commissioning. I am not against voluntary organisations running children's centres or, indeed, running all sorts of services. It is about intelligent commissioning and how you measure success.

Q53 Alex Cunningham: I do not disagree with you. I agree that voluntary organisations should be involved. I just wonder how low a common denominator you could get in providing services in the future, particularly with shrinking resources.

Naomi Eisenstadt: I think the problem is—and this is always a tension within the voluntary sector—that the

big voluntary organisations have infrastructure that provides staff training and staff support. They have infrastructure that manages their finances. They have infrastructure. When it comes to very small organisations running these things, I remember saying to David Blunkett, "Do you want 500 Sure Start programmes? Then you will have 1,000 personnel officers." I do not want each children's centre to have to have its own personnel officer. It is those sorts of things. I do not think it matters whether it is private, voluntary or public; what matters is the infrastructure support that is behind the provider to deliver the quality.

Dame Clare Tickell: And that is about who does the commissioning. That is about the commissioning rather than who is doing the providing.

Q54 Alex Cunningham: And the commissioner knowing what they need to commission.

Dame Clare Tickell: Absolutely, and that is about quality.

Q55 Craig Whittaker: Can I just challenge you on your point about intelligent commissioning? One of the problems we are having locally, our voluntary organisations are telling me, is that what we are seeing is a reshuffling of the deck chairs because of TUPE, which is a huge inhibitor of the voluntary sector getting involved. Is that just particular to my area?

Dame Clare Tickell: No, it is not. It is not TUPE particularly. TUPE is a bit of a nightmare, but if you stand back from "why the TUPE?" I think there is a point that I would make really passionately, which is that we are now in a situation where all of our children's services are being recommissioned on a triennial basis. We know that one of the things the most vulnerable children need the most is continuity, and we are now in this extraordinary place where we bid for work, we bid for children's centres, and we will win children's centres initially on a 12-month basis and then, if everything has gone alright, it will be extended for two years. As part of that, we need to inherit lots of staff through the TUPE arrangements. For a year we are worrying whether we are going to keep the contract, for the second year we can just about calm down and then everything is okay, and then in the third year we are beginning to think about the fact that it is going to be tendered out again. The amount of effort and energy that goes into that, as opposed to the core purpose of delivering services, is huge. Whilst I think it is absolutely right that public money should be used in a way such that we are accountable and it is cost-effective and so on, there is a risk that we are losing something by an over-emphasis on the commissioning for price as opposed to thinking about continuity.

Q56 Craig Whittaker: What you get rid of TUPE?

Dame Clare Tickell: I would not get rid of TUPE within the context of what I have described. What is wrong there is the fact that we are now operating in a quasi-market environment.

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Q57 Craig Whittaker: So, TUPE is not an inhibitor for you, as a voluntary organisation, to take over services.

Dame Clare Tickell: No, it does not inhibit us. It is a big bureaucracy, but the bigger issue for me is the fact that we are taking services in and out all of the time. As I say, I would absolutely not want to say that is a bad thing, but when we are thinking about that commissioning environment within which we now work, we put insufficient premium on the importance of continuity of very vulnerable children.

Q58 Alex Cunningham: So a certainty of funding over a longer period of time, facilitating longer term contracts with competent organisations—

Dame Clare Tickell: Yes, absolutely. It used to be, and in some instances it still is, the case where we had very accountable—very uncomfortable, sometimes—conversations with commissioners on the basis of performance and on the basis of things that had not gone as well on either side. But what we were able to do was develop a relationship over time that recognised the importance of having those very open conversations. It is quite difficult to be quite as open and quite as honest when you know that the contract is coming up again next year.

Q59 Alex Cunningham: So the recommendation to Government would be, particularly at this time because of the considerable changes, we need more certainty about funding for children's services and the longer—

Dame Clare Tickell: And we need to commission in a way that puts more emphasis on the stability of children, and we have lost a bit of that focus.

Q60 Neil Carmichael: We have been talking quite a lot about the effectiveness of Sure Start in a surprising number of ways, and Naomi has, quite rightly, drawn our attention to variants, as far as I can see. We touched upon some work, funnily enough, from Durham University, because both of you have talked about being more targeted. Certainly you have, Naomi, and that was an observation made by the Centre for Evaluation and Monitoring at Durham University, where they noted that, "If we really want to improve life for more vulnerable and poorer sections of society, we need to target assistance much more effectively." Now, my question—because I have been listening carefully to what you have been saying—is how do you think that targeting can work, given what we have already been talking about: the definition of communities, relevant professionals, our Chairman's astute observation about Government being more prescriptive sometimes when it is intending to be less so and so on? What targeting do you think we can apply here?

Naomi Eisenstadt: My argument was for area targeting, so within the poorest areas you have a combination of universal and targeted services. I think that you lose a tremendous amount of value that children's centres offer if you only offer targeted services to families and children—if there were not some open access services. It is through the open access services that you get those families on the cusp

and you prevent them falling over into the neediest. So I think a mix of open access and targeted, but concentrate your resources in poor areas. That would be my argument.

Dame Clare Tickell: And making sure that the staff that you are employing in your children's centres have the skills—because this is early intervention—to identify those children where there are potentially concerns around neglect and a range of different issues.

Q61 Neil Carmichael: You both emphasise professionalism and so forth. I drew attention to Professor Mundel's² report earlier quite deliberately, because I think it helps professionals to work with each other if they are trusted at the level in which they are operating. I also think that would help to produce a more holistic approach to services. Presumably, you both agree on that.

Dame Clare Tickell: Yes, completely agree with that.
Naomi Eisenstadt: Yes.

Q62 Neil Carmichael: Sure Start has been shown to improve parents' wellbeing and family functioning. Why has it not led to a positive impact on child development in all cases? That is something else that comes through the evidence.

Naomi Eisenstadt: We decided I would answer these questions. One of the interesting things about those results—this is going to sound like a positive spin—is that we think one of reasons that you do not get the differences in children is that all the children are now getting the 15 hours a week early education and care for, three and four-year-olds, and the children in the most recent study were seven. They all would have had early education, and a great leveller in terms of levelling up is early education. I cannot say enough how important it is, and how the Government is to be congratulated for not touching the three and four universal offer.

Q63 Chair: And yet they are nuts to do it at two for 40%?

Naomi Eisenstadt: Well, of course, it is not 100% at two, and it is too much money to do it 100% at two.

Dame Clare Tickell: Set the target.

Naomi Eisenstadt: Yes—once you target it and once you target it without parent support, etc. The added value on Sure Start is, sensibly, parenting. Now, the question is at what point do those values on parenting begin to show through? The American evidence is that it shows through not when children do better at school but when they stay on at school longer, they are more likely to be employed, they are less likely to be pregnant as teenagers and less likely to do crime. The trouble is those are very, very long-term outcomes. So, obviously it is disappointing, but it is not surprising to me that the key evidence on benefits continues to be on adults, not on children.

Dame Clare Tickell: Do not forget, we run most of the evidence-based programmes and they concentrate on the parent. You can run an evidence-based programme and you do not see the child, because it is an evidence-based programme that is about parenting

² Member meant to say Professor Eileen Munro

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and parents will come back and report, as opposed to doing the stuff with children. Alongside that, you can look at foundation-stage profiles. There are a number of other things that you can look at and measure, which are things that are showing some very encouraging results.

Q64 Neil Carmichael: What are the key things we have learned about helping children, do you think, from Sure Start since its beginning?

Naomi Eisenstadt: Never underestimate the skills you need to run a Sure Start centre. That was the biggest light bulb for me when I was writing the book. We really underestimated the skills required and how complex it is, and a lot of work has been done on that since.

I think the other thing that we learned is what I said about community development. It is funny; in the core purpose it talks about self-esteem. Self-esteem is completely irrelevant to child outcomes. People like it and all that, but we found that, although parents liking a service does not help their children necessarily, if they do not like it they are not going to come. It is that lesson about “just because they like it”. We thought all that community stuff was going to make kids better; it did not. That was a really important lesson about what we got wrong. What we got wrong was underestimating the skill level needed. What we got wrong was too much emphasis on community development. What else did we get wrong? We got lots of other things wrong.

Q65 Chair: Too much emphasis on community development. That means giving too much power to the parents to dictate what happens.

Naomi Eisenstadt: Yes.

Q66 Chair: Both because it can occasionally be exclusive and create an exclusive atmosphere, but also because what they want and what they need may not necessarily be the same thing. It needs that professional mediation.

Naomi Eisenstadt: Yes, but the other thing we learned, which I think is a really important lesson, is that parents love these places, and that is good news.

Dame Clare Tickell: And parents need to feel part of it and have some ownership as well.

Naomi Eisenstadt: Yes. They love them, and if we make it too prescriptive and too narrow, they will not enjoy it and then they will not come. So, again, we need a both/and on that, not an either/or.

Q67 Chair: They will not like it when you close them.

Naomi Eisenstadt: No, they will not. That is what is so moving—that they get so upset when you close them.

Dame Clare Tickell: Can I just add two things that I do not think were there at the beginning? One is, notwithstanding all the things we have said, the importance of health within that system and the importance of active participation of health in children’s centres. The second is, for me, they were over-prescriptive from the off in terms of what it is that they needed to look like, and the importance of

locality and the importance of them reflecting what a locality is and has I think is one of the things that—

Naomi Eisenstadt: Can I just—

Dame Clare Tickell: Disagree?

Naomi Eisenstadt: Yes. The first Minister I reported to was a Health Minister, and the best outcomes in the early phases of Sure Start came from Health-run programmes. The reason that the Health-run programmes were better was because they had better data and they had qualified staff.

Dame Clare Tickell: I am not disagreeing with that at all.

Naomi Eisenstadt: They were very strongly Health-oriented. We lost Health when we moved to employment and got joined up with DWP instead of Health.

Q68 Mr Ward: There are some flashing lights in my mind, because there are some community cohesion issues about closing certain centres in more affluent areas and in an area like Bradford that would be an issue, I would say. Can I come back to the point you were making about child development to see if I understand it? You seemed to be saying that we cannot really assess the development of child development until later on in terms of teenage pregnancies and so on, but the best predictor of attainment is pre-attainment, so it must be identifiable earlier on, I would have thought.

Naomi Eisenstadt: It is, but I think the key contributor to attainment is good early education. The key indicators of those wider social skills in terms of long-term development into a productive adult come from parenting. Now, obviously, parenting counts on early education as well. A home learning environment is enormously important, but even in Sure Start where we have evidence of an improved home learning environment we are not getting differences in the educational attainment. Again, that is really disappointing, but I have to be clear with you about what the evidence tells us from a very good evaluation.

Dame Clare Tickell: In a way, there is an unintended consequence, I think, of the emphasis on evidence-based programmes on parenting programmes. There has been a lot of discussion about the importance of people not just charging in and doing stuff and not being able to demonstrate that it works. People are asking the evidence-based programmes on parenting to answer a question that they are not designed to answer, because they are about parents rather than children. That is why I am saying if you look at foundation-stage profiles you begin to get some really interesting data about how children are improving in the Early Years Foundation Stage, and that is tracking through into Key Stage 1 and beyond. But people ask us to prove that they are working using evidence-based programmes in terms of children, and they are not designed to do that.

Chair: Is the Early Intervention Foundation helpful in that respect?

Q69 Neil Carmichael: I have three more questions. Following on from that discussion particularly about education, in a world where we have limited

resources—we always do but they are even more scarce than usual—in terms of education outcomes do you think investment in early years education is more important than Sure Start for children in the vulnerable groups that we are talking about?

Dame Clare Tickell: I would not necessarily make the distinction. In most of our children's centres we deliver the Early Years Foundation Stage. That was my point about understanding—that in fact they talk across at each other. Where that is not the case, where there are nurseries or where there are child minders delivering the Early Years Foundation Stage, I think it is really important that we find ways of connecting them into children's centres, if children's centres are there offering all the resources that we have been talking about—so, child minder networks. We do that in lots of our children's centres and it is not only ours. Lots of children's centres do that. They facilitate ways for child minders to access what is being delivered in children's centres. It allows them to talk to each other. It allows them to connect in with other professionals in a way that does not mean, "We are going off to talk to a social worker." They can have a conversation about some concerns that they might have, either with their peers or with others. That is about integrating those assets rather than it being an either/or.

Q70 Chair: We are faced by either/ors and limited evidence of child development and school readiness improvement—the critical role of early education. If we want to deliver universal, we can deliver it at two—it won't be nuts any more—but what we would have to do is shut down all the Sure Start centres. We would take the money from that and stick it in and have superb, universal, early education, moving the entitlement, which we all accept from the age of four or five, down to the early years. The question is would that be a better use of scarce public resource for the betterment of children than the way it is currently deployed in Sure Start centres?

Naomi Eisenstadt: It would shift the curve, but it would fatten the tail. It would not help your most disadvantaged families. It would not help in terms of anti-poverty, because you would not be getting the support on parental employment. I am sure that it would have an impact on attainment, but attainment is not the only thing that we want, so you will get a split that is very uncomfortable.

Dame Clare Tickell: Your social mobility—

Naomi Eisenstadt: Yes.

Q71 Neil Carmichael: You are really talking about the targeting problem there, are you not?

Naomi Eisenstadt: Yes. That is why I say there should be extra support in the poorest areas where we know there are the most difficulties, even for things like language development. The social class gradient on language development is absolutely stark and extremely depressing, and language development is largely from birth to two.

Q72 Neil Carmichael: I was going to ask about that in a moment, but, before I do, Ofsted are slightly concerned about the lack of achievement of children going through Sure Start. They have said so in several

reports and it is implicit in a number of other observations. So the question arises—and having listened to what you have said—what can be done to address that particular problem?

Naomi Eisenstadt: I think Ofsted are looking at the wrong thing. There is a very nice report from Sandra Mathers about Ofsted, where she compares Ofsted ratings with the ITERS and the ECERS, ITERS being the Infant Toddler Environment Rating Scale, and there is no correlation. Ofsted do not know how to look at under-three provision. They are fundamentally about education. They do very good ratings on education. There is not perfect correlation but better correlation for the older children, the older under-fives, in terms of the Ofsted ratings and the academic ratings, but on the under-threes the correlation was very poor. Ofsted rated some things as very good that ITERS thought was terrible and vice versa.

Q73 Neil Carmichael: They would probably say, if they were looking at children who have, say, been through the Sure Start as compared with those who have not, there is still a gap that needs to be closed.

Dame Clare Tickell: I do not think they say that.

Naomi Eisenstadt: It is about comparing like with like. If you are looking at the bottom 30%, the Sure Start areas are very, very poor areas and there is a social class gradient on those kids and the schools in those areas that just carries through. If you want the boost, then you need, I think, to do much more intensive work much earlier on, and my recommendations are about under-threes and adult skills and poorest areas.

Q74 Neil Carmichael: You have mentioned that language development is an important issue and there are concerns about it. Again, the question I have is what can be done to address that?

Dame Clare Tickell: The two-year-old check would do it. The two-year-old check that I talked about in my review very specifically is about picking up on language delay and getting early years people talking to health people to think about what this might mean and doing something about it. The intention was to use that as a way of signposting services that children might need, so that may be speech and language therapies or support for a family that is struggling, so in fact they are not talking very much to their child.

Q75 Chair: What would we do before the check, though, because nought to two is the most important time? The check may give information to make us change our practice, but how do we change our practice?

Naomi Eisenstadt: I am advising on a Big Lottery project called Better Beginnings. The Lottery is going to spend a specific amount of money in very few areas, very intensively working on under-threes' language development, social and emotional attachment and diet and nutrition. We are now looking to other particular programmes on language development zero to two. The difficulty is the number of words heard, the complexity of grammar heard and there is also the ratio of positive to negative, so how

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often the child is praised, how often the child is criticised. All those three things in terms of language development under-two are critically important, but do I have a programme in my box of tricks that says, "This is what you do"? I do not, but as part of this Lottery programme that is what we are looking for.

Q76 Neil Carmichael: Is there a case for upgrading or developing the "red book" or the baby book that all parents have to start going into the territory you are talking about in more detail?

Naomi Eisenstadt: Maybe.

Dame Clare Tickell: Yes, and again I absolutely take Graham's point, but the red book is the vehicle for the delivery of the integrated check. Rather than having an early years record and a health visitor record, very explicitly we should expand what it is that the health visitor puts into the red book to include other agencies and other people's views.

Q77 Neil Carmichael: Yes, because there is an obvious opportunity there, is there not, to start gathering more information, recognising the value of that information and then hooking up to the appropriate professionals?

Dame Clare Tickell: Absolutely.

Chair: Thank you. After a discursive not to mention louche chairmanship up to this point, I am going to urge my colleagues and, indeed, witnesses to do short, sharp questioning and answering to get through the rest of our material and get ourselves finished in a prompt manner. So, with a change of tone, which naturally and properly follows immediately from Neil's questioning, we come to Craig.

Q78 Craig Whittaker: Thank you, Chair. I just want to briefly ask you about the NESS, the National Evaluation of Sure Start—the economic study. Does the value demonstrated in that report justify the cost?

Naomi Eisenstadt: No. The point is, when you start something new you make a lot of mistakes, and as you go along you get better. So I think the money spent on the evaluation was absolutely right, and I absolutely defend the evaluation. A lot of ministers hate it because it told us stuff we did not want to hear, but the whole point of an evaluation is to find out what is not working as well as what is. So everything I have said to you this morning comes from what we learnt as we went along, and we have learnt some really important lessons. We have learnt some lessons about what not to spend money on and lessons about what to spend more money on, so I would defend NESS. Was money wasted on Sure Start? Yes, it was, but, overall, have we learned a huge amount to make things better now for under-fives? Yes. The other thing that people do not give Sure Start enough credit for in terms of money spent is the capital expenditure. In poor communities we now have some absolutely stunning centres. They are fabulous and people feel proud of them and get very angry when anybody wants to close them, and I think that is a good thing.

Q79 Craig Whittaker: Is there any link between the amount of money spent on a particular programme and how effective it is?

Naomi Eisenstadt: There is a minimum. It is very, very hard to go below a minimum, but no. Part of the difficulty is that rural programmes cost more per child. In very concentrated urban areas not only is it easier for transport, but you have a lot of other services to choose from that are already funded and in the system, so there will be differences like that, but I could not say, "Yes, this programme is more cost effective." Some programmes were definitely more effective than others.

Craig Whittaker: Providing they spent the minimum.

Naomi Eisenstadt: Yes.

Q80 Craig Whittaker: We have spoken a lot about status in children's centres. I think it was you, Naomi, who said that we should not underestimate the skill set required. Is the Government doing enough to make sure that we have that skill set in the leadership within the school sectors?

Naomi Eisenstadt: No, and there are no entry requirements. Can you imagine being a head teacher in a primary school and not having to have a degree? There are no formal entry requirements for running a children's centre.

Q81 Craig Whittaker: Is there any strong evidence to suggest that that link between those strong qualifications, rather than leadership skills—we spoke earlier on about having a qualified teacher, for example—means it is going to be better?

Naomi Eisenstadt: There is strong evidence on qualified teachers in terms of childcare. There is less strong evidence, because we have not looked at it carefully enough, in terms of children's centre leadership. The strong evidence is on the childcare side, but we will be developing the evidence base on the children's centre side through the evaluation of children's centres in the ECCE (Evaluation of Children's Centres in England) project. It is one of the questions we are looking at.

Dame Clare Tickell: Cathy Nutbrown is definitely a start and the emphasis that she has put on quality, but it needs to be developed further for the reasons that Naomi has said, in terms of there not being entry-level qualifications and what that means for all the things that we have talked about.

Q82 Chair: Are there any children's centres that are damaging and it would be better if they were not there? Is it possible that poorly led, poorly qualified staff can do more harm than good in certain circumstances in early years?

Naomi Eisenstadt: I would say unlikely, but I do not know.

Dame Clare Tickell: Certainly none of ours.

Q83 Chris Skidmore: We have already spoken about children's services and whether they should be in more deprived areas, but on the intake itself would you have any recommendations to make about what the mix of intake should be in order to achieve the best outcomes for children in any centre, or is it hugely variable?

Dame Clare Tickell: I think it is hugely variable. I think the question always to ask, though, is: are you

reaching the most disadvantaged families? There is an old adage that there is no such thing as a hard-to-reach family; there is such a thing as a hard-to-reach service. When I came into NCH, as it was, I was quite struck. There were two or three children's centres that we ran where we were being asked to provide services that did not reflect the ethnicity of those particular areas. So there is something about your local community and your population, and understanding that and being able to demonstrate that you are speaking to the ethnicity and the demography of where it is that you are working. Even if you are full, that might not mean that you are reaching the right people.

Q84 Chris Skidmore: You have obviously spoken about having that element of universality there to bring people through the doors. Ofsted, for example, have already shown in their annual report that having a properly integrated service is crucial for that. What does a really good integrated service look like, firstly, and can you recommend somewhere and say, "This is the best model; in an ideal world this is what an integrated service would look like and it exists here already"? Do you think there are services that should be in an integrated service that are not? You mentioned housing, for instance, which was very interesting. Do you think there are ways in which we can improve integrated services? It is just really defining the best integrated service that we should have.

Dame Clare Tickell: For me, there is an element of locality to it, but I would expect, in the best children's centres, definitely to see health playing a huge part, and I cannot say it enough. There should be demonstrable buy-in from local children's services. The best children's centres will certainly have links with the employment service—with people, say, from Jobcentre Plus who come to the children's centre and run session. I would expect to see volunteers from the local community and I would also want an educational input. Also, the police as well, not within the context of going around arresting people but the community support that is provided by the police. I would want an integrated set of services. Then, around that, there may be other organisations—housing—depending on particular pressures in a particular locality. But without that core group I think that you will struggle when there are particular issues that need to be addressed.

Naomi Eisenstadt: I would not disagree with that. The housing point was about outreach. It was about that is where you will find the families, not that the housing offer should move to the children's centre—just the opposite. That is where you hang out to find the very disadvantaged families.

Dame Clare Tickell: We are now picking up a lot of people, particularly in places like London, where there are real struggles because of the housing benefit cap, which is identifying a whole smorgasbord of different need that is triggered by housing need. Funnily enough, we have some fairly acute issues coming up through the housing route that did not before, simply because that is becoming apparent as a consequence of the housing benefit cap.

Q85 Chris Skidmore: With the question of limited resources, is there a danger that, by putting all the eggs into one basket and creating a very good integrated service, the outreach withers?

Dame Clare Tickell: I do not think there is a risk that you would lose the outreach. That is my point about hard-to-reach services as opposed to hard-to-reach people. I think there is a risk, which we are sighted of at the moment, that, if you big up your children's centre too much, other services that should also be there get decommissioned. We are seeing some Home-Start going and we are told that is fine because there is a children's centre here, and we need to be very careful about the unintended consequences of thinking that a children's centre can do absolutely everything without thinking about the other bits that need to be there as well.

Q86 Chris Skidmore: How far are we down the road? We have done a lot with the children's centres. Has it got the ability at the moment to have that integrated service? How far would you say we are?

Dame Clare Tickell: I think it really depends on where you are. There is some absolutely excellent stuff and there is some stuff that is not yet off the blocks.

Q87 Chris Skidmore: Can you give an example of excellent?

Dame Clare Tickell: I think that Hampshire has taken a very creative approach, quite a brave approach, to redesigning their children's centre offer right across the county. It is still bedding in; it is relatively new, but it is an interesting, very holistic approach, which links in well with the other professions.

Q88 Chair: What does it look like? We heard mere co-location delivers little, integration is key, and where there is integration Ofsted and everyone else says it is brilliant, but what does it look like? What does integration mean and how do we see it when it is there?

Naomi Eisenstadt: I think we get caught up in the words. Basically, do the teams work together? Do they share information?

Dame Clare Tickell: Is the whole greater than the sum of the parts?

Naomi Eisenstadt: Yes, is the whole greater than the sum of the parts? Do they sit down and say, "I am really worried about this family. Who is going to be the lead person and how do we each contribute what we know we can offer?" That, for me, is what good service integration looks like. There is a mixed view about whether, for example, the health service should be managed within the centre. What I really like is to have the midwife or the health visitor have some time in the centre and some time back and the ranch, because then they bring some of that knowledge and experience on service integration and how other services work back to the health service. I think that bleeding across is very, very good for the area in general.

Dame Clare Tickell: I agree with that.

Naomi Eisenstadt: But as to defining it specifically, it really depends on the relationships locally. If people

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get on well and respect each other's differences and respect each other's expertise, it works well. If they think, "The only solution to this is me and the only solution would be 10 more of me," then we do not have a good system.

Chair: No. That is a very good explanation.

Q89 Chris Skidmore: I guess also integration is at its most vital when it is to do with the problem families and where you target it. Several submissions that we have already had, written submissions, have really stressed the importance of universal service and worrying about over-targeting. How do you get that balance? Is it simply to just state that we need an approach of proportionate universalism and use the idea of a gradient? With money scarce, how would you prioritise between targeting families as opposed to having the universal service there? Is there any logical solution?

Dame Clare Tickell: I think you are looking for something that we cannot find, in a sense. We sound boring because we keep talking about locality, but to some extent it is going to be determined by what is in your system. Naomi said it earlier on, but we need to start from a premise that it is something that has open access, for all the reasons that we have talked about and more, which is about the extent to which very disadvantaged children will thrive in universal settings far more than they will if you put them into targeted settings. Then you go back to what it is that you are seeking to achieve in your children's centre and ask those questions, rather than saying what is the balance, because the balance will vary depending on what is in the wider system in a particular geography and how commissioning takes place in a particular geography. Unfortunately, there are however many—180-something—local authorities and they all do it slightly differently.

Q90 Chris Skidmore: But at the same time, I guess, talking about location in terms of more deprived areas or your point, Naomi, about looking at midwives, those are then making judgments on priorities and those priorities are around targeted services.

Naomi Eisenstadt: Well, you do not target birth support. Every woman will get a midwife when she is having a baby. They do not decide on risk factors and say, "You can do it alone or maybe with a volunteer." They do not do that. We do not do that with schools either. We think it is a good idea to have teachers in schools. We do not say, "Volunteers could do it and we have this guy who is a physicist; he could volunteer. We do not need a teacher there." We would like to do the mix of the guy who is a physicist as well as the teacher.

Q91 Chris Skidmore: In schools, though, we do have the pupil premium focussed on free school meals.

Naomi Eisenstadt: Exactly, but that is the whole point about a universal and a targeted service sitting together and how you identify who your targeted people are based on universal access. There are the people who come through your door through universal access and then there is just understanding how many

people live in this area and who is not coming through your door. That is the most important thing in terms of targeting: knowing who is not turning up and trying to figure out why and knocking on doors. One of the things that happens is you get enormously busy, you are very popular and it takes up all your time and they love you, so you do not bother to find out who is not coming. It is the finding out who is not coming that is the key to the targeted work.

Q92 Chris Skidmore: I guess there is a tension there with the universal service that you only have so many hours in the day or in the week, and you have to say, "Sorry, I am going to have to put you down the queue."

Naomi Eisenstadt: No, it is the way that people use it. My hairdresser goes to the stay and play twice a week, and she really enjoys it. There are staff on hand there to answer questions if she is worried about something, but if she had a serious problem at least she already goes to the stay and play. It does not run seven days a week, 24 hours a day. I think it runs three mornings and she goes two mornings.

Dame Clare Tickell: You need to remember that for those families where there are real concerns you will access the wider system at that point. It is not all being absorbed by the children's centre.

Naomi Eisenstadt: Sorry, I have one really nice example that came up during Sure Start. When I was running Sure Start, the Deaf Children's Society argued that every single Sure Start programme should have a deaf specialist. We worked out that, given the size of the programmes, you were likely to get a deaf baby every other year. So this was not a good use of resource in terms of targeting, but what you wanted to do was make sure that the people in the centre would know how to support a family if there was a deaf baby and know whom to call. So you do not need a specialist on everything everywhere, but you need to make sure that people are aware enough to know whom to call.

Q93 Ian Mearns: You strayed into the territory of evidence earlier on in answer to David's question. Do most children's centres use evidence-based interventions or do we still have some distance to go to achieve desirable improvements in practice? If so, what do you think the resource implications would be of the required change?

Dame Clare Tickell: I do not know the answer on that. Most, if not all, of the ones we provide provide an evidence-based programme. They do not run the same ones, because local authorities want different ones to be run, but I do not know the answer. I suspect not everybody uses them. What I look for in a children's centre is a children's centre that is reflecting and thinking about the difference that it is making. We need to get people prepared to engage with a lot of evidence-based programmes. They are not able to engage with them when they first come in because they do not have the skills, so we have to do some work before they access that evidence-based programme. So the fact that a children's centre does not run an evidence-based programme does not necessarily mean that it is not doing good stuff.

Naomi Eisenstadt: Most of them do now, because the Government is really pushing.

Dame Clare Tickell: Most of them do, yes.

Q94 Ian Mearns: Would you say that examples of best practice, especially those with strong evidence of effectiveness, have been disseminated and adopted across the country, or do you think it is horses for courses?

Dame Clare Tickell: As Naomi said, I think it is quite difficult now not to be using some form of evidence-based programme. Local authorities increasingly commission wanting sometimes a specific one to be used, so that can integrate with the other bits that they may be doing in that local authority, or they will expect evidence that an EBP is in place.

Q95 Ian Mearns: How involved do you think the Government should be in specifying which evidence-based programmes to be used and how should local authorities and children's centre leaders choose which programmes to use?

Dame Clare Tickell: My personal view is that I do not think it is helpful for Government to determine what evidence-based programmes should be used. They are very different. Some of them lend themselves better to inner-city environments than others and it seems to me unhelpful. Local government may want to satisfy itself that people are thinking reflectively about what it is they do and whether it works. That is pretty much as far as I would go.

Q96 Ian Mearns: Do you think there is any danger of stifling innovation by rolling out programmes on a regional, local or national basis?

Dame Clare Tickell: I do not think that the use of an evidence-based programme should be seen as a proxy that guarantees that everything is absolutely fine. We do need to be thinking creatively. One of the problems about bringing the evidence-based programmes, which are universally not British, over into this country has been we have had to think about how it is that we adapt them—how it is that we allow them to reflect the particular ethnic mix that we may have in a locality, and so on and so forth. So there is something for me about asking the right questions, but not slavishly producing robots who can work within the context of an evidence-based programme but do not think.

Naomi Eisenstadt: And as soon as you adapt them, it is not the evidence-based programme anymore.

Dame Clare Tickell: And we get into these conversations about fidelity and so on.

Naomi Eisenstadt: Just in terms of the ethnic mix, the most famous one that delivered the highest resources was HighScope, which of course was all black children—very, very poor children in the most deprived bit of Detroit—and it was about 100 kids.

Q97 Ian Mearns: Naomi, you spurred me into thought earlier on, because you were talking about the Jewish provision at Stamford Hill, was it?

Naomi Eisenstadt: Yes.

Q98 Ian Mearns: In my community in Gateshead I have a very Orthodox Jewish community of about 4,000, which rises to about 7,000 when all the students are in town.

Naomi Eisenstadt: They have lots of children.

Q99 Ian Mearns: They have lots of children, indeed. The whole community live within about a square mile, because you have to be able to walk to the synagogue on the Sabbath, etc. I would welcome the opportunity to visit the provision that you were talking about.

Naomi Eisenstadt: Sure, sure.

Q100 Ian Mearns: Would you say that, in developing this whole programme over the term of the last Government, too much emphasis was possibly placed on the development of buildings as opposed to developing the range of services that were required within the building or around the building in order to make things work well?

Naomi Eisenstadt: I think the capital investment was fantastic. Some very, very beautiful buildings went up in very poor areas that people felt very proud of. Ironically, one of the reasons that we had such disappointing results in the first evaluation was that nobody was running any services; everybody was trying to design a building. Again, the kind of person you recruit to run a Sure Start is not the kind of person who knows how to commission a building. I certainly do not know how to commission a building. So it took much, much longer to get going because of the time it took to do that capital investment, but I think as a legacy it is something to be proud of.

Dame Clare Tickell: And they are iconic and they are magnets for people who will come in and use them, and it becomes easy for people to access them. We get people coming into our children's centres who want to talk about really quite difficult stuff, who may have safeguarding concerns, and they feel able to go into those children's centres because they are there. I am not so sure it would be quite as easy to do without that fairly iconic statement in a local community.

Q101 Ian Mearns: Was enough thought put into the planning so that these centres would become sustainable and useful to the communities that they were meant to serve? I am sure there are many examples of buildings that are currently a bit thin on the ground in terms of the people using them, just because the resources available are no longer as plentiful as they were, say, five years ago.

Dame Clare Tickell: We had some phase ones that happened slightly too quickly, so they did not have outdoor space and stuff because of the need to spend that early capital, and some thinking would need to be done around that. I do think that, at a local level, what we are seeing is people being incredibly inventive about how they use those spaces. They are not ossified into what was a phase one children's centre or a Sure Start. They are shifting in lots and lots of different ways, because they reflect a living and breathing community, so I would not have concerns about that.

Naomi Eisenstadt: The revenue assumptions were not thought out enough and, ironically, in part that is

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because the design came from the Treasury, not from the spending department.

Dame Clare Tickell: Absolutely.

Naomi Eisenstadt: It was designed by people who did not run services.

Q102 Chair: The difficult and the important thing is to get your people right, and it is much easier to just spend money on buildings.

Naomi Eisenstadt: Exactly.

Dame Clare Tickell: Absolutely.

Q103 Chair: Because with school investment in capital everyone has exactly the same reaction: iconic, positive. You meet a child on the first day: "We never thought our area would have a school like this." The evidence of effectiveness in transforming their lives, which is the whole point, is rather weak.

Dame Clare Tickell: That is absolutely right. Lots of our children's centres, though, were old buildings that were demolished and new buildings put on those sites, so they tend to be bang slap in the middle of a community, in a really good and accessible place, but you are absolutely right.

Q104 Ian Mearns: I am wondering about this and I do not know, but one of the reasons for the number of youngsters who are really benefiting from these systems could be that the numbers of youngsters in particular localities who are coming forward with a range of complex needs are greater than they were. Is that the case?

Dame Clare Tickell: Absolutely.

Naomi Eisenstadt: Well, you are identifying more. As soon as you put a service in, you are identifying more need.

Q105 Chris Skidmore: When it comes to outcomes, you have talked about the questions that need to be asked and, Naomi, in your book you have said that we need to measure as we go along, but finding the right set of measures that can deliver the kind of data that will inform practice without being over-bureaucratic is a significant challenge. If you were both able to explore that challenge—you mentioned language, for instance—what should be the outcomes that we really should be focussing on?

Naomi Eisenstadt: I think Clare is really right on the integrated two-year-old check, and I would really like to see that in place for a whole set of reasons, not least because we could do that and then see comparisons with EYFS results, the Foundation Stage profile. So that between two and five, I think, would be really, really useful.

One of the positive outcomes from Sure Start was that more parents got jobs, and that is measurable. That is a good measurable outcome within a reasonable amount of time. The difficulty is that a lot of the outcomes from all the American studies and the evidence-based programmes and all that are outcomes at 16, 17, 18, and they are not going to help us design now.

Q106 Chris Skidmore: But it is possible, you think, to link progress from Sure Start centres, the outcomes from Sure Start centres, with the EYFS.

Naomi Eisenstadt: I think the main gain in EYFS will be from early education, the 15 hours free, and we need to keep an eye on that; I think that is really important. I think that the measurable change in Sure State children's centres is largely parents.

Q107 Chair: Seeing that the core purpose is child development and school readiness, there is a bit of a mismatch between what is happening and what is wanted, is there not?

Dame Clare Tickell: While the EYFS is being delivered in a children's centre, no, which it is in lots, because you just take it through.

Q108 Ian Mearns: Chairman, I think how we manage the benefits of some of these programmes is also important, because, under the last Government, Single Regeneration Budget programmes, for instance, measured outputs in particular geographical areas. Quite often, things like getting people into economic activities was one of the measures, but the trouble was the people who got into economic activity moved out of that area and then were replaced with somebody with equally as many problems. So at the end of the programme the SRB judgment was that area had not uplifted at all, but lots of people had benefited from it.

Naomi Eisenstadt: Yes.

Dame Clare Tickell: On your point, Graham, about school readiness, the other point is not to see school readiness in that very limited way, which is simply about a child who is able to sit down and hold a pen, but understand the way that journey works within the context of PSED, communication and language, sociability, and children who are able to concentrate, and play and so on and so forth. That is the foundation that then will make a child's ability to engage in the totality of what they encounter at school there.

Q109 Mr Ward: Is it more about parent readiness then?

Dame Clare Tickell: Well, when I did the review, I talked about school unreadiness as opposed to readiness, and that was one of the things I talked about, which was standing back and thinking about what it is that will enable a child to take full advantage of everything that they will encounter when they go into school, both playground and classroom. That absolutely will include what it is that they get from their parents, which goes back to the two-year-old check.

Q110 Alex Cunningham: The school readiness thing is very central to all of this, but can I just ask about health and some of the output as far as health is concerned, maybe in terms of an increased uptake in inoculations or maybe a more successful smoking cessation programme for mothers and expectant mothers.

Dame Clare Tickell: Dentistry.

Alex Cunningham: Is there clear evidence of all that sort of stuff and where do we find it?

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Dame Clare Tickell: On uptake in children's centres?

Alex Cunningham: Yes. As a result of children's centres and the programmes that they run, have we got better uptake on inoculations and better uptake on other healthy programmes?

Dame Clare Tickell: Certainly at a local level. We could certainly provide you with evidence of where, in local children's centres, we have been asked to do that and have delivered that: breastfeeding programmes and uptake in dentistry, obesity and so on and so forth—diet. Nationally, it is not asked for.

Q111 Alex Cunningham: Sometimes that is just lost.

Dame Clare Tickell: Yes.

Naomi Eisenstadt: The truth is it is lost. We had some Sure Start results on better uptake on inoculations, but the trouble was that we were not sure about the timing of that. It was comparing it with the Millennium Cohort study, so it might have been a timing issue in that, when they asked the question, some kids had not been inoculated yet, but that was definitely a Sure Start finding. But you are absolutely right we do not have the clear data on that, and it is part of the problem about what they are meant to do and whether they are meant to do everything. If a centre could say, "This is what we are really going to concentrate on," then we would want to measure those outcomes for that centre. Once you gross it up, if 20% of the centres are doing smoking cessation, you are not going to get an effect on all centres, so that is the difficulty, but I think breastfeeding, smoking cessation and certainly diet and nutrition are really important, again, particularly if we concentrate on the first three years.

Dame Clare Tickell: In our experience, people commission on the basis of local public health data, so where we have been asked specifically on, for instance, dentistry it is because that has been a big issue—because tooth decay has been a huge issue in a particular area.

Q112 Chair: Public health is moving to local authorities, and earlier you were talking about different local authorities having different evidence-based interventions. I wanted to ask: is that because they have different outcomes they are after or they have different interpretations of how to get there, and will this change when they have this public health thing? Is there going to be a big change and they are going to be talking about health outcomes far more than they are about school readiness and education?

Dame Clare Tickell: It provides an opportunity.

Naomi Eisenstadt: It is my impression, and this may be completely unfair, that at most levels the decision on which programme to do is about what magazine article you happened to read and, "Gee, that sounds really interesting and I think we will do that." I do not think there is enough that is really good data-based decision-making on what to provide, and that is about intelligent commissioning, and it happens at the central level too.

Q113 Chair: If you wanted to pick an educational one, you look at children who do not leave primary school with the expected level. I think only 6% of children who fail to get Level 4 at the end of primary

school—this is data from a couple of years ago—get five good GCSEs including English and maths. We know that if you do not get that, your likelihood of a whole range of negative outcomes in life massively increases. Would it be a crude and harmful oversimplification to say that Sure Start children's centres should be part of a package that contributes to minimising the number of children who fail to get the required level at age 11? We are simple creatures, politicians, and talking about ossifying, we will turn ossifying to a purpose and we want to see it delivered, if we are going to maintain the focus and the money.

Dame Clare Tickell: You couched that. I think the caveats are good.

Chair: You accept only my caveats, good.

Dame Clare Tickell: No, what I am saying is I am pleased that you are caveating it. I think that for children's centres not to be part of that story would be silly. It would be a complete waste of resource. Children's centres should be part of that story, and lots of the things that we have talked about today, including the stuff that Naomi said about minus nine months through to when a child moves from a children's centre into reception or Key Stage 1, need to be included in that. There is a real contribution that children's centres have to make to the Early Years Foundation Stage, not specifically delivering it but supporting those people who are delivering it, which then becomes absolutely part of that story.

Naomi Eisenstadt: I think that the major contribution to what you are saying in terms of GCSE results or age 11 results is pre-school education. I do not think it is children's centres. I think the major contribution children's centres should be making for those children who go through that system is reducing teen pregnancy, better staying-on rates, employability skills as opposed to clear academic skills, persistence to task, being able to pay attention, being able to take instructions. If we cracked the language development one, that might help, because I think that is a key factor, certainly in cognitive development and school readiness, but I do not think we have cracked it yet. So I am being overly cautious and I do not want to make promises that I think we could not keep, but I think the key things that children's centres offer tend to be much more on the health and social side than on the academic side. I know that this is the Education Select Committee—

Chair: Despite the name, we are broad in our remit.

Naomi Eisenstadt: I was going to say I grieve that this no longer the Children, Schools and Families Committee, because I much preferred that name.

Q114 Chris Skidmore: I wanted to ask you both your opinions on the Government's payment by results trials. It is still early days but, in principle, do you agree with the idea of trialling this?

Dame Clare Tickell: We had a conversation about this outside, because I started with, "Well, it is here with us, so we need to make the best of it," and Naomi said, "Does that mean that you would want payment by results to be there?" and I think that was quite a good call. We are involved in a number of payment by results pilots. I think, given that they are there, they are a bit mucky at the moment; there is some work to

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do in eliminating perverse incentives. It is not sometimes clear whether or not they are concentrating on inputs and outputs or outcomes, and the point I made earlier on about there being different incentives coming from central Government, whether it was troubled families or whatever, makes it quite complicated sometimes when delivering on payment by results stuff. My personal view is that payment by results works when there is a very discrete, measurable and fairly straightforward output that can be measured and attributed to the payment by results. I think there is a risk with payment by results that we over-promise. We have children in children's centres, some of them come in for stay and play or whatever, who do not stay for very long, so they may be with us for 1/24th of their day. For us to pretend that we can influence the wider system and over-promise I think is potentially problematic, but I do recognise the importance of accountability, and I think, against specific results, it has a place.

Q115 Craig Whittaker: I just want to challenge you on that, because you also said there is a huge amount of waste in the system, so surely there has to be some element of both.

Dame Clare Tickell: As I say, I am not saying that there is no place for payment by results, but I think one of the things that we need to guard against is overstating the influence that we can have, running a children's centre, on the wider system. The other end of that is to claim that we are responsible for success when in point of fact we are just a small part of that. That is my point.

Naomi Eisenstadt: I think it is great for the prison system and I would do prison governors' bonuses based on reoffending rates. So I think there is a place for it, but I think it is where it is easy to count. You know who goes back into jail and you know a period of time: two years—do they go back into jail or not? It is easy to count. What worries me about it for children's centres is having a simple enough system that does not add layers of bureaucracy and does not have perverse incentives. I have not seen any of it yet that calms my worries.

Q116 Chair: Is it at the wrong level? Let us take my outcome: let us have no 11-year-olds, or practically none of them, failing to get to the required level. When you have a vast complexity of services needing

to contribute towards an outcome you want, is it the local authority or some higher level thing that should have payment by results for delivering that? They then commission sometimes, if it is nice and easy and measurable, by payment by results, but most of the time they commission youth services because they think it will contribute to that goal.

Dame Clare Tickell: I think there is some truth in that, but we need to be careful the responsibility for delivering results is not passed too far down the system. I would not have a problem, and do not have a problem, with somebody paying me to get enough children engaged in a dental programme, so they do six weeks and so on. That seems to me to be straightforward, because it is measurable, as Naomi says. To ask me to take responsibility for ensuring that the number of tier four referrals in a particular local area reduces by 50% is completely outside my gift, and I should not be doing it.

Naomi Eisenstadt: But you can still cherry-pick those children for the dental programme.

Dame Clare Tickell: Yes, you absolutely can.

Naomi Eisenstadt: As soon as you do it, you get perverse incentives, so you will pick the children who are most likely to attend the programme. The cost-benefit analysis is complicated in this area, but I am not against it in principle. I think there are some areas where it is very easy to count.

Chair: If you have any further thoughts on that, as to where the appropriate level should be in order not to lead to the kinds of things you say, let us know. A system that has been brought in in order to recognise the power of incentives to drive behaviour in itself then being poorly constructed so that it drives the wrong behaviour is an irony of which of course Government policy is all too often prey. Never mind. Thank you both very much indeed for giving evidence to us this morning. If you have any further thoughts or specific recommendations, as I say, that is the clunky business end. You guys will be the experts and we will still be laypeople at the end of this, but if there is a way you can provide us with ideas and recommendations that we can put to Government, whether or not they are already in reports you have written and have not been implemented, that would be very helpful. Nothing is too simple to be made very clear to a bunch of politicians. Thank you very much indeed.

Wednesday 6 March 2013

Members present:

Mr Graham Stuart (Chair)

Bill Esterson
Pat Glass
Ian Mearns

Chris Skidmore
Mr David Ward
Craig Whittaker

Examination of Witnesses

Witnesses: **Angela Prodger**, Deputy Head of Centre, Pen Green Centre for Children and Families, **Councillor Bob Scott**, Chair of Governors, Pen Green Centre for Children and Families, **Christine Whelan**, Head of Centre, Croyland Children's Centre & Nursery School, and **Ellen Wallace**, Principle of the Woodnewton Academy Trust, gave evidence.

Q117 Chair: Good afternoon and thank you very much for coming and giving evidence to us today. As a Select Committee, we frequently go out and have seminars, meetings and visits all over the country, but this is only the second time we have taken formal evidence in a venue outside of London; the last time was in the Guildhall in York. It is a pleasure to be here at this extraordinary place that does very fine work. Thank you very much for coming.

The context for our inquiry into children's centres is the two-year-old offer, an initiative from the Government, which provides 15 hours a week for the most disadvantaged 40% of children in the country. It is going to cost more than £750 million a year by the time it is implemented. Effectively, that is being provided for out of a slightly expanded Early Intervention Grant. The point is that we have a highly constrained budget with a very specific provision being put in place by Government. Was that the best use of £745 million or whatever it is per year? Is it going to lead to better outcomes for young people? Bob, you are a budget holder so you should start.

Cllr Scott: Is it the best use of money? There is obviously a dire need there in terms of that group. It is how you use the money that is really important and what areas you put that money into as a centre. As a budget holder, we see a number of problems with the funding that is available on that. The funding, for instance, will give us a shortfall in this centre of £100,000 in this current year with the numbers of two-year-olds extra that we will be taking on mixed within our centre. It does give us a lot of problems. It is an area that we do want to work with. It is an area we have strongly advocated but we are going to have great problems meeting that effectively within the budget constraints.

Christine Whelan: I would agree with that. My understanding is that the funding for the two-year entitlement provision came from within the Early Intervention Grant. Whilst understanding the budgetary constraints, I think it is disappointing that it was not "additional to". I also think that the level of funding that we are looking at for two-year-olds is going to cause us considerable problems. If we want to work with the most disadvantaged two-year-olds, and we certainly do, all the evidence from things like the EPPE study does back up the fact that it really does need to be very high quality. There needs to be high-quality staffing in order to make a real impact

on the children. This is a significant concern that we also share.

Q118 Chair: It is pretty hard to see that it would be scrapped, but would it be better if did not exist and the funding was given to local authorities to spend and to provide the outcomes that they best saw fit, meeting local need, rather than having this very specific provision for two-year-olds?

Cllr Scott: That, in itself, creates other problems. This is because, for instance, the children's centres, by and large, certainly this centre, have seen cuts. Last year, we received a 4% cut in our children's centre funding; we are receiving a 10% cut in the financial year we are just about to embark upon; the proposal is to have a further 16% cut the following year; and a further 14% cut the year after, which totals a 44% cut. That goes to the very fabric of any organisation. How can you operate effectively with cuts at that sort of level? The council has not decided whether they are going to enact those last two, but they have enacted the first two that they put forward; so there is every possibility that they will enact the second two. That will put us in a position where we will have to contract our services according to the amount of money we have, when we know that the dire need is there and is increasingly there.

Q119 Chair: My question, Bob, is about whether the two-year-old offer is creating a "cuckoo in the nest": it is squeezing out spending in other areas and leading, perhaps, to the cuts you are talking about. Would it be better if it did not exist? At which point, it is at least conceivable, not necessarily the case but conceivable, that you would not be suffering those cuts. You would be spending additional money because there is, overall, a bigger budget. It is just that more than the addition is being spent on the two-year-old offer, which means existing services are being squeezed. This is my understanding of the maths.

Cllr Scott: You asked about putting it into the county council area, and we have seen what happens when you take away the ring-fencing. That is what could happen. That is the point I am making, Chair.

Ellen Wallace: That would be my concern. If it were ring-fenced and you knew it was going to be spent on two-year-olds then fair enough, but actually the local authority will make a decision about how it will spend

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its money and therefore they may choose not to invest in two-year-olds, so I would agree with Bob.

Q120 Chair: Are they not obliged to invest in two-year-olds? The two-year-old offer is something they have to do, is it not?

Ellen Wallace: They don't do it.

Angela Prodger: It is important we do invest in two-year-olds. Early intervention is critical. There has been a rapid expansion of the two-year-old programme, alongside the proposed changes to ratios; those things are pretty frightening. Also, what we are finding is that the funding we are currently going to receive for our two-year-olds is actually less than what we are receiving for three-year olds.

The ratios are already significantly different and there is an expectation, with the roll-out of the two-year-old offer, that we will be providing family support. That is not an expectation for the three-year-olds, so we will find ourselves in a fairly difficult financial situation. However, we have always been deeply committed to working with two-year-olds in a history of 30 years.

Chair: Thank you. We have quite a lot to get through in a short period of time, so I will ask for short questions and succinct answers as well, as you have already amply and ably demonstrated.

Q121 Mr Ward: I will go back to the core purpose of children's centres. What do you see as being the core purpose and does it alter from the Government's definition of that?

Angela Prodger: I agree that we should be a community hub with services for all, with some targeted intervention, that being targeted services and specialist services. I believe that communities should be informing services and driving them through, rather than us making all the decisions about what we believe families need.

Ellen Wallace: It is about improving outcomes for children and families, community and the sense of belonging, and the local community driving within the children's centre, and meeting the needs of parents who are able to define their own needs moving forward.

Q122 Mr Ward: In terms of the Government's new core purpose, does it present you with any particular challenges at all or do you just take it on board?

Cllr Scott: It offers challenges to us: one of them I outlined earlier, in terms of the funding challenges. Regarding the ethos in the centre here, we have been very fortunate that our parents drive everything we do. That is the strength. We will get involved; we will use it as effectively as we can and we will be directed by what our parents and our professionals tell us we need to do.

Q123 Mr Ward: Has there been any impact on your childcare places?

Cllr Scott: The impact has been in terms of the mix. The mix has been altered and that alters our ability to fund it effectively because you have more need, which Angela will probably speak on. There is more need for children at the younger end than there is for

children at the higher end. Angela could enlarge upon that point.

Angela Prodger: I have already touched upon it. Basically, when we have our two year olds coming in and using the services, there is an expectation that we offer the family support services. As an integrated centre we have always offered high-quality education with care and family support to families where that was necessary, but the money that has been made available for the two-year-olds is not honouring the work that is expected to be done.

Christine Whelan: We are beginning to worry that we have to choose some services over other services. In that case, the difficult decision would be offering your two-year place or your family support and not both when you know it is both that makes a big difference.

Q124 Mr Ward: Unison suggested that it was a retrograde step to remove the requirement to have a qualified teacher linked to every children's centre. Do you agree with that?

Christine Whelan: Yes, I do, really strongly. I really welcome the stated core purpose of improving outcomes for young children. I believe most strongly that we should not lose focus on improving those outcomes and promoting children's learning and development. As I have already stated it really needs to be high-quality staffing, which will make the difference.

Angela Prodger: It also needs to be high-quality provision.

Q125 Chair: So you think the qualified teacher issue is a retrograde step. Do you all agree with Unison then?

Ellen Wallace: Yes.

Cllr Scott: Yes. One of our strengths here has been that our staff are trained up to a fairly high level and they are able to deal with things as they are and do not have to go back and forwards to people all the time, which is time-wasting and costly.

Q126 Bill Esterson: The national evaluation of Sure Start suggests that improving children's outcomes has shown a variable level of success, in particular with language development. Is that something that you would agree with and is it important?

Christine Whelan: I would agree with it most strongly. I believe that the promotion of children's language development is really critical to improving their success within their later academic careers and also their ability to communicate effectively as individuals. We are certainly seeing within our centre, when we are working with the most disadvantaged families, that children's language development has shown a significant delay. It is a very important area.

Q127 Bill Esterson: Does everybody agree with that?

Ellen Wallace: Absolutely; I do.

Q128 Bill Esterson: In terms of school readiness, Angela, how closely do you work with schools on school readiness and thinking about the importance of language?

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Angela Prodger: We have very strong links with schools. We feed into 15 schools. What we have used here and evolved over 30 years is a very robust, seamless assessment process called Making Children's Learning Visible. Schools are now engaging in that process too and so are able to share a dialogue and assessment where we are talking the same language. That assessment is deeply committed to the engagement of parents. Parents are part of that. We are building up that advocacy role for parents alongside sharing the assessment. It is bringing parents, nursery staff and school together to share in assessment.

Q129 Ian Mearns: I was thinking about this from the earlier conversation that we had. That model, as you said Angela, has been developed over 15 years. Confidence has been built up with local schools in terms of sharing that common framework for assessment, so schools in this area will readily accept the evidence presented to them about each individual child. How suited to roll-out is that, though? How long would it take to roll out that model on a much broader scale, so that schools would readily accept the information passed to them about an individual child? That is crucially important.

Angela Prodger: That is already rolled out and there are several schools in the town already using it. The early years teaching centre programme and our locality group have been meeting, and we have meetings planned to share those assessments and look at roll-out right across the town. We all care about outcomes for children. We are not interested in just the children in our reach; we are interested in the outcomes for all children in town. Through the locality and the early years teaching centres, we are working with local people at PVI—private, voluntary and independent sector—nurseries and childminders to look at improving outcomes for children and how we demonstrate that we have achieved those outcomes.

Ellen Wallace: It provides commonality of language and meaning. On a purely simplistic level, as a headteacher, when I get the MCLV data and I look at the graphs, I can see instantly where children are making progress and moving forward. That has a huge appeal because it is very quick and easy to look at and I am not wading through lots of other bits of data. It works well. In terms of roll-out, I do not think that is going to be a huge issue.

Q130 Ian Mearns: I am thinking about the fact that Pen Green is regarded as a national centre of excellence; if we are trying to roll out what we have learned from Pen Green across a national framework, how long is it going to be before headteachers in schools are commonly going to accept the data that are passed to them from the early years centre and children's centres, without doing their own baseline assessment of each and every individual child?

Ellen Wallace: I think that is the beauty of this system, because it is schools talking with private providers, for example, and having belief in the integrity of the data that you are being presented with because you understand them, you are talking the

same language; and you know what it means, as opposed to, "Oh, we will do our own baseline because we do not trust them." It is a coming together of the private with the public sector. Would you agree?

Christine Whelan: I would agree. I was just speculating, to answer your question, the Every Child a Talker scheme was rolled out a couple of years ago and that was national. I am suggesting that could be an alternative model. If your question is about how quickly it might be rolled out, given that there is underlying expertise in one scheme already, there is something that could be developed there. That could be done within a couple of years, I would suggest.

Q131 Pat Glass: Can you tell me what measures you currently use to demonstrate improved outcomes, what changes you would like to see to that and whether you have the data?

Christine Whelan: That is a good question. Since we were just talking about Every Child a Talker, that is one of the measures we use, given our stated belief in the primacy of understanding children's language development. We also use Making Children's Learning Visible. There is a Development Matters framework for the development of children under five. Are we talking about the outcomes for young children? Yes.

Angela Prodger: I would just reiterate that Making Children's Learning Visible is a fantastic tool: it is data-rich, evidence-based and gives us the hard evidence for children. That starts for children when they come in at nine months. We are able to track children over a long period of time and continue into schools. We also use our PICL—Parents' Involvement with Children's Learning—self-evaluation tool. We are able use some of those measures for where parents see themselves: what was their start point and where do they see themselves at the end of either one academic year, or however often we choose to use that? We are measuring those outcomes all the time.

Q132 Pat Glass: How useful is the Early Years Foundation Stage? Can you demonstrate any links between the work of the children's centre and that?

Angela Prodger: The Making Children's Learning Visible system is based on the Development Matters statement; it is taken directly from the statement. That is only part of how we work with children and parents, however. There are other measures and things that we use. We are looking at children's well-being, their levels of involvement and the work of Laevers and schemas and things, looking at what it is that children innately want to do: what is their intrinsic motivation? I will be looking at those, but those are not so easily rolled out and accepted by schools, necessarily. The tool that we have is my understanding of EYFS to share across the foundation stage.

Q133 Chair: Do you have any thoughts on that? The context for children's centres is that most of the research had suggested rather less progress, so far, between 2001 and 2008 for instance—there are data coming in all the time—than one might have hoped. As we know, we started off talking about money; we are in a time of austerity, and whether we like it or not,

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with limited resource, if early years spending does not show demonstrable improvements for children in readiness for school and thus lifelong academic achievement, then budgets risk further scrutiny when political fashions change.

Ellen Wallace: The five children we have tracked, whom we know have been in through our children's centre, through the nursery and are now in year 3, are all performing at the age-related expectation. It is only five children, but we would like to say that the children's centre's work has had an impact on them in terms of progress. What I am interested in seeing is what happens to those children at 11 in terms of Key Stage 2 outcomes. Can you say you notice that there is a difference for those children, who have access to things like stories, songs and rhymes and other such groups within the children's centre before entering into nursery?

Christine Whelan: May I just reflect on some of the information that was included in the information you gave us, which was that, of 3,500 children's centres, some 2,000 do not have any early education provision provided within them. Again, the EPPE Research is really saying firmly that very good provision in integrated centres, where there is early education provision on site, has been demonstrated to have a real impact. I am advocating very strongly here for integrated provision, where you do have early education and where, I would suggest, we are able to maintain a real focus on children's development. That would be my viewpoint

Q134 Chair: In 2009, Corby was 4% below the national average—this is early education in transition to school information that we have been given—48% compared to 52% of the national average on EYFS. In 2012 that gap had widened to 8%: 56% compared to 64% national average.

Christine Whelan: I am not quite sure which figures you are looking at. I am aware of the figures for the early years profile which, in Northamptonshire, is the end of reception. On my tracking Northamptonshire has been outperforming the national data.

Q135 Chair: The data we have are specifically on Corby. It does show that there has been an improvement, with a score of 56% in 2012 compared to 48% in 2009, but it looks like the national average has increased by more. At 56%, Corby is still below the Northamptonshire average of 64% and the national average of 64%. It looks like a specific issue around Corby.

Angela Prodger: I do not want to specifically start labelling children and families, but obviously through Making Children's Learning Visible I have been able to look at cohort data and to look at some of the trends. What I have found is no different to national data. The boys who are living with ongoing complexity are not doing quite so well. We have more and more children referred to us with quite specific needs, especially Special Educational Needs. Last year, we had eight children with statements in nursery, which is a very high number in early years provision, which is not a designated provision. Then we have more children at Early Years Action Plus, so at the

higher end of need. We have seen a very significant rise in children for whom English is not their first language: 30% of our children last year did not have English as their first language, many of whom will start nursery with little or no English. This year we had 17 different languages spoken in the nursery. In the three terms that we have to work with the children, when their free entitlement kicks in, it is a very a short space of time to move some of those outcomes. However, all children do make good progress and our Ofsted has demonstrated that.

Q136 Craig Whittaker: Christine mentioned earlier that there needs to be high-quality staffing to have an impact on children. I notice you have also written some teaching qualifications on pedagogy and leadership as well. Can I ask you, what should the qualifications be to become a children's centre leader and how should the training for those leaders be further developed and better supported?

Christine Whelan: There is an existing qualification for children's centre leaders in the National Professional Qualification in Integrated Centre Leadership—it is not snappy, is it? I would say, strongly, that it needs to be at the same level as a within-education headteacher. I noted in Naomi Eisenstadt's submission to your Committee she talked about the issues of leadership within centres, and without a strong pedagogical leadership there is sometimes a difficulty for centre staff in gaining support from other professional colleagues. I would say that it would need to be at the same level as headteacher. The complexity of a children's centre being that predominantly, we are working in three big areas—health, education, and social care—it may be that someone will come to centre leadership from each one of those routes, but the level at which they need to be qualified needs to be at that kind of level.

Q137 Craig Whittaker: "It needs to change," is what you are saying?

Christine Whelan: Some of us are already headteachers but I would say that it is most important. I cannot overstate the importance of really strong leadership in children's services.

Q138 Craig Whittaker: Would you say that strong leadership comes from extraordinary individuals who are the exception rather than the rule, currently?

Christine Whelan: That seems a very sensitive question to answer.

Craig Whittaker: I have asked a very sensitive question so I expect a very sensitive answer.

Christine Whelan: I know there are some very exceptional leaders in children's centres.

Craig Whittaker: So "no", then?

Christine Whelan: You will have to repeat your question, I am sorry.

Q139 Craig Whittaker: I get your point. Does anybody have a different view?

Angela Prodger: I would agree with Christine that leadership is key in our children's centres. There is a real need for knowledge and expertise in working with children and families, and multiagency working, as

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well as good leadership. I have recently been awarded the certificate in NPQICL, as Chris was outlining, and knew about it when the roll out was here at Pen Green. I feel that the qualification has been watered down, and I would be saying, "Let's not water it down," because the time spent meeting and sharing with those leaders is important.

We can do the theory—we could do that ourselves—but to spend time together really thinking and reflecting on practice and the leadership issues that arise were vital for me. I got much more out of my shared leadership learning groups than I did attending days to be told theory.

Q140 Chair: Just to get to the bottom of this "diluting," in what way has it been diluted? What needs to change? What would a recommendation from us look like that would suggest a way of fixing it?

Angela Prodger: There were definitely more taught days and more coming-together days when the programme first began. I think I had to do 20 days. There just did not seem to be enough time to do the reflection and to spend time on it; it was just, "We have 40 minutes to spend on this; we have an hour to do that." I would be saying, "Allow more time." The roles these people are taking on as a children's centre lead are very crucial and complex and there is a lot to understand. I had been in a leadership role for some time—I was not a new leader.

Q141 Craig Whittaker: Do you want to put some thought around that and perhaps drop that to us in written form?

Angela Prodger: Yes.

Q142 Bill Esterson: You seem to be saying that CPD and practical work-based learning is key to this.

Angela Prodger: Visits to other settings were really inspirational and valuable, because I know what the children's centre at Pen Green looks like but I would not necessarily know what another children's centre looks like.

Q143 Bill Esterson: This is about the status that comes from being qualified and the credibility that comes with it, enabling you to be effective. Does that apply for the whole work force? Do you see a similar issue there that needs to be addressed? We were having that conversation before. Can you just spell that out?

Angela Prodger: It is vital that all staff have access to relevant professional development opportunities, high-quality training and regular supervision, which is about the challenge and the rigour, given that you are working with children and families every day—how we make sure we are offering the best possible service and really thinking about what the outcomes are for children and families.

Q144 Craig Whittaker: Are you saying that that does not happen now? Because a lot of people would complain that it does not.

Angela Prodger: I am not saying that it does not happen here, but I am sure there are settings where certainly—I know that this is true for some settings—

staff are unable to access CPD or go on to further training due to funding. This is something we have invested in heavily.

Ellen Wallace: We are hugely fortunate in Corby because Pen Green is on our doorstep. You would be foolish not to take advantage of the training that is going on here.

Q145 Craig Whittaker: Is it fairly safe to say that there is a strong link between quality and qualifications of staff?

Ellen Wallace: Yes.

Angela Prodger: Yes.

Cllr Scott: I think we have gained enormously as a centre in terms of our policy towards education for our staff. We have learned from people such as Angela going on courses, and that has been applied and tied into our research development. It benefits us and the area enormously. We would certainly argue that centre leaders should be qualified to the types of levels that we wish them to be qualified here. That is very difficult in some areas because of the size of the centres and things like that, but there is nothing stopping those that sponsor the children's centres—whether it be the local authorities or whatever—putting in the service level agreements that that has to be the case.

Ellen Wallace: I would just like to add that when we opened our children's centre and started working, the vast majority of our family workers were NVQ3s and the complexities of the cases and families they were supporting were beyond that qualification.

Q146 Craig Whittaker: I was going to say, is that enough?

Ellen Wallace: No. A considerable number of our staff have now done BA degrees and there are five doing the Masters currently. The impact that that has in terms of research on us as a setting is enormous. It is huge, because there is a reflective conversation and dialogue that takes place.

Christine Whelan: There is an additional complexity when you are trying to work in a multiagency way. Not only do you need to have your knowledge and background from your own professional heritage—whatever that is—it is also the negotiation that you have to do and the understanding you have to develop of working with people from outside your discipline, because, if you do not come together well, you do not get the outcomes.

Q147 Craig Whittaker: Let me ask you, finally, about the Government's proposals on ratios around the early years settings. I know Angela said earlier, and previous panel discussions we have had have expressed—I do not think "horror" is quite the right word, but it is bordering on that. Are you therefore saying that you are not professional enough to have the autonomy to decide for yourselves what ratio levels you want to set?

Christine Whelan: It is a chicken and egg question. You have to talk about qualifications.

Craig Whittaker: I will be the chicken.

Chair: Sadly, we have not got time for this.

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Craig Whittaker: I was being flippant. Sorry Christine, I cut you off.

Christine Whelan: It is going to very much depend on the level of the qualification.

Craig Whittaker: You are the professionals.

Christine Whelan: If you are saying, “Do I feel confident?”, I can speak for myself: yes, I would be confident

Angela Prodger: Yes, we are professionals and we have already made that decision within our nursery;— we have teachers, we are a local authority nursery school, we choose to work on a 1:8 basis with our children, but actually there is a financial element to our decision on ratio that would be more favourable to children.

Q148 Craig Whittaker: So you are professional enough to do it then?

Angela Prodger: I am absolutely professional enough to do it.

Ellen Wallace: Absolutely, but I run an Academy so autonomy is absolutely what I like.

Q149 Ian Mearns: Separate from this, we are doing an inquiry into governance in schools. What I want to ask about is parental involvement and governance, to a certain extent. How closely involved are parents in the running of your centres and what benefits does this bring?

Christine Whelan: I was reflecting on this as I was coming along in the car; maybe there are different levels. We certainly have parents involved at governor level, advisory board level and also getting involved in volunteering and delivering some of the services. It is at lots of different levels. That would seem to me an absolute necessity because there needs to be as many possible ways for people to be involved within the centre.

Q150 Chair: Why is that?

Christine Whelan: It is about building community cohesion. It is about building the community’s possibilities to direct the centre in the way it wants to. It is about building, hopefully, respect for the centre.

Angela Prodger: I would agree with Christine. It is volunteerism, using governors, it is parents informing and driving services through through forums and dialogue etc. It is about community capacity building. Actually, if we are a community hub, we should be doing things to ensure that we are engaging our community.

Ellen Wallace: It is about having a sense of place and belonging; a place that they can go to and drive. There are tensions and schools find it quite difficult because we have to give up some of the power, but that is no bad thing. It is about parent voice and being able to listen to really engage and have a conversation with parents about what fits the needs of this local community. It is very exciting when that happens.

Q151 Ian Mearns: Different localities have very different population bases. Some localities struggle with getting parents, in particular, to take on the strategically important role of governance. Have you

had any particular problem with that and how have you overcome those problems?

Cllr Scott: We have not had a particular problem, no. For instance, on our board of governors, we have six parent governors as part of a board of 20.

Q152 Ian Mearns: Do you have elections?

Chair: You have a board of 20? That is big.

Cllr Scott: There are elections for those; there is always a contest for those positions. We have one, currently. The nominations closed on Friday and we have the election taking place over the next two weeks. I was exceptionally pleased with the last three governors that we had from the parent group that came on board; their knowledge was already very good about the centre because of the involvement they have had with the centre. The other governors that we have are from myriad backgrounds. We have different political parties involved.

Q153 Ian Mearns: You have political parties for parent governors?

Cllr Scott: Not for parent governors; for governance as a whole.

Ian Mearns: I thought, “That is pretty hotly contested, isn’t it?”

Chair: My money is on UKIP.

Cllr Scott: We do not have UKIP, no.

Q154 Ian Mearns: Therefore, do you feel as though the parents you have on board the governing body are representative of the parent body as a whole, or do you have more emphasis on particular groups than others?

Christine Whelan: You are always questioning, working and trying to make sure that you involve as many parents as possible. For some parents it is a huge leap and a huge question of confidence; you do not get that level of involvement overnight. You work at it and you keep working at it.

Ellen Wallace: It is our job to make sure that it does not feel like an impossible task. Certainly, in one of the settings where I work it is difficult to recruit parents to the governing body, but that is for historical reasons. That is about doing some work, getting out there, talking to parents and saying, “Your voice is important.” If you come from a climate where parent voice has not been listened to and the only way they have ever been able to get anything done is by shouting, then you have to change the culture and say, “Actually, we need you to come in and talk to us.”

Q155 Ian Mearns: Have you done anything in particular to increase the involvement in running the centre of fathers, disadvantaged families, families with children with SEN, or families with children who have particular disabilities—not just at governance level but in terms of getting them involved as volunteers?

Ellen Wallace: The appointment of men as family workers had made and is making a difference. We have men leading our dads and children’s group, which meets on a Saturday. We know that because one of things fathers have said to us is, “I really do not want to come into this because it is all women.” I do

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not blame them, actually. Also, in terms of working with families with special rights, we have actually made facilities available throughout the year and in the evening—for example FACT, which is a group that meets to support families with Asperger’s—so that their support group is there. That is the conversation that we have—“Well, this is going on as well”—within in the centre.

Q156 Ian Mearns: Does anyone have a particular problem in recruiting positive male role models for an early years setting?

Ellen Wallace: At Woodnewton, we have always had men—I say “always,” but probably for the last 15 years. In fact, the deputy before one was an early years specialist who was a man. We have a reputation for men coming to work with us. We do not have many, but we have them and it does make an impact.

Christine Whelan: As the early years sector is so predominately female, we always have to be aware—

Ian Mearns: We have found this in the Netherlands and in Denmark as well.

Christine Whelan: Yes, and it is about status and pay and all the other things we have talked about before. We have to be particular aware that we have to make special efforts because it does not feel like a very—

Q157 Ian Mearns: Have you done anything particularly special in helping to train governors and parents to become further involved? Have you done anything particularly innovative or special in terms of training?

Cllr Scott: One of our governors has a disabled child; she specialises in that area. She is an advocate for families and is currently looking at ways and means to get funding for a particular family. We do have a fairly strong involvement on that side. With regards to fathers, it is more difficult to get them involved. We have always had them, but it is still difficult and we would like a lot more. It is a very difficult area to crack.

Angela Prodger: Governors are always invited to our team-building sessions and our professional development opportunities. I did a piece of System Leadership Training, on which I worked very closely with the governors, and we came back and did a shared piece of work within the centre. We are really trying to help them engage and make them feel part of the services—not just attending meetings and talking and listening to their views—and value their expertise, really.

Q158 Ian Mearns: Angela, you said you recently did the NPQICL; was there anything about working with governors within that?

Angela Prodger: Yes, I did and, yes, there was.

Ellen Wallace: I also think there should be short-term, fixed-term governors’ sub-committees so that they have a brief. Otherwise, sub-committees can go on for ever. Who wants to sit on a curriculum committee, for example, that is still knocking it out?

Ian Mearns: We do.

Ellen Wallace: Yes, but if you are there with a fixed-term purpose with a goal at the end and so on and so forth, that makes it much more attractive to

governors because they think, “That is 18 months of doing this and then we will have come out with something at the end.”

Q159 Chair: I suppose it also depends how long the meetings are as well. How long did your last meeting take, Bob?

Cllr Scott: Too long.

Chair: How long is that, roughly?

Cllr Scott: The last meeting was a finance meeting and actually it ran on time. It took an hour and a half, I think.

Q160 Chair: What about the last full governors meeting with all 20 of you?

Cllr Scott: The last full governors meeting took two and a half hours.

Ian Mearns: That is not bad.

Chair: I used to be on the Conservative Party Board. It would go on for five hours. Torture would have been easier.

Ian Mearns: You deserved it.

Chair: I would have done the torture, I imagine.

Q161 Bill Esterson: On to Ofsted: can you tell us what your experience of Ofsted inspections is like? Were those inspections helpful?

Ellen Wallace: Yes. I am a bit of an expert on Ofsted. I have clocked up 13 over the last 18 months in various ways. Are they helpful? When they are led by HMI, they are extremely helpful. They can be variable when they are not HMI. Sometimes you receive what appears to be conflicting advice—and I use the word “advice” advisedly.

I will give you an example. Three years ago, an Ofsted inspector challenged us around our use of learning stories that we sent home because they had photographs in them and I could not absolutely prove that there would not be a paedophile at home looking at a photograph of a child. It was a really tough argument, because I could not demonstrate that. Three years later, an Ofsted inspector comes along and says, “Wonderful. Aren’t they fabulous? You do send them home, don’t you?” “Absolutely; of course.” I find that a little challenging to get my head around. In general, yes, I do find Ofsted inspections helpful.

Angela Prodger: I would agree they are helpful and, like Ellen, I think there needs to be some consistency. We have had two Ofsteds, one in November and one in January, and we were a pilot for children’s centre inspections. With the nursery school inspection, when they rang to agree their time and things, they wanted 12 lesson plans for the nursery provision. Well, if they had a good understanding of early years they would have known that we did not have 12 lesson plans to hand over; we would be working on an individualised curriculum. There are sometimes things like that that are quite frustrating.

Bill Esterson: A lack of understanding of the setting.

Angela Prodger: But like with Ellen, the HMI one was a really robust and rigorous process: appropriate and meaningful.

Ellen Wallace: They are worth listening to, HMI. They just are. You know that they know what they’re talking about.

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Cllr Scott: We had quite a session with them and I thought it was very useful. They really reinforced our SEF. From the point of view of governors, that is good because it gives us an indication that our staff are putting things down truthfully and heading in the right direction. It also gives us material that we can plan in future

Q162 Pat Glass: We have heard, as a Committee, witnesses arguing for targeted intervention within the universal service. At a time of austerity when money is tight, is that the right approach or should we be moving towards more targeted services?

Christine Whelan: I would say that it is critical that targeted services do happen but are embedded within universal services.

Ellen Wallace: Universal services bring parents in. Parents come to universal drop-in because they feel comfortable; they know the setting; and through that you can signpost and direct. If you are going to have targeted services then we need to be really careful that groups meet the needs of the parents within them. You could say, "Let us have baby massage as a targeted group," but it may not be the most appropriate group for that parent. You have to be careful. I am an advocate for universal services because it does not matter who you are, people will come and use them. It is a really useful way of getting in parents, particularly some of the disadvantaged families.

Q163 Pat Glass: One of the criticism of children's centres is that the most needy children and families—the families they were established to meet the needs of—simply dipped underneath. How do you know what you do not know? How do you find out who those families are?

Ellen Wallace: It will happen through data-sharing. We have to get better and sharper at sharing our data between health, social care and children's centres. One of the things that we are doing tomorrow is meeting and talking around targeted prevention and that sharing of data because you are right: what you do not know, you do not know. However, you are also sometimes conscious that other agencies are working with families that you do not know about.

Q164 Pat Glass: One of those key agencies is the health visitors. Are they sharing that data? They know who these people are: are they sharing it with you?

Cllr Scott: They have been much better at it in recent times than previously. We now get data every six weeks.

Q165 Chair: Any idea why they have become better?

Cllr Scott: Discussions took place; it took some ninth months to a year to get over the issue of the Data Protection Act. This issue of data collection seems to crop up all the time. We should be sharing that information; not at my level—certainly, I do not want that involvement—but practitioners at a lower level certainly require it. We need that data so that people do not get under the radar.

Q166 Pat Glass: How much is professional status still getting in the way of integrated working? We

have been told about some workers in early years settings contacting other professionals and they do not get called back because they are not on the same level. You have to consult the paediatrician at the top, then the EP, then the teacher and then everybody else underneath. Is that still getting in the way of integrated working?

Angela Prodger: As a fully integrated centre we have invested in multiagency working, so it is not about us trying to do one another's jobs. It is about understanding professional heritage and what skill bases each of us has, and really trying to work together. We have invested in health visitors coming into the centre. Again, we invite them to join us on professional opportunities, training and those kinds of things. It should not be based on relationships, as often happens, because then children will be missed because you do not have a relationship with someone who is there. As Ellen said, we need to get better at sharing data and really trying to work together in the best interests of children and families.

Q167 Chair: People would have said that 20 years ago. So what is going to make it more likely? The trouble is that you have good practice and you can see where it works, and so the rules do not need to be changed because they do it brilliantly in place x. But in 90% of everywhere else they do not, so you sit there thinking, "What can we do at system level to make it more likely?"

Ellen Wallace: When we appointed a social worker, we found it was easier to get access to information than it was previously. We have had a social worker in place since 2007. One of the pay-offs of that is certainly in terms of other members of staff, who have learned to be a lot more assertive. Some of it is about being really assertive and not accepting "no" for an answer. Early years workers have to be grown ups, really. We have to stop looking down on early years workers because they work with little children, and recognise them as professionals having equal status with other professionals.

Q168 Pat Glass: Would you agree with the proposal that children's centres should have a named social worker?

Ellen Wallace: Personally, having now got two in two settings, I just think it is invaluable. I would not want to be without it, given the impact it has. They are preventative so they do everything up to and including the point of referral, and then we will attend conferences. It is complex, but it has had an enormous impact for us, without a doubt—the robustness and the degree of safety that we didn't have previously around some of the complex families with whom we are working and supporting.

Christine Whelan: Can I make a distinction, though, between your social worker in post and a named social worker?

Ellen Wallace: Yes, do.

Christine Whelan: You would need to have a stronger definition around, "named social worker." A social worker could be named as a social worker for 20 centres. That would not be as effective as somebody

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who is a social worker embedded in your centre. You would want to clarify that.

Chair: Our time, sadly, is pretty much up, but David you had questions on the impact of funding cuts.

Q169 Mr Ward: We touched on this earlier, but let's have just one more go. We are assured by the Secretary of State that there has been an increase from £2.2 billion to £2.5 billion for early intervention funding. You spoke earlier about the impact on you. Do you have any final contributions regarding funding and the likelihood that this will have an impact on what you have to offer?

Chair: What would the main impact of cuts be?

Cllr Scott: The main impact of cuts will be a diminution of the service offered.

Q170 Chair: In what particular ways?

Ellen Wallace: It will affect staffing.

Q171 Chair: Will it affect the numbers?

Cllr Scott: Yes.

Q172 Chair: Will it affect the quality?

Cllr Scott: Quality will certainly suffer and there will be less ability to carry out the sorts of functions we believe we should be carrying out, in integrating as much as we can and making it as seamless as possible.

Q173 Mr Ward: For the record, do you have any comments on payment by results?

Cllr Scott: It works in industry; I don't think it works with people.

Chair: Thank you very much for giving evidence to us this afternoon. If you have any further points—we did not cover all the ground that we wanted to—particularly along the line of recommendations, things you think you would like to see in our report, then please do write to us. We would very much welcome hearing from you.

Examination of Witnesses

Witnesses: **Alex Hopkins**, Director of Children, Customers, and Education, Northamptonshire County Council, **Diane Dinch**, Local Clinical Team Facilitator, Corby and Kettering Health Visiting Teams, **Maggie McKay**, Senior Co-ordinator, Home-Start Corby, and **Nicki Price**, Chief Officer, Corby, Commissioning Group, Willowbrook Health Centre, gave evidence.

Chair: Thank you very much for joining us today. You have all had the benefits of hearing the first session so we will be even more punchy and effective in our remaining few minutes. In light of that, I will hand straight over to Craig to start us off.

Q174 Craig Whittaker: I will not ask what services you deliver in partnership, which is what I was going to ask; can I ask what service gaps you have as a result of not working fully in partnership?

Alex Hopkins: The first thing just to say is that we have 50 children's centre in this county and there are not 50 Pen Greens. I can drive you 10 miles over the hill to a town called Oundle. You will find a children's centre there: it is a room attached to the local library. What the children's centres do is very different; that is very important. At somewhere like Corby, where you have a fully integrated model like you have here, a lot of work has been done on filling those gaps.

In other places, particularly at phase two—and more the phase three centres—that is work to be done. Driving down the A45 to Irthlingborough, there is a children's centre there that has just started doing contact visits with parents whose children are in care. Rather than the traditional model, where they have to go to the social services office to be stared at, and everything else, they are doing it in an environment where there are parents and children. There will be little gaps all over the place but they need to be filled in from a local level: ground up rather than top down.

Q175 Craig Whittaker: Let me just change my question slightly then. How much duplication of provision do you have?

Alex Hopkins: Can you be more specific?

Craig Whittaker: Speaking of partnerships, one of the key things about fully integrated working is that you get seamless—as we have seen here—provision. The alternative is gaps in and duplication of provision. I understand what you are saying about little pockets and gaps around the place, but how much duplication do you have in your system in your borough?

Chair: The question is about overprovision rather than underprovision in certain areas.

Alex Hopkins: There is definite duplication where different agencies are asked to do the same thing from a different angle. There is the much used example of teenage pregnancy. The NHS had one set of targets and local authorities had another. There are those kinds of examples. With the panel you were talking to previously, what you will see is that there are overlaps that are really important. There are really important overlaps between early years, nursery school provision, into primary. It is that duplication, that overlap, if you like, that you want. Our issue is where we have mandated targets or focus from different departments down to different agents on the ground.

Q176 Craig Whittaker: Alex, let me try it from a different angle. We have heard from Bob previously that there will be cuts of 4%, 10%, 16% and 14%, I think it was. He said that it was a total of 44%. Actually, he quoted 37.6% cuts over that five-year period. How much is overprovision in the county costing? How much could you save if you got that bit right?

Alex Hopkins: We can do the money bit now if that is easier, because that is what that takes. The 4% and the 10% cuts are happening this year, absolutely. In

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terms of future years, the decisions have not yet been made as to where the axe will fall if those amounts of money need to be taken out. I will not be making that decision; my political master will be.

There is a more fundamental point in terms of the last question you asked, about the overall funding envelope around children's centres. Whilst the overall envelope has gone up, where the money is has made a huge difference. If I could just illustrate that: we had a reduction in the Early Intervention Grant of about £6 million and this moved over into the dedicated schools grant. The rules about how I can spend that money—because it is DSG—are much, much tighter. I cannot spend it on children's centres. Rather than passporting a £6 million cut into children's centres, a political decision—of £1 million—was taken to minimise that. I don't want you to get caught up on this idea of the overall envelope; where the money is is very, very important.

Q177 Craig Whittaker: What I was trying to get at, though, was, by your own admission, this centre here is not replicated around the borough. Therefore, that would indicate that you have gaps in provision and duplication of provision.

Alex Hopkins: No, not at all. Corby is one community and this is a large county.

Q178 Craig Whittaker: No, but you said you had pockets of gaps in provision and, by your own admission, you also said there would be some overprovision as well. What I am trying to establish is how much this overprovision is costing the borough.

Alex Hopkins: If the question is, "Do you need 50 centre managers for 50 children's centres?", then that, quite rightly, is the kind of thing that needs to be looked at because you do not need the same level of management input for provision like this as you do with the one-room example over the hill that I put to you. The point is that the communities within the county are very different, so what they need in terms of a children's centre—what type of provision they need, how that interrelates within everything else—is different. There is no single answer.

Q179 Ian Mearns: Alex, to follow up, Craig, I have to say, as a councillor of 27 years before getting this job, I hate it when professional officers at a very high level tell us about the decisions that will be made by "our political masters", because I do know how it works. The professional officers within the local authority will be doing some strategic planning and modelling, given a number of different scenarios. You will be doing some planning based on those basic scenarios and then making recommendations to your political masters about exactly how they are going to do it. What strategic modelling has the local authority done between yourself and the Director of Finance in terms of the funding scenarios for the forthcoming years? You have must have done some plans.

Alex Hopkins: Yes, we have done plenty. We have considered it right across the piece in terms of a whole range of services, whether they are statutory or non-statutory. What has been put in front of you in terms of 14% and 16% is the worst possible case

scenario for children's centres, if all those reductions were loaded only on the children's centre budget and nowhere else.

Q180 Ian Mearns: What is the most likely scenario?

Alex Hopkins: It will be spread and I think there are other non-statutory services that are more likely to bear the brunt of that.

Q181 Ian Mearns: Therefore, not 14% or 16%, but more likely a cut of lesser dimensions or no cut at all?

Alex Hopkins: I am not going to speculate on percentages but given children's centres' statutory base, it would be highly likely that the cuts were going to fall on non-statutory services.

Q182 Craig Whittaker: Can I ask you what evidence you have seen that integrated services have a greater impact on child and family outcomes? Do integrated services also offer better value for money?

Chair: Let us start with health: how does health feel about these integrated centres?

Diane Dinch: Integrated working is pivotal to the local community, certainly from a health point of view. In Corby, we have a very long tradition of working with the children's centres. Obviously Pen Green has been established for a long time. We have had the other three centres that have been built and have grown up over the last six, seven years. Without them, the outcomes for children would have been considerably worse.

To go back to your universal provision question: as health visitors, when you identify a family we have the luxury of being able to access absolutely all of the children who are born in the county—hopefully, as long as we catch them—and then make the initial assessment and move them on. Without the family support provision and the Home-Start provision in the town, some of the integrated working would not have been able to take place. Within health, we have been constrained by our own parameters that have been put in place over the last few years. We do not have the ability to do that one-on-one work that we had done before. We need that one-on-one work done somewhere and the children's centres are ideal—and the voluntary agencies; it is not just children's centres.

Q183 Chair: And Nicki, what do you think? I mean you are a health visitor and health visitor team so integration in the community is second nature to you. What about CCGs?

Nicki Price: CCGs interestingly do not directly commission any services from children's centres. So, health visiting responsibility has gone to the National Commissioning Board, so we will become a statutory body on 1 April. There is extensive work we need to do with CCGs around children's centres. First of all, understanding what they actually deliver in the communities. We have significant challenges within health, particularly around some of the lifestyle issues; we are dealing with the blunt end of that. If we do not start to crack some of those issues with families and youngsters, the investment we are having to place into services when patients become poorly is significant.

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Maggie McKay: The benefit of integrated working for us at Home-Start is that families have a choice: families can use the services that are available to them in all the children's centres across the town and create something for themselves that meets their needs.

Q184 Craig Whittaker: What are the barriers to integrated working with children's centres?

Nicki Price: For us it is an understanding thing, so investing some time to understand what services are being delivered and how we can support partnership working with our other commissioned services to make sure that those different things are happening. It is a little bit early. It is an untapped resource. We have to commission services that are fit for purpose for our community. We have extensive health inequalities in Corby. It is one of our key roles. I would expect us to be working with the children's centres going forward, but it is just trying to understand what the quick wins are in that.

Q185 Ian Mearns: Within the current Children and Families Bill, there is a proposal that health are going to have to co-operate a lot more, with regard to a statutory duty to co-operate, with things like the delivery of Education, Health And Care Plans. How do you think that will impact on the way you integrate services between the children's centres, the local authority and health?

Nicki Price: I am not quite sure how to answer that one.

Alex Hopkins: For me, this is a massive step forward.

Ian Mearns: That is the answer I would expect from you.

Chair: It is also the right answer.

Alex Hopkins: We are the only ones around the table who can then be forced by a tribunal to deal with any of those needs; that is the education bit. It should be across all three that there is that statutory duty.

Q186 Pat Glass: Would you support a statutory duty for social care as well, given that it is your responsibility and you have to cough up?

Alex Hopkins: There is something about balance. If it is an Education, Health and Care Plan, and there are two statutory responsibilities and one missing, it seems a bit unbalanced, does it not?

Pat Glass: We are on the Bill Committee and we will definitely be putting that amendment forward.

Q187 Mr Ward: Just to tease out again the identification of need: we have been given an example of the poor state of children's teeth. How would something like that be identified as need? Going back again to the whole issue of integration, how would that all fit together with working with centres such as Pen Green?

Nicki Price: I could attempt to answer that question but dental healthcare is actually commissioned by the National Commissioning Board and not by Clinical Commissioning Groups.

Q188 Mr Ward: The question is about the identification of need and the sharing of information. What is the process for all that?

Diane Dinch: Certainly within this town, we have our own assessment strategies which we do for families anyway, so risk assessment and needs identification strategies that we use where they help. That would flag up individually with children what we need to put in place to try to mitigate some of those poor behaviours that lead to things like dental caries.

We also try to work collaboratively with the centres to make sure that the health promotion that is required for those specific subjects goes on within centres. We have bi-monthly meetings with the centre leads, discussing those kinds of situations where we try to do joint overall working and approaches just to education, if nothing else.

Dental access in this town is pretty difficult, either because we do not have a dentist available who will take the patients on, or because the families do not understand what you are trying to say to them, whether English is not their first language or there are literacy problems or whatever. Those conversations that we have with our agency partners, such as Home-Start and the big children's centres, often have more effect on families because they have better access as they are working with them on a day-to-day basis. It is about relationship building. It is about making sure that we signpost them in the right direction to the right people that can have that effect. You asked about barriers before, and part of the problem is that there is a fundamental misunderstanding amongst some parts of the community about what children's centres are for, and this misinterpretation of why people go there. We have a lot of work to do so that they know why they are coming and what the children centres do.

Q189 Chair: We touched on the data-sharing issue a bit earlier. What are the barriers to you all being able to share the information that you have in order to allow the kind of joined-up services that we have been talking about?

Mr Ward: What we are looking for is the system. I mentioned the word "process", but is it systemised in terms of gathering and sharing of information?

Diane Dinch: We have a system in place, and Bob alluded to it earlier on. It is much better than it used to be. Essentially, what we tried to put in place with NCC was an information-sharing protocol. When we go out and see children that need us, we get them to sign a consent form that says, essentially, that we can give the children's centre the information, which is their name, date of birth, and address. That is it. Because of the process, that was as much as we were allowed to share. It all concerns information governance legislation. It is a barrier. We want to give more than that. We are quite frustrated that we cannot share even a telephone number, which does constrain the ability to contact them. The information-sharing issue is definitely there. The problems come from the red tape, if you like.

Mr Ward: We are looking for recommendations.

Diane Dinch: Get rid of the red tape. Parents are more prone to agree to share information than the red tape would allow for. If we went straight to parents and said, "Are you happy even for us to fill in the registration forms for the children's centres?", I think

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a good majority of the parents would say, “Yes.” But our governance procedures will not allow us to do that.

Q190 Pat Glass: Is it your governance procedures or is it the legislation?

Diane Dinch: I am not sure.

Q191 Pat Glass: Well, would you be able to find out and let us know? To be fair, health professionals always say this, and yet Government will tell us it is not in the legislation anywhere. If you can come back and say, “If you just got rid of that...”, then we at least could recommend it.

Diane Dinch: I can give it a go.

Pat Glass: Just write to us

Nicki Price: Where you have informed consent, where you are working on a one-to-one basis, it is always significantly easier to hand data across. Where you are looking at that on larger scale population base and you want to be able to pass information across, it becomes a little bit more difficult, unless you want it completely anonymised. Even within health, we struggle to pass information across health organisations due to information governance. To pass health information from health out into some organisations then becomes very difficult.

Diane Dinch: Practitioners struggle because, individually, there is accountability. If your guidelines are vague, it leaves you feeling quite insecure and therefore you err on the side of caution.

Q192 Ian Mearns: Chair, I am not convinced that there isn’t an awful lot of corporate mythology about all of this stuff within a whole range of organisations. Unfortunately, that corporate mythology gets right the way from the top, right the way to the bottom. I really do think that health professionals need to go back and absolutely check what they are and are not allowed to share on this stuff.

Nicki Price: I know that significant work has been done in health within Northamptonshire, which has gone right up to the GMC, around our ability to share health. From a commissioning point of view, we want to access more information that is in GP systems; there is a whole wealth of information within GP systems that I am sure would be beneficial to a number of partner organisation, but we have been prohibited from that because of legislation. We have taken legal advice on that matter as well.

Chair: The Government will sometimes say, “You should share information but we will give you no legal indemnity if you do so.”

Q193 Pat Glass: We have talked a lot today about the changing purpose of children’s centres and the increasing focus on targeted services. Maggie, can I ask you, do you welcome that, given that many of the families that we are talking about are families that you would be dealing with? Do your families actually understand and know about the children’s centres, and are they reluctant to come?

Maggie McKay: There are two answers to that. There are the families that know about children’s centres and will dive in, swim through all the services and take

what they can for themselves and their children. Then there are families that would probably need a little bit more support to access: maybe they have lost a little bit of confidence around mental health issues and probably had a little bit of post-natal depression. They have lost confidence in themselves. You might need to go along with them to those services. Some families, through previous bad experience, maybe with statutory agencies, might just say, “No, I do not want to do that.” They might not fully understand the benefits of these services to themselves and their children.

However, I would say that in Corby, in general, my understanding of the families is that I am fairly sure that they all know that the children’s centres exist. They probably have an understanding of what goes on in those children’s centres, and most families would go and find what they need from each children’s centre. Some families go around every children’s centre, using a different group every day. With regards to the families whom we want to use the children’s centres at Home-Start, or to come out, we would probably do a little bit of work with them at home first, build up their confidence and then speak with the other children’s centres and inform them about what they have to offer, so that volunteers can then assist those families to use those services.

Q194 Pat Glass: Is your general view of this, “Oh great, my families will get better access to children’s centres like Pen Green,” or is it, “Oh no, if we take away the universal element of it or it is lessened, there is even more stigma and they will not come”?

Maggie McKay: I am a big advocate of universal services. I totally believe that, at any given time, at any point in anybody’s family life, things can go wrong. Things could be quite happy, bobbling along, then, all of a sudden, somebody could lose their job, the family could fall into poverty; and then all of the angst around that. I think keeping those universal services open to everybody—to not have those universal services will mean that people will miss out.

Q195 Pat Glass: Just very quickly to Alex, what are you doing now to work with children’s centres to prepare them for the changed role of more targeted services?

Alex Hopkins: We have spent a lot of time on this. We have brought the children’s centre managers from around the county together. We have been doing a lot of work on targeted prevention. This is the area between social care and universal services, if you like. We are looking to put targeted prevention resource—people, whatever it might be—into the centres, so bolstering, if you like, the early help or intervention. I still think there is a debate to be had, though, about the assumption that the core purpose would be the same for all, say, 50 children’s centres in this part of the country because, again, the communities they serve are different. There are instances where the socioeconomic impact is less of an issue: on things such as maternal mental health, parent- infant attachment. On the answer to the question about the balance between universal and targeted, the move

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from childcare to early intervention must be different in different places.

Q196 Chair: How well do your services work in the rural areas? The room on the side of a library does not sound like the most inspiring centre but I suppose it depends on the quality of people who occupy it.

Alex Hopkins: Using that example, they do a lot of outreach work. They are dealing with families that are dotted all over the place. I was in our most northerly primary school earlier this week, in a place called Easton-on-the-Hill, which is another half an hour from here heading north. The staff from that children's centre go up there and work and do outreach. It is just a different model. You can justify the large physical resource where you have the concentration of both population and need, but it is a different model in rural areas.

Q197 Chair: We talk about the universal and targeting and reaching the hard-to-reach. What penetration will there be in, say, the top two deciles of high income? When we talk about "universal" and everyone using it, do the children of barristers and industrial barons come into contact with children's centres? How wide is the social range genuinely reached by children's centres?

Alex Hopkins: Yes, if it is the sort of "yummy mummy X5 Range Rover" question—

Chair: The yummy mummy X5 Range Rover question?

Alex Hopkins: That is how we talk about it.

Chair: That is how your imagination works, Alex.

Alex Hopkins: There is a lot of challenge around that, doing baby massage and all that kind of thing. In some parts of the county—

Craig Whittaker: They do it here. We have seen it in action today.

Bill Esterson: We have heard about it, anyway.

Alex Hopkins: Yes, but in some parts of the county it is absolutely used by those people. To go back to what I said before, for some of the services people need to access the support they need, it is not about the socioeconomics. Things like maternal mental health, attachment issues, post-natal depression cut right across that. There is a need for people to access that kind of provision. The question for me is what that then looks like, because it needs to look different depending on where you are. But absolutely, people like that access services.

Q198 Pat Glass: So, it is universal access rather than universal use?

Alex Hopkins: Yes.

Q199 Chair: But your point in answer to my question, though, was that people from every socioeconomic group do get involved; they may be smaller in number, but there is penetration.

Alex Hopkins: Yes, absolutely.

Q200 Bill Esterson: Alex, you started to answer this question earlier and you drew back from it. Is what you have just been saying an argument for fewer children's centres with more resources, but put in the

areas of greatest need? You then have the outreach for everything else. Is that the logic of what you have just been saying?

Alex Hopkins: What you have just described is Sure Start. That is pretty close to what Sure Start was, was it not? It was focusing on the areas of greatest need and focusing the resources in there. It was incredibly targeted: "This ward, that ward, and that ward; these populations." The point is that we are not starting with a blank sheet of paper; you can have the far more integrated, holistic—whatever you want to call it—provision like you have here, where you have the greatest need, but in areas where you have less need you can have something different. I do not think it is an "all or nothing".

Q201 Bill Esterson: So it is not one or the other?

Alex Hopkins: No. I think there is a debate to be had in certain parts of the country for charging for some of the services that are delivered out of children's centres.

Maggie McKay: My thinking is that if you are closing some children's centres in order to make other children's centres more focused, there are always going to be those families that would need support and practical means, in transport terms, to access children's centres.

Also, my fear—and this is my own opinion—is that those centres will then come extremely busy, which may be quite off-putting for a family who have one or two children and may be experiencing a bit of low mood. Coming into a children's centre that is quite busy could be quite a big thing for a family to achieve in itself. I am not sure where the answer lies, but I would definitely see that there would be a risk to the families if things were closed and the services were more compacted. I think that that would be a problem.

Q202 Mr Ward: Just some thoughts from you on the levels of qualifications of the key work force. Do you have any views on whether children's centre staff are adequately qualified and trained for their role? What is your experience? No one is listening; it is only us here.

Nicki Price: I am not that close to children's centres so I would not be able to answer that question.

Diane Dinch: We work obviously alongside family support workers and early years workers. In my experience, especially in the centres in Corby, they do offer quite a prolific educational process. We have integrated that, and we have had joint educational sessions and training that either they have done and we have benefited from, or conversely that we have done and they have benefited from. The educational standard in Corby is very high.

I truly believe that they need to be qualified to a significant level to be able to manage some of the complexities that we work with. Even with regards to fundamental issues such as maternal mental health, you cannot support somebody with an enduring low mood without the necessary education to understand how to recognise it and to recognise if it is improving or getting worse. Pivotal to that is the impact upon the infant's well-being. The level of education they get here, obviously, with the research centre, is

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impressive. But you cannot just offer it once and leave them to it: it has to be built on. You need that scaffolding around the staff, as well as the children and families.

Q203 Mr Ward: Alex, can I just ask you about the Croyland Children's Centre's Ofsted report? It was critical of the support given by the local authority to governors, specifically on training and data. Has there been a response to that from the local authority?

Alex Hopkins: Yes; you made me do my homework because it predates me. I had to speak to my predecessor on the phone, because it is obviously a very specific question. Following those comments, bespoke training in that issue was done for each of the children's centres, but also training for school governors where a children's centre is integrated. Where an Ofsted report identifies the need for additional support, we will have someone sit as part of that advisory body in terms of supporting them and challenging them.

It is important to point out that there is a balance between how much money is retained centrally and how much is spent in the centres on the frontline work. A conscious decision was made to retain as little as possible centrally, as we have done with schools in the county, and as much as we can in the centres. This means that the central support available is not going to be as big as it could be otherwise, but there is the belief that the money is best spent at the front end and not held back.

Q204 Mr Ward: My final question is: as commissioners of the services, are you satisfied that you have enough influence over the running of the children's centres?

Maggie McKay: I would say that all children's centres are equally committed to families across the town. If we ever have any suggestions or anything we want to input into those children's centres, they would definitely welcome hearing from us and looking at that in terms of the support for families and children, because that is their priority. In terms of Home-Start, we have representation from each of the children's centres in Corby on our board and that helps us with keeping communication lines open. We are constantly seeking to build on and improve that as well. It is nowhere near completion but it is definitely going in the right direction.

Alex Hopkins: At the risk of being boring and repeating the point, the question needs to be, "How does it work together from the ground up and not from the top down?" There used to be an assumption that by mandating certain things—even at a county level—we get the best outcomes locally. I just do not think that is right. In the places where we have had the greatest success, it has been about how people have worked together locally. So, the "how", because all of our children's centres are commissioned, is left for the professionals to work out locally. We are just clear on what we want in terms of outcomes and all the rest of it.

Nicki Price: I cannot comment from a commissioning point of view but as a major partner going forward,

we need to do some significant work with children's centres to identify what the opportunities are.

Diane Dinch: From a health visiting point of view, we have a member of our staff who sits on the advisory board of all four of the centres. We are invited. If we lost that contact—it is always the children's centre that is coming back to us to ask us and make sure that we attend.

Q205 Ian Mearns: This is really aimed at Alex. Northamptonshire is obviously a very diverse county with a total of 50 centres around the patch. You have stated that the different centres do very different things; there is only one Pen Green. What can the Sure Start centres use to demonstrate improved outcomes for children, which together build towards the strategic aim of the authority? What can individual children's centres do to demonstrate that that vision is being delivered clearly?

Alex Hopkins: There are a couple of bits to this. The first bit is the big outcomes. Educational attainment, all the way through, is relevant, because if you have children's centres doing what they are doing, nursery schools, primary schools, secondary schools, everyone contributes to that and you cannot lose sight of those big ones—education, health and social. That is really difficult to do at a children's centre level because you are dealing with years and years and years.

On measuring contact with identified families and percentage of reach, it would be really helpful—this echoes some of the Ofsted conversation we had previously—if we had a bit more clarity, or the bits of the system worked together. In order to be an outstanding children's centre, according to Ofsted, you need to be working with 80% of the families within your reach, but actually, if you want to be focused in terms of targeting, then those two things will be different. Those two things seem at odds to me. There are more examples of the performance regimes that children's centres are subject to potentially working at odds with each other.

If you look at educational attainment at county level—you quoted the Corby figures, but at a Northamptonshire level—the early years results, if you like, have steadily improved over the last few years. It has to be a mix of those big macro things, but also the inputs and the things you want children's centres to be doing in order to work with the right families.

Q206 Ian Mearns: Are you doing any comparative longitudinal studies? You have said that there are quite different things going on in different places; therefore, if one of your main guiding principles is on educational outcomes down the line, are you doing any comparative longitudinal studies to evaluate that properly?

Alex Hopkins: We have been looking all the way through because something interesting happens in this county. At Early Years Foundation stage, our children are above the national average. As they go through their educational career they converge with the national average. By the time they get to GCSE, they are below the national average. That is very significant. We have been doing some work on that,

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tracking back, looking at the data to try to understand what is going on.

There is some very interesting stuff happening around the population in this part of the country. There has been a 456% increase in the east European population in Corby over the last 10 years.

Ian Mearns: But if it was only four families that would be about 16 families.

Alex Hopkins: I am sure that colleagues who know Corby well know that the only Serbian Orthodox Church in the country is just over the road.

Ian Mearns: That has been there a long time.

Alex Hopkins: That is because you had a large east European population that worked in the steel industry. You have the only 100% EAL primary in the country in Peterborough up the road. You have a massively changing population as well. It is looking at those factors together to try to work out what is happening. It has to be tracking back, using the historical data but overlaying the population stuff on top of it.

Q207 Ian Mearns: That sounds like a major challenge, but are you saying that the authority has the analysis of that in hand to make sure that, by the time the kids reach 16, the GCSE results are not below the national average?

Alex Hopkins: Yes.

Q208 Pat Glass: What is your 16-plus participation rate?

Alex Hopkins: Off of the top of my head, I cannot tell you.

Q209 Chair: Alex, what would you like to see? Investment in early years is significant now, and yet the big studies, so far, are not showing a major change in school readiness—to use that particular term—and, generally speaking, improvement in outcomes, particularly for the most disadvantaged children, has not been as significant as we all hoped when we started out. There have been a number of years of that kind of investment and expanded investment; have you any reflections on that? What do you think needs to be in place in order to ensure that we really do create a more socially just society in which being born poor does not mean that you end up with poor education?

Alex Hopkins: As you all know, there are no silver bullets when it comes to working with children, particularly around education, social development and all the rest of it. I think that the search for one in terms of children's centres and early years and all the rest of it is not where the energy is best put—looking at what works well and not then trying to industrialise it and spread it across the entire country, but rather saying, “It works well here because they have had the freedom to do this, that and the other, and they have worked in this particular way,” and using that as a learning tool, rather than legislating for this, legislating for that. I do think a different approach is what is called for.

In terms of the studies that ask the question about effectiveness, one of the issues we have is that where the Sure Start projects were originally and where our more integrated children's centres are now are where

you have had three generations, long-term unemployed and you have had huge social and educational issues. They are not turned around in five, six, seven years; they are turned round in the much longer term. You should, however, be able to see the initial impacts of what you are doing. Thinking of the panel before, if you cannot see in reception children that are school-ready, children who are able, coming in ready to learn and able to interact with other small children, and they have been through the children's centre system, then we do have a problem

Q210 Chair: Do we have that problem?

Alex Hopkins: From what I have seen in the country, no. I can take you to any number of primary schools; you can talk to the reception teachers and they will be able to tell you which children had early years and which children did not.

Q211 Bill Esterson: Is there something that happens later on in the school system here that is different from other parts of the country, say at 11 plus?

Alex Hopkins: That is what I am trying to understand. Certainly in Northampton, which is the largest urban area in the country, there were a high number of very poorly performing secondary schools.

Q212 Craig Whittaker: Did you say earlier that you didn't think that children's centres were the right way forward? Was that what you said?

Alex Hopkins: No.

Craig Whittaker: No, okay. I must have misheard what you said.

Q213 Chair: A final point on the alignment between outcomes required in health and outcomes in the world of education and local authorities etc. Is there anything that needs to be done to change those alignments so that you can work more effectively together, so you are not sitting round with people of good will before finding that the actual requirements on you send you on differing trends?

Diane Dinch: At the moment, we have very hard figures that we can run to on obesity rates, dental care—as you talked about before—and achievement rates in terms of exam results etc. It is those intangible quality outcomes that are not necessarily defined very well and they are not put together. We have our quality outcomes that we try to measure. Education have their quality outcomes that they try to measure but we never have that joint conversation where you decide what they should be.

For example, when Ofsted comes we come to support the Ofsted review and we know they have health outcomes that they need to meet but we do not necessarily take part in arranging how they meet those health outcomes, if that makes sense. Those conversations should definitely be happening. There is definitely something about the joining of health—not just doing early years but making our services 0 to 19; trying to look at the overall outcome for children, so that it is not just about pre-birth upwards until five, and then it stops and changes. It needs to be a seamless health provision for children until they reach adulthood.

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Q214 Ian Mearns: In order to better integrate the seamlessness in that case, would you welcome shared accountability measures between health and education?

Diane Dinch: Yes.

Nicki Price: Some of the linkages that have not been there in the past will start to happen as the result of the formation of health and wellbeing boards. Going forward, we will start to see some of that joined-up thinking at strategic level; it is how that then starts to filter down into the day-to-day work. We have the public health departments in local authorities, so I am sure that that will start to bridge some of those gaps as well.

Q215 Chair: That was going to be my final, final question. Do you think that local authorities having public health responsibilities should contribute to better integration and understanding between the world of the local authority and the world of health?

Nicki Price: I would hope so.

Alex Hopkins: I was just going to say on the shared outcomes point that if you were to ask somebody out on the street about shared measures in health, they would probably want shared measures for Corby. There is an element of déjà vu here, because the Local Area Agreement project of whenever it was that looked at a target by place—okay, it became over-bureaucratic and all the rest of it, but the simple premise there, that you talk about the key outcomes you want to achieve in a particular place, is quite obvious.

Ian Mearns: Yes, but you don't need 150 performance indicators.

Alex Hopkins: No; you need about five, max.

Chair: Excellent. Thank you very much for giving evidence to us this afternoon; and thank you very much to the other witnesses as well, and to Corby.

Wednesday 5 June 2013

Members present:

Mr Graham Stuart (Chair)

Alex Cunningham
Bill Esterson
Pat Glass
Charlotte Leslie
Siobhain McDonagh

Ian Mearns
Chris Skidmore
Mr David Ward
Craig Whittaker

Examination of Witnesses

Witnesses: **Professor Edward Melhuish**, Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London, **Professor Kathy Sylva**, Professor of Educational Psychology, University of Oxford, **Professor Peter Moss**, Emeritus Professor, Thomas Coram Research Unit, Institute of Education, and **Caroline Sharp**, Research Director, National Foundation for Educational Research (NFER), gave evidence.

Q216 Chair: Good morning and welcome to this session of the Education Committee, looking at the foundation years and Sure Start children's centres. I am delighted that we have been joined by such a panel of distinguished members today. We have got quite a lot to cover. We have got two panels, so I will ask my Committee to be short and pithy in their questioning, and I know such a distinguished panel will always be succinct and purposeful in their replies. Thank you all very much for joining us today. We tend to be informal here and use first names; I hope you would be comfortable with that.

Can I start by asking why is it that England has some of the highest childcare costs for parents in Europe, and yet we have poorly paid staff and variable quality of care? Would anyone like to start us off on that? Peter, you look keen.

Professor Moss: The first surmise about high childcare costs will need to be looked at in relation to a new report for the Department for Education by Professor Helen Penn and Dr Eva Lloyd, which is looking a little bit more carefully at the OECD figures from which this conclusion is usually taken. I think it will be important to bear in mind their conclusions about the complexities of drawing up these comparisons.

Q217 Chair: Sorry, you are suggesting that costs to parents for childcare in this country are not high, relative to other countries?

Professor Melhuish: Costs to parents are clearly high, but you have to sort that out from the total cost of childcare when you take into account the various subsidies, tax allowances, etc, that exist in different countries, and the proportion of those costs that falls to parents. It is true that the proportion of costs that falls to parents in the UK is higher than for most European countries, but often the total cost is not particularly different, when you take account of all the other factors contributing.

Q218 Chair: But the Government spends about £5 billion a year on childcare as well. The case I thought we had given to us by Government so far is that we have among the highest costs in Europe for parents, and one of the highest public expenditures compared

with other countries as well, at £5 billion. Is that not right?

Professor Moss: Again, I think that is important to qualify. I have recently written an article with Dr Lloyd that points out that, although we certainly spend more than we did do, the figure shown by OECD for government expenditure relative to GDP is not accurate. Actually, we spend something around the average for OECD countries. OECD statistics tend to suggest that we are up there with Denmark and other Nordic countries, which is clearly nonsense. Again, we have to treat these things with some caution. We have spent more in recent years. We do not spend as much as the worldclass countries do, and it is that difference that accounts for the fact that parents pay relatively more and we have, as you rightly said, a rather poorly qualified and extremely badly paid workforce. If you spend 1.2% or 1.3% of your GDP on early years, then you get a worldclass service.

Q219 Chair: Does that entirely add up? We have got "average" for the OECD expenditure on childcare, and yet we are among the highest costs to parents, so they are topping it up relative to other countries, yet we have among the lowest paid and lowest qualified staff. I am not sure I quite see how these things add up.

Professor Sylva: I disagree with one of your points; we do not have the lowestpaid staff. It depends which staff. The staff who are caring for and educating fouryearolds and fiveyearolds and young sixes are trained teachers. So we have the lowestpaid staff in the childcare sector, but once children come into reception class, we have some of the highestpaid staff. It is really wrong to say that the whole workforce is low paid. That is not the case.

Chair: Thank you. Excellent.

Q220 Siobhain McDonagh: Does the new core purpose set the right direction for children's centres? Is it supported by research evidence?

Chair: Who would like to have a go at that?

Professor Sylva: I will begin. I am one of the leads of the national evaluation of children's centres, and we have been conducting a study. We began doing fieldwork in 2010. We are still continuing fieldwork in 2013. We have found in this period that the focus

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of work is shifting more and more toward targeted provision—toward work with the most vulnerable families. This is at the price of universal services such as Stay and Play, and I will give you an example. A children’s centre I visited recently used to have three Stay and Play sessions a week that suited people on different days. Now they have one, because they are cutting back. They are putting more effort and resource into visiting families who are the most vulnerable.

It seems to me that, in a time when all government services are having to cut, there is not the money that we used to have. The children’s centres are responding to that by putting the resources into targeted provision. There is one problem, and that is that one of the advantages of the open access where you can drop in if you feel like it on Thursday morning is that some families who would never come will go. These are the families who may resist the more targeted provision, and so most children’s centres like to have universal services that are welcoming. People can come and have a taste, and then they can grab in. In my view, the targeting has been worthwhile, and it is happening.

Chair: Caroline, did you want to come in?

Caroline Sharp: I was going to pick up on Kathy’s point there. We were doing research around this issue of universal targeted services just after the Government announced the change of direction for the core purpose, and this was exactly what the children’s centres were telling us that they were concerned about. They really felt that universal services were very important for many reasons, not just the one that Kathy gave but also because it meant that the services were not stigmatised; that children got to be in the company of other children in a mixed group, so that they learn from one another; that parents got to learn and have role models from other parents; and that it gave real opportunities to identify parents that had hidden needs as well, such as those who may be from more affluent backgrounds but perhaps had difficulties of isolation, depression, or those kinds of issues. They would not have come to the children’s centre otherwise.

Chair: Thank you.

Q221 Mr Ward: Just at this point, before I forget, and talking on targeting, this is something that was referred to by someone at an earlier session. Do you think we have got too many children’s centres, and that we should spend the same amount on fewer centres?

Professor Melhuish: It is important that the children’s centres that are in disadvantaged areas are very high quality and provide the right kinds of services. If that has to occur through cutting the number of children’s centres in not-so-deprived areas, then I think that should happen. However, I think there is a need for the services to place a high priority on improving the daily life experiences of children. There is not enough focus on improving the daytoday experiences of children in a way that will foster their longterm development, and there is a lack of training of the staff on what constitutes the right kind of experiences to foster children’s longterm development. There is a greater need for improved training in that respect.

Chair: We will return to this issue. I know we touch on it later on, around the numbers.

Q222 Siobhain McDonagh: I was particularly interested in whether there was research evidence to suggest that targeting was a good direction of travel, rather than universal. Does anybody have any views on that?

Professor Melhuish: If one had limitless supplies of money, providing a children’s centre in every community in the country regardless of affluence would be a very good thing to do. Clearly, we are not in that situation, so in the circumstances where we have limited resources, there is a justification for a more targeted approach. However, if one were working towards the society we would ultimately like to be in the future, we should be thinking of universal provision of children’s centres for all communities in the longer term.

Professor Moss: I would very much like to back Professor Melhuish on that. I think the question, ever since children’s centres were first established in the 1970s, was what their future was. My view—and I was involved in the 1970s, and have been onwards—is that they are an essential part of reforming what is the deeply dysfunctional early childhood system that this country has had and has never been able to reform in the way it needs to be done. I see children’s centres as, in the long term, the core provision for all children and families, and as part of the movement towards a universal, integrated and functional early childhood system. It is the difference between what happens over the next two or three years and where we want to be in 15 or 20 years.

Professor Sylva: I have a little bit of data. The national evaluation will report on impact in two and a half years’ time. We do not have the impact on 5,000 children, but we have some information from the early stages of the study, and I think perhaps there is an argument to have fewer. We know that families that are in very severe circumstances and children who are in very great need do not benefit from lighttouch services. The only way to make a major impact on those children and those families is through really intensive services, and one of the programmes that has been shown to have positive effects on children is the Incredible Years programme. You may come to it later, if we come to evidencebased practice.

In our study—which was a study of 500 children’s services, representative in the country—the average number of families in the Incredible Years programme or the Triple P showed that the two most successful programmes in turning around families are between 20 and 25 families a year. That is all they can reach, and when we say to them, “Why do you not do more?” they say, “We cannot afford it.” For Stay and Play, we know from published reports from our study that it costs on average £5 per child per session. Incredible Years costs £1,400 a year per family. Children’s centres say to us, “We would like to have more evidencebased programmes, the really intensive kind, but we cannot afford them.” I know the person who recommended that you might consider a policy that had few. I think we should really have services that are going to make a difference, and if the most

vulnerable families are the ones you are after, there is some argument for it if there is a completely limited pot of money.

Q223 Bill Esterson: Just to pursue this point, if you can target only the most deprived communities, I think what you were saying earlier was that it was still desirable to include more affluent families to support those communities. I am taking the nods as confirmation. Can you actually quantify the improvement in services and the financial benefit of that approach, if there is that limitation of targeting the most deprived areas?

Professor Melhuish: To do that, you need to have longer term studies, because the financial benefits of improving parenting accrue many years later when those children are less likely to be involved in crime, less likely to be antisocial, and more likely to do better at school. To get those outcomes, you need to look quite a few years ahead.

Q224 Bill Esterson: What about more immediate savings by having those more affluent parents there to provide support? Can you say that there is a saving already, in staffing numbers or costs, from the involvement of other parents?

Professor Melhuish: I do not think the evidence exists to answer your question, quite frankly.

Q225 Pat Glass: Kathy, just a point of clarification: is the Incredible Years the WebsterStratton?

Professor Sylva: Yes.

Q226 Pat Glass: Surely that has been around for 30 years.

Professor Sylva: It has, and we know what its results are. It really reduces children's behavioural problems. It has been shown to eventually reduce children being identified in schools. Stephen Scott has done research showing how much schools and local authorities save, but it is a very expensive programme. I believe it was Caroline who mentioned the mix, and there is one thing that we can do that actually has no cost, which is to have more advantaged children in the centre. Project EPPE, which Ted and I worked on, showed that one of the factors associated with higher SAT scores at the age of 11 was being in a school and a preschool with children from more advantaged backgrounds. If you have the mix, you do not have to pay extra staff; just having those children there is improving the vocabulary of the children in need. We do not want to have targeted centres like Head Start in America, where you have all the kind of deviant children from the neighbourhood in one place. We want to have centres where there are other children, because the other children are helping to educate the young children. It is not just the staff. We want to have intense services—which are really expensive—for the families in this mixed centre that need it.

Q227 Mr Ward: In terms of social and community cohesion, is there an adverse effect on the more advantaged children?

Professor Moss: No.

Professor Sylva: No.

Q228 Pat Glass: Can I just ask about some outcomes and the impact of Sure Start? Why has Sure Start been more effective at improving parents' outcomes than child outcomes?

Professor Melhuish: Greater resources. When we worked on the national evaluation of Sure Start from 2001 to 2012, there was increasingly an emphasis on targeting the parents and working with the parents, and the majority of the budgets of Sure Start programmes were spent on parenting-related activities, rather than child-related activities. I actually feel that was a mistake in some ways, because the quality of the childcare and the quality of the education in Sure Start communities was actually no better than that in the general population, and it should have been higher. To produce the benefits that were required—that is, improvement in the child outcomes—you should have been producing higher quality childcare and higher quality education in those communities than in the general population. You have got to make those children catch up, but that did not happen, and that was because there were such great pressures to work with the parents and the outreach programmes, and so on.

Q229 Pat Glass: Is that everyone's view?

Chair: Is that because the big focus was on the best way to help a child being to have them in a family in which the parents were working, and therefore the main focus for a while was on getting parents into work, rather more than it was supporting the child and their development? Is that right, or not?

Professor Melhuish: There was, at one time, an emphasis on that. I do not think that was true across the whole period. There has been a dilemma among Sure Start programmes as to what extent you divert your resources to working with parents, versus working with the children. The idea is that you improve child development in two ways. One is that you work directly with the children and improve the children's daily experiences. The other is that you work with the parents, make the parents better parents, and because the parents are better parents, they then support the children. That is the more indirect approach, and it is that second approach that has tended to predominate. The problem is that it is more difficult to alter child outcomes via parents than it is by altering the direct daily experiences of children, and I think that more attention should have been given to altering the children's daily experiences.

Q230 Pat Glass: There is an argument that better parental outcomes will, in due course, lead to better child outcomes. Is that something that you would support?

Professor Melhuish: I think that is true, but it will be slower, and it is questionable whether it is actually more cost-effective than working directly with the children.

Professor Sylva: Improving parenting is a good thing, and especially good for social and emotional development. However, we know that one of the driving factors behind children having good language, communication, vocabulary and even grammar is being exposed to very wide vocabulary and very

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complicated grammar. There is no way you are going to improve the grammar through parenting programmes, and I do not mean that the grammar is correct. I mean that you say sentences like, “After you put your shoes on, then we will go out to the park.” It is the complicated functional grammar. I am not talking anything fancy at all. Children from very disadvantaged homes will not get that at home.

You can improve their parenting forever, and you will not improve their language scores or their reading when they get to Key Stage 2. You really have to do both, and you have to have highly qualified staff who have wonderful puppet shows and plays and a love of language and poetry. That is what you get in the highquality provision that Ted is talking about, but there are not enough children’s centres in the country for that to raise the curve. How many are there left, 3,000? You are not going to get all the children who need help really succeeding, economically even, through children’s centres. Children’s centres have a role in improving practice around them, but they will not serve enough children.

Q231 Chair: Certain numbers have come up again. Can I press the whole panel on this? Peter, you set out a vision of having universal children’s centre provision across the country. That is the ideal. That is what a country that wants the best outcomes should do. However, given we are where we are—financially and the rest of it—would we be better off with a smaller number of properly funded, highly supported, excellent centres than we are with a bit over 3,000 centres, all too many of which struggle to have the staff and provide the intense services that will make a difference and will thus make the case intellectually for the expansion of children’s centres over time? What does the panel think? Caroline, I will start with you. Should we maintain what we have got and fight to the death anyone who wants to cut it, or would we be better off having a smaller number of properly funded, intense, highquality centres?

Caroline Sharp: It is a really difficult question for a researcher to answer, because I do not know what research evidence I can bring to this discussion.

Q232 Chair: We know there are very good centres that make a difference, and we know there are lots of others that do not. I would have thought that would be quite helpful.

Caroline Sharp: It is, but as we said, we are lacking that infrastructure that other countries have. If you cut some of those other centres, then what is there for the children to go to? You are taking away services from those people, and they may not be the most targeted services for the most in need, but they are still valued services. It is a really difficult conundrum.

Chair: That was a political answer from Caroline. That was unfair.

Professor Moss: I would say this, probably, but I do not think it is either/or. There may well be a case for building up a really strong cadre of children’s centres now, functioning in the way that we would all like to see them, but that is not sufficient unless we have answered the question, “Where do we want to get to?” I have seen this happen in the 1970s and I have seen

it happen in the 1990s, when Government has said, “Oh, well, this is not the time that we should be doing this.” If we had actually built up children’s centres in the 1970s, as we had the opportunity to do, we would have a worldclass children’s centrebased early childhood centre today. The real problem is that every time we say, “We cannot do it now, so we will just have to think about what we must do now,” and we never say, “Yes, but then we also have to think about where we would like to get to not tomorrow or the next year, but perhaps in 10 or 15 years’ time.”

Q233 Chair: I take the point. Nonetheless, if Kathy’s results in 2015 show that in most cases there’s very little impact, and actually that billions of pounds of public money have been poured into early-years intervention to turn around the lives of the most vulnerable children in the country, and it is not working, we could see the whole mission set back, whereas we might have been better to have had centres that, absolutely based on the evidence, were able to fund proper evidencebased interventions that really did make a difference. This might be 25 families or 25 children at a time, but all the way, every bit of expenditure was shown to make a real difference. We have got the troubled families initiative and other methods. The danger, politically, is that if you do not show results, then you could see yourself set back, and the whole crossparty fashion for supporting early intervention could disappear.

Professor Melhuish: I think you are absolutely correct in your summation. That is the major argument for having fewer highly resourced and well functioning children’s centres over a larger number of less well resourced and less well functioning children’s centres. That is certainly the most compelling argument in favour of that strategy.

Q234 Chair: Do you favour that strategy? It is a tough choice.

Professor Melhuish: I do favour it. In our work, we have found that the outcomes from children’s centres were mixed depending on the children’s centres. As you say, there were some very well functioning children’s centres that had better effects than the others, and many children’s centres that were not having very good effects at all. I think we need to put more work into establishing what makes the most effective children’s centres. We were constantly diverted from doing that work. We were constantly asked to do that work and we were diverted from doing it, and I think not letting that work proceed was a major mistake of the Government at the time.

Chair: Thank you.

Mr Ward: I was interested in the benefits of children from deprived communities mixing with children from less deprived communities. I was in a children’s centre recently, and they were complaining that because of the funding model, and because they have got a deprived area but also a slightly more affluent area, their funding is reduced. They cannot provide the highintensity support to the most deprived families because the funding is being cut.

Chair: Any comment on that? We will take that as a comment in itself.

Q235 Ian Mearns: One of the dilemmas that we might have in terms of trying to judge the relative success of a children's centre in a particular setting is that you do not necessarily have a control group to compare it with. Therefore, while some centres might be less successful in their outcomes than others, what you cannot judge is how bad things might have been for that community had it not been there at all. Therefore, you have got to add that into the mix before coming to a judgment.

Professor Melhuish: That is a great difficulty of working in this area, which is why looking at what differentiates the most effective centres from the least effective centres is a strategy that will work, and that will help move policy forward in a highly productive, focused way.

Q236 Chair: Are you doing that, Kathy, as part of your work?

Professor Sylva: Yes, we are. We agree that communities are very different but we are looking at high users and low users with the same kinds of family patterns. We are trying to control for the type of family and how much they use. Getting back to "Should we have fewer?" I really dread the thought of closing centres; even if we do have a better economic situation, they are still closed. What is happening already, you will be pleased to hear, is the clustering of centres. There may not be enough money to support three in a really good way, but two of them are now becoming satellite centres. This makes the manager's job much, much more difficult, and I hope we will get on to that in the questioning. It was relatively easy to manage a single person and a single unit, but now it is very, very hard, and we have to talk about the training. It is moving in that direction, so if there are funds, those that have been decommissioned—so to speak—can become independent and free-standing again, I hope. The property will be there.

Q237 Pat Glass: What are the main lessons that we can learn from Sure Start, and are our children's centres now sufficiently focused on school readiness and reducing inequalities? Are they up for the new challenge of the new core purpose?

Professor Melhuish: My view is that they are still not focused enough on improving the children to be prepared for school. There is still not adequate focus on that. I still think, in particular, the language development of children is not being supported adequately by children's centres, and this requires further training of staff. I am always struck, when I visit children's centres, by how few of the staff have basic knowledge of factors affecting child development.

Q238 Pat Glass: We have now got a real issue around language into literacy, and I think that is at the base of an awful lot of the problems that these children have. They simply do not have the language that they need to be able to read. Are you saying that the staff in children's centres are not qualified to be able to deliver on that?

Professor Melhuish: I think there is further training needed to improve their capacity to know how the

daytoday language experiences of children will affect longer term development. All the data show that the sheer amount of language children hear will be one thing that affects their longer term language capacity, but it is not just sheer amount; it is the appropriate way in which you respond to the utterances of children. This is true from birth onwards. They need to have this basic knowledge about how children—even in their first year—learn the phonetic structure of language, even though they are not saying any words. They then learn to say words that often do not sound like real words.

Q239 Chair: After all this time, with the core purpose, how is it possible that we do not have a training system and a focus in management to make sure that a basic understanding of these needs is in place in the staff?

Professor Sylva: Almost half of our children's centres do not have children in them, with the exception of Stay and Play. With the targeting, what has gone is having children in the centre. I visited one centre where I said, "Well, could I see where the children are?" because they had a playgroup that was affiliated. The staff did not know the code to get into the playgroup because they had changed it recently, because the staff were targeting vulnerable families. Social workers are increasingly using centres as their treatment. The work with the family is to put them in a children's centre, so your Government have said, "Vulnerable families, this is what we want." They are responding to you, and it means that they do not get into the playgroup. I disagree a little with Ted, because with 3,000 of them, this is never going to improve the language of poor children in the country. We do not have enough of them.

Professor Melhuish: All I ask is that they improve the language of the children who are attending those particular centres.

Q240 Pat Glass: I have always had a concern that we do not have staff in primary schools who specialise in language development. I remember working in an authority where we said, "Every primary school has to have someone with additional training," and it made a huge difference. Are you saying that those kinds of people just do not exist in the centres?

Caroline Sharp: I am just agreeing with the debate that you are having that language is absolutely, fundamentally the building block.

Pat Glass: It is fundamental.

Caroline Sharp: That is where the training need is greatest.

Q241 Mr Ward: We have covered a few of these areas, but if we could go back again, I believe Kathy was talking about some of the findings. I believe the conclusion of the ECCE report is in 2015, but has anything come out so far that is of value?

Professor Sylva: Not on the impact. We know who is getting the services, but we do not yet know the impact, because the children are just two and we have to wait until they are three. We cannot hurry them up.

Q242 Mr Ward: Is there a gap? The last national evaluation of Sure Start—the NESS impact report—was 2012.

Professor Melhuish: That is right.

Mr Ward: So there is a gap.

Professor Melhuish: Basically, we showed that there were continued effects on parenting and on child health outcomes to some extent, but the school achievement scores of those children did not show any benefits as a result of the Sure Start experience. We saw some initial benefits in social development very early on, but those got washed out as the nonSure Start children all got access to the free preschool education that was then made available to every child in the country. That meant that the nonSure Start children caught up with the Sure Start children in their school-readiness skills. That evidence was a function of the fact that there was more attention being paid to working with the parents than working with the children directly.

Q243 Mr Ward: I think there is some questioning later on on that. Again, an area that you touched on was the evidencebased interventions, and I just wanted some comments on how important you feel that is.

Professor Melhuish: Evidencebased policy in this area is very important, and we should pursue that. The particular angle we should be pursuing at the moment in regard to children's centres is what differentiates the most effective children's centres from the least effective children's centres and, therefore, how to make more of the children's centres like the most effective.

Q244 Bill Esterson: Continuing on that topic, I got somewhat confused by the earlier answers, to be honest. You said that there was not a financial evidence base for whether to use universal or targeted services, but when we drilled down, there was evidence of the value on the ground, so there is some evidence.

Professor Melhuish: There is certainly evidence, but if you want evidence of the total return to society in the longer term, you would have to wait for that.

Q245 Bill Esterson: So we are not there yet. What say should communities have in designing services, whether they are universal or targeted, or should it be a centrally decided approach?

Professor Melhuish: Sorry, could you repeat that?

Bill Esterson: Should a local community be deciding which services should be in children's centres?

Professor Melhuish: There is certainly a case for consulting the community, but if you leave this decision entirely to the community, then you are reliant on the expertise being present in the community to make the relevant decisions. When Sure Start was initially set up back in 2000, what we found was that many of the communities did not have the expertise within them to make the right judgments about what the right pattern of services to be delivered was. It was also the case that more effective centres would take cognizance of the needs of the community in planning their services.

Professor Moss: I would frame it in a slightly different way, which is to ask what are the fundamental values that should underpin children's centres and, indeed, education in general? I come from an educational tradition that would say that democracy was a fundamental value in practice, and that therefore one should see this as part of a democratic process in which decisions are made in a democratic way. I think there is a lot of background to that sort of way of thinking. For example, if you look in the Nordic countries, they will say quite clearly in their preschool curriculums that democracy is a fundamental value of preschool work. There are many other examples. I think it should be rephrased, not just in terms of "Should communities take part?" but "Should democracy play an integral part in the development of early childhood services, including children's centres, and how would that play out in decision making?"

Professor Sylva: You would need to have some balance between the community and what they want, because they may change from year to year, and the professional staff. This brings us back to the leader or the manager of the centre. That person's job is to make sure that you have the balance between the community. I will give you an example: some communities say that parenting programmes really have to be open, and it is wrong to say "You must come every Thursday morning at 10 o'clock, even though we offer you a crèche." I think a good director would ignore that, because if you run the really intensive programmes, you sign up. It does not mean you get arrested if you miss, but you get nagged. People ring you during the week to see if you are coming. If you are not there at 10 o'clock, they send somebody to come and get you. There has to be that balance, because the community in that case felt we should have open access, and felt "These parents are under such pressure. For you to say, 'You have to be here every Thursday at 10 to learn how not to beat your child,' is unreasonable." A really good director has to make that balance work.

Q246 Bill Esterson: The ECCE study suggested that most evaluation is carried out by monitoring the service usage, rather than the outcomes. Is this enough?

Professor Sylva: No.

Professor Melhuish: No. You have to look at outcomes.

Professor Sylva: Of course not, but outcomes are expensive to get.

Chair: The children's centres themselves most often focus on take-up.

Q247 Bill Esterson: Is there a relatively simple alternative to that, given what you just said about cost?

Caroline Sharp: It is not relatively simple, but the good ones are moving much more into impact measures. They are looking, for example, to track the children into the local schools and then track their results as early as at foundation stage, Key Stage results and so on, to see what the outcomes are. They

have other measures in place as well to be able to look more at impact than just service provision.

Q248 Bill Esterson: What do you all think about payment by results?

Chair: Is there any research evidence on payment by results?

Bill Esterson: Yes or no?

Professor Melhuish: It would be very difficult to set up in practice, because the results come several years after the services are delivered. There is such great change, year to year, that I think it would be very difficult to engineer that.

Q249 Bill Esterson: Is there any evidence to support doing payment by results?

Professor Sylva: Not in the early years. There is some in probation work, but not in early years.

Bill Esterson: I think, Peter, you were going to say something.

Professor Moss: I also agree that it is not a good idea, more on principle, not least because we are not talking about widget factories here. We are talking about places undertaking very complex and multiple tasks, and there is a real danger, I think, of just focusing on one set of outcomes and not looking at other sets of outcomes. You end up with a system with all the risks of gaming it that we know arise from bonus systems and target systems.

Chair: We will keep away from political presumptions, premises and prejudice, and stick to the research, given the body we have got here.

Q250 Bill Esterson: Coming back to the point about language development, should children's centres focus more on very young children, particularly with that in mind?

Professor Melhuish: I think there is a very good argument for children's centres working to ensure that every child they work with reaches an adequate level of language development by the age of three, such that the child is capable of expressing itself to other people adequately.

Q251 Bill Esterson: So that should be a key measure?

Professor Melhuish: I would say that is an extremely key measure. If a child does not show a reasonably adequate level of language development by age three, the chances of later poor outcomes are extremely high.

Chair: Does anybody else want to pick this up, on the evidence around focus on early years and language? No? Okay, we will move on.

Q252 Charlotte Leslie: I wanted to ask about integrated provision and the effectiveness of it. There seemed to be the school of thought that there is quite strong evidence to show that integrated provision has better outcomes, but then there are other voices that say that this evidence is not robust enough. What is your view on whether the evidence exists to show that integrated provision has a significant impact on outcomes for children?

Professor Sylva: In this country, through the Project EPPE that Ted and I worked on with Iram, we showed

that children who attended integrated centres had better reading scores at the age of seven, better maths scores, better social and emotional development, etc, etc.

Q253 Chair: Sorry to interrupt, Kathy, but could you tell us what you understand by "integrated", as well?

Professor Sylva: By "integrated", I mean a setting that does not have to be a single building but that is a single entity called a children's centre or a nursery school. The integrated provision means that it has care and it has health and it has social care as part of it, and employment is a plus. All of the units in the EPPE study—which is the evidence cited by Naomi Eisenstadt and others for integration and provision—were nursery schools. They were nursery schools. Actually, not all of them were; 87% of them were nursery schools, with headteachers and teachers' salaries. It is wrong to say that the EPPE evidence shows that children have better outcomes, because they were nursery schools with headteachers and a real focus—which Pat will be happy to hear—on puppet shows and everything. However, the evidence that integrated provision always has better outcomes is weak.

Chair: Does anyone want to take issue with that?

Professor Melhuish: There is an argument for integrated centres. I disagree with Kathy to some extent on the interpretation of the evidence. When we had the initial integrated centres in the EPPE study, they started out integrating health, education, care, employment support, parent education, and so on. They were then supplemented by nursery schools, as Kathy said, which then became integrated centres. The outcomes of these—which were not primarily in disadvantaged areas—were pretty good. We found that the involvement of parents with the services they require becomes better when you have universal services like health visitor support, etc, being integrated with the more targeted support that they require. I think there is a case for integrated centres.

Professor Sylva: There is evidence that people like them. We interviewed over 300 staff. They think it is the best way to work, so the evidence from the people who are doing it is that it is working. It is on the child outcomes side that the evidence is a bit lighter. The evidence from the workers themselves is very positive, and that is hard evidence.

Professor Melhuish: I think that the evidence on children's outcomes is because what has happened since about 2006 onwards is that the pressure to work with the parents—to the detriment of working with the children—has predominated, and there has not been adequate work on directly improving the daytoday experiences of children, with reference, for example, to language experiences. That has not been a tight enough focus of their work.

Q254 Charlotte Leslie: Peter, I think you have advocated fully integrated services along the lines of Nordic countries.

Professor Moss: In these countries services are integrated in the narrower sense that they would no longer talk about childcare and early education, and instead have a fully integrated early childhood

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education and care service. You would go to a preschool in Sweden and you would have all the local children from one to five attending. Most would have working parents, some would not have working parents, and they would be the responsibility of a specialist early years graduate teacher. One of the things that you can see in countries that have done this is that the attendance rate for children under three shows very little difference across class (as measured by mothers' educational level). There is much more equitable access and attendance, for that reason and others as well, whereas in this country, if you look at children under three, women who are graduates are three times as likely to have their children in services as women who have low levels of qualification. There are various reasons for that, but one of the reasons is because of the dysfunctional system we have, which is partly dysfunctional because it is not integrated. You can go to a broader integration, which includes health and so on and so forth, but a narrower one has been addressed much more widely in other countries.

Q255 Charlotte Leslie: To what extent do you think we can take lessons from other countries? Nordic countries, in particular, have much smaller and much more homogenous populations. How much can you learn from countries that are quite different from us in their demographic make-up?

Professor Moss: What one can draw from them—and I drew these lessons in an UNESCO paper I wrote two years ago with colleagues—is an understanding of the nature of the integration of services. They need to be integrated across a number of dimensions, such as access, funding, regulation, workforce and type of provision. These are ways of thinking about what you have to achieve to move towards a fully integrated system. We have taken two steps. We integrated into one department, and we have integrated regulation and curriculum, but when it came to the wicked issues, the really difficult ones—funding, workforce, type of provision—we kind of stopped, whereas some other countries have gone the full way. They offer a roadmap of which way to go.

The other thing that they tell us is that we need to have a conceptual idea of integration. They would no longer talk about childcare: they would think about an inclusive, holistic approach. The Swedish curriculum talks about integrating care, upbringing and learning in a holistic way.

Q256 Ian Mearns: Moving on to workforce and leadership, the publication of the Government report *More Great Childcare* has promoted some significant discussion about the sort of workforce that we have in children's services, including ratios, training, expertise, experience, qualifications and pay. They are all in that mix, amongst other things. Is there any particular strong evidence that shows that there are particular approaches to staffing that provide the most effective service and value for money?

Professor Melhuish: There is certainly strong evidence that better trained staff do provide better quality services, which have an impact upon child outcomes.

Q257 Ian Mearns: That is not just about qualifications, is it?

Professor Melhuish: It is about qualifications, but it is also inservice training as well. There is evidence on inservice training producing better outcomes as well.

Q258 Chair: What do you mean by “better training?” Does better training just mean more training, or higherqualified training?

Professor Melhuish: It is both higherqualified training and also better training, in terms of a greater understanding of child development and the curriculum that they need to provide for those children.

Q259 Ian Mearns: So it is initial qualifications but ongoing CPD, as it were?

Professor Melhuish: One of the problems with the childcare workforce has been that there is often very low ability among entrants to that workforce, and some of the recommendations in the *More Great Childcare* report that you are referring to about improving the entry qualifications of staff into this work are probably good recommendations. One of the problems with that report is that it then changes ratios, in particular, in ways that may not be so beneficial.

Caroline Sharp: On the leadership front, which is something that we did some research into, there is a real diversity in terms of the backgrounds of people coming into children's centre leadership. It is a really difficult, demanding job to do well. They themselves said that because of their background, where they have come from, their training and so on, they might have strengths in one area and know little about other areas, because by their nature they were coming in from social care or education or sometimes neither. The best ones were working really effectively and filling the gaps in their knowledge through other colleagues and working with others, and so on. The NPQICL qualification was very much held in high esteem, and there were a great many things that people were saying about that qualification that indicated it was very valued. They were concerned about the supply of new centre managers, and where those highquality people were going to come from.

Q260 Charlotte Leslie: In the nursing profession at the moment, there is a lot of discussion as to whether the bid to have highquality nurses has meant that you have got overacademicised nurses, and other skills such as caring and much more intuitive, practical skills get pushed out the window. We are seeking to try to redress that balance in nursing. Do you think that there is a danger that we risk repeating that mistake in childcare with the laudable intention of getting better qualified staff into children's centres?

Professor Sylva: The situation in childcare and early education is different, and I do not think that we overacademicise. We now know that the new National College is creating the standard for the early years teacher and the early years worker. There are two bits of data that you might enjoy. One is from the study that we led at Oxford on the new Early Years Professional Status, in which we had equivalent settings where some got a new EYPS and some did

not. The quality improved with the EYPS, but it was the quality in the room itself. That particular qualification trains people to lead the pedagogy in the room, not necessarily to manage. On management, we now have what Caroline spoke about—the national qualification for centre leadership—and the national evaluation has shown that settings that are led by people who have that qualification are better on certain outcomes. The one that I think is the best is that they are better at creating devolved management. If you really want to improve practice in other places, not just this centre, you have to have a staff that is a management team and not a single person. That is what that qualification trains you to do better.

Q261 Chair: Thank you, Kathy. Can we cut you off there, and can I just take you to the controversial issue of ratios? Could you tell us about the research evidence on ratios, and particularly how the evidence differs, if it does? This is ratios of staff to children, both in the early years—nought to three—and threeplus. Is there a difference there? Can you also give us the research point of view in terms of Government policy on this area? We will start with you, Edward.

Professor Melhuish: The research evidence is very difficult to understand, because what we have is a confounding variation of ratios with variation in qualifications. Those centres that often have the highest ratios often also have the most qualified staff, so it is very difficult to make a distinction as to what effect that has. What we do know is that the quality of interactions between staff and children will go down with higher ratios, particularly with the very young children—the underthrees. That is where the *More Great Childcare* report is most at risk, as it were. The ratios for underthrees in particular look highly questionable.

Q262 Chair: What about overthrees?

Professor Melhuish: I think there is greater scope with overthrees for increasing ratios with more highly qualified staff.

Chair: Thank you.

Professor Sylva: We looked at ratios and quality and we looked at qualifications and quality. Over three is a little bit better if you have better ratios, but if you have highly qualified staff, those may compensate for each other. Over three, the ratio is very different. Under three, however, there is a relationship between ratios and quality—bad ratios are lower quality—but not the same relationship with qualifications. Under three, it is hard to compensate for having a less favourable ratio by having more qualified staff, because there are only so many arms and so many people to do one-to-one communication. I think you have to differentiate over three and under three. Under three is the real issue.

Q263 Chair: So the Government may have a point, and it may be supported by the evidence, on—

Professor Sylva: It may have a point on overthrees.

Chair: It may have a point on raising the ratios for overthrees in the hope of higher qualified staff, but there is no such case for under three, and that might

be an error and a weakness in the Government's case. Anything to add to that, Peter or Caroline?

Professor Moss: I would just make the very small point that one of the things that needs to be factored in is giving people working with children—whether in schools or preschools—time for professional development, reflection and preparation. That, I think, often is not included in that debate about ratios. We do not give it at present, and we need to.

Q264 Bill Esterson: Just to be clear about qualification for the underthrees, Kathy, I think you said that qualification is less important because it is to do with the number of children.

Professor Sylva: Yes. You cannot compensate for numbers with more qualified staff.

Bill Esterson: So you do not necessarily need as many qualified staff for underthrees. Is that what you are saying?

Professor Melhuish: I think it is a question of what qualifications you need. There is a need for training for staff working with underthrees. The sheer amount of language a child hears and the kind of language they hear—even from birth onwards—will affect that child's later language development. Staff need to know that, and need to know what it is that they need to do with those children. Just bringing in a young woman because she happens to have a baby in her family is not qualification enough.

Q265 Chair: Kathy said there was no tradeoff there, whereas if you have got someone with a wide vocabulary, training in early years linguistic and other development, and a higher ratio, surely there must be a tradeoff. Either the training and qualifications are important, or they are not. If they are, and they make a difference, that must in some way compensate for a higher ratio. There must be some truth in that, even if it is not enough to compensate for it, if that is your point.

Professor Sylva: There is one point in *More Great Childcare* that people rarely talk about, and that is the flexibility. I think that is very important, and in that, I do agree with the report. Take this example: you have five children, and the ratio for underthrees is one to four. You are expecting a mother to come. The mother does not come; she texts, and says she is going to be half an hour late. You have to keep a staff member there for that one person who is going to be half an hour late. I think what the *More Great Childcare* report suggests is that there should be flexibility for staff. If you have well trained staff, they should be able to say, "This staff member can go home. We are in a safe environment. We are all in one room, listening to music." I think the flexibility is a very good idea, and it will be up to Ofsted and others to make sure that they are making good decisions, but we should not be slavish.

Chair: We are pretty well over time.

Q266 Mr Ward: Do you think that the two-year-old offer is "nuts"? It was a comment made by Naomi Eisenstadt to us.

Professor Sylva: I was one of the leaders of the national evaluation of the pilots. We had a control

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group of children, and only children in high-quality two-year-old care were any better than the other children who had none of it. You should not have a two-year-old offer unless you can have high quality, because it is a waste of money from the child's point of view. It might be good for the family, but from the child's point of view, it is a waste.

Professor Melhuish: I would agree with that. Basically, I am worried that the current rollout of the two-year-old offer is such that most of the provision will be of low quality.

Q267 Mr Ward: It cannot be a good step?

Professor Melhuish: If you could provide high quality for those 40% disadvantaged children, it would benefit them, yes. However, if you cannot provide high quality, then you are wasting your time.

Professor Sylva: Also, three-quarters of the settings in our sample were not of high enough quality to make a difference.

Q268 Chair: I have one final question. 2,000 of the 3,100 centres—or whatever the figure is—do not actually have childcare at all, which most people would find a surprise for a children's centre. How important is it that children's centres offer early education and childcare to be effective?

Professor Melhuish: I think it is important that it is part of the integrated provision. It is not integrated

provision if they do not offer childcare and early education.

Chair: Caroline is nodding, so we can minute that in *Hansard*.

Professor Moss: If you see them as the way to go in the longterm future, then they have to have all of the basic services, and those are the two most basic. This should not be separate. We need to think about a broad concept of education that includes care, and not separate it.

Q269 Chair: We are horribly over time, but I represent a rural area, and we had Phase Three children's centres. Are children's centres in rural areas less effective?

Professor Sylva: It is more expensive to run the services.

Professor Melhuish: It is more difficult to offer the services in rural areas, but there are some examples where it has been done quite well.

Q270 Chair: What are those examples?

Professor Melhuish: I would have to go and look that up.

Professor Sylva: Cornwall is one.

Chair: Could we switch to the next panel as quickly as possible? Thank you so much for coming and giving us your time and expertise today.

Examination of Witnesses

Witnesses: **Susan Gregory**, Director, Early Childhood, Ofsted, **Heather Rushton**, independent consultant and former Director, Centre for Excellence and Outcomes (C4EO), and **Professor Leon Feinstein**, Head of Evidence, Early Intervention Foundation, gave evidence.

Q271 Chair: Good morning. Thank you very much for joining us, and I think you all had the pleasure of listening to the previous panel. We have limited time and we have a lot to cover, so let us get through it as quickly and effectively as we can. Tell me, after more than 10 years' investment in Sure Start children's centres, what have we got to show for all that public expenditure? Leon, you are finding that amusing, so you can answer it.

Professor Feinstein: Sorry, I should get my apologies in early, since I started in the Early Intervention Foundation on Monday. I am not going to claim to be an expert on the full body of the evidence. I will offer a quick answer, which is that we have built a very substantial foundation, a body of practice, and a body of culture. We have been hearing from previous speakers about some of the difficulties in realising the full vision of children's centres. There are huge issues around priorities, around which outcomes people ought to be trying to achieve, and around choices between targeting and universal services. There are lots of big challenges, but my quick answer would be that we have built a very substantial foundation, and we are in a much better place for continued investment and work than we were 10 years ago.

Q272 Chair: Thank you. Heather, what have we got to show?

Heather Rushton: From the evidence that I represent through C4EO, there is significant improvement in narrowing the gap and significant evidence about greater multidisciplinary work, and also that the outreach with parents and partners has significantly improved. Each of those areas, and the practice examples that I have got can "impact on children's learning and outcomes at the EYFS and using other measures." There is a significant amount that has been achieved, and a lot that we have got that we can build on to provide further targeted support more effectively.

Q273 Chair: You said there has been significant progress in closing the gap. Can you substantiate that?

Heather Rushton: That is right. Some of the local areas can actually demonstrate through their practice that they have improved outcomes for targeted children by 78%, achieving a level that previously only 40% were getting to. At the individual level, some of the provision is actually extremely effective.

Q274 Chair: What about on the overall level?

Heather Rushton: On an overall nature, that was actually alluded to through the other discussions, and that comes back to the variance between very good centres and centres that are actually evolving.

Q275 Chair: I thought there was little evidence to suggest that preparedness for school had been transformed, that sevenyearolds who had been through the programme were making significantly improved educational performance, and thus there was little evidence that the closing of the gap had actually resulted from all this public expenditure in children's centres.

Heather Rushton: What I can represent is that, at an individual level, some areas that have been targeting effectively and have got really good, effective programmes are meeting the needs of their children and accelerating the progress of those children that they provide for.

Q276 Chair: If you go across the country, whatever you have done, you will be able to find places where there has been change and improvement. We are talking overall; we are talking billions of pounds of public money, and you claim there is a significant element of closing the gap. That is not my perception from the evidence we heard from the first panel or from my reading on the subject. It does not feel as if there has been a significant closing of the gap in achievement between rich and poor. This Government has two main educational aims: one is to raise standards for all, and the other is to close the achievement gap. The last Government had that. It may not have stated it in exactly the same way, but it was committed to it, and I am not sure that either Government has really succeeded or that children's centres have yet proven that they make a difference.

Heather Rushton: What I am saying is that at an individual level, from the evidence that I have got—which represents 38 local authorities—there are examples of where there has been significant improvement. It is the start of the story.

Susan Gregory: The inspection evidence we have got, on the basis of the 1,800odd children's centres inspected out of about 3,100, is that twothirds of them are good or better, but a third of them are not yet good. A small proportion have been judged inadequate, but far too big a chunk in 2013 has been judged to be adequate or satisfactory but not yet good. There are some very clear weaknesses that come through as well as common strengths, many of which were echoed in the evidence given by the earlier panel. For example, it was really good to hear Kathy Sylva talking about the importance of leadership. That is absolutely key wherever you get a strong and successful centre. There is really no blueprint, because each one of them must respond to the needs of the local community and the target population, but that is a common feature. Other common strengths are the security of the work in care, guidance and support, and safeguarding. A predominant weakness in the third of centres that are not yet good is the inability to help those children to be ready for school. It is the real weakness. Again, that resonates with what the other panel said earlier.

Q277 Chair: So, 1,200 out of 1,800 are good or better. I know they get those categories, but if they were really making a difference in closing the gap, as Heather suggested, we would be seeing significant

improvements in school readiness and educational outcomes for sevenyearolds and the like. Are we seeing that? When you decide that a place is a really excellent children's centre, are you able to show that the kids from there are going on and arriving at school, and that primary school teachers say that they have got more advanced language skills and are better able to learn? Are you basing it on outcomes?

Susan Gregory: Many of the children's centres that have been judged good or better do not directly provide childcare or early education. They now have a responsibility to signpost children to good provision in the local area, whether it be through a preschool nursery, a child minder, or through a local maintained school or academy, but they do not directly provide it. A number of those centres would not be able to directly evidence impact on outcomes.

Q278 Chair: So they are an outstanding signpost to other services?

Susan Gregory: They might be. There are some centres that are very focused on particular elements. For example, we have got a very strong centre in Brighton and Hove that focuses on health outcomes, and has made a difference. There is another one in Liverpool that focuses on single parents, and particularly fathers. There is another one in Wolverhampton that focuses on parenting support and has very successful outcomes for the parents.

Q279 Chair: But not for the children. What about the children? The core purpose is that we help disadvantaged kids. We know that the gap in educational outcomes for them in this country is wider than in nearly any other part of Europe, and the central point of this vast investment in children's centres was that we would close the gap and create a more just society, in which being born poor did not mean you ended up with bad qualifications and were less likely to get a decent job.

Susan Gregory: Our evidence is showing that when you look at the data that a centre might present or look at the data that we can access when we go in to do an inspection, if you look at the early years profile—which children's centres will have contributed to the outcomes for children generally—they are not good enough. For last year, as you will know, in communication, language and literacy, about a third of children were not working securely at the expected levels. In the most socially and economically deprived areas, a quarter of children were not working at the expected levels. For mathematical development, understanding of numbers and so on, it was about a quarter of children. For their personal, social and emotional development, it was about a fifth. That is not good enough, and that is not what we are seeing as a strong feature in those centres that we are not judging to be good or better.

Q280 Chair: I am focusing on it, and I do not want to go on too long, but I am worried about the ones that are regarded as brilliant. The public will be able to read in their local newspaper, "Excellent report for this fantastic children's centre", with a nice picture of the manager and the council leader looking pleased

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behind, etc, and actually the kids do not turn up at school any better able to learn than they did before. That seems fairly shocking to me. People will think, if they read about an outstanding local children's centre, that the kids are getting looked after and being prepared for school, not just that there is a good parenting support system.

Susan Gregory: I suppose the inspection report, which we publish, would tell them what it was that centre offered. If that centre was directly offering childcare and early education, and that centre was judged to be outstanding overall—outstanding in terms of what it was offering for the children, as well as parents and families—then that would give a certain amount of choice to those in the community who wanted to access the service.

Q281 Chair: It sounds like it might not be offering the children very much at all. We have got 2,000 out of 3,100 that do not even have any childcare. There is a parenting class and a bit of health integration, but there is not a lot to deliver the core purpose, which is taking the kids with parents with poor educational attainment and other problems and giving them a decent start in life.

Susan Gregory: One of the statistics that you may have read in Sir Michael's annual report last year is that those children's centres that we judge to be the strongest are, interestingly, those children's centres that have been around for the longest. When I joined Ofsted 13 years ago, I was commissioned to inspect the very first tranche of early excellence centres, almost all of which were based on very strongly performing infant schools or nursery schools. Those were doing a very good job. Those are now the Sure Start centres that are doing a very good job for children and for the families in the local community, and they should be, because they have had a decade to get to know the community.

Professor Feinstein: I just had a couple of points. I think this issue about outcomes is obviously really important, but we have to be very careful about defining the outcomes that children's centres and Sure Start have been about, and there is both—as Susan said—local variability and also variability in what the central Government agenda has been for Sure Start and for children's centres. Children's centres are never going to be able to solve all of the problems of society. They are only a component of what has to be a wider range of policy issues that are going to tackle something as deep as the UK achievement gap. Sure Start children's centres are not, by themselves, going to resolve that. They can make a contribution, but we have to be very careful about our logic model.

Q282 Chair: Is that a measurable contribution, or is that a theoretical, conceptual contribution?

Professor Feinstein: Having heard the previous session and having read the evidence this morning, there is a substantial evidence base that Sure Start has had real, tangible, positive benefits on a range of what you might call mediating outcomes. However, they are very diverse, and—as was being said before—I think it was known before we started up Sure Start that programmes that work on parenting are better

able to change parenting than they are to ultimately change the outcomes for the children. The indirect route is very difficult to achieve.

Q283 Chair: But the whole point of improving parenting is not about increasing the self-esteem of the mother, or getting her to get a job. It is parenting, and if improved parenting does not lead to any improved outcomes for children, you have obviously got a pretty bizarre definition of what parenting is.

Professor Feinstein: These are not simple and straightforward relationships.

Q284 Chair: Are you saying that parenting should not have an influence on children?

Professor Feinstein: Of course parenting has an influence on children, but if you take a child aged three or four, they have already had several years of parenting experience. You can make programmes that will change the way the parent parents, but it may already be very late in terms of trying to transform the nature of the parent/child relationship such that the child's development is substantially impacted. That is not to say that you should not bother, or that parenting is not going to matter anymore. I am just saying that it is not entirely surprising that programmes that are targeting parenting—as opposed to the direct lived experience of the child, as was said before—will tend to be less effective. The point I want to make is that there are multiple outcomes that may be important here. I do not agree that it is irrelevant to children's centres that mothers get into work. Those might be very important benefits.

Chair: I did not say that. You just defined it in terms of parenting, and in terms of parenting, the only outcome you would be interested in is its impact on the child.

Professor Feinstein: There will be diverse impacts on the child.

Chair: If you were talking about increasing employment of parents because working families have a better general outcome for children, that would be a different matter.

Professor Feinstein: There will be diverse impacts on the child. The parenting is not only going to impact on the school readiness of the child. There will be a whole range of ways in which a benefit in terms of parenting will be felt.

Q285 Pat Glass: Heather, can I ask who is going to pick up the work around “What Works?” that the Centre for Excellence and Outcomes did previously?

Heather Rushton: The Centre for Excellence and Outcomes has now been embedded within the National Children's Bureau in order for its work to continue through the National Children's Bureau work. The main part of the work is actually now being superseded through the Early Intervention Foundation, or the What Works centres.

Q286 Pat Glass: So Leon is going to pick that up, is he?

Heather Rushton: The Education Endowment Fund is also involved. It is places that actually bring evidence to practitioners to enable them to use it. In

the last two or three years, the regions have created a significant capacity to be able to work together and seek out the evidence, and use their own sector specialists to build that capacity as well. The work of C4EO has been embedded partially within the regions and in local authorities improving themselves, and also the development of the What Works centres and the evidence basis, including Ofsted, EIF and EEF. It will stop as it was, but it will also become quite integrated as things actually move forward.

Q287 Pat Glass: Leon, how will the work of the Early Intervention Foundation benefit children's centres?

Professor Feinstein: From the perspective of the Early Intervention Foundation, it is for local places to make decisions, based on the best possible evidence about where they want to put their investment. From the perspective of the Early Intervention Foundation, we will be providing the best possible access to the evidence. Places will have to make their own decisions. I am not an advocate for children's centres by any means. We are in straitened times, and there are lots of difficult decisions that have to be made. As I said earlier, I think there is good evidence that children's centres can provide integrated services that will create savings, but we have to test those hypotheses with places. What the Foundation will seek to do is to work closely with places to try to improve the extent to which investments are made on the basis of evidence and to try to improve the extent to which—as programmes are rolled out or scaled up—we are able to learn the lessons of that through improved data and evidence. We will be providing advice, but I do not sit here as an advocate of a particular approach.

Q288 Pat Glass: I spoke to Graham Allen yesterday, and he was telling me that the whole drive behind this and setting up the Foundation was because his constituency has got the smallest percentage of children in the country who go to university. Presumably, some of that work and some of that evidence that you have been drawing together—the work that has come from the centre previously—would be going into children's centres to see those kinds of outcomes improve.

Professor Feinstein: That is absolutely right, but there will be many forms of investment that will be important to places in delivering an outcome such as improving the staying on rates in school of disadvantaged children. We are talking 15 or 16 years down the line. There will be important investments perinatally, important investments from nought to two, and important investments right through childhood. I think the evidence supports the argument that children's centres are a very important part of that, but we have to base that on the evidence. We will learn lessons, and we are going to see a lot of variability now. We were talking about the policy context within which these decisions are made. These are localised decisions.

I just want to make one comment in terms of the debate about the choice between targeted and universal services. These decisions are being made.

From the Foundation's point of view, we can make sure that if people seek advice, we can provide the best possible advice from the evidence in terms of that tradeoff, but also that as those decisions are made, we learn the lessons about what the impacts are. We will have a lot of local variability, and we will have to learn from that.

Q289 Chris Skidmore: Can I just pick up on the timescale for the Foundation? You have been set up and, as I understand it, you have got two years where you have got guaranteed funding of £3.5 million. Are you confident that, if the Foundation gets set up, it will continue beyond two years? I mean, you have staked your career in it. Are you expecting it to go beyond those two years? I guess you must be hopeful.

Professor Feinstein: We have to prove value. We will not survive beyond the two years unless we are adding value, so I do not presume in any way. The intention has got to be to be sustainable, because these are longterm investments people are making, and the kind of evaluation framework I hope we will be able to provide will need to be long term.

Q290 Chris Skidmore: We are all thinking two years. I am thinking two years; there is going to be a General Election in 2015. It is not a long time, and you have mentioned that you are going to start by getting to grips with the evidence base, and then work with 20 early intervention places as your next stage. In terms of the timeframe, how long are you going to spend looking at the evidence base to start with, before you then get into separate projects?

Professor Feinstein: We will be doing this in parallel. I should say that I am Head of Evidence. A Chief Executive has been appointed as well, Carey Oppenheim, and I am sure that she would have lots to say about this. From the evidentiary point of view, my two objectives are that we are providing the best possible access to the best possible evidence and, in parallel, ensuring that as places make investments and roll out enhanced investment in early intervention, they do it in a way that means it will be evaluatable. You have got to be there at the beginning for that to happen.

Q291 Chris Skidmore: In terms of the evaluations, they will probably take a year to do properly. If you spend the next six months getting together the evidence base, and you have maybe got evaluations running at the same time, how many do you think you are physically going to be able to get out by 2015 in order to prove your worth?

Professor Feinstein: We have gone through a process of inviting expressions of interest from places to be early intervention places. We have had a very encouraging response. We are now going through a process of determining which will be the places. We will work with all places that want to develop early intervention, but particularly with roughly 20. Until we have had more intense conversations with those places, I am reluctant to say too much about how we are going to work.

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Q292 Pat Glass: How important are children's centres in providing early intervention, and who is simply not at the table yet?

Heather Rushton: Certainly, it is absolutely crucial that we do focus on early intervention, and many of the Sure Start and children's centres are working towards intervening earlier. For example, in Blackpool, as mums report that they are pregnant they get referred through to the children's centre and then picked up very quickly, and then they get wrapped around by that entire service. We have also got other examples. In either Reading or Luton, they are looking at the registration of births actually being centred in a children's centre. The earlier you can actually engage with a family at the time of conception through to birth, the better chance those families stand of being able to access what it is that they need to help them rear, nurture and then educate their child.

Again, it is a patchy picture, but there is certainly evidence of increased benefits the earlier they intervene from birth; from involvement of the health visitors; from involvement in terms of actually working with midwives; and from the community people, who make a difference in the home. Again, through the involvement of NESTA and the Innovation Unit in the radicalisation of early years provision, they are looking at the role of community workers—community volunteers who perhaps have won the minds of their neighbours, and can help to meet and greet and take people to the right services. At the moment, there is a mixed picture, but it is absolutely essential that we get the health visitors, midwives and the centres working together.

Q293 Pat Glass: Thank you. Would anyone else like to comment?

Susan Gregory: In terms of our inspection evidence, there are two or three things; it is a complex picture. If you talk about early intervention, there are a number of things to unpack. The first is whether or not staff are sufficiently well qualified to carry out the interventions that the centre is using or deploying, and we find that there is a direct correlation—as Kathy Sylva and the expert panel before this one were indicating—between qualifications, knowledge and expertise of staff, and what is offered, and value for money. The second thing that our inspection evidence shows is that centres are more successful in terms of early intervention—through whatever service it is they are offering—when they bring parents and vulnerable families and children into the centre, or the environment where the services are being delivered, where they can access a number of things. For example, that may mean a health visitor onsite alongside childcare and early education onsite, alongside parenting classes onsite and alongside parenting opportunities for them to engage in further education.

Q294 Craig Whittaker: Susan, can I just ask you why it is that children's centres established more recently tend to perform less well in inspections?

Susan Gregory: We believe that the centres that are youngest—so certainly the last Phase Three and some

of the Phase Twos—simply do not yet know their communities well enough, whereas those centres that were established a decade or more ago absolutely understand the changing needs of their community and their target population, and they have learned the best way of delivering services that support the needs of those children and families. That is what we believe. Unlike the previous panel, we do not have hard evidence, but it is certainly what seems to come through our inspection evidence.

The other thing is that a common weakness, which we were identifying 10 years ago and we are still identifying in Sure Start children's centres that are not good, is the inability of centres to really evaluate the quality and the impact of what they are doing and to track. Some of the more successful and more well established centres are, first of all, identifying where their strengths are and where they need to adjust what they are doing, and secondly they are working within a local authority to set up tracking processes and systems. To echo what the Chair was saying earlier, they do know, now, where their children are going. When they leave the centre, they enter reception classes in mainstream. They are tracking what happens to those children in terms of longterm outcomes, end of Key Stage 1, assessment, and results. They are not yet at the end of Key Stage 2, but they will be, and that is enabling them to pass back information to the centres in terms of what they need to do at an early stage.

Q295 Craig Whittaker: So there is no evidence then that there is a lower quality of staff employed in the newer centres than was previously, with regard to qualifications?

Susan Gregory: We do not have inspection evidence that indicates that the youngest centres have got more poorly qualified staff. Our inspection evidence shows that the better the level of qualification and expertise, the better the impact on the quality of what is being delivered.

Q296 Chair: Is that because you do not collect the data?

Susan Gregory: We do not have a particular inspection evidence base that has deliberately looked at the level of qualification and its impact on the quality of what is being delivered in the younger centres, as opposed to the older centres.

Q297 Chair: Would that be a good thematic review?

Susan Gregory: It is something we could do.

Chair: You could go and look at all of the categories, see what the standard qualification level of the staff is in each, and see if there is a correlation between poorer performance and lower qualification.

Susan Gregory: We are, through our new inspection framework for the early years—which we will be delivering in a few months' time—and our new inspection framework for children's centres, which has just begun, looking much more closely at levels of qualification and the impact that is having on delivery. It is something that we would be able to track over time.

Q298 Craig Whittaker: You have already mentioned some of the things that the most effective centres do well, but let me just touch on what you said earlier about children's preparedness for school being a weak point. Why do you think that is, and what should the centres be doing differently?

Susan Gregory: I believe—and our inspection evidence indicates—that it is directly linked to the ability of staff to interact with children, to be able to challenge and to stretch them, and to teach them. Not all children's centres offer early education and childcare, but those that do should have highly trained and highly qualified staff who are able to teach children; give some structure to their learning through their play when they are very young, with more structure as they get older; and be able to identify what children know and understand and can do, and what their next learning step should be. Not all centres can do that successfully enough, and it is not just children's centres that provide early education; it is preschools and nurseries, and the poor level of qualification—particularly in the most socially disadvantaged areas—absolutely makes a difference to the quality of output and the impact on children.

Craig Whittaker: That has been going on for many years.

Susan Gregory: Yes, it has been.

Q299 Craig Whittaker: So what can we do differently, then? What should they be doing to address that issue that has been going on for so many years?

Susan Gregory: The inspectorate has welcomed the Government's proposals to phase in higher entry level qualifications and qualifications generally for those who work in the early years sector. Frankly, the entry level of qualification for early years practitioners is still far too low. You need a higher qualification at entry level to work with animals than you do to work with young children, and that is something that has got to be addressed.

Q300 Craig Whittaker: Gosh. You mentioned the Government's policy. How well aligned is the work in children's centres with the Government's core purpose, and how well aligned is your new inspection framework with that same core purpose?

Susan Gregory: We have just changed our children's centre inspection framework. We have literally just started inspecting to it in the last couple of weeks, and it has been changed to reflect two things. The first is the core purpose, and at the heart of the inspection judgments are judgments about the quality and the impact of provision, in which children's school readiness is featured strongly alongside parenting skills, parents' aspirations, and their ability to access training and become more employable. We have also changed our framework to reflect the very different ways that local authorities are now clustering, delivering, and commissioning services through children's centres. The previous framework did not reflect that, but the new framework does, so we are now able to inspect where centres are clustering and grouping together as well as those that stand alone.

We do believe that the new framework is absolutely focused on the core purpose.

Q301 Chair: Susan—we are focusing on you a great deal here—there were 1,200 staff in local authorities doing support on early years, and I think that has been reduced to 400. The Government suggested that Ofsted was going to step in and make up for this. Is that true?

Susan Gregory: Well, what Ofsted is doing is changing its inspection frameworks.

Chair: No, you have said that. Just answer this question, however uncomfortable.

Susan Gregory: We are also, alongside that, introducing work that HMI are doing to support centres and early years providers that are not yet good. We are starting to offer good practice conferences and improvement seminars.

Q302 Chair: So that is a yes, then? You are going to step in where the 800 local authority support staff were and deliver through conferences, etc, an improved offer, are you?

Susan Gregory: I do not think Sir Michael would believe that we had sufficient staff to be able to take over the role of local authorities. That is not what we are doing. What we are doing is making sure that HMI are specifically targeting weaker providers, and also brokering support for them. We are not taking over the role of becoming an improvement agency. What Ofsted is doing is supporting weaker providers—giving them challenge and support in equal measure—as an agent of improvement, but not an improvement agency.

Q303 Chair: The Chief Inspector has said that, in schools, there is a missing middle tier, and he worries about the support. He said that Ofsted could change its role slightly and do a bit more brokering and signposting to services, but fundamentally he felt that there was not sufficient support in place. Is the same thing true for children's centres?

Susan Gregory: He has not gone on record talking about the middle tier for early years providers and children's centres.

Chair: But you can, Susan.

Susan Gregory: The initiatives that he is rolling out for school support are very similar to those that we are rolling out for early years and children's centres.

Q304 Chair: But he has also said that he does not think that Ofsted—even with an enhanced brokering and signposting role—can fulfil that role, and that no one should think that it can. I think you have said that just now.

Susan Gregory: Absolutely.

Q305 Chair: Could you reflect for us on the loss of so many staff in that supporting agency role in local authorities? Is that weakening the system, and does some other middle tier need to be created?

Susan Gregory: It is absolutely a challenge for the system, for Government, and for those who are making decisions at local level. In times of austerity, they are having to make tough decisions, and that was

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articulated eloquently by the previous panel when they talked about the difference between universal services and targeted services. They are decisions that have to be made, and also there are creative approaches to doing things smarter, so the way in which local authorities are now starting to commission and deliver services through clusters of children's centres is an effective way of dealing with more straitened times.

Q306 Charlotte Leslie: We have covered some of this already, but I wanted to ask a bit more about Ofsted's actual inspectors. I am afraid Naomi Eisenstadt told the Committee in January that Ofsted did not look at underthree provision, and that they were fundamentally about education. She was not alone. Jill Rutter, who is Research Manager at the Family and Childcare Trust, said that Ofsted lacks expertise in early years and at the moment they only have one HM Inspector with an early years background. How well qualified do you think your inspectors are to make judgments on children's centres, and do you have figures on how many of your inspectors actually have backgrounds in childcare leadership?

Susan Gregory: We have got a number of HMI who do have an early years background.

Q307 Chair: How many?

Susan Gregory: I could not give you the number now, but I can certainly let you know. We can absolutely pass that back.

Chair: If you could write to us, that would be helpful.

Susan Gregory: We also employ inspectors through our outsourced inspection service providers, and those that inspect children's centres are expected to have a number of years of senior leadership management experience. That may be in the world of education, or it may be in children's centres or local authorities. They have to understand the background and the context within which children's centres are operating. I, for example, was a primary head in more than one school—or a head with a primary background in more than one school—and I inspect children's centres. I never actually was the leader of a children's centre myself, but I have the expertise and the skills to inspect the early years and the services that are offered by a children's centre through my work and through the work of the team that would be gathered around me.

Q308 Charlotte Leslie: Why, then, do you think that people who are not inexperienced in this area would come up with the comment that the personnel at Ofsted are not sufficient for assessing children's centres? Why do you think those comments would be made, if what you have said is the case?

Susan Gregory: One of the issues that Sir Michael and the senior leadership team at Ofsted take very seriously is the quality and the credibility of its inspection workforce, and one of the reasons I have been seconded into this role as Director for Early Years is that Sir Michael fully intended six or seven months ago to increase the number of serving HMI, and to increase the profile, training and qualifications

of inspectors who carry out inspections in the early years and children's centres.

Q309 Charlotte Leslie: So are you saying that this is a historic problem that has been relevant, which has prompted the quotes that I just gave, but measures are now being taken to remedy the problem?

Susan Gregory: There are always questions about inspectors' consistency and credibility across all the inspection remits. Sometimes they are right, and sometimes they arise because those that have been inspected have not liked the judgments that have been made about their provision. We take those comments very seriously. We take training and performance management of inspectors very seriously.

Q310 Charlotte Leslie: Naomi Eisenstadt is not a peeved-off children's centre manager. She is someone who knows her onions. The fact that she says this, I think, is quite significant. So are you saying this is a historic problem that is being remedied, or that it is just the case that no one likes inspectors, and that even academics who study this will always come down on Ofsted inspectors? Which are you saying?

Susan Gregory: I may be wrong, but I think Naomi Eisenstadt's comments were more in relation to children who are under three than children who are over three, and there has been some research recently that indicates that there is a strong correlation between Ofsted inspection judgments and the quality of what is provided, and research that is carried out by academics. This is less so for the inspection of provision for undertwos, and that is an area that Sir Michael is targeting now.

Q311 Chair: So it is a work in progress?

Susan Gregory: It is a work in progress.

Q312 Chair: So you are not suggesting that the inspectorate as it stands right now is ideal in terms of looking at children's centres. You are suggesting that it needs change, you have been appointed to facilitate that change, and you are in the midst of that change. Is that right?

Susan Gregory: It is absolutely accurate to say it is a work in progress.

Q313 Charlotte Leslie: I know we have got little time, but I just wanted to talk about use and sharing of data. One of the key issues that Graham Allen has raised in a lot of his work is the amount of accumulated data from health, and children's centres and the staff's ability to use that data, to share that, and draw conclusions from that data. How can we better make sure that children's centres and their staff know what data to look at, know how to target the kids, know how to monitor their own progress, and also make the availability of this data better, because they are not always very easily available. I would value the panel's comments on that.

Professor Feinstein: Again, this is a forward agenda. Having spent the last two years doing this, it is not "jam tomorrow". I think the Foundation offers a really good opportunity to address precisely that set of issues. If we are going to be about anything, it is about

improving access to and use of data. As I said before, we will be working closely through our 20 places initially, and that is going to be about developing capability, infrastructure and use and building culture. That is exactly the challenge for us. I certainly think there are barriers in terms of capability.

We were talking before about the logic model of a children's centre, and what the outcomes are that it is important for children's centres to track. Those will be variable, and even within a children's centre, there will be variety in terms of what people think in terms of outcomes—or, more importantly, intermediate outcomes that may be important. What we can help with is the supportive infrastructure in the place. We might be working with the local authority, the clinical commissioning group, the police and crime commissioner, the health and wellbeing board and so on to support the development of integrated data management systems. We are talking to the ESRC, who have already put big investments into these kinds of datasharing and datalinkage capabilities. The infrastructure of this has moved on tremendously in the last few years.

Q314 Charlotte Leslie: Just a very quick one, Chair, if I may—I have not had many questions. There is a lot of talk at the moment about the concept of a Royal College of Teaching, which would enable qualified teachers to begin a professional journey of evidencebased practice, datasharing, and all of this. If such a professional body was set up with the remit of teaching, how important do each of you think it would be to include early years in its remit?

Heather Rushton: I think it is absolutely crucial.

Susan Gregory: I agree.

Professor Feinstein: I am not sure whether it should be separate.

Susan Gregory: May I respond on the data question? We have a really strong evidence base about successful centres and centres that are less successful. There is no need to reinvent the wheel. There are some centres that already understand how to use data, how to access that, and how to track the progress of the children who are in their care after they leave their care. We should be making much better use of what they already do.

Q315 Charlotte Leslie: Do you think peertopeer mentoring would be a good way to do that?

Susan Gregory: Yes, I do.

Q316 Chair: Is that encouraged? Is that facilitated? Is it possible for people?

Susan Gregory: It is something we are starting to encourage now through our improvement work.

Q317 Bill Esterson: We were talking earlier about the impact on early years foundation stage profiles of the work of children's centres. I would just come back to that briefly. Is it possible to measure the impact on children's centres when you have not got fully integrated services, particularly early education and childcare in children's centres?

Susan Gregory: Can I turn that question around? I would say it should be the job of every children's

centre to identify what happens to their children while they are either being signposted to good provision in the local area or being offered early education through the direct service of the children's centre. The children's centre must identify where children are when they arrive, what their needs are, and what the best provision is, and then track that progress and look at what happens in the long term. There is not an excuse for not doing that anymore, and they all should be doing it well.

Professor Feinstein: I would just like to make a distinction between monitoring and impact. Monitoring is about tracking and observing what is happening, both on the basis of need as people come in, but also beyond that in terms of outcomes. There is a different question about attribution, and the extent to which the outcomes are due to what the children's centre has done, which is another area where we need to improve capability and practice around developing systems within which people can have meaningful comparison groups.

Heather Rushton: It is the attribution element of it that is actually the key. It is people understanding how they have contributed to, and tracked through, the improved standards that are achieved through the programmes. The evidence certainly shows that, if you have got the wrong children in the wrong programmes, that is where we are not getting the results. It is about the targeting and being precise.

Q318 Ian Mearns: Regarding payment by results, the Government commissioned a number of payment-by-results trials for Sure Start centres, which I think were due to run for only 18 months from September 2011 and ended earlier this year. Did you welcome the payment-by-results trials, and what were the particular challenges of setting payment-by-results measures for Sure Start children's centres?

Susan Gregory: Shall I start? We do not have any inspection evidence that indicates the impact of those trials. It probably is a matter for Government. The panel previously indicated the difficulties in tracking and identifying attribution. That would seem to me to be an issue.

Q319 Ian Mearns: So, from the Ofsted perspective, it is not something that you have particularly looked at.

Susan Gregory: We have not.

Heather Rushton: We have had one piece of promising practice that was validated, which demonstrated that through payment by results there were improvements around some of the provision. Their issues were around datasharing, attribution, and also the withholding of funds that colleagues required to provide the breadth of the service that was actually required. I will stop there.

Professor Feinstein: I heard the discussion earlier. From the perspective of the Early Intervention Foundation, payment by results is an important innovation that we will certainly want to support, alongside social-impact-bondtype schemes. A lot of the challenge here is about ensuring that places are able to make real savings through doing things more efficiently and effectively. Improving the quality of

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commissioning is really, really important. I recognise that there are concerns people have about payment by results. I think they are valid. There are issues about the quality of commissioning and how you define outcomes. What I am not sure about is why people would say it is more difficult in relation to children's centres than it is in other areas of policy.

Q320 Ian Mearns: The trials were fairly wide-ranging, covering 27 local authority areas. They were due to finish earlier this year—around March, I think. Some of them might have continued after that. How soon do you think we will be getting dissemination of the results from those? I think it is important, if they have run such an extensive trial, that they share the information. That is just an observation.

Professor Feinstein: I absolutely agree.

Q321 Ian Mearns: I know that there have been a number of reservations expressed over the potential use of payment by results. I am just looking for an opinion, here, rather than hard evidence, because you have not been looking at it entirely. Have you any concerns that payment by results may reward quick fixes, rather than longterm solutions?

Susan Gregory: In terms of the inspection evidence we have about poor monitoring and tracking carried out by some centres in some instances, our evidence would indicate that if the payment by results is focused on process rather than outcomes, it would not be the right way forward.

Q322 Chair: Is there evidence that it is focused on process, not outcomes?

Susan Gregory: There is, where centres do not do it well. They focus on how many come through the door, rather than the impact over time on outcomes for parents, children and families.

Q323 Chair: I would hope that they were being rewarded on the basis of outcomes. I mean, we are talking about the structure of the payment-by-results scheme, rather than the performance of the children's centre. As long as that is structured to say, "These are the outcomes now, these are the outcomes we would like to see, and if you get there we will give you the dosh," surely it is about the structure of the payment-by-results scheme?

Ian Mearns: It is about the outcome that is being measured to give you the result, isn't it? That is the point.

Professor Feinstein: Whose outcome, and when? Are you talking about the individuals who come through the door, or are you talking about the wider population, and the lags and the complexity of those lags need to be addressed.

Heather Rushton: A lot focus on the output, rather than the actual outcome for children.

Q324 Chair: They are actually rewarding output rather than outcomes, are they?

Heather Rushton: Yes, some of them can.

Q325 Chair: In terms of the way these things are structured, are they targeted on particular children's

centres—"This children's centre manager is part of the payment-by-results project"—or is it at local authority level, with a more strategic overview and greater ability to influence various agencies?

Susan Gregory: I do not have enough knowledge of the way it is organised.

Ian Mearns: I think what we have identified there, Graham, is that the information from the DfE has not been disseminated widely yet.

Chair: I try to get members of this Committee to stick to questions and not make statements. In total breach of my own advice, I would say that it seems to me that payment by results needs to be at a higher strategic level, and the idea that a youth centre or a children's centre or some relatively small microelement in the system can itself have to deliver a payment-by-results outcome is absurd, and we need to look more strategically. Anyway, I am entirely in breach.

Ian Mearns: I would agree with you.

Q326 Alex Cunningham: We have heard much this morning about different programmes, different people and different outcomes, but the Government are keen for children's centres to focus much more on the outcomes, rather than the outputs. They want to see greater use of evidence-based programmes and data. I just wondered whether we actually need to see major changes, because the evidence suggests that the use of evidencebased stuff is patchy. Change is probably very necessary in many, many places, but is that your view? I think Leon and Heather would be better here, because I have got something specific for Susan.

Heather Rushton: From the 38 authorities that form C4EO's evidence base, what was very impressive was that each one of those submissions was underpinned by research and an evidence base, and they were also linked to a HE provider to evaluate the impact of their programmes. I think that, over the five years that C4EO has been working with local areas, we have managed to gather together the evidence that there is greater use of evidence behind the programmes that are being delivered.

Q327 Alex Cunningham: How comprehensive is that though, Heather? Is that across the country now? Is it 60% or 20%?

Heather Rushton: It is still below the 50% for regular use. Part of the issue is that once you have actually identified what the particular concern or issue around your locality or group of children would be, where do you go quickly to get accessible evidence of what works, and the training, etc, with which to put it in? I think there is still that need for a good broker between reliable evidence and reliable programmes that produce consistent outcomes, against some of the pseudo-areas, or people passing on myth and rumour. I still think that we are on a journey, but it is getting stronger.

Q328 Alex Cunningham: Do you agree with that, Leon? Can you think about the resource implications for that?

Professor Feinstein: This is not exclusive to children's centres. Talking to my colleagues in other

What Works centres, it seems that this is pretty much universal. People struggle to know how to apply the evidence to the particular decisions that they have got to make, and the implementation of evidencebased policy is something we have to work on. There are issues about incentives. In terms of culture change, that is something we can help address through the work of the Foundation, working across a range of places. We do not have good enough data on the extent to which people are applying really evidencebased investments in terms of their early intervention strategies. If we can baseline more effectively and be clearer about which are the places that are doing relatively well compared with others, and benchmark, we can use that kind of transparency to work on the culture change. Sorry, I did not get your point about resources.

Q329 Alex Cunningham: It is not necessarily a resource issue, then. Or do we need more resources, or particular resources?

Professor Feinstein: I think it is about the nature of decision making.

Q330 Alex Cunningham: Okay, that is fine. Susan, in Ofsted's written submission, it said that there was no direct evidence of the use of evidencebased interventions in children's centres. How are you going to move this forward now? Are you looking more closely in future, as far as the quality is concerned, for more evidencebased work in the centres? What are you doing about it?

Susan Gregory: We are looking for centres that are able to evaluate where they are, where their strengths are, and what they need to do to adjust where there are weaknesses; and how they are accessing very successful practice, looking at other centres, what they are doing, how they are accessing research evidence, and how they are finding out how they can improve what they are doing and really offer the best that is possible for their children and families.

Chair: If we could pause for the period of the bell, to help *Hansard*?

Alex Cunningham: I cannot remember which day of the week it is, never mind what I was going to say next.

Susan Gregory: One of the really important roles that our HMI will have in the improvement work is to work with centres, and to identify where there is strength and effective practice. For example, I went to some schools with I CAN to have a look at the work they are doing on speech, language and literacy access. There are some terrific programmes that they are running that would be enormously helpful to primary schools. Equally, there will be programmes based on research that centres are using that we ought to be aware of—and will become aware of—to which we can signpost centres we work with.

Q331 Alex Cunningham: But, to date, you have not really found widespread evidence of evidencebased work?

Susan Gregory: No.

Q332 Alex Cunningham: Save the Children favour an endorsed list of programmes. The NSPCC says that the Early Intervention Foundation has an important role to play in improving evidencebased and shared learning. The Government want the centres to use more evidencebased programmes, as was said before. How do the centres choose appropriate programmes that will best suit the needs of particular groups of children?

Professor Feinstein: How do children's centres choose?

Alex Cunningham: Yes, how do they choose? Everybody wants to offer them a programme, and is saying, "This is the best programme for you." How do they actually choose and make sure, and do they have the expertise to do it?

Susan Gregory: Some do, and some do not. It depends on the leadership, and the strength of the leadership, the creativity and the innovation that a very strong director or manager or centre leader can bring to the practice that is there.

Q333 Alex Cunningham: Do we have that expertise in the vast majority of our centres, or do we need to make radical changes in that sort of area?

Heather Rushton: It is also around the centre's relationship with the local authority, and where local authorities are choosing to focus on recommending specific programmes. In some of the programmes that we have the evidence of, Sheffield has used REAL and PEAL, and they both have had significant impacts on children's language and the role of parents. There are other examples where colleagues have come across—and I do think it is a "come across"—neuroscience and physiological developments that actually impact on children's development. I think it is very variable. It is a very variable picture. I have no evidence about individual children's centre managers, but I do have evidence around local authorities and that hierarchy of colleagues who are talking about what works and what the focus might be. Nottinghamshire have got a huge focus on language improvement across all of its children's centres. Some of the London boroughs had a focus on using better data to inform the choice of programmes, so there is a STAR programme that has been implemented in Southwark with outcomes that have improved children's performance in the lowestattaining percentage by 95%.

Chair: Sorry, I will cut you off.

Heather Rushton: It is a variable picture, but it is not just the children's centres in isolation. It is actually how they are working with others.

Q334 Alex Cunningham: Bearing all of that stuff in mind—that there are different things happening in different places at different quality levels and everything else—I just wondered if there are effective programmes that have been achieving success, particularly for disadvantaged groups.

Heather Rushton: I am just going to read.

Alex Cunningham: That is okay.

Heather Rushton: The Incredible Years, which was referred to previously, is one that has been referred to a lot. There are some very specific programmes that

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have been cited in Graham Allen's previous report that colleagues have picked up and are using. Not all of them need to be randomised control trials, and it is about linking into the work of Ben Goldacre around how you can take practice and actually take it through a randomised process in order to know whether it has made a significant difference or not. I think we are making progress with the whole issue and concept around control groups.

Chair: Alex, sorry, I probably need to cut you off now and give David just one question to end the session.

Q335 Mr Ward: We have spoken earlier on about universal provision or targeted provision. Could you tell us how you see that within the context of local authority budgets and what is happening? We all know what is happening in those budgets. Are decisions being made, in your view, on reductions in universal provision due to the austerity measures?

Professor Feinstein: Clearly, they are. I recognise the logic around greater need for targeting, given constraints on budgets, but I just have two concerns. One is that, without the connection to the universal, you lose the ability to target effectively, as was said before. I think there has got to be the right balance between targeted and universal, and we do not quite know where that is, so that is something we can look at more. The other thing, which I am not sure was said before, is that there is no guarantee that, if somebody closes a children's centre, the money gets rolled back in to support a higher quality children's centre somewhere else. The risk is that people are making these strategic decisions but it is not actually as part of a big plan, and we just end up losing children's centres.

Heather Rushton: I would like to reiterate what Caroline was talking about. A third of poor children

do not live in poor areas, so we have to be very careful that we are not just targeting in that way. The challenges that affect early years are not exclusive to poor families; so issues around postnatal depression, domestic violence, parental alcohol-related issues and special educational needs do not come in neat and tidy pockets either. I think the Committee would be interested in the work of NESTA and the Innovation Unit, because there are six local authorities that are looking at providing what is actually required for the early years in a way that actually demonstrates an efficiency by thinking outside the box and doing different things. Those six local authorities were given a target of saving up to 30%, and the report actually does conclude that some of those authorities were able to do that. I think there are other ways of doing it, other than just cutting, in order to achieve the efficiency.

Chair: Thank you for that positive note on which to end, although Ian is going to take us to another positive note.

Ian Mearns: Just on the stat that you quoted there, Heather—a third of poor children do not live in poor areas—the two-thirds of poor children who do live in poor areas also live in communities where an awful lot of other children who are not quite as poor if they meet the threshold, but are still relatively poor live as well. It is all about compounding the issue in some neighbourhoods. I understand the point, but one must not forget that poor neighbourhoods are relatively poor per se.

Chair: Ian, like me, likes to make statements. Thank you all very much indeed for giving evidence to us today.

Wednesday 12 June 2013

Members present:

Mr Graham Stuart (Chair)

Pat Glass
Siobhain McDonagh
Ian Mearns

Mr David Ward
Craig Whittaker

Examination of Witnesses

Witnesses: **Liz Klavins**, Head of Centre, Fairfield Children's Centre, **Purnima Tanuku OBE**, Chief Executive, National Day Nurseries Association, **Neil Leitch**, Chief Executive, Pre-School Learning Alliance, and **Sue Owen**, Director of Programmes, National Children's Bureau, gave evidence.

Q336 Chair: Good morning, and welcome to this session of the Education Committee, and thank you very much for giving up your time to be with us today. We last saw you in Corby, if I remember, Liz.

Liz Klavins: Yes.

Chair: It was good to see you there. The Government, and the Education Department, have two main aims regarding education. One is to raise standards for all, and the second is to close the gap and create a more socially just society, if you like, with more equal opportunity. In terms of children's centres and their role in early years, what is most important in closing the gap, and why, after 10 years of investment in children's centres, does there seem to have been so little progress in closing the gap and better preparing disadvantaged children for school and later life? That is a heavy question to start with; I do apologise. Neil, you have caught my eye, so I will pick on you.

Neil Leitch: I should have looked down, shouldn't I? We operate 27 children's centres. We manage 27 children's centres, and we also provide childcare in several others, and I would say that the general feeling is that success is very much due to funding and resources. Most of the managers—certainly the ones I speak to—would argue that they do not have sufficient resources to hit the target audience. Only in the latter years, dare I say—probably in the last two years—have most managers that I talk with, again, said, "We are starting to focus on what we think is the target audience." Before that I think it was almost a free-for-all, so it was less directed.

Q337 Chair: That is ironic. You said that a) it is about resources, and b) they only really focused on the core purpose in the last two years. The last two years have been the time of the least resources. In terms of expenditure, it had been hosed in the direction of children's centres previously. It had gone from very little to 3,500 being funded. There was the capital investment and the revenue investment. There was a vast expenditure.

Neil Leitch: But if you then focus on the target audience, of course, all of a sudden the need is identified and you have to spend money, you have to have outreach workers, and so on. I think that has been the difference, whereas before it tended to be almost universal services that we certainly offered, less targeted. Therefore they were generic services, and people would come and go, but we did not have so much involvement in focused work on a set target.

Chair: But in answer to my question on what is most important, you are saying, Neil, "Give us more cash."

Neil Leitch: And direction.

Chair: And direction. Liz?

Liz Klavins: I would say the most important thing is the high-quality education being in the children's centre, so you can have an integrated way of working with the whole family. It takes skill to engage the parents of children from areas of deprivation, in particular, and parents who do not have any English.

Q338 Chair: How many children's centres would you say have that quality early education embedded in them?

Liz Klavins: I wouldn't know nationally. Lancashire has 79 children's centres. I know that the majority of them do not have childcare and education in the centre.

Q339 Chair: Of any sort? Let alone high quality, well trained, well led?

Liz Klavins: I think there is a huge difference in the skill of the workforce within children's centres. The children's centres that are based on maintained nursery schools have a real advantage because they are there in the community, generally in the communities where there is high deprivation, with a highly skilled workforce, and children are already coming to those centres. Certainly for my own centre, the population has changed drastically since we became a children's centre. We were always over-subscribed, so in 2005–06 7.5% of our children were from the top 5% of deprivation. Now it is 88%, and that is through the outreach work we have been able to do since we became a children's centre, but I think our success is that we are universal; it is not stigmatised.

I am working with another nursery school where the headteacher has concerns. It is a high-deprivation, 97% Pakistani population, and the families will not go to the children's centre that is in a different location, because they see it as stigmatised. I see the combination of early education and childcare in the centre as pretty crucial.

Q340 Chair: We start our inquiries as inexpert on whatever it is we are looking into. We end slightly better informed, but still not experts, but as elected politicians we produce a Report, which makes recommendations to Government. That is the business

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end of what we do. We make recommendations, and the Government is obliged, because of who we are in Parliament, to respond within two months, so we have the ability to influence policy. What you said, Liz, gives us a better understanding of where you think we need to be going and what success looks like, but what is most important in closing the gap? What should we be recommending in our Report that would help make policy better match the objectives the Government has stated, namely closing the gap?

Liz Klavins: I think the two-year-old provision has the potential to make a huge difference, because certainly that will give us longer to work with children and families. Because children's development is so huge in the first five years, and particularly by the age of three, engaging with the families earlier will make a big difference, but the quality of that education needs to be excellent. It needs to be the best. It needs to be where children are understood properly.

Q341 Chair: Sorry to press you; I know you are coming from the front line and we live at this very removed, strategic level. It is quite hard for the two to talk. Can you turn that into something that might be a recommendation we could make to Government as to what needs to change systemically? One more go, Liz, and then I will come to you, Purnima. If not, don't worry. It is quite hard to do. We struggle like hell.

Liz Klavins: I will have a go. I think the two-year-olds need to be in provision that is high quality. How we judge that is a bit of a problem.

Q342 Chair: Do you think Cathy Nutbrown's prescription, if properly implemented, would help put us on the right route?

Liz Klavins: I do. I do, yes.

Q343 Mr Ward: What is so good about New Zealand?

Liz Klavins: I absolutely loved the Te Whariki Curriculum, because it looked at the whole family—it is a holistic approach for children—and in particular the fact that all the staff working in the kindergartens are fully qualified teachers, because that is the way New Zealand has progressed. They have fought for the teachers there to have equal status, which again raises the profession. It makes more people want to join that profession, because it is held in high esteem instead of being the bottom of the pile.

Q344 Chair: Do you feel the Coalition Government's prescription, which has talked about raising standards and increasing the level of training and education of those in early years, is actually missing a trick because it is not creating a level playing field with the status and training of teachers in primary, for instance?

Liz Klavins: Absolutely. I think it will be very detrimental if we have a second-class workforce in the early years.

Q345 Chair: And you think the current policy would give us that?

Liz Klavins: The proposals as they are? Yes.

Q346 Chair: Thank you. That is nice and clear. Purnima?

Purnima Tanuku: Thank you, Chair. We need to really look at the whole concept of children's centres when it first started, because originally the core offer of a children's centre was supposed to be a much more integrated offer, starting from very young children with childcare to reaching out and doing outreach work with families and being involved as part of that. Unfortunately, with the budget cuts, that core offer is being diluted, and I think local authorities are already saying that, although they have not closed children's centres, this hub-and-spoke approach of integrating children's centres has meant that the core offer is diluted.

The second thing is that the delivery of childcare through children's centres requirement has been taken out.

Q347 Chair: Was that a big error? Further to Liz's comments just before, of the 3,100, we have had evidence that 2,000 children's centres do not have any childcare, thus they cannot be adding any education.

Purnima Tanuku: 2011 DfE figures show only 550 children's centres are delivering childcare. In some cases, 32% of that childcare delivery is done through the PVI sector, which is great, because that is people working together. However, most importantly, when you lose the childcare element of that offer, you cannot attract the parents and the children who could use other services as part of that core offer. That is one area.

Q348 Chair: Can I press you on that? We have the core purpose. I think there is a balance between universal and targeted services, and stigma and all the rest of it, in finding a way—and the most effective way might be a universal service—to reach those you are seeking to target. People do not seem to be against the core purpose, but it does not enshrine anything in law, does it? It is a nice aspiration, but it does not ensure that the key components that might best help do it are in place. Do you have any thoughts on that, again, in terms of recommendations we could make to take the core purpose from one line into something that ensures the right services are in place?

Purnima Tanuku: In the children's centres that are offering that full service, there is some excellent work being done across the country, but that is becoming less and less. There is a feeling that too much money has been spent on capital buildings, and coming back to now, with the budget cuts, what is needed is that revenue funding. Lots of local authorities are struggling to be able to maintain that full offer. That is where you need to work with the PVI sector, work with the health services and work with other organisations to be able to do that integrated approach much more.

The other most important thing is that the Sure Start children's centres budgets, as well as the early years budgets, are not ring-fenced. What the Government is investing into children's centres or childcare is not reaching the front line. I think that is the biggest, biggest challenge.

Chair: In terms of recommendations?

Purnima Tanuku: We would recommend ring-fencing the early years funding. We feel early years is an absolutely crucial part of early intervention, so the element of the funding that Government is investing in childcare must reach the front line, whether it is through children's centres or PVI day nurseries.

Q349 Chair: The Government is not very keen on ring-fencing, although it occasionally breaks that principle. I wonder whether, as I said, the thought of prescribing a little more of what is needed to deliver the core purpose and ensuring that is in place might be a more acceptable method of delivering what we want without doing ring-fencing.

Purnima Tanuku: Yes.

Chair: The trouble with ring-fencing is that the typical response is "no", and the follow-up is "no".

Purnima Tanuku: We need to look back, if the response is "no", at the survey done by Children and Young People Now. Our analysis shows 48.2% of local authorities are holding back funding, and in one local authority something like £1 million was retained. That is the money that is not going into early years and childcare. That is a huge amount of funding that is not being spent.

Q350 Chair: No, I understand; I was just wondering whether there might be a different methodology by which to deliver the same outcome, which is to, in a sense, force local authorities to deliver what you want and thus spend more money.

Purnima Tanuku: Absolutely. That is where ring-fencing at a local level is absolutely needed, because the schools' budget, the DSG grant, is decided by a Schools Forum, and there are a number of other priorities they will be looking at. I think childcare and early years is something that needs to be a high priority.

Q351 Craig Whittaker: Just very briefly, Purnima, isn't that also compounded by the fact that the Government uses a formula so that different areas get different amounts of money for childcare as well, so there is a double whammy there?

Purnima Tanuku: Absolutely. I think on average the Audit Commission report showed that centres or providers—whether you are a private, voluntary or independent provider—are getting between £3.45 and £5.00 to deliver the three- and four-year-old offer. On average, centres are losing £550 per year per child. There is no way—the sums do not add up for them to be able to deliver high-quality childcare for that kind of funding. The Minister recently asked the local authorities to have at least a minimum of £5.09 for the two-year-old offer. Even with that, some local authorities are still only spending £4.85 for the two-year-olds. There is a big gap and a big difference, and there is also a north-south divide that we are seeing in terms of the cost of childcare. That is what is making childcare expensive.

Chair: Sue?

Sue Owen: I think Purnima is absolutely right to go back a little bit in the history of children's centres, because we have had a programme, starting with Sure Start, that has evolved over the years. We have lost

things and we have gained things, and things have changed, and it has been quite difficult to map the territory like that and see where we have finally got to. One of the things we lost fairly early on in the Sure Start programme was community involvement—a much greater role for local communities in commissioning services, designing services, and thinking about what services their local area needed. One of the problems you have with any central Government request to local authorities is that you cannot ring-fence, you will not make things statutory because that is also not popular, and unless they have some statutory force behind them, it is very easy for a local authority not to do them.

In a way, maybe what you need to do is have more of a bottom-up push, so that local authorities that talk to their local areas and have real involvement by local people in those services are pushed to provide the services that will work best in those areas. One thing that could happen, which we have been working with some local authorities on, is to try to embed much more of a learning culture around early years within an area, so that local people find out about the latest research on, for instance, attachment, find out what the best health services might be for children of certain ages, and start to push themselves for those kinds of services. With some councils, particularly ones that might have adopted a more co-operative approach, that will really work, because elected members see that it is in their interests to engage the local community in the development of services, and to make good decisions that will effect change in the community, because it is those people who know best what their communities are like and what their communities need.

Q352 Chair: How would you trigger this, to go back to me and my recommendations in my Report to Government? What does it look like?

Sue Owen: We have a very good infrastructure already, because we have children's centres. There is not an area that does not have children's centres. We may say that they are of patchy quality, and some do some things and some do others, but we do have them there.

Q353 Chair: We have had one witness suggest that as 2,000 out of the 3,100 do not even have any childcare, you would be much better to have fewer that were truly doing the job. If the poorest kids in the more prosperous areas are left out, that is not ideal, but better to look after the ones you can reach in the areas where you can set up something proper to do the job, rather than pretending to do it everywhere, and failing to do it in most places.

Sue Owen: Yes, and I am not saying this is easy, but we do have that infrastructure there, and we could model ways in which those children's centres could be centres of opportunity for those areas, with local authority early years services supporting them to bring their communities in.

Q354 Chair: They are being brought in, aren't they? The suggestion is that more and more they are being turned into child protection centres; because there is

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limited money, basically, social services are taking them over and filling them with all the families with pretty serious problems, and they are dealing with them at the children's centre. There is no childcare, but there is a huge social services element dealing with people who are struggling. Is that okay, or not?

Sue Owen: No, that is not okay, and if that was happening in local areas where there was some engagement by local people in the use of those children's centres, I think there would be questions asked about something like that, because you are going back to the old day-nursery model there. There are certain things that we know work well. I agree with Liz absolutely: we know that high-quality early education is what makes a difference for young children. We know that targeting services on particularly needy families works better in terms of closing the gap. We need to have a universal service at one level, because that is the way you get people through the door. Often that is through having health services included in children's centres, but within that you have to be very canny about how you target on those families that particularly need services.

Chair: Thank you. I have warmed you up, and we have a lot to get through, so I will move on.

Ian Mearns: I am confused, Chairman. I have to say I am confused.

Sue Owen: It is confusing.

Q355 Ian Mearns: Before I ask the question, it is important to say that it is a fairly basic question that I will begin with, but it is important to get this stuff on the record. The answers to basic questions are important to get on the record. What is the difference between early education and childcare? Is it important to make a distinction between them?

Chair: Who would like to have a go at that? Liz?

Liz Klavins: I would say you cannot have one without the other.

Chair: Is that "you cannot" or "you should not"?

Liz Klavins: I would say you cannot and you should not. Everybody involved with children, whether you are a teacher, a nursery nurse or a parent, is caring for children, and you certainly cannot educate a child who does not feel loved, nurtured and cared for. The two cannot be separated, but there have been different political moves, such as the Childcare Bill, which removed the word "education". We saw a huge boom in childcare with the three- and four-year-old universal provision, and the word "education" and the understanding of education has been diluted over the years. I do not think you can have one without the other, but we should have a focus.

The Childcare Act and the previous Government strategy to have day care for working parents, for me, had a different focus, and looking at the two-year-old proposals now, I am horrified that two-year-olds could be in provision from seven o'clock in the morning for 10 hours, because I do not think that is best for education.

Chair: Purnima?

Purnima Tanuku: High-quality care paves the way for high-quality education in the early years. The two are absolutely fundamental and integrated, but where you have really high-quality early years care, children

are better prepared when they start school. To separate the care and education elements is a very difficult thing to do. One thing we also need to be very proud of in this country is that we have a fantastic curriculum, the Early Years Foundation Stage, which through play—it is very much play-based learning—helps the young children to move up in terms of that early education. For a number of other countries, that is the first thing they ask. When I visited India in November, I went to see some nurseries. What did I see right in front of their doors? Early Years Foundation Stage, British curriculum. We had a delegation of Chinese from Beijing University, 40 people who visited, and what did they want to know about? Early Years Foundation Stage. Sometimes I think the grass is not always greener on the other side. We need to really celebrate what we actually have here, and what we have invested, the sector, the Government and everything, in terms of building that up.

Q356 Mr Ward: The question was: can you define the two distinctly?

Neil Leitch: I do not think you can. I think they are synonymous, and that is why we have the Early Years Foundation Stage. The fear in the sector is that the mechanism for delivering education might be more formalised for the early years children—in other words, two-year-olds learning from rote, etc. However, I think any good early years practitioner would not separate them.

Q357 Chair: Childcare can be carried out by people with very, very low prior educational achievement, and all too often is, and education, certainly effective education, almost certainly cannot. Is that a distinction you would agree with, and if so, what are the lessons from that?

Neil Leitch: I think it is the Government's own figures that say that 84% of staff are qualified to level 3, and you have to accept that. There might be a minority, but it is certainly not the norm. The reality is that these are structured programmes, and by that I do not mean structured formal education as such, but it is not like you deliver your child through the letter box and you come back at the end of the day. There is observation, record-keeping and a purpose to it all. I do not think you can divide the two, and certainly not in children's centres.

Chair: Sue?

Sue Owen: I believe that the two are inextricably linked, but it is true that we have in this country a long, long tradition of nursery education—early education for young children, often in nursery schools—and when you look at the quality of children's centres, it is absolutely true that the ones providing the best outcomes for young children are the ones that were based on nursery schools, or integrated early years services. When the EPEY research first looked at the quality of early years provision and what effect that had on children later on, the centres that were the most effective were integrated early years centres, of which there were not many at the time, but we have developed them over time.

Q358 Chair: We have lost 100 nursery schools in the last couple of years, have we not?

Sue Owen: They have turned into children's centres in a lot of places, and those are the ones that tend to be based on the higher quality nursery education.

Q359 Chair: I thought we had just genuinely lost some. I thought there were 100 that had effectively gone.

Sue Owen: Yes. I am not in a position to know which ones those are, though. What you got, and what they were trying very hard for in the integrated early years services, was childcare and education in the same place, together with some health services and family support services as well, and those tended to be the ones that were providing the best outcome for children. They are inextricable, but for the reasons everyone said.

Chair: Liz wants to come in.

Liz Klavins: I just wanted to make the comment that in Lancashire we have 23 nursery schools. It used to be 40.

Q360 Chair: When did you have 40?

Liz Klavins: 40 before Blackburn and Darwen left us, and 13 then went to Blackburn with Darwen.

Q361 Chair: So it is not because of closures?

Liz Klavins: But we have had some closures. We have had four closures.

Q362 Chair: Since?

Liz Klavins: Since 2003, I think. I am not 100% sure. But 100% of our maintained nursery schools are "good" or "outstanding". 67% are "outstanding", and because I visit most of those on a regular basis, I can say that that is a true judgment.

Chair: Those two things may be linked, as well.

Liz Klavins: I would like to think so.

Q363 Ian Mearns: There is an awful lot of language being used, and my confusion comes from the fact that we have been told that we have patchy quality, we have an infrastructure and there has been an organic evolution. I am trying to get an understanding of whether it is infrastructure, or whether it is the result of a series of shotgun blasts in terms of plopping stuff down across the country. Is there a commonly understood narrative about what makes good provision? It seems to me we have a huge range of provision. I hear exactly what you are saying, Purnima, about people coming from other countries to look at what we are doing in terms of the curriculum, but it seems to me that the range of what we have out there is actually patchy, and the quality of it is not as good as it should be everywhere. How good is it, and how bad is it? Is it a curate's egg?

Liz Klavins: Can I respond to that? I think there are real challenges out there. I agree with everything my colleagues here have said. We also run a charity to provide day care, which was opened as a neighbourhood nursery, and obviously we do not take anything out of that; it all goes back into the provision. We have had years when we broke even and we have had years when we made a loss, because

we are in an area of high deprivation. We cannot use any other funding to sustain the business, because our county insists that all childcare costs are self-sustaining. It is a real challenge in the day care world, and I can recognise that. There is a funding issue there, and in the maintained nursery sector, where we have the highest number of "outstanding" Ofsted inspections, we are seeing the quality of the EPEY research. There is a whole raft of research that backs up the fact that, where you have highly qualified staff and qualified teachers leading the provision, you will get better outcomes, in the main. That is a challenge in the sector.

Chair: Thank you. We have quite a lot to get through, so I will press you all for short answers, and you do not all need to answer every question—but you all want to.

Neil Leitch: A very crude measure in terms of your question—and it is crude—is that where we see the biggest success, and where we feel that we make a difference, is where we have childcare. The point was made earlier that you have access to parents and you have access to families, and you follow through. It is not just about childcare. I will be very quick, but, for my sins, I spent two days working in a nursery. The first day I blocked the sink; the second day they sent me home early. In those two days, I have to say the experience of what people do was way beyond the job specification: hours on the phone to the housing department, and so on, all of that whilst the children were in childcare, so they were getting an education. They were getting, if you like, their experience, and parents were available to get their experience.

Q364 Ian Mearns: But Neil, what really strikes me about childcare is that, for some people, childcare is changing nappies, wiping noses and feeding children. The thing is, what we all know from our experience in the Education Select Committee is that children's progression as they enter education can all depend on the richness of vocabulary that they have learned when they were very, very small. It is all about wiping noses and changing nappies and feeding children, but also trying to imbue those children with a richness of experience and vocabulary at the same time. Obviously that did not happen to me.

Sue Owen: Just to pick up on that, I know—

Chair: Would you like to apologise on behalf of the system to Ian?

Sue Owen: No, no, it is not necessary. Just to pick up on that, I know places where they take 40 minutes to change a nappy, because that is not just changing a nappy. That is your opportunity for talking to that child, for enriching their language, for making them feel safe and secure and developing them educationally. These things are inextricable.

Ian Mearns: So the best-educated children are the incontinent ones?

Sue Owen: It could easily be so, yes.

Chair: There is a lesson. Purnima?

Purnima Tanuku: What you have just said is exactly the image problem that the sector has, unfortunately. It is a low-paid sector, and yes, qualifications are improving, but I think there are three areas to look at. I know the Government is already looking at these,

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but it is a question of how quickly and how well we can revisit them. One is the funding reform, because we have so many streams of funding coming into early years and childcare. We have Tax Credits, we have employer's vouchers, we have free nursery education funding—a whole host of things. Parents are confused, let alone in terms of what is happening at the front end. The second issue is workforce reform, and we talked about exactly why we need highly qualified staff to be able to look after very young children.

The third thing, of course, is regulatory reform, which we have not touched upon in terms of Ofsted and the regulatory bodies who check the quality of the settings. All three combine, because we are not talking about new money. The sector is very aware of the funding cuts and what is happening at a local authority level, but we need to make sure every penny of the existing investment in early years and childcare goes towards that agenda—to the front line.

Q365 Ian Mearns: Professor Melhuish told us that the focus for children's centres has been on engaging with parents rather than on outcomes for children. From your perspective, does this reflect the practice in children's centres that you operate, or that you are aware of?

Chair: Neil, you are nodding.

Neil Leitch: Yes, I would say obviously not in those centres where we are offering childcare, but, dare I say, the worst in the spectrum are little more than places where parents meet, but with little structure, and they still exist. I have to say, that is probably the case, and in some cases that is not a bad thing, but in other cases it is not exactly focused.

Ian Mearns: Does everybody agree with that?

Liz Klavins: Yes.

Sue Owen: If I can say so, I think that adult services within children's centres are absolutely essential. If you are going to improve, a lot of the problems that children face are to do with their parents, particularly maternal mental health at the moment and abuse within families. Those are exactly the kind of children that should be in children's centres and should have support within children's centres, but it does not work unless you work with their parents.

Q366 Ian Mearns: Should early education or childcare be part of the core purpose of Sure Start? Is it really appropriate to have children's centres that do not work directly with children?

Neil Leitch: I would say most definitely. I think I have already alluded to the fact that the big successes we see are where you have the children and you have the parents. The whole thing interacts, and it is relevant and pertinent. I take Sue's point, and I would support that.

Chair: What do you think, Liz?

Liz Klavins: I agree, just with the caution that the hour's "stay and play" is not the same as a regular daily educational session or care session.

Purnima Tanuku: I absolutely agree. We have to understand that local authorities do not have to do everything. This is where the partnership comes into play with the PVI sector. They could offer much better

integrated services working together, especially at a time of cuts.

Q367 Chair: With a children's centre, it does not matter in a sense who is providing it.

Purnima Tanuku: Absolutely.

Chair: You could have a third party coming in—a private for-profit or voluntary sector, whoever. But should every children's centre—to answer Ian's question—in order to be able to do its job, have high-quality childcare embedded in it? Is that a yes, Purnima?

Purnima Tanuku: Absolutely, yes.

Chair: And Sue, you are the same?

Sue Owen: Yes.

Q368 Chair: Help us, then, because you are all agreed. 2,000 of the 3,100 do not have what you are all four saying unanimously is essential, so what does the recommendation look like? Should we shut them? If they are not right and we do not have the money to stick it in—or maybe it is not a matter of money—should we be taking the money away that we are spending on those ones that are not properly constituted, as you have all said, and spending it on ones that are?

Neil Leitch: There might be options that are available whereby you take existing childcare provision and integrate it into children's centres where the buildings will permit that. There might be occasions when there is a more flexible arrangement, where you can go the other way. If we firmly believe it is an essential part of delivering the most successful children's centres, and certainly this panel seems to think it is, then we have to move towards it. I would be reluctant to say that you would just close and shrink and shrink and shrink until you get—

Sue Owen: Back to where we were before.

Neil Leitch: —1,000, effectively. I have used this phrase a lot recently, but you cannot have your cake and eat it; we have to be quite clear. That is what I said about definition in terms of what we want.

Chair: That is the clarity we are seeking.

Neil Leitch: More money. I started with "more money".

Q369 Chair: You have slightly avoided that. What do you want to do? You have told us 2,000 out of 3,100 are not appropriate, and we are asking you, "What do we do about it?" You guys are the experts; we are not.

Purnima Tanuku: You made a statement that quality over quantity is absolutely crucial, and I think even though some local authorities have said that they have not closed the children's centres, local authorities' early years teams are telling us that it is a much more diluted offer than what they were delivering before. In terms of childcare, 32% of the childcare in those 550 children's centres is delivered by the PVI sector, so that is where they need to bring that childcare together. There are plenty of places where initially, when the children's centres were built, the sustainability of the PVI setting's childcare facilities has been threatened. There is plenty of childcare

available, but that is where they need to work together to bring that childcare element back into it.

Q370 Ian Mearns: I am going back to when I was involved in the local authority in Gateshead, and there was a boom time in terms of opening Sure Start children's centres. I am afraid to say that from my perspective sometimes the building seemed more important than the services you were trying to provide for the children. There were lots of officers within local authorities who were making a nice little empire out of building buildings and having an infrastructure underneath them that they would have to manage. That is regrettable, but do you think we have missed a massive trick in terms of trying to evaluate and then roll out what is good practice—disseminating good practice from those early stages?

Sue Owen: I think some local areas have done that very well.

Chair: Such as?

Sue Owen: I was going to mention Gateshead, actually, because I have done quite a bit of work in Gateshead, and I know that they have tried very hard to take that lesson and to move it forward. However, I think we have not missed a trick, in a way, because alongside all the buildings, things were set in place like the sufficiency requirement on local authorities to ensure that there was adequate childcare. Most of us within that always assumed that that was not just enough places but enough high-quality places. There is a role here for us.

As Purnima said, we do not just have children's centres in areas; we have lots and lots and lots of other services, and we will miss a trick if we do not make sure that we create a pattern within a local area that suits all of our children and families, and provides for them. It may be in different places, and it may be horses for courses. You may want childminding, for instance, for particular types of situations and particular children, but you need to plan that. You cannot just hope it will happen. I think that is where the legislation and the statutory duty and things like that come in with local authorities—to make sure that that happens on the ground.

Ian Mearns: I think there is an element of hare and tortoise about what happened in Gateshead. If you look back now, with the resources that we had available, we would not have necessarily progressed things the way that we did to get to where we are now.

Sue Owen: Yes.

Chair: Liz?

Liz Klavins: Where provision is is really important. The sufficiency studies do not necessarily identify where children can access provision. Large families have children to get to schools as well as perhaps to nursery. This is an issue with the two-year-old provision at the moment, because that may well be in a separate place and parents will not be able to get the children there. I think the children's centres that have high-quality care and have the early years teaching centre agenda have real potential to work to improve quality in the sector as a network.

Q371 Mr Ward: Do we not need to really rename, or something? We are in a situation where we are

saying that everywhere has a children's centre, because everywhere you go there is something called a children's centre, but what you seem to be saying is that a children's centre should be able to define what is required in terms of provision, and they ought to be called possibly children's centres or maybe something new, and then the others are not. They may be doing something that is useful, but they are not what we want to be providing. Then you go down from your 3,000 to your 400, 500 or 600, or whatever it is, which are these things that could be called children's centres, in addition to which we have 2,500 of these other things, which are not children's centres.

Neil Leitch: I was just going to say that I think standing still and not being prepared to review the situation is blinkered. We should at least be prepared to do that. The problem that has somewhat arisen is that, because of the adverse publicity around the potential closures that were taking place, possibly local authorities just reshape the model, so we have ended up preserving buildings, as you say, but not a lot goes on with some of them. You have to challenge conventional thinking and say that it is an area—subject to all the comments that have been made, because I agree with all those comments—where there must be an opportunity to re-evaluate what we have done.

Q372 Chair: It is difficult to do, though, isn't it? We try both to say what we think, and what is right, but also be aware of the political realities. It is quite hard to see how you could recommend to a Government, two years before a general election, that it should go around shutting centres. It would be almost impossible for Her Majesty's Opposition not to jump all over it, at which point you carry on with a hollowed-out system that is not delivering for lots of people, but there is no incentive to do anything about it.

Neil Leitch: I understand that, but I put it to the side. The political position I put to the side. The reality is that, if lots of people question the validity of some of the services that are delivered, it seems common sense to me that they should be looked at.

Chair: We have got through one questioner so far.

Q373 Siobhain McDonagh: How do children's centres work alongside other providers of early education and childcare, such as the private and voluntary sector or schools? What improvements could be made in this area?

Purnima Tanuku: Some children's centres work very well together with the PVI sector, and right from the beginning they did not duplicate services. They would engage the PVI sector to deliver the childcare element of it. Unfortunately that is not the case for others, because traditionally children's centres were built right next door to existing provision, which threatened their sustainability. I think the biggest issue now is working together. That working together, bringing people together to work in partnership, takes an awful lot of time, resources and commitment. The local authority early years teams are cut quite drastically, and a lot of the time that engagement is not happening. A lot more could happen through those networks of providers, working together with

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childminders, day nurseries or pre-schools; working together with the children's centre, they could offer a much better integrated offer, but it needs a lot of local investment in time and energy to be able to do that.

Chair: Go on then, Sue.

Sue Owen: If I can talk about childminding for a minute, part of the core offer of children's centres was to provide services for childminders. It was not specified exactly what those needed to be, and therefore that is indeed very patchy, but one of the things I think would improve the situation tremendously would be if children's centres took that responsibility seriously.

Siobhain McDonagh: Did you see my brief? Do you have my second question then?

Sue Owen: No.

Chair: I wanted to move on to the next question, and Sue, you are quite brilliant: you have already done it. Well done.

Sue Owen: We have an excellent model in this country of accredited childminding networks, and children's centres are perfect locations for the kind of support you get within accredited networks. On top of that, I think we have missed a trick in understanding what childminding brings to the whole pattern of childcare services, because we always assume that it is children's centres that will be supporting the childminders to get better, but it could very well be the other way around. We now have a highly sophisticated and very well qualified childminding sector. It is not everybody, but we have moved, over the last 30 or 40 years, to very high-quality childminders, and they are also often mature women. They are much more experienced and knowledgeable than the often very young workforce that we have in some of our centres, and also the very young parents that we get coming into some of the centres. We need to rethink how we use childminding within children's centres to develop that type of provision and the kinds of services needed.

Q374 Chair: Can you turn that into a recommendation that we could stick in our Report?

Sue Owen: I certainly could. Do you want me to tell you?

Chair: If you can do it orally now, that is great, but if any of you, on this issue about recommendations, want to think about what you would like to see in our Report and write to us as a follow-up, please do. Liz, briefly?

Liz Klavins: Yes. Childminding networks in children's centres, again, are patchy, but they have the potential to develop a really highly qualified, skilled childminder workforce. I am very passionate about it. We have done a lot of work with our childminders. Our childminders are from top 30% deprivation, and 75% of them are "good" or "outstanding". All the childminders who have done accredited training with us since their inspections have all been "good" or "outstanding". I am really worried about the idea of a childminder agency replacing childminder networks, because that will be something very different. A lot of children will do far better with a childminder in a home-learning environment, where they are nurtured in that home environment.

Q375 Chair: The Minister's aim, if I remember, was that by bringing in these agencies, they would reduce the bureaucratic burden on childminders, who had to run their own small business, with all of that, and the agency might help reduce that and thus encourage childminding. Do you think that is a false hope?

Liz Klavins: We are not sure what they mean, but it seems to be very much looking at the business aspect, and from what I can gather, the model would be that the agency would take payment from parents rather than the childminder doing that, and the agency just becomes a sort of business model. We do not know what it means, so we are worried about it.

Chair: It might just skim off the top and further reduce the money that can go to childminders.

Liz Klavins: If we did that for our childminders, we would have to charge an administration cost.

Mr Ward: I met with the UK childminders' group, and they were telling me yesterday about their concerns about this agency and the impact it may have.

Chair: PACEY, that would have been. I want to move on. Neil, quickly?

Neil Leitch: Just a very quick response. I agree with everything everybody has said.

Chair: You share Liz's misgivings about this childminding agency?

Neil Leitch: That is the point I was going to make. It is interesting that the argument used is that it would ease the administrative burden and financially assist childminders, but childminders are overwhelmingly opposed to agencies, and that must say something. It is slightly misleading to give the impression that they have come forward and suggested this as a route.

Chair: We will hear from PACEY next week, and we will look at that.

Q376 Mr Ward: Very quickly, on the issue that has been raised by Ofsted of school readiness or preparedness for school, and the critical role of children's centres in being able to achieve that, first, is that your experience, and does that matter? Is that a purpose, or one of the purposes, of the centres?

Chair: Who would like to have a go at that? Liz, are you going to start off again?

Liz Klavins: I think that children's centres, particularly the teaching centres, can have a real role to play in raising standards and working on a more regular basis with other providers.

Chair: Sorry, this is specifically about school readiness, and Ofsted saying they have not done a very good job.

Liz Klavins: Yes. I think there is a mixture in terms of what people mean by school readiness. I understood it originally to mean that children would be confident, that they would be able to separate well from their parent/carer, that they would have independent skills, and originally that was supposed to be at Key Stage 1. Early childhood is a phase of a child's life that should be valued for what it is. It is not about getting children to sit for long periods of time to do more formal activities. I think when people talk about school readiness, they talk about it in many different forms.

Q377 Chair: Isn't it the point that Ian was making earlier? Isn't it about vocabulary?

Liz Klavins: Yes, language and communicating.

Q378 Chair: Fundamentally, it is about ensuring that we do not carry on being a country where, if you are born poor, you are falling behind by the age of three, by the time you are at school you are way behind, and then your falling behind accelerates through your school years. That is what we are trying to end, and we hoped this investment in children's centres would help level the playing field, because if you start off at a good level, you are much less likely to fall behind. I would have said that was a central aim of children's centres from a big policy perspective.

Liz Klavins: Definitely, but it comes back to the education and care. If you are not seeing the children on a regular basis, if you are not able to work with the parents on a regular basis, you will miss the opportunities to support the child's development.

Chair: Neil?

Neil Leitch: I was about to endorse the last point that Liz made. I guess the reality is that the big fear is what school readiness means. If we focus on the consequences of children not being ready for school, then certainly children's centres have a major part to play. It is diminished where, in fact, they do not have childcare, in my view, because you are just working with the parents, and if you are trying to also get to the children, you cannot do that. It comes back to that point where I think we have just made another case for why childcare should be universal.

Q379 Chair: You can work with parents all you like; you might help them to be slightly less chaotic, but if they have a very limited vocabulary, you are unlikely to be able to change that.

Neil Leitch: It comes back to the lowest common denominator, and that is the problem in some instances.

Q380 Mr Ward: We heard from Naomi Eisenstadt about the crucial importance of the first two years in particular, and language development. What role do children's centres play in that? How effective is that with the youngest of all children?

Liz Klavins: Working with parents before the baby is born is crucial. We know that babies are stimulated in the womb, so that is important. Children's centres can do that through a range of services with parents, and then we have things like baby massage, and groups for parents and young children, so singing, nursery rhymes—all things that are important—working with parents on spending time when nappies are being changed, and making eye contact. Many parents I have come across think that, because babies are not talking, they do not need to talk to them.

Mr Ward: But should it be prioritised, then, I guess, in the womb?

Liz Klavins: Because of the tremendous amount of learning that is going on before a baby is born, yes, I think it should. I would hate to see that disappear from the children's centre.

Purnima Tanuku: School readiness has different connotations to different people. I know this

Committee is looking into the core purpose of children's centres, but I just want to point out that there are 16,500 day nurseries out there, and 40,000-odd childminders, plus pre-schools, and all of those people—some of whom are providing absolutely high-quality childcare services—are doing exactly that. They are giving the children that confidence and that start in life to be able to do that. Children's centres are only a part, albeit an important part, of that agenda. We need to look at the whole of early intervention and early years, and higher quality in that context, because the PVI sector can offer a lot more to the success of children's centres in terms of better engagement and better partnership. We need to look at that holistically in terms of achieving better outcomes for children.

Q381 Chair: Holistically, notwithstanding the presence of that broad range of services, we seem to have a bigger gap between the outcomes of rich and poor than nearly any other country in Europe. There is cross-party consensus that that needs to be challenged and put right, and needs some form of intervention. This inquiry is just part of a series of inquiries we are doing, trying to look at the early years and how we turn that around so that we live in a society in which children who are born poor are no more likely to fall behind than a child in Finland who is born poor, for instance. I think they have the narrowest gap between outcomes for rich and poor. Any thoughts on that, Purnima? What needs to change, holistically, do you think?

Purnima Tanuku: I mentioned before that we are set on a reform of the whole of early years and childcare, and, as I said, we need to look at all three key areas. We need to look at the workforce issues, because that plays a very important part in developing that high-quality childcare and reducing that gap for very young children. We also need to look at the two-year-old offer and how that is progressing, because that two-year-old offer is very, very important in bridging that gap for the most disadvantaged, and it is really important that we follow that two-year-old offer and see how successful that has been in making that happen.

Q382 Ian Mearns: Given the patchwork quilt we have in terms of what is going on out there, do you think one thing that might help would be a commonly understood nomenclature for everything that is going on in the sector, so they can compare like with like from place to place?

Liz Klavins: Yes, because it is very difficult to compare. I was just thinking about what Purnima was saying about childcare. I agree completely: everybody has a role to play. In areas of high deprivation like my own, there is not childcare. We opened our provision as a charity. If I had been wanting to make a living out of it, I would not have opened it there. Currently we are having to look at changing our provision, because the majority of our parents are unemployed, and they cannot pay £39 a day to bring their baby. Unless we have services through children's centres in the most deprived areas, we will not be able to work

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with those parents and babies, so those children will already be way behind by the time that they are two.

Q383 Chair: So what would your prescription be?

Liz Klavins: We need to have children's centres, or if it is called something else, we need to have places that are offering a universal service, so they are not stigmatised, in areas of high deprivation. That allows us to start to find the most vulnerable children, and start to work with the children and their parents.

Chair: So you want to provide free nursery education for under-twos for the unemployed in areas of deprivation?

Liz Klavins: Not necessarily free, and not necessarily day care, but certainly opportunities for parents and children, I would suggest. We had a lot of our parents who were subsidised through Care to Learn, and through Working Tax Credit, but a lot of our parents are losing that now, so we are seeing more and more children, who we would really love to be in nursery every day, just doing little bits, which is not the best.

Q384 Chair: If it is not free, do you want to invest? It would take a significant investment, whether we re-engineer tax credits or whatever it is, to ensure that the unemployed or those on very low incomes can access nearly free, high-quality, preferably graduate-led childcare in their areas. Is that right?

Liz Klavins: Yes.

Q385 Chair: The question would be, in terms of our recommendations, where would you get that money from? Looking at the sector, you have 2,000 that do not have childcare. Would you rather have 1,000 of those shut and the money spent providing that in the areas of deprivation, as defined—if someone comes up with some list of the most deprived places? It means rural areas would lose out. It means more prosperous areas with very poor people would lose out, but it would mean you could do what you want to do.

Liz Klavins: It is costing money in the longer term, because these children, as we all know—and it is shocking—are so much further behind than the not-poor children by the age of five, and that continues through school. It is costing money at the higher end.

Q386 Chair: It may well be cost-effective in the long term, but that is not how departmental budgets work. You have to find the money you have. You can make an appeal to the Chancellor just to spend more, but in this environment that is unlikely to succeed. I am sorry to press you, Liz, but in your area of budget, if you want to spend it on that, you have to take it away from somewhere else, so tell me where that is.

Liz Klavins: One of the things we have looked at, although it is not my favourite option, is advertising our childcare to a wider area in order to subsidise provision for the most vulnerable. I have to say that that does not sit very well with me.

Pat Glass: It also does not work, Liz.

Chair: It does not work.

Liz Klavins: No, it probably would not. I do not have an answer to your question, because I do not know

where the money is, but I do think we talk about children's brain development and children learning most by the age of five, and yet we seem to put less into the under-fives than we do into the primary and secondary sector.

Chair: Purnima?

Purnima Tanuku: Two things. One of the reasons why local authorities have stopped delivering childcare through children's centres is that some of it was not viable. That is one of the reasons. What we have to understand is that the streamlining of the funding is an important element of looking at this in terms of how we can offer a lot more affordable childcare to parents. We need to really streamline all the different funding streams that we have at the moment. The second most important thing we need to do is look at supporting parents with the cost of childcare when the children are at the younger age range. I know the recent development does not come into play until 2015, but a lot of parents need that support with their childcare costs when their children are younger, rather than when they are at school.

Q387 Chair: The Government is spending £5 billion supporting it. It is not as though this Government is not supporting childcare; they keep putting all that money in, and Ministers keep talking about it. They have put £5 billion in, and yet we have one of the least qualified workforces and one of the most expensive rates.

Purnima Tanuku: That is exactly the challenge. The £5 billion is not reaching the front line, either through children's centres or even through the PVI sector. That is exactly where the problem is, I think.

Q388 Chair: So where is it going?

Purnima Tanuku: Ring-fencing does not sit very well. That is why I have just quoted the 48.2% of local authorities that are withholding money—that is not being spent on early years. That means the money is being spent on schools or other things, and that is where the biggest, biggest gap is.

Q389 Chair: You think the biggest single reason that the £5 billion does not reach where it is most needed is because local authorities sponge it away?

Purnima Tanuku: Local authorities use that money. I would not say "sponge away", because they are looking at other important priorities, probably, and putting that money in. This is where we really need to revisit that. I know ring-fencing does not sit very well with Government policies, but that is the only way we can ensure the funding reaches those children who need better outcomes.

Q390 Pat Glass: I want to talk about early years teaching centres, so I am largely addressing this at you, Liz. What opportunities are there for children's centres in being designated as EY Teaching Centres? What does it involve?

Liz Klavins: The original opportunity to become an early years teaching centre was through a two-year DfE programme with Pen Green, which was an application process, and I believe there were 16 early years teaching centres designated. That included a lot

more children's centres. I think the majority were all maintained nursery schools with children's centres. For me, that is a process that has really started for us. The programme has finished, but that journey is continuing, and we have made links with private and voluntary providers; we are looking to work through them, particularly through the two-year-olds.

I think it has huge potential, because we are very credible, because we run a PVI, we run a maintained nursery school, we run a children's centre and we are working with parents. The early years teaching centres have huge potential. They are credible; they are accepted in the sector because we are doing the day job. We can work not in a training, teaching position, but working alongside to develop people, particularly with childminders. I would love to see that grow. The early years teaching centres are different from the National College's teaching schools—there is quite a distinction between what they would do.

Q391 Pat Glass: What have they done so far to improve quality, and is there room for improvement? Could they take on a national role in improving quality?

Liz Klavins: I think they could, yes, definitely. If you look at the highest quality in the sector—because as I say, you are credible—you live the experience of nurturing staff and moving staff forward, not just telling them how to do it.

Q392 Pat Glass: We have heard evidence that local authorities no longer have the capacity to deliver that challenge role in early years settings. Is there a possibility that the early years teaching centres would be able to take up that role?

Liz Klavins: I think there is. Local authorities' funding has been cut, so they are challenged. My own local authority has a school advisory service that the schools buy into, which I work for for part of the week. That service sustains itself, and then we have early years consultants. In Lancashire we have over 600 PVI settings, and I am not sure of the number, but I think now there are about seven early years consultants, so if the setting has been judged "good" or "outstanding", they only visit once in a year, which is not enough to shift practice.

Q393 Pat Glass: One of the things this Committee has been worried about is the gap that has been created in school improvement and challenge, as that role has largely disappeared from local authorities. Would you see this as one way in which we could fill that gap in the early years? Would that be your recommendation?

Liz Klavins: Yes, I would. Working in my advisory role in the maintained schools, that role is about support and challenge, and it does make a difference. I would like to see that happening in the PVI sector.

Q394 Chair: What would be needed to enhance it? You said there were differences between teaching schools and your centres.

Liz Klavins: Yes.

Chair: Are there strengths, or access to support, that teaching schools have that you do not have? What

would better enable you to expand your network and provide the national quality-raising role that you hope you could achieve?

Liz Klavins: It is a different focus in the teaching schools, because that is very much looking at schools. It is looking at the maintained sector and teachers. With the teaching school comes some funding, and that is the thing that is needed.

Q395 Chair: Don't you get funding?

Liz Klavins: We have to try to generate our own funding as an early years teaching centre. There was funding originally, £3,000 to each centre, for training. It is like a ripple effect.

Q396 Pat Glass: One of the issues I always used to have with nursery schools, because they are expensive and they have a headteacher, was that I used to be constantly saying to nursery heads, "Show me what you do that is different." Is this not an opportunity to build early years teaching centres around what we know is an excellent provision in nursery schools, and save nursery schools at the same time?

Liz Klavins: Absolutely.

Pat Glass: So it would not necessarily be about more money; it would be about shifting the emphasis.

Liz Klavins: Yes. You need to be mindful that in order to do that, you have to generate some income as well, because you need the capacity to continue to be an excellent maintained school and deliver with other providers.

Chair: Do you think that is possible?

Liz Klavins: Yes, I do, because we are managing to do it.

Chair: Good. Without spending more money—hurrah.

Q397 Craig Whittaker: I am a little bit confused, and the only reason I am a bit confused is because Purnima and Liz have both said that the two-year-old provision is an excellent step forward, am I right? I know there were some provisos in that, Liz, but we have heard from Naomi—and excuse the translation of her surname—Einstadt I think—

Sue Owen: Eisenstadt.

Purnima Tanuku: Eisenstadt.

Craig Whittaker: Thank you. She suggested the two-year-old offer is not good use of public money at all. Why the disparity? Why do you think it is while she does not?

Purnima Tanuku: We already have very strong evidence that the three and four-year-old offer for young children, in terms of the universal offer, has made a big difference. I know the research does not have the outcomes when they start school, but the two-year-old offer, delivered through high-quality settings, would help very young children to bridge that gap. We need to be careful that the kind of issue we have with the three and four-year-old funding does not actually happen to the two-year-old funding. When it started off as a pilot for two-year-olds, the funding was adequate, and the majority of the providers said, "That funding is adequate," but now we see that funding going down exactly the same way as three and four-year-old funding, i.e. being reduced.

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What that means is not everybody will be able to deliver that two-year-old offer, so as a result some of the PVI providers might say, "I am already making a loss on my three and four-year-old funding; there is no way I can do that with a two-year-old, thank you very much." It is the children who will be losing out, so that is where we need to be careful. We started out with a number of children, 260,000 two-year-olds, moving forward, but I would say that is definitely something. Especially at a time of cuts and things—whether it is through the children's centres or the PVI sector—the disadvantaged two-year-olds offer is absolutely crucial.

Craig Whittaker: Sue, did you want to add to that?

Sue Owen: Yes, I agree it is absolutely crucial. I know Naomi's view on this. She believes that we are spreading ourselves too thinly, that we really need to put more investment, if we have any, into improving the offer for three and four-year-olds, and also that we should target a great deal more, because there are families who are within the two-year-old offer who need it a great deal more than others. She believes it is quite difficult to do that, and that we certainly should not start spreading it to a greater percentage of two-year-olds before we have worked out how we can best provide for the smaller percentage. I think I agree with her over the percentages—that maybe we should concentrate more and do more work on the smaller group.

However, it does come back to what I said right at the beginning about really knowing your community, and allowing your community to be engaged in the development and delivery of those services, because then you can start to target much more clearly how you want to spend this money. There is a finite amount of money, and, as Purnima said, it may well go down. Spreading yourself too thinly is not necessarily a good idea when you know that there are specific families that need your help, and that we should be targeting those families directly.

Q398 Craig Whittaker: Liz, can I bring you in? I know you have some very strong views on this.

Liz Klavins: I do, because we are already working with a large number of two-year-olds, all of whom were either on a Child Protection Plan or on a Child In Need Plan. What is really important is that we do not just put two-year-olds into provision: we need, again, to be working with the parents and the families. I think Graham Allen's report recommended that two-year-old provision was about working with the families. That is where it has made a difference, not just the child.

Q399 Craig Whittaker: So rather than having a blanket two-year-old provision for the 40%—20% first, 40% later—most deprived, you would like to see that money spent more on targeting families?

Liz Klavins: Yes, because it needs to be a holistic approach.

Q400 Craig Whittaker: So Naomi is right, then?

Liz Klavins: To a large extent, yes.

Q401 Craig Whittaker: Can I just take you down to brass tacks, then? Childcare and children's services, in the general public's view, is not sexy; it is not at the top of people's agenda. What is, however, is jobs. How do you succeed, Liz, because I know you work with a very high proportion of unemployed families. How does the provision you offer enable families to go out and get a job?

Liz Klavins: The neighbourhood nursery that we opened in 2003 was specifically for parents to get into employment or further training, and that was working quite well.

Q402 Craig Whittaker: How successful, though? How many of the families you worked with, because of what you did, went out and got a job?

Liz Klavins: All the parents we worked with in that setting were going for training. Not all of them—and I do not have the percentage now for the whole number—but many of them did go on to employment, and we run a volunteer programme as well, and we are also seeing about 60% of those parents gaining employment from that. However, we are in an area where there is not a lot of employment.

Purnima Tanuku: I just wanted to add one thing. With the increased poverty figures, there will be more two-year-olds who will be eligible for the two-year-old offer. That is another bit we need to be looking at, because in terms of a targeted approach for some of the most disadvantaged two-year-olds, those figures will inevitably increase, so it is a resource issue again.

Neil Leitch: I think there are different levels of vulnerability, and I would back to some degree what Naomi was saying. We already do it: we prioritise where we offer two-year-old places, and it is to the most vulnerable families, usually on child protection rather than according to economic disadvantage. One of the things we could do would be to have a policy whereby parents returning to work were given free childcare for x number of months, and thereafter it became payable. At the moment, trying to fund or find a deposit, whatever it happens to be, is very difficult for families. They are caught in limbo.

Q403 Craig Whittaker: I suppose that naturally leads me on to ask what steps are being taken to underpin the two-year-old offer by improving the home-learning environment. That has to be key as well, doesn't it, for your own stuff that we have just spoken about?

Sue Owen: There has been a lot of work over the last nearly 10 years now on initiatives that will support parents with the home-learning environment. It came out very, very clearly, as you know, in the EPEY research, and on the back of that, there was a lot of Government money put into various initiatives to support the home-learning environment, and we in the National Children's Bureau have one called Parents, Early Years and Learning, which has been very, very widely rolled out across the country, initially in children's centres but then across all the other forms of provision. We are very clear on how you can support parents to improve their home-learning environment. We have now built on that with a

literacy programme as well, and those are not the only initiatives. I think that local authorities and settings themselves have been very quick to take up those offers when they have been available, and we could certainly ensure that we put some of the funding in to support programmes like that.

Q404 Craig Whittaker: Will that physically happen, though? We know from experience that money gets frittered away here, there and everywhere. Will it be targeted on the right areas?

Sue Owen: That could well be a recommendation: services, maybe through local authority funding—or local authorities could buy it—could commission those types of initiatives and ensure that all settings staff can go through those types of training and have that ongoing support, because the results of that, when you go back and study them, have been outstanding in terms of improvement in parental support for their children's learning.

Q405 Chair: Will the two-year-old offer have a financial impact on the children's centres that you administer, Neil?

Neil Leitch: I think it will. We have already seen on the pilots average figures that are paid of around £6 per hour. We have seen that drop to around £5, or £4.80 in some areas, and because you are working with the most vulnerable children, it is almost one-to-one care, and working with the families as well. It is not economically sound. That is why many providers stay clear of children's centres: there is no economic model there that would make you want to do it. I am afraid it has to be down to local authorities and Government to fund it.

Q406 Chair: It is approaching £500 million a year by the end of the Parliament, once it moves up to 40%. It is a huge investment in early years, and yet there are mixed messages. You are both pleased about it on the one hand, as you would be with £500 million a year being added to the spending in the sector, but on the other hand it is not at an adequate level to deliver high quality for those the Government is most interested in, which is the most vulnerable.

Neil Leitch: Because it is intense. Changing lives is time-intensive, and that means money. We are pleased, of course, we have the opportunity of changing lives.

Q407 Chair: The spending is pretty substantial. If it was not demanding that it cover the whole of the 40% of children and was allowed to be used more strategically to look at those who most needed it, it would be much more effective. Is that right? It is an error to be spreading it. So Naomi's point is a fair one—you all think there is a risk of it being spread too thinly.

Neil Leitch: I would certainly agree with that.

Chair: It would be better concentrated on fewer and doing a better job, although that is not a logic you were going to apply to the number of children's centres, I notice, earlier when I kept inviting you to close some.

Neil Leitch: I think we should review it.

Q408 Chair: But if it does not make any financial sense, what will happen? Surely the Government will still be forking out its £500 million, and the providers will be running away from providing because they cannot afford to do so. Who will deliver? Will it come back to children's centres to manufacture provision?

Neil Leitch: There is the provision. There are still vacancies. There are places, and the reality of any business model is that, if you have your fixed costs in place, you will take those places. The difficulty is whether providers will develop new provision, and so far they seem to have been reluctant. We have something like 750,000 places on the two-year-old funding programme at this particular point in time. By September, there will be a statutory requirement for 130,000, and the year after, another 130,000. That says to me that, despite the fact I am sure lots of providers are in need of the money, they are not rushing out there.

Q409 Chair: If they do not provide, what will happen?

Neil Leitch: In fairness, I would suggest that many of the vulnerable children are in areas of deprivation anyway, so children's centres play a part, as do some providers that are there, and the voluntary sector. We operate 130 nurseries, all in areas of deprivation.

Chair: Liz?

Liz Klavins: I think maintained nursery schools should be playing a part with the two-year-olds, because certainly in some areas they are not full, and the funding issues are the occupancy, because we have termly intakes, unlike primary schools, and, in my own authority, all the funding for capital expansion or anything going to PVIs. They are not looking to the maintained sector, and yet there are some excellent "outstanding" nursery schools that could take these children, and the children could then stay with them.

Q410 Chair: Could they afford to take them if you are losing money on your three and four-year-old offer, and you are losing money on the two-year-old? You said, in a way, "If only you could get more kids in from wealthier families to cross-subsidise," but in the poorest and most deprived areas you will find it very difficult to get wealthy parents to send their kids in and pay a high price in order to subsidise everyone else.

Liz Klavins: The maintained nursery schools have a higher base rate in Lancashire because they have a headteacher and also a qualified teacher. That provision is already there. Lancashire's funding for two-year-olds is £4.78. They are not top-slicing the money. Lancashire is very keen on getting all its money out to front-line services, but those schools could take those children.

Q411 Chair: Going back to my earlier question, they can afford to take them, can they?

Liz Klavins: Yes, because the costs are already covered, and I cannot get to the bottom, with our authority, of why we will not support that.

Chair: Sorry, say that again?

Liz Klavins: Lancashire authority are not supporting two-year-old places in the maintained nursery school

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sector, and I cannot understand it. It seems to be across the country. I have heard other people from other authorities say the same. There is a push to the PVI sector.

Chair: Briefly, Purnima?

Purnima Tanuku: When we carried out a recent survey about the two-year-old offer, 33% of the providers said they are interested and they would like to deliver the two-year-old offer, but their difficulty is of course the hourly rate they would get paid and, most importantly, bank lending. If they want to extend their provision to be able to take on more two-year-olds, they are not getting much support from the banks to be able to build that. In terms of it not costing more money, other Government Departments have other schemes: BIS have funding for SMEs, and none of that is reaching the nursery sector. We need to work across different Government Departments to see what other resources are available to support the private and voluntary businesses to be able to play a key role in this.

Chair: I do not want to overburden you, Purnima, but if you were able to send us a short note about that, that might, again, be an area where we could make a recommendation to ensure we have a joined-up approach and that BIS initiatives support what is not just a Department for Education but an overall Government objective of closing the gap and meeting the needs of the poorest children.

Purnima Tanuku: Yes, absolutely.

Chair: Sue?

Sue Owen: Just to come back to childminding, childminders are excellent at filling gaps, because they are there and they often can take additional children. I think we have not explored nationally the way in which we might involve childminding or expect centres to involve childminding in two-year-old places.

Chair: Very poor Chairmanship has meant we are overrunning, so I will ask you for very quick answers to the remaining questions.

Q412 Pat Glass: Naomi Eisenstadt told us that where childcare exists in children's centres, it is of higher quality than elsewhere. Would you agree with that, and is there anything that children's centres can provide through childcare that other providers cannot?

Purnima Tanuku: I would challenge that, because quality is not just the remit of the maintained sector. High quality exists in all sectors and we need to look out for it.

Chair: Thank you. Does anybody else want to comment on this particular one? Is Naomi right? Where there is childcare in the minority of centres, it is very good—is that true?

Liz Klavins: Yes, I think it will be the advantage of the holistic approach, working with the family as well as the child.

Q413 Pat Glass: UNISON have also told us that the removal of the childcare requirement has damaged centres and reduced participation. Do you agree with that, and do you think the two-year-old offer will reverse the trend of having children's centres without childcare in them?

Neil Leitch: I agree with it, but it needs some direction if it is to be reversed.

Chair: From whom, in what way?

Neil Leitch: Local authorities, I would suggest.

Chair: Is there a chance that our empty 2,000 may start to slowly fill up with some childcare because of the two-year-old offer?

Neil Leitch: It would be fantastic if they did.

Chair: Yes or no? Does anyone else have any thoughts on that?

Liz Klavins: Yes, but we must look at where they will go after they are two, because these are vulnerable children. We do not want them having transition after transition.

Pat Glass: If they go in at two into children's centres, they will transfer, presumably, to nursery schools at three, or to nursery classes.

Liz Klavins: Yes, but I am aware of some centres that are starting two-year-old provision but have not got three and four-year-old provision, so there will be another shift for that child.

Q414 Pat Glass: Do you agree that children who are in nursery schools or nursery settings are getting better exposure to early education, so there is a temptation for children's centres to hang on to them? Is that what you are saying?

Liz Klavins: I would not like to suggest that.

Pat Glass: So this could be a bad thing in the long run.

Liz Klavins: You have to look at the pathway for the child and what is going to happen to them. If the children's centre is going to have childcare provision, which I think we have all said we feel it should, it cannot just be for two-year-olds.

Sue Owen: We need to have some planning here. Someone needs to be in charge of it in local authorities, because there are lots of places where there are no nursery schools.

Pat Glass: But there are nursery classes?

Sue Owen: Yes. There is no reason why children have to transition endlessly if you plan your provision across an area so that they stay within the high-quality provision they are in, and you make sure that that provision is of high quality. I know I go on and on and on about childminders, but there are childminders delivering the Early Years Foundation Stage. There are not very many of them, because nobody has put very much effort into ensuring that can happen, but you need good local authority planning. This idea goes right back to the 1989 Children Act, when the Section 19 requirement came in that local authorities should start planning their provision so that children are not disadvantaged and do not have endless transitions, because you know what you have in your area.

Q415 Pat Glass: Sue, this is good local planning from staff who no longer exist in the local authorities.

Sue Owen: This is my point. They do exist in many local authorities, and I think they are an endangered species, and it is very important that we make sure that local authorities maintain their early years teams so that something can be done about this. We do not

necessarily need to have a bad patchwork. We could have a very wonderful patchwork.

Q416 Chair: Sue, what is the role of childminders in the two-year-old offer?

Sue Owen: They provide places.

Q417 Chair: Are they more flexible? We are talking about the difficulties of nurseries losing money on the three and four-year-olds and running away from providing for the two-year-olds, because they will lose even more. Are childminders a more cost-effective and high-quality solution?

Sue Owen: Again, when we surveyed parents, one of the reasons they wanted to use childminders was that they felt for younger children they offered a one-to-one relationship that they very much valued, and they felt that childminders were a more cost-effective alternative. The difference these days is not huge, but there is a difference, and parents felt that it was, for them, a more cost-effective offer.

Q418 Chair: If all these nursery providers are running away from it, will childminders step in to say, "We can take these two-year-olds?"

Sue Owen: In some places, that is possible, but again, it needs to be planned. Not all childminding is of the best quality. A lot of it is, but not all, and we have to have a plan if we are going to make sure that those two-year-olds are adequately looked after.

Liz Klavins: Currently we have four two-year-olds with childminders, because we could not accommodate them in the provision. The parents did want nursery provision, because they wanted the children to be socialising with other children, but those childminders who take two-year-olds will only be able to access the three and four-year-old funding if they are individually accredited within an accredited network, so again you will have a transition for the children if the childminder is not accredited, and that is why the childminder networks remain very important.

Sue Owen: Really important.

Liz Klavins: More so than the idea of an agency.

Q419 Chair: I guess the Government's hope with the agencies is that they would be the organisations to help develop supply so as to be able to fill the gap that may be left by fleeing nursery providers.

Liz Klavins: Our childminder network co-ordinators are funded through children's centre funding through the local authority. We are worried about that disappearing.

Sue Owen: They can do recruitment.

Chair: Purnima?

Purnima Tanuku: On your comment about fleeing nurseries, the majority of nurseries are providing the two-year-old offer and the four-year-old offer. The reason why local authorities stopped delivering childcare in children's centres was that the sums did not add up and they were not sustainable. That is one of the reasons why, across the board, there are 134,000 vacant places available. Whether those places are in the right place or of the right quality is an issue, but there are plenty of vacancies, because the occupancy

rate across the country is running at about 70% to 77% at the moment, depending on where they are. Some places in the south have waiting lists, and some up north are struggling with their occupancy.

Chair: North-south divide.

Purnima Tanuku: This is where the funding comes to.

Q420 Pat Glass: Is there a role for Sure Start in expanding their leadership role to be able to provide the planning you are talking about?

Sue Owen: What do you mean by Sure Start? Oh, the Sure Start children's centres.

Chair: The children's centre leaders stepping in where the local authority officers have left.

Pat Glass: Have been made redundant.

Neil Leitch: I think it is difficult. I think the workload prohibits that as it currently stands. It is a very pragmatic problem. It is a practical thing. I think they have the capability.

Q421 Pat Glass: I am slightly worried now. We are hearing that children should not have too many transitions. We know the evidence we have had is that early education settings offer the best provision for children, and we know that there might be some local authority staff left in some places, but in most places they have had to let some of these people go, so there is nobody planning for this, and putting pathways in place for children. For some more vulnerable children, will this make the situation better or worse? We all welcome two-year-old places, but now I am beginning to think it might actually make things worse for the most vulnerable.

Liz Klavins: It could make things worse.

Neil Leitch: In all our childcare, I have to say that we do not stop at two-year-olds. We do not just take two-year-olds and then send them on somewhere else. We think there should be continuity. I think you have to bear in mind that when you look at the foundation stage profiles, early years settings were doing pretty damn well and there was a fall-off when they went into formal education. I would not want us to leave you with the impression that we would be pro a two-year-old moving on to somewhere else, then on to somewhere else. We do everything we can to make sure places are there.

Q422 Chair: Do you have any predictions for us then? I know that is hard, but what percentage of children, from the 20% of poorest families, who go in the first tranche into the two-year-old offer will have nice, smooth, continuous support all the way through to the time they go to school?

Neil Leitch: All of them, in our nurseries.

Chair: What about the big picture? How many will be suffering from these transitional issues of being in one place then moving to another?

Purnima Tanuku: I think the transition issue is not as big as we think, because the majority of the settings, whether it is a children's centre or a PVI setting, take children now from babies right up to school age. I do not think that is a major issue.

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Q423 Ian Mearns: Surely there has to be a strategic approach. Somebody has to put their foot on the ball, look at the birth-rate statistics for a particular year and say, “In two years’ time, we will have this potential need,” in any particular locality. If you do not do that, and nobody is looking after that work, what will happen is that the centres that are available with either cope or not cope with the ones who turn up on their doorstep or, even more importantly, the ones who do not turn up on their doorstep but who should be turning up on their doorstep.

Sue Owen: We are asking who is going to fill the gap in the local authorities, but there are planners in local authorities—the elected members and the Director of Children’s Services are responsible for doing this work. They may well not have enough staff, or as many staff as we would like, to make sure that happens, but there are ways around that. There is a route through community involvement to support the planning of early years services by community members who can support, then, maybe a smaller local authority workforce who deliver the plans on early years. The responsibility is there.

Q424 Craig Whittaker: I am going to now ask you about Purnima’s and my favourite topic, which is ratios. It is quite interesting, because when the previous Government introduced ratios there was outcry from the sector that it would not work and would make childcare more expensive. Here we are now, where this Government wants to ease them a little bit.

Chair: Parts of this Government.

Craig Whittaker: Parts of this Government, yes. A part of this Government. Let me just ask you first of all, do you agree with ratios? I know Purnima does not agree with ratio changes. Neil?

Neil Leitch: Absolutely not.

Q425 Craig Whittaker: Not? No? No. So are you all therefore saying to us that you, the professionals in this industry, are not as good as other countries around the world that have lower ratios and provide a better and cheaper service?

Neil Leitch: That is totally misleading.

Craig Whittaker: I am asking the question.

Neil Leitch: Yes, I know you are, but if you left the statement at that point, it would have been misleading, because we are not comparing like with like. That is the argument that is being made all the way down the line. Take Denmark, for example. I physically sat in front of the Danish minister for two-year-olds. She said, “We have better ratios than you do, Neil, because we do not legislate for it, because we do not feel we have any need to do it, and we have lots of ancillary workers who are not counted in the figures, etc.” I feel quite passionately about this, so I had probably best stop now, but I do not think you are comparing like with like.

Craig Whittaker: I wish you would not, because it is interesting that people understand—

Chair: As I am chairing this, I am glad you are, and I will encourage it. Actually, the Government is not proceeding with ratios, so we do not have to give it quite such an airing as we might.

Q426 Craig Whittaker: No, which is my next question, but thank you for broaching it. Liz, do you want to say something? You mentioned New Zealand, and New Zealand very clearly has very different ratios from us, but they have a much more highly qualified workforce as well.

Liz Klavins: They do, but the children do not transfer into primary schools until they are five, so they are slightly older children as well.

Q427 Pat Glass: What difference has the removal of the Qualified Teacher Status made to children’s centres, and would you recommend reinstating it—having a qualified teacher?

Liz Klavins: Personally I would, yes.

Pat Glass: What difference has it made?

Liz Klavins: We have teachers, so it did not make a difference to my own setting, but where centres have lost teachers, they do not have the same capacity in guiding the work that is done with the children.

Purnima Tanuku: Qualified teachers are important, but they must be qualified in early years, with the early years experience. That is what makes the big difference.

Chair: Has the loss of Qualified Teacher Status been a blow?

Neil Leitch: Not for us, I have to say.

Purnima Tanuku: I would not know, because we do not deliver childcare.

Neil Leitch: Not for us. We use early years professionals, and we find it is more about the person themselves. It has not had a detrimental effect for us.

Sue Owen: I think it would have a detrimental effect, but we have to ensure that those early years teachers are working with children, not just directing the work of others.

Q428 Pat Glass: We are saying that yes, we think there should be qualified teachers, but we are not sure that not having them has had an effect?

Sue Owen: I think we just have a difference of opinion.

Neil Leitch: We have different views, I think.

Liz Klavins: If we go back to the research on what works with young children, we know that a qualified teacher working with the children and leading that practice has an impact, so the other side of that is that, if you take it away, you will see a negative impact. However, we have said there are many children’s centres now that do not have childcare.

Q429 Pat Glass: The Committee has seen evidence that the greatest impact is on the most vulnerable children. Having better qualified staff with the most vulnerable children, you have the greatest impact on changing their lives. What do you think is the appropriate qualification for early years staff?

Liz Klavins: I think there should be early years-qualified teachers who are fully qualified teachers and who can work in the full early-years space to age seven, in agreement with Cathy Nutbrown’s recommendations. I think the minimum qualification for the other staff should be a level 3 qualification.

Pat Glass: What about you, Neil?

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Neil Leitch: I would not disagree, but I think the confusion is that there is some clouding between early years professionals and qualified early years teachers.

Q430 Chair: But is there a lot? The early years professionals are not at the same level. The training varies immensely. They do not get the same level of interaction with children in their training. I think a teacher gets weeks and weeks of being observed interacting with children, whereas an early years professional does not.

Neil Leitch: It is not like for like.

Chair: That does not sound like we are creating something of comparable quality. If we want to attract the best people into what is the most important period, if we accept the early intervention argument and all the rest of it, surely this is an issue, is it not? Obviously you think so, Liz, but, Neil, you are less certain.

Neil Leitch: Again, just from a very practical point of view, we work with early years professionals in our settings, and they are as dedicated as teachers, and so on. I take a personal view on our childcare provision, rather than a generic one. In an ideal world, of course you would want the most highly qualified people.

Q431 Ian Mearns: The thing is, we have to look at making recommendations about workforce planning for the future and for the whole of the country. I well understand you are talking about your own personal experience in your own centres, where you have managed them, but what we have to do is try to come up with a set of recommendations that will be good for the whole of the service across the whole of the country. Therefore, would you agree that there would have to be at least a minimum requirement in terms of the professionalism of the people going in?

Neil Leitch: I would accept that position, yes.

Q432 Chair: In a sense one would like a co-ordinated nought to 11, or even pre-birth to 11, offer, so that children are looked after all the way through, and we make sure that the most vulnerable children are not left behind at an early stage, and you put the resource in as appropriate going forward.

Purnima Tanuku: Ideally, yes. Any setting, whether children's centres or PVI sector, should have a qualified early years professional, early years teachers.

Chair: But they are not the same thing, are they? That is my point.

Purnima Tanuku: They are not: one is a status, and the other is a qualified teacher level. That is where the difference is. We need to look at how we enhance the capacity and experience of those early years professionals. The Government has invested a great deal of money: we have about 9,500 early years professionals who are at that level already, and I think the research has shown that the early years professionals have made a difference in terms of the early years setting. However, we also need to look at the people who are very experienced, mature early years staff who are not qualified, and we need to be careful how we bring them up to the level and engage them, because otherwise we will lose the majority of

the workforce, who are very experienced in early years but may not have that qualification.

Q433 Chair: I do not think we quite got an answer. Should we bring back the requirement for a qualified teacher in children's centres, at least where there is childcare?

Purnima Tanuku: I believe we should, but the thing we have pointed out is that at the end of the day it is the resources and whether you can afford to have an early years teacher.

Q434 Chair: You are saying the research suggests that there are 9,500 early years professionals and that they have had a positive impact, but there would be a more positive impact if we were to have a higher quality, namely a teacher status, with the commensurately improved training they get?

Purnima Tanuku: With the early years experience, yes.

Sue Owen: Yes, and again it comes down to planning, because not everybody does the same job. We need a whole workforce, with some people doing some things, some people doing other things. We do need to have qualified early years teachers, because we are offering early education, but we also need to have a range of other providers.

Q435 Pat Glass: Can I ask you about those other staff? If we did have a qualified teacher in a children's centre, we heard evidence last week that some of the other staff working in children's centres do not have any basic training or qualifications in things like child development, language development, etc.

Sue Owen: Yes. So there should be training plans within every setting, in order to identify the skills that staff have and the career trajectories they want to engage in, and what the needs of that setting are in terms of the qualifications of their staff, and then there should be a plan in place to make sure people can get to those.

Q436 Pat Glass: Who is providing professional development for these staff? Does it just depend on the quality of the manager? Do they get any non-contact time, for instance?

Sue Owen: I am sure Liz would agree that it is usually the manager, but in many cases it was supported by local authority early years staff. They are doing it through training plans and quality improvement processes, which identify the needs that staff have for training and qualifications. I think there is no substitute for that, because you cannot have that disparity within a team. It is not fair on the staff and it is not fair on the children.

Q437 Pat Glass: With everything that we know about the importance of early years intervention, good quality early years training and education, etc., we have children's centres that have no children in them, we have centres run by people who are not qualified teachers but are managers of variable quality, we have staff with no training at all in child development, and we no idea whether they are getting professional

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development, because it is down to each centre. Is that the picture?

Chair: And then we wonder why we have spent billions and had little impact on the poorest kids.

Sue Owen: I think it is not as bleak a picture as that, but we could certainly do better. We built, over many, many years, a really good approach to improving quality within early years settings. We had good local authority teams in place who could take an overview of settings within their area. We then, from 2000 onwards, augmented that with a national inspection system, which we had not had before. We have the things that really make the difference, which is on-the-ground, continuous quality improvement, backed up by independent inspection, which could then go in and make an assessment against national standards. So we have things in place. We know how to do it; we just cannot row back from that now.

Chair: Then you get the politicians coming in and re-jigging all of this, but the reason we keep coming in and re-jigging it is that, notwithstanding all that and the occasional part of it that foreigners come in to see because they think it is so good and they pin it on their walls, when we look at the big picture, we do not seem to be getting a lot in return. Everyone tells us, whoever is in Government, “We are way behind Finland. We are way behind other countries.” Therefore there is a temptation to keep changing things.

Sue Owen: Yes, and it is a temptation I feel we should not have given into. We really have not given some of these initiatives long enough.

Q438 Pat Glass: So is the picture really more that we came from nothing and we have made quite a good stab at it?

Sue Owen: Yes.

Pat Glass: But now is the time, if we are really serious about changing children’s lives that will cost us a fortune in the future, to start looking seriously at qualified teachers and staff who have good child development qualifications?

Sue Owen: Absolutely, yes.

Q439 Chair: One last thing from me. One thing we all agree on, and the one thing we know after years of sitting on this Committee, is that it is the quality of teaching that makes a difference. Everything else is secondary. Leadership is only important insofar as it helps get you higher quality teaching, and fancy buildings are all very well, but fundamentally it is about quality teaching. Therefore, it is about the workforce. It is not just about how you train them initially, or how you train them on the job. It is also about who comes in—the quality of the people. Now, who comes into early years childcare at the moment? If you look at it in terms of prior educational attainment, which I know is only one measure of human worth but is an indicative indicator, and you were splitting the nation into deciles of academic performance, which deciles do the people who come into early years childcare come from?

Liz Klavins: Can I just make a comment that in my own authority nobody looks at children’s progress in settings other than in the maintained sector. We have

that in the maintained sector, which is where, in one of the roles I fulfil, I can challenge and support. We do not have that in the PVI sector to the same extent, because there is not a team of people to do it, so it is not happening. Maybe that is where the children’s centres, if they do have the appropriate staffing, can look at having a role there, but certainly there is a need for it, because nobody is tracking the progress of these children.

Q440 Chair: Can I just press you on this point? If early years is so important, and we all—politically and otherwise—say it is, then you need some of your most able people to be going in, and you want your infantry, your lower level people, to be of a higher quality. Would it be true to say that the people who go into childcare, and a lot of management and leadership, tend to come from the lowest deciles of academic performance?

Liz Klavins: Yes, and linked to pay, I would say.

Q441 Chair: What would we need to do to turn that around? We have the lowest prior attaining people becoming the people going in to educate our youngest and most vulnerable children. Whatever the training you give them, it is probably not a massive surprise that they do not have a transformational effect on the children’s vocabulary, capability, and readiness for school. Discuss.

Liz Klavins: There needs to be equal pay, and for that reason teacher status—not a qualified teacher. That is the danger of this becoming a second-class service.

Q442 Chair: Does anyone disagree with my analysis?

Neil Leitch: I would not disagree, but the ground troops, of course, as in any sector, in any industry, go into it predominantly because of income and salary potential. Clearly that is a big problem, because here it means more investment, and from everything you have said, and we all recognise it, money is not available.

Chair: Or it is being spread too thinly.

Neil Leitch: I agree it is about priorities.

Q443 Chair: There is a lot of money being spent. If it was concentrated, and if you are serious about tackling the most vulnerable children and you are spending as much money as we are, you could make the case, looking at the numbers, which seem to have a lot of zeroes on the end, that it does not seem impossible that you could have some pretty highly paid people in the sector, if you chose to do so. Is that true?

Purnima Tanuku: Pay and conditions are absolutely crucial. The reason why people are encouraged to go into childcare if they cannot get into hairdressing or beauty therapy is that kind of situation, because pay is very, very important. The better qualified people are, the better pay they would expect. At the moment, through the maintained sector, they can get better pay if they are qualified teachers, but within the PVI sector they have all the other add-on costs that are piling up. For example, from July onwards, settings will have to

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pay for the Disclosure and Barring Service for each individual.

Q444 Pat Glass: Can I just ask, do we have evidence of this? Throughout my career people have said to me, “If we spend money on the early years, we will save it later on. If we give statements early, we will not need them later on.” That has not happened. We have evidence of this now in New Zealand. We are saying they have qualified teachers. Can we point to New Zealand or anywhere else in the world and say, “They have done it; look at the difference it has made”?

Neil Leitch: The evidence most people rely on is James Heckman, who is a Nobel Prize winner in terms of human capital investment, and the fact that if you invest at the earliest point, you reap the benefits down the line, and it diminishes as children get older. That is almost universally accepted.

Q445 Pat Glass: I am looking for something more practical, like, “In this country, look, the number of people going to prison has gone down.” Is there anywhere we can look at and see that?

Purnima Tanuku: I think Graham Allen and the Early Intervention Foundation—

Sue Owen: Yes.

Neil Leitch: I think that is what they are trying to do at the moment.

Purnima Tanuku: —are looking at exactly that kind of evidence, to be able to argue the case for investment in early years, and I think there is some evidence. I cannot exactly say which one it is, but the Early Years Foundation is exactly set up to do that.

Chair: A final word from you, Sue.

Sue Owen: The EPEY study was set up to make sure that we had a British version of the HighScope study in the United States, which did indeed show better outcomes for adults. They had got to adults; we have got to—I do not know—about secondary school now, I think.

Chair: Thank you very much. This has proved to be a long session with just one panel, but you have all been fantastic witnesses and keen to share your expertise with us. I would like to thank you very much, and of course it is an enormously important issue, if we are to make sure that the education system delivers for everybody. Thank you very much.

Wednesday 26 June 2013

Members present:

Mr Graham Stuart (Chair)

Neil Carmichael
Alex Cunningham
Bill Esterson

Ian Mearns
Mr David Ward
Craig Whittaker

Examination of Witnesses

Witnesses: **Liz Bayram**, Joint Chief Executive, Professional Association for Childcare and Early Years, **Adrienne Burgess**, Joint Chief Executive and Head of Research, The Fatherhood Institute, **Sally Russell**, Co-founder, Netmums, and **Jill Rutter**, Research Manager, Family and Childcare Trust, gave evidence.

Chair: Good morning and welcome to this session of the Education Committee looking at Sure Start children's centres. We are grateful to you for giving up your time to be with us. We tend to be very informal here and use first names—I hope you are all comfortable with that. We have a lot to cover, so I would ask, in particular, that Committee members keep their questions short and sharp, but the most succinct and pithy answers would also help us cover the ground as well, especially with such an able and full panel as this before us.

What do you think we have to show so far for 10 years of pretty large-scale investment of central Government funds into children's centres? Who would like to start off—Jill?

Jill Rutter: There is quite a lot to show in terms of better parenting and in terms of improving the home-learning environment of children who perhaps do not have such a rich home-learning environment.

Q446 Chair: I thought the evidence suggested that in terms of language skills, and in particular vocabulary, there was not much sign of that being enriched and there was little sign that children at school were better prepared or coping better as a result.

Jill Rutter: Some of the measures that we have put in place to look at Sure Start have not picked up on some of the benefits. Parents are less isolated. I also think we have some high-quality nurseries in deprived areas, where Ofsted results show that private and voluntary sector nurseries are of less high quality. These beacons of good practice offer the opportunity, given current Government childcare policy, to work and improve quality provision elsewhere. We have childminding networks based in Sure Start as well, which have also had a positive effect on the quality of childcare.

Q447 Chair: We will come back to childminders a little later. Did the beacons not exist before the 10 years of investment? Are we not finding that it is longstanding centres with excellent nurseries and proper teams in place that were good and continue to be good? Is it not true that an awful lot of the investment has gone into centres that are not very good?

Jill Rutter: We had comparatively few children's centres pre-2000, and we also had very little childcare. In 1995, we only had 56,000 nursery places in England and Wales, so we have this very new sector

in England that needs a lot of development. The best children's centres have played a big role.

Q448 Chair: Is childcare essential to a children's centre that would be one of the best?

Jill Rutter: All Phase 1 and some Phase 2 children's centres were obliged to have childcare until November 2010. With the two-year-old free early education offer, where childcare places are needed in deprived areas, this again shows the need to have high-quality childcare as a core component of Sure Start centres in deprived areas.

Q449 Chair: Do you think it is regrettable that 2,000 of the 3,100 children's centres do not have childcare at all?

Jill Rutter: It is, because we still have shortages of particular forms of childcare in a lot of areas with the two-year-old place: as I stated in my evidence, sessional childcare for parents returning to work, or parents who have irregular work patterns, or student parents.

Q450 Chair: Thank you very much. Ten years of investment: what do we have to show? Liz?

Liz Bayram: I will build on what Jill was saying. From our experience in childminding and childminding networks, we have some really good evidence of how, through childminding networks, which are strong quality improvement models, there are additional types of services that have been supportive of particular families with particular needs. That collaboration through children's centres is really working well. The baseline evidence from the work we have done with our members is that in the main, children's centres are offering access to services to support childminders: drop-ins, training and resources, all of which are really helpful.

Q451 Chair: Is that consistent across all 3,100?

Liz Bayram: It seems to be, in terms of the messages we have. There are odd occasions where that is not happening and where the collaboration is not there, but in the main, the message we are getting from our members is that that baseline support is there, is working, is really appreciated and is helping them to collaborate. The bit that really works well, which is very rare, is the opportunity where children's centres, through childminding networks, collaborate with

childminders to deliver specific services for particular families—maybe families with disabled children.

Q452 Chair: As I said, we will come back to childminding a little later. Adrienne?

Adrienne Burgess: Children's centres have been one way in which one has started to talk about fathers and couples, and to think about supporting family resilience, rather than creating a model where the mother is dependent on the state. You look at the whole family. That has been very badly done in Sure Start overall, not because Sure Start was a bad thing but because you are fighting an enormous entrenched culture of, "Just let us deal with the mum," and "Parent equals mother".

Q453 Chair: We will come back to that a bit later. Do you think it is to do with governance? An issue that has come out is that schools are grounded; they have governors who sit there grounding the school in the community and giving a wider range of people a view of what the school should do. We simply do not have that in children's centres.

Adrienne Burgess: That might be the issue, but if the people doing the governance still align with the old model of the mother and the state, that is not going to change. I was going to say briefly that some children's centres have grabbed the opportunity and have got good results and have done really well not just in thinking, "We will engage dads in a dads' group," but "We are going to integrate." Barking and Dagenham have done some great work. There is a possibility of doing it, which was not there before.

Sally Russell: I suppose I am here to talk from a parent's point of view. I would suggest that a number of years ago, when they were in quite deprived areas only, there was a bit of an outcry from other parents saying, "This would really help us too." It was very encouraging, then, to see that others were created. Parents across the country are telling us that they really value the centres that are out there. We have lots of data, which I can tell you about later, but certainly that recognition is important to take into account. Children's centres are great because they support whole families, as we were just hearing, but they also do it holistically. That integration of services is really important: there are identified places where people can go for help, and it is very much within their own community.

Q454 Chair: What is behind my question is a vast investment of public funds explicitly looking to support families but also to improve outcomes for children, particularly from the poorest families. The evidence that that is occurring seems weak.

Sally Russell: The survey that we have just done, which was of 1,100 parents in England, showed very clearly that there were benefits from the parents' point of view. That is, obviously, not an evidence-based survey; it is a snapshot survey of their responses to particular questions.

Q455 Chair: I do not know if it is quite fair to say that 2,000 do not have any children in them, but they certainly do not have childcare in them. Maybe

children's centres, despite their name, have been better for parents than they have been for children.

Sally Russell: Of the 1,100 surveyed, only 8% had used childcare within children's centres; 30% said that there was no childcare available. Another 35% said that they thought there perhaps was not; they were not aware whether there was or not. Childcare is not very much used, which does not necessarily mean, however, that there are no benefits to the children. You do not just get benefits to children through the childcare; there are lots of other ways in which that occurs.

Chair: There remains the issue that not everything that can be counted counts, or whatever the Einstein quote is. None the less, if we cannot see benefits for children, it is harder to justify the investment. Sorry, Adrienne, I need to move on.

Q456 Alex Cunningham: I want to talk about the balance of services within children's centres—the balance between universal and targeted services. Are we getting the balance right nowadays between the targeted and the universal?

Jill Rutter: A lot of centres have got the balance right. You need universal services to have a sense of ownership and to ensure that children's centres do not have stigma attached to them. We do not want to go back to the old social services nurseries and the old local authority family centres, which were targeted centres for problem families. Those had a lot of stigma attached. In terms of home-learning projects and early education, there is strong evidence to show that where you have a social mix of children, all children's outcomes are better.

Alex Cunningham: You do not think that the Government's position on making it more targeted, to deal with more problem families, is going to see the stigma disappear.

Chair: Would anyone else like to take that—the new core purpose and the universal/targeted mix?

Adrienne Burgess: That is merely sending it back to the old model that you were just talking about. To what extent that is happening on the ground, I cannot say, but the people giving evidence in the next session may be able to answer that.

Chair: Liz, do you have any insights into that?

Liz Bayram: I would only echo that universal bit.

Sally Russell: I would say that we are seeing, from parents we talk to, that there is an increasing move towards targeting. From some parents' perspective, that is acceptable and understandable, given the state of the nation's finances at the moment. At the same time, we are hearing from a lot of parents who regret the loss of universal services to them, but they also feel that it is of detriment to the centres as a whole, where they are not necessarily pulling in the targeted groups that they want to pull in. You are losing the opportunity to bring them in within a community and for people to learn from each other and so on. There are very strong voices among parents to say that this is not the way forward and that the balance, which includes some targeting but maintains universal services, is really important.

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Q457 Alex Cunningham: Are you suggesting that the targeting that is now in fashion is not necessarily reaching the children it needs to reach—the more vulnerable, perhaps?

Sally Russell: It can be very difficult if you suddenly say, “We are going to close this very popular stay and play session on a Tuesday afternoon, and instead we are going to open it up only to one particular minority.” Then you find that that minority, for all sorts of different reasons, are not accessing that centre particularly. It is frustrating for those who would have gone, but it is quite ineffective to simply open a new toddler group or something for a particular sector of the community without thinking how you are going to bring them in and what is going to encourage them. You have to be far more creative about the ways in which you engage with different communities in terms of getting them to access those services.

Jill Rutter: Until 2011, children’s centres were obliged to collate outreach statistics on the numbers of children from particular groups, and the percentage of fathers who were registered and used centres. That obligation is no longer there, but the data showed that some local authorities were very good at engaging groups such as teenage mothers, children in workless households, and others who were quite poor. One of the reasons that we had this variation is that there is a lack of clarity from central Government in terms of what outreach actually means.

Q458 Chair: Is that a new thing or has it been a problem for a while?

Jill Rutter: It has been a problem for a long time, and I think one of the previous Sure Start reports of this Committee pointed out the lack of clarity in terms of what outreach means. Because you have this lack of clarity, there is no consistent good practice across the country.

Q459 Mr Ward: We touched on this in Graham’s opening question: it goes back to the issue of the balance between working with parents and working with children. Some evidence that we have received looked at the implications of there not being childcare, in terms of school preparedness, language development and intense work with children. In fact, Professor Melhuish referred to the work with parents as being an indirect way of bringing about the core purpose. Drilling down a little bit more on this issue of ideally both—we understand all that—but if it is one or the other, what do we gain and what do we lose from a focus on one or the other?

Adrienne Burgess: Sorry, I did not really get the question.

Chair: Where should the focus be: more on children or more on parents?

Adrienne Burgess: You are asking whether I think it goes down from one to the other.

Q460 Mr Ward: If you look at the core purpose—things like language development and getting young children ready for school—you cannot do that if kids are not there. What are we gaining and what are we losing if there is a focus on one or the other?

Adrienne Burgess: On parents or children? Obviously, the parents have to get their children there. It really is a question of the measures sometimes: what are you looking at? Have you really measured added value with an intervention in a family? Barking and Dagenham have shown better outcomes for children. In terms of Key Stage 1, they have looked at the common measures. There is pretty good evidence that if you help parents understand child development and you help their sense of self-efficacy as parents, it tends to translate into better parenting. That may not increase language development but it may reduce abuse. Child abuse comes from unrealistic ideas of what a child can or cannot do and can be responsible for.

There is an argument for doing stuff with parents. I also think that the stuff needs to be much better designed when you are looking at outcomes for children. It is incredibly difficult, because of the multitude of variables in the lives of these families, to isolate the impact of the children’s centre, but that is not to say it is not having an impact.

Liz Bayram: From a childcare perspective, there is a very clear message for us that parents are the first educators, so I am going to be very awkward and say it is not one or the other, or more of one or less, because it is a partnership and collaboration. We know that where the best childcare works—be that childminding or in nurseries—it is where parents are engaged in their children’s learning. There are lots of really good evidence-based programmes, including the PEAL programme, that allow you to see how that works.

The other bit for me is that I am increasingly concerned that in the focus on school-readiness and on language and communication development, which is really important, we are forgetting all the social and other emotional support that children need to be ready for school. Happy and confident children are the best learners, and sometimes we forget the measures that are in there in terms of how children’s centres and other forms of childcare intervention are supporting children to be in the best place, socially and emotionally, to learn, to support that development. Some of those measures are not necessarily as focused on as others.

Q461 Mr Ward: Would your parents who were very happy with the support that they were receiving prefer more support for childcare?

Sally Russell: There is an issue around childcare in this country generally, so, yes, more and affordable childcare is key and top of the agenda for very many people. That is absolutely fundamental at the moment in terms of trying to deal with living-standard issues and so on. When it came to the children’s centres, they did not necessarily see that the children’s centre would be the solution to that, particularly as only 8% are using the children’s centre for childcare at the moment.

I would suggest, in terms of the specifics of your question, that it is not possible to say that you can have a bigger impact on the child’s development if you are not working with the parents as well to ensure that they have the skills to maintain those sorts of

things at home. As we were saying earlier, it is not an either/or from my perspective. We asked parents about the outcomes or benefits they were seeing. Of the 30% of parents who used the children's centre a lot, 80% said that their children had benefited from being with other children. Certainly, one mother said very passionately that even within stay and play sessions, the fact that staff were modelling interactions with children had an incredible effect on all those who went.

There were numerous other examples. They had breakfast clubs, where again they were all learning how to share, take turns and be part of a social situation, sitting down at the table and so on. There are all sorts of ways in which children can be helped to develop through all these sorts of activities. Over half said they were more confident parents; 28% said their parenting skills specifically were improved and 60% had been able to find advice and been supported through struggles that they were having. Mental health issues were really dominant, and to be able to help people when they are struggling through depression and anxiety can have a tremendous impact on the child. There are all sorts of ways in which these centres are helping children and their outcomes.

Q462 Mr Ward: Were the parents also interested in adult learning, developing skills and getting into employment?

Sally Russell: Yes, they were. They were certainly interested in that but it was not so much used. Toddler groups, for example stay and play, were used by over 80%, specialist postnatal classes by 40%, and parenting classes by around 20%. Public health came across as being important to people. Personal development services, such as money skills classes and so on, were used by 16%. They are being used, but they are not something that is going to be needed by everybody.

Q463 Craig Whittaker: We have established how important it is for parents in terms of children's centres offering early education and childcare. Adrienne, you mentioned Barking and Dagenham. I went to see the FAST programme that Save the Children do there, which I thought was incredibly well attended. Bearing in mind that 2,100 of our children's centres do not offer childcare or early education facilities, is the money not best spent on programmes like Save the Children's FAST programme, for example? I know there are others but that is the one I particularly saw. Would that not be a better use of money, considering that only a third already offer those childcare facilities?

Adrienne Burgess: There is an argument, certainly, for direct work with children with high-quality childcare. Those from middle-class homes do not tend to do better, because it does not really matter so much, but certainly in terms of homes that have less rich learning environments, that is very important and can be very positive. Early Head Start has shown that, without a doubt. At the same time, it is getting parents in and doing courses with them, so they do not undermine it. Parenting programmes are very interesting: even if you work with one parent and not

the other, the other one can undermine the learning, so it really does need to be a holistic view in terms of where the money is. I would not say it is necessarily one or the other.

Q464 Craig Whittaker: Money is incredibly tight. We have, you could argue, a system where childcare is underused in these centres. In my own constituency, there is only one that is oversubscribed; the rest have empty places that are being funded, which is not good value for money. Would the Government not be better to use that money to target families rather than to provide childcare that is not being used?

Adrienne Burgess: I do not know. I could not comment on that.

Jill Rutter: I would like to comment, in that, by September 2014, local authorities have to find 296,000 childcare places for two-year-olds who will qualify for the two-year-old free early education offer. These places are needed disproportionately in poor areas. Childcare provided largely by the private and voluntary sector is disproportionately in affluent areas, because that is how you make your money as a private provider, given that that is where the demand is from working parents. The two-year-old early education offer will make Sure Start nurseries economically viable. A lot of local authorities without Sure Start nurseries are struggling to find places at the moment.

Q465 Craig Whittaker: Are you saying, therefore, that the private sector cannot deal with this issue? Does it have to be a state fix?

Jill Rutter: It is a geographical and spatial issue. Nurseries offering full day care are disproportionately found in affluent areas, and 89% are run by the private, voluntary and independent sector.

Craig Whittaker: I understand the point, but what I am asking is whether you are saying that the private sector will not be able to fix the issue of where the places are?

Jill Rutter: If the private sector is running nurseries in Sure Start centres, as some are, they will be able to offer two-year-old places. A lot of local authorities have subcontracted existing nurseries in Sure Start centres to the private and voluntary sector.

Q466 Craig Whittaker: What do you say to people like Naomi Eisenstadt, who suggested to us that what we need is fewer but better resourced children's centres?

Jill Rutter: Children's centres have to pass the pushchair accessibility test. If you are a disadvantaged parent with perhaps one or two small children, getting out to a children's centre can be quite a logistical expedition. You need Sure Start sites, perhaps operated on a kind of hub-and-spoke model, that are accessible to as many disadvantaged parents as possible.

Craig Whittaker: Is Naomi not right then?

Jill Rutter: We need to maintain Sure Start sites that are accessible to as many parents as possible.

Craig Whittaker: Is she right or wrong?

Jill Rutter: There is potential for operating a hub-and-spoke model within Sure Start centres, as many local

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authorities are starting to do, but I would disagree: we have to maintain as many sites as possible.

Liz Bayram: Naomi was helping to make some hard choices about where best, and I absolutely recognise that higher quality, total intervention makes the most difference. Your *quid pro quo*, however, is that you reach fewer people with that. From our perspective, the other aspect of childcare provision within centres that has perhaps been missed from this is how much, through partnership and collaboration, they are signposting parents to childcare. Just because you do not have childcare on your site, it does not mean that you, as a family, are not using it. There is a real role that children's centres play in terms of helping parents understand the childcare picture and understand what is available to them and how they can be supported to access it. That would be another aspect.

The final bit for me is, more at a national level, getting a better sense of how different programmes of intervention for different families are joining up. There is a lot of focus on targeting troubled families and, on the ground, it is joining up with children's centres; at a national level, however, it is important to have the opportunity to see how these different interventions for families can really come together and collaborate better. There is a lot of work in terms of delivering the two-year-old disadvantaged offer, but how that joins up with the work that is being done in terms of targeting troubled families is hard to see when you look at it at a national policy level. There is a lot of national collaboration that might help that local intervention better.

Q467 Craig Whittaker: How good are the staff working in children's centres?

Liz Bayram: I would say that, in the main, they are really good. There is a lot of focus across the workforce, not just in children's centres, on having qualified individuals delivering services. The other thing about children's centres is the very multidisciplinary way in which they are delivering, and I am sure Sally will echo that. A lot of families are accessing lots of different services in one place, and that is a really important thing for a family to have. A long time ago, there was lots of discussion when children's centres were first being established about how particular families had to access different services in different places.

Craig Whittaker: On the whole, what you are saying is that they are good.

Liz Bayram: Yes.

Craig Whittaker: Does anybody have a different view?

Jill Rutter: The evidence shows that staff in nurseries in children's centres are better qualified than their peers outside children's centres.

Q468 Craig Whittaker: They only provide, however, 11% of childcare, for example, in comparison with the others, so it is going to be very heavily swayed anyway, is it not, if you take that?

Jill Rutter: About a fifth of staff in Sure Start centre nurseries have degrees, and qualified staff are particularly important when you are working with

children from disadvantaged backgrounds. You do not get your better outcomes without that.

Sally Russell: Can I go back to the question that Naomi Eisenstadt raised and comment on that first? She prefaced her remarks, I recall, by saying that the proposal to reduce the number of centres would be deeply unpopular. I can confirm, from the point of view of parents, that she would be right in that. Even where they are trying to close one or two centres within local authorities, you are seeing very large campaigns, with very large numbers of people signing petitions and going to meetings and so on.

Q469 Craig Whittaker: That does not mean it is right, though, does it?

Sally Russell: No, it does not.

Chair: There is no school so bad that you will not get a large local campaign to keep it open when the authority wants to close it.

Sally Russell: That is correct. The purpose of children's centres was to provide local community access to services. They have succeeded in doing that, and to take that semblance of a service away and to remove that infrastructure, which has been so hard fought for, people feel, would be very difficult now. Even if we start using the hub-and-spoke model we were hearing about, so that services, as we are seeing in many places, are reduced, to be able to go back to having larger numbers of services in centres in the future—this is about looking to what the future will bring—is going to be very important. I would certainly argue against taking that infrastructure away at the moment.

From the perspective of public health, we are looking at integration far more. Local authorities are very interested in that, as we see more health visitors coming online over the next few years as well. There will be greater opportunities. As local authority commissioning takes an interest in that area, there will be more opportunities to start to use these centres as well.

Q470 Ian Mearns: I know that staff in children's centres are, by and large, very good, but we also know that children's centres around the country have varying levels of success in engaging with the most vulnerable families with the greatest levels of need. Given the fact that, broadly speaking, staff are very good, what can we do to get those very good staff to better engage with the most vulnerable and disadvantaged families, and what approaches have been particularly successful from your perspective?

Chair: Is anyone eager to take that one? I have never seen such mass reluctance.

Liz Bayram: It is a huge question.

Jill Rutter: Our written submission suggested three things: first of all, greater clarity as to what outreach actually means from central Government; secondly, evidence shows that where you have a greater involvement of health service provision—health visitors—in a Sure Start centre, you have less stigma attached to services. Health services traditionally have less of stigma.

Q471 Chair: Are you optimistic, as Sally is, that as these thousands of extra health visitors appear, they could make a big difference to the offer and the effectiveness of children's centres?

Jill Rutter: The changing public health duties at a local authority level offer lots of potential for greater work in children's centres. The third thing that we have found effective, and something that the Daycare Trust and Action for Children have run, is what we call our Parent Champions project. This is a peer-to-peer project where parents, as volunteers, are recruited to go out and engage other parents and get them to use services. All of our Parent Champions who have been successful come from disadvantaged communities themselves, so getting community buy-in and peer-to-peer information is another way of getting disadvantaged groups to use centres.

Adrienne Burgess: I can talk about this from the point of view of getting fathers in, which is relevant. What seems to work from our perspective is that you have to do very good training and you also have to look at the management structures behind, so that people have enough time to go into the home and to pursue the parents—mothers or fathers—wherever they are, and feel physically safe that the management is behind them. We also find that they gain confidence and skills quite quickly. They sometimes think that they do not have the skills, although they do. Sometimes just a brief training session opens their mind to what they are really looking for and why it is important. That works with engaging with dads; I do not see why that sort of approach would not work in engaging with mothers too, with whom they are more reluctant to engage.

Liz Bayram: We have a lot of examples—many of them are no longer funded, unfortunately—where childminders are absolutely being used as service collaborators at children's centres and not just service users. Childminders are our outreach service by default: they are out in the local community, using services and in touch with families. They are good advocates for children's centres. We also have some really positive examples of projects where childminders have supported teen parents, not just in terms of childcare to help them to return to work or study, but also to support teen parents in those parenting skills. It is informal relationships and informal partnership and collaboration that builds confidence and allows parents with particular challenges to feel confident and able to access and be part of that support. Sometimes having the childminder go with you to the children's centre means the first barrier is out of the way. There are lots of opportunities for children's centres to do more in partnership.

Q472 Ian Mearns: Adrienne, you mentioned working with fathers. Do you think dads' groups held at the weekend are one of the best ways of reaching fathers?

Adrienne Burgess: The evidence is that dads' groups alone are a very bad way of reaching fathers. You have to change the culture of the children's centre, so that every time they register a child, they ask about dad, get the name and contact him to ask, "Can we

hold your details on our database? That is because you are important to your child." Fathers invariably say yes, of course. That is the way you do it: systemic engagement. We had a young father the other day who had come to a centre, and they simply thought he was lost in the environment. They never invited him in or said anything to him. They assumed he was lost.

Chair: We will ask the shower who are coming in the next panel precisely why they are allowing that to happen.

Adrienne Burgess: What was very interesting from that young man's experience was that the centre made no effort to integrate him. If he had gone to other centres, they might have said—this is very common—"We have a dads' group on Saturday," but then he probably would not come back, because most men would never go near a dads' group. They think it is a weird thing to do.

Ian Mearns: When he walked in, he was not wearing a big badge saying "I am a dad".

Adrienne Burgess: That is right, but what was interesting was that he tried another children's centre after a few months. He was so put off that he did not do anything, but he was the primary carer for his child and he knew the child needed to go there. He went to this centre, and it was all mums, but the centre worker was welcoming and introduced him to the mothers. She did not try to palm him off into some male place, where she could feel safe that he was not in her centre with all the mums. He got on with the mums and they were really nice to him. He said, "Now I look out for other dads."

Q473 Ian Mearns: Thank you very much. What do families with children who have special educational needs or disabilities tell you about their experience of children's centres? Are there any particular barriers that they face in accessing services, do you think?

Adrienne Burgess: It is not my area of expertise.

Chair: Sally, does anything come out of your survey?

Sally Russell: We know that 8% of people use special needs services or got support on that issue.

Ian Mearns: Sorry, was that 8 or 80?

Sally Russell: Eight. Of course, not that many people would necessarily need the support, so it is not the people who needed it but all the parents who accessed the services. We do not have anything more specific on that.

Ian Mearns: It is possibly something to think about.

Sally Russell: Yes, we can certainly look further into that.

Q474 Ian Mearns: How well do children's centres support teenage parents, including young fathers?

Adrienne Burgess: They are certainly not, on the whole, very good with young fathers. What is really fascinating to me is that, quite often, in schools too, in terms of managing finances, they exclude young fathers. They make it for the young mothers. I always think, "How weird is that?" They want them to pay child support. It really is this whole cultural thing. They have all kinds of fears: "If we let him in, what if he has had children by two mothers? What if they argue? What if the mother and father are there and they have a row?" They are legitimate fears but not

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insurmountable, so those things have to be addressed, and then they could access it. It would not be difficult.

Q475 Ian Mearns: Thinking about that the other way round, there are a number of mothers out there who have had children by more than one father.

Adrienne Burgess: That is right, but most of them have not. David Olds, the American guy who does the Nurse-Family Partnership, said to me, “I was really surprised. The young fathers seemed very interested once they talked to them.” They just do not talk to them.

Q476 Neil Carmichael: I want to talk about how children’s centres engage with communities, how they effectively run themselves and what kind of governance structure they should have, and have now. My first question is: what do you think the balance is between parents and professionals in terms of governance and management of children’s centres? How about Liz?

Liz Bayram: I can give you some examples of really good, collaborative advisory groups within children’s centres. There are two issues, and I am sure some of the panels will be better placed to highlight those challenges for you. Where there is partnership with other childcare professionals and other professionals, you get better and more joined-up solutions for families, which is a really important part of the governance process. If you are part of helping to reach decisions around the types of services and support that are available, you are better placed to support children and families in that sense.

Q477 Neil Carmichael: Are you talking about different agencies as well?

Liz Bayram: Yes, absolutely. We have really good examples where individuals who are not part of delivering services, or perhaps are not directly connected, are supported, like childminders through a childminding network co-ordinator, to be part of the group.

Chair: Can you name names? Where would you suggest we look for the ultimate model of local and professional governance?

Liz Bayram: I can provide you examples in Hampshire, Buckinghamshire and other places. I am more than happy to provide case studies in that way.

Chair: If you do not mind writing to us, we would be very grateful.

Liz Bayram: Yes, I will do, absolutely. The other bit for me in terms of the parent solution is that, yes, the opportunity to engage families in that discussion too is absolutely important, but as I am sure others will echo, the challenge is families finding the time to be able to make that commitment. It is about being creative about the other ways that you support and engage families in helping to shape services.

Adrienne Burgess: I actually do have an area of expertise in this—I cannot believe it. I have been sitting for a couple of years on a project run by 4Children, which Julia Gault at the Department will be able to tell you about, I am sure. We have been looking, first of all, at local authority commissioning: were they willing to commission parents to run

children’s centres, which is what the Government hoped? Now, we are looking at the parents themselves: how can you skill them up, or other individual professionals, to run the centres independently? It is bigger than advisory panels.

Fundamentally, it is a very difficult thing. There are areas of the country where it is very collaborative with parents historically, and others where they would not touch it with a bargepole. I would say that we did not really have much success on the ground in helping commissioners to think better about getting parents and other professionals to upskill. At the moment, we are halfway through one looking at the parents and the other small professionals who would like to run children’s centres. Maybe we will find one. Parents move on and their children grow up. This is a big job.

Q478 Chair: Can you give us any examples of places that are particularly poor?

Adrienne Burgess: I cannot remember now.

Chair: It is always the hardest thing for this Committee. Everyone is happy to tell us the good but they never name the bad.

Adrienne Burgess: I cannot remember.

Neil Carmichael: It would be really useful if you could give us some indication.

Adrienne Burgess: I can send you the contact details of the projects, which will have the reports, or you can speak directly to them. There is expertise there.

Neil Carmichael: It is important for the Committee to get a picture of exactly what it is really like out in the field. These issues around variance and delivery are at the heart of that picture.

Adrienne Burgess: The man you need is John Alwyne-Mosely at 4Children; I will email him and set up a link.

Jill Rutter: We were funded last year by the Department for Education to look at ways that volunteers could be encouraged into children’s centres, either in a governance role or through other activities. It does not have to be on the panel of governors. We found the Parent Champions model quite a good way of perhaps shifting culture within children’s centres and encouraging greater use of volunteers.

Q479 Neil Carmichael: For the record, could you describe what the Parent Champions model is?

Jill Rutter: It is local authorities recruiting parents from particular, perhaps disadvantaged, communities. They are volunteers who then go out and encourage other parents to use children’s centres to take up the free early education provision. The Family and Childcare Trust is running this quite large project, together with Action for Children, scaling up the Parent Champions scheme. That was quite an effective way of getting volunteers in. The other effective practice that I saw on a visit was a children’s centre based within a building that was a community centre, so you had a tradition of all sorts of different groups going into this building. There, they had been successful in getting parent and community volunteers in different roles in the children’s centre.

Chair: Thank you. We have limited time, so we will, on all sides, keep it as short and sharp as we can manage. Over to you, Neil.

Q480 Neil Carmichael: In my experience in my constituency, what you say is absolutely right—working with other organisations or at least being near to other organisations gives you that synergy. Of course, if you are engaging parents as you have described, one of the other things is that you are going to get dynamic change as a Sure Start centre evolves. How do you manage to fit that sense of change, being effected by the parents, with the professional priorities that might already have been decided?

Jill Rutter: You have a clear notion of the roles that parents can play, and you have a very clear core offer for your targeted groups as universal provision. There are tensions within Sure Start centres anyway and within groups, which people are quite skilled in managing.

Q481 Neil Carmichael: There is a risk, isn't there, that if a certain cohort of parents get involved, it becomes like them and, effectively, potentially off-putting, ironically, to the parent group that are most in need of the centre? If that situation starts to happen, what do you do about it and who takes responsibility for doing something about it?

Adrienne Burgess: That is inevitable. We find it with fathers' groups as well: they set up their own culture. Mothers' groups are similar. Surely, it is a job for the professionals in the centre to work out what is going on and to work with the people who are becoming exclusive. That is why you need that professional intervention. If you let these groups run on without that, very often they become excluding.

Q482 Neil Carmichael: The Children's Society, I think, was worried about this exclusion issue, for the reasons that I have set out. It is not a problem that we have properly assessed, as far as I can see, but it would be interesting to have your views on that. In a children's centre that is evolving and does not have as tight a governance structure as other organisations might, where is the accountability mechanism best placed?

Liz Bayram: I can only go back to the examples where I have seen effective service delivery in children's centres, which is about that multidisciplinary partnership. It is not one or the other; it is about recognising that there is a strong management team within that centre that is working in collaboration with lots of different communities and, through that, being clear what the priorities are in that local community for support and service. It is about recognising that through an outreach service and through services that are being delivered in the centre. Through that, there needs to be collaboration, partnership and discussion with parents and other professionals about where best to place those resources. Ultimately, however, if you have decision-making governance that is all to do with parents or all to do with professionals, it will guide itself in a particular direction. It has to be multidisciplinary. It has to recognise that there are lots of different ways

to do that. There are other examples of that within school forums, where it works, so there are models elsewhere.

Q483 Mr Ward: Liz, earlier you touched on childminders and their relationship with children's centres. Just how well do centres support childminders? Is it a two-way thing?

Liz Bayram: There are odd occasions when children's centres are not very welcoming of childminders, and we hear messages such as, "You are filling up our spaces and we cannot fit parents in, so please go away," so we have all those tensions at a local level on occasion. In the main, however, our members tell us that they are provided with support services, access to rooms to be able to have drop-in services, and access to resources, so that is really working well. The real missed opportunity is, as I have said before, collaboration to deliver services in partnership with childminders. I will not repeat what I have said already, but there are real opportunities with quality improvement for childminding networks, which are different from childminding agencies, to allow real quality intervention for families and partnership collaboration.

Q484 Mr Ward: If there is a move towards targeting more vulnerable families, will it have an impact on that relationship?

Liz Bayram: No, because we have seen models of childminding networks that are absolutely about focused interventions to support disabled children with respite care. Some of the case studies that I will send to the Committee look at providing emergency care for at-risk children, so there are lots of creative ways in which childminding can be supported to meet specific need, alongside delivering core childcare services for families, be they users of children's centres or not. It is a really mixed model that allows that integrated approach.

Q485 Mr Ward: We have had some comments that showed concerns from childminders' groups about childminder agencies. Is there a role for children's centres in the new agencies?

Liz Bayram: I can certainly provide the Committee with some clear issues around childminding agencies as a model. I know we do not have time for me to go into that. The issue for me specifically within children's centres is that the childminding agency model is a different model from the sort of delivery of services that childminders are currently collaborating with children's centres on. It is a business model. It is about paying fees to deliver all sorts of services: business support, training, vacancy matching and recruitment. For me, it feels like a very different type of intervention from what children's centres are currently doing, and my concern is how much that distracts them from the core business of what they are there to do. I can get into lots of details about the challenges of making that model viable in terms of delivering the service at a quality level for childminders that supports them and covers its costs.

Mr Ward: Could you provide us with something? We have had concerns raised about the agencies in terms

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of how they will operate and the business model that you referred to.

Liz Bayram: I can certainly provide you with evidence of how the cost of childminding networks delivers. We are currently doing work that looks at that cost and how it would translate into a fee, either for parents or for childminders. We are also shortly due to support the IPPR with a new report looking at some of the issues around childminding agencies and other great childcare recommendations. We can certainly share that.

Q486 Craig Whittaker: I have already mentioned that I went up to Dagenham to see Save the Children's FAST programme, but could I ask how effective those types of programme are? As I said, there quite a few. How effective are they and do they work for disadvantaged families who have really complex needs and problems?

Adrienne Burgess: I am not an expert on that, but I can say that these programmes do not, on the whole, have an evidence base for parents, whether or not they are disadvantaged; they have an evidence base for mothers. We have just done a big critical review internationally looking at the evidence base for engagement with the father or with the couple. FAST was one of the ones we looked at. It is very likely that if you engage both parents, you will have much better outcomes. What is clear is that the evidence base is incredibly poor, because they do not disaggregate parent by gender. Very often, these evaluations are pretty poor.

Q487 Craig Whittaker: For the programmes that are geared towards mothers and fathers jointly—

Adrienne Burgess: Very few.

Craig Whittaker: There are very few of them, but for those that do, do they physically work and provide outcomes for the most disadvantaged families?

Adrienne Burgess: I do not know because that has never been studied. Sometimes, as with early Head Start, they will be inherently pretty disadvantaged families, but even there I find the evaluation pretty poor, because when you look at the evaluation with the fathers, which is what I have looked at, the fathers they interview are often not the same as the other fathers: they are more highly educated or they are married. It is very poor.

Jill Rutter: I would echo that the evidence base for parenting intervention programmes is extraordinarily poor. There is also another issue, in that a lot of these programmes are meant to be delivered by the book, yet local staff adapt them for local situations. That makes it doubly hard to evaluate them.

Q488 Craig Whittaker: Jill, you said a couple of questions ago that a universal offer would be better within children's centres. If we have no evidence base to say that these outcomes are working for those they are targeting, how on earth can we have a universal offer if the programmes that are being targeted are not working—or if there is no evidence to say they are working, more to the point?

Jill Rutter: The national evaluation of Sure Start indicated better parenting overall from the initial Sure

Start programmes, and also indicated things like less harsh discipline and a better home-learning environment. We can say that. It is quite difficult nationally to build a picture around parenting in disadvantaged groups. We have not become that good at evaluating the evidence.

Q489 Craig Whittaker: Surely, though, they are the families that we need. Particularly when money is tight, where do you get the best bang for your buck? It is going to be on those types of families.

Adrienne Burgess: The truth of the matter is that with those types of families, very often they will not operate terribly well in a group. Their needs are very high. We work on a team parenting programme that, in America, has good outcomes, and we have delivered here. In America, they are now working on a different model for highly disadvantaged families, where they go into the home. They try to engage with both parents, whether or not the father lives there. They are going in, and it is expensive, because they are delivering one-on-one support, effectively. For those families, however, you often need to do that before you can get them out into a group setting.

Q490 Chair: In terms of whether or not interventions work and whether or not the research is sound, are you optimistic about the Early Intervention Foundation, which our colleague Graham Allen championed in this place and now has some small number of millions to get set up? Do you think that could provide the repository of UK-focused—as well as international—research that would make it more likely that managers in children's centres are able to choose from options that really do have a sounder evidential base?

Adrienne Burgess: We will need to continue with the evaluations that are better designed. To say, "You can pick this one off the shelf," which is what everybody wants, is pretty hard. The quality of the facilitator is so important, and all those sorts of things. That is not to say that it should not and could not be there.

Q491 Chair: Are you in contact with the Early Intervention Foundation? You said that one basic problem is that they are not specifying by gender, so are you in contact with them to make sure that they do not make that error?

Adrienne Burgess: We are. Carey Oppenheim, who used to be at IPPR, has a pretty good understanding of gender in parenting interventions. Whether she will be able to implement it, I do not know, but we are feeding in.

Q492 Craig Whittaker: Just going back, is there a case for children's centres increasing their focus on very young children? In the recent Children and Families Bill, some MPs put forward that we should even have birth registrations there, so that we get to them very early on. Is there a strong evidence base to say that should be done?

Adrienne Burgess: There is, and you are more likely to get take-up by mothers and fathers of interventions post-birth if you make it a continuum from pre-birth. You could help antenatal education look at wider

things than just the birth, which fathers and mothers are interested in. It could look at couple adaptation. Parents have eight times more arguments after birth than before. It is a whole lot more. If you look at helping them with communication skills, the forgotten stuff, as is done in family foundations in the US, they argue better. That is really important because children's learning and development is not just the dyadic interaction between the parent and the infant talking and smiling; it is about what is going on around the child. If there is enormous tension and fighting between the parents, what happens is the child closes down, because it is a fight-or-flight response, and the infant stops referencing the parents. It is really scary.

What you need to be doing is looking at the couple's communication and what is going on in the household, and to build it through. In Reading, for example, they have a terrific link between health and early years. The programme we do there, which is a family foundations model, has been enormously successful, because they have made that link. In other sites, however, our deep experience is that it is extraordinarily difficult to get the link through, and the overworked maternity services to think about helping parents in a wider education way than just getting the baby out of the woman's body.

Q493 Craig Whittaker: A follow-up question from me, and it does relate, so you could come in here, Sally. We went to Pen Green and had a look at how they engage parents through their Parents Involved in Their Children's Learning programme, which seemed to work really well. Pen Green is an exceptional place. I can tell you from experience that not all children's centres are that type of exceptional place. From a generic point of view, how well do children's centres do just that?

Adrienne Burgess: I cannot say. I know that Pen Green has faced a lot of challenges in engaging fathers. I do not know what is going on now, but certainly they did not have the sort of structure that I know from the research would have brought them in, with the support from management and with the really expert understanding of how to engage with fathers. I do not know and I cannot say. I know they do great things.

Sally Russell: Not specifically on fathers but more generally, the issues that Adrienne just raised about the importance of relationships and so on are really important. To broaden it out and to reiterate the importance of looking at all families, not just the very targeted most vulnerable, the survey that we did showed that about half reported that they had been affected by serious issues. That includes 35% who had mental health problems, and 20% who had relationship problems with their partner. Child attachment was another issue. That has improved. Three years ago, when we asked the same question, it was 57%, which was really encouraging.

Chair: It was 57%?

Sally Russell: Of all those surveyed, when we did the survey three years ago, 57% had had one or more

serious issues of that nature, and now it is 48%. We have seen an improvement in the last three years, which is really encouraging. When we asked about more general concerns around weaning and breastfeeding and so on, it was about 80%, and had not changed in the last three years. We have seen an improvement on the more serious issues. We also saw that people were twice as likely as previously to ask a children's centre member of staff for help if they had a problem. They were less likely to go to the GP if they had a problem. They were also more satisfied with the outcome. There are some very broad trends here that I thought were really encouraging.

In addition, when we looked at who was coming into children's centres, they were over-represented in terms of people on very low incomes or people with a child under three and, to some extent, people with serious problems too. In that broad-brush appraisal, we are saying that they are reaching the people we want to reach, and they are really making a substantial difference.

We also found that 21% of people with a very young child had met the midwife within the centre, which, again, was very encouraging. About a third had met a health visitor within the centre. We are seeing that integration starting to happen, and I am sure the fact that people are building relationships with children's centre staff early on, as well as with health professionals, enables them to open up about these issues and get support in a timely way, which can make a real difference.

Q494 Craig Whittaker: You mentioned breastfeeding, so I have to ask the question. Recently, a celebrity felt bullied by a certain website about that. How many of our parents feel bullied in children's centres for wanting to do something that the advice is perhaps against?

Sally Russell: Can I make it clear that it was not the website that I represent that that occurred on? I would say that we do not hear very large numbers of examples of people in children's centre communities feeling bullied by other parents. When you are in face-to-face situations, it is very different from an online environment. I do not hear about that happening substantially. People sometimes disagree with the advice that they get from other parents and from professionals, and we are very lucky that we have a significant grant from the Department to have health visitors online on Netmums to help work through some of those issues anonymously too.

Chair: Can I thank all four of you for what has been a very productive and interesting session? If you have any further points to make to us, please be in contact. I know you will anyway, Liz. We make recommendations to Government as part of our report-writing. If you have any thoughts reflecting on today or anything you have not previously given to us, please write with any suggestions and recommendations you would like to see in our report when it is produced in due course. Thank you very much. Could we switch as quickly as possible to the next panel?

Examination of Witnesses

Witnesses: **Lisa Harker**, Head of Strategy, National Society for the Prevention of Cruelty to Children, **Vicki Lant**, Head of Children's Centre Development, Barnardo's, **Anne Longfield**, Chief Executive, 4Children, and **Julie Longworth**, Operational Director Children's Services, Action for Children, gave evidence.

Q495 Chair: Order, order, Neil. As you discuss Scottish comic strips, I remind members of the Committee that the microphone remains on and we continue to broadcast.

Thank you very much for joining us. Most of you, or all of you, heard the last session. I must start with an apology for describing you as a shower earlier.

Ian Mearns: Much better than that previous lot though.

Q496 Chair: I am always polite to whoever is in front of me. There are reports of disagreements—God forbid—at the heart of the Coalition between Michael Gove and Nick Clegg over whether the two-year-old offer should be extended from the lowest-income 20% of the population to 40%. I think the budget for moving it to 40% will be £760 million a year by the end of this Parliament. Do you think the money for that extension, which is hundreds of millions of pounds, could be better spent elsewhere in order to fulfil, for instance, the core purpose of children's centres?

Anne Longfield: I certainly think it could not be better spent elsewhere, but clearly it is a big investment and it should not be done in isolation from the other money that is being invested around early years, which I think is partly what you are getting at. It has been widely welcomed. That extra 20% takes it to a group of parents who will really benefit from that support and who by no means will be affluent parents, so it is a really important step.

Q497 Chair: If they stick with this, the Government have made exactly the right decision and there was no better way of spending the money.

Anne Longfield: In terms of implementation, there are probably better ways of spending it than currently, and there is pretty broad agreement that there are better ways of implementing it. At the moment, there is not an awful lot of co-ordination between children's centres and the two-year-old offer, partly because childcare is not a feature in many of them, as you have already been saying this morning. There has also been a focus on the early education part of that offer, and there has not been that great a focus on the family support part of the offer. Ideally, there is agreement that if you can get both, you are really going to be able to offer those families the best they can have.

Q498 Chair: Thank you. Does anyone think that there are better ways of spending that money than the two-year-old offer?

Lisa Harker: Yes, I do. There are better ways of spending that money. The NSPCC supports the offer to children at two, but your question is really about whether at this moment in time, that is the best use of resource. If the core purpose of children's centres is to ensure that the most disadvantaged children improve their life chances compared with their counterparts, we have to ask where we put that money to best effect. In our view, we are not giving sufficient

support to families from the very early stages of pregnancy through the first two years—a critical time in terms of children's development, in terms of getting the foundations of parenting right and in terms of reducing abuse and neglect.

Q499 Chair: Briefly, what would that look like?

Lisa Harker: Specifically, it would look like a shift in prioritisation for all centres to be working more effectively with that age group.

Chair: Pre-birth.

Lisa Harker: Pre-birth antenatal support, and evidence-based parenting programmes as they develop, given the evidence base. Realistically, given the sums of money you have mentioned, it may mean having to establish some trailblazers to show what is possible in this age group. We do not yet have a strong enough evidence base, but all the indications from brain research and social science are that it is a critical period to get right. The difficulty we have with limited resources is that if we spread them too thinly, we end up not making the difference we need for children's life chances.

Julie Longworth: From Action for Children's point of view, it is clear that early education is absolutely vital, and we believe that the early education offer for those two-year-olds will make significant improvements, if the quality is as it should be. For us, that is the key. When we have individuals who are, in effect, in loco parentis for up to eight hours a day, the quality of that provision has to be second to none.

Q500 Chair: You disagree. Lisa is saying that with limited finance, a greater priority ought to be pre-birth and the immediate period after birth. That is a critical period in child development; it is weak at the moment and, in terms of priorities, she would choose to go there rather than age two, and you are disagreeing with her.

Julie Longworth: I would choose to go with age two, but I would choose to go with integration. For me, it is about a link-up between that offer and, in a sense, even putting a requirement on parents who are accessing that offer to have a link with a named children's centre. In fact, we have talked about having named workers, such that, where a family is in receipt of that offer, they would have a named lead within the children's centre. The provision is there; it is about making sure that they use it efficiently and effectively, and that we are linking it up. We have been funded through the DfE to do some work with PACEY in partnership with I CAN. It is about really working with childminders and other providers to improve provision around language and communication difficulties. We are going to do some research on that. For me, it is about looking at the quality, ensuring that we are building it in and integrating it with what is already there.

Vicki Lant: I agree in terms of the integration of services in relation to the youngest age range. That is really important. We would favour an approach that

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requires or encourages parents to have additional support alongside the offer of the two-year-old place. That is advice that this Committee has already received, one way or the other.

Chair: You have not, so far, answered my hard-edged question.

Vicki Lant: I would rather see an extended service around support to the two-year-olds who are being helped with their parents, so that it is an integrated offer rather than purely providing a two-year-old education place for a very wide proportion. It is about trying to get the quality of environment for the child.

Q501 Chair: We have this sum to be spent on the two-year-old offer, and I asked whether it is best spent there or elsewhere. Anne clearly told me it is best spent there; Julie said the same thing, although she talked about doing it better through integration; Lisa thought the earlier period of children's lives is a more important place to spend limited funds. What is your answer, Vicki? I am unclear.

Vicki Lant: I am saying with two-year-olds, but with a focused group of two-year-olds rather than the broad spread, and with support to parents so that you are creating a holistic and improved environment for those children.

Chair: Are you saying spend all the money on the two-year-olds, but probably do not extend it to 40%; it is better to do the 20% well with additional service than to spread it thinly to 40%?

Vicki Lant: Yes.

Q502 Mr Ward: Neurologically, or brain-wise, as you referred to it, to what extent is it too late by two?

Lisa Harker: It is never too late, in that children continue to develop through their lives, but it becomes increasingly difficult to undo damage that is done early in life. The critical period of the first two years of a child's development means that not only is the pattern of child development set and needs to be reset if there have been adverse circumstances, but that the nature of parenting is also established. If parents are finding it difficult to relate to and form a secure bond with their child, trying to re-establish that at age three is extremely difficult. If you are working with a parent from the antenatal period all the way through, however, you have a better chance of changing the parenting.

Chair: Thank you. Anne has been champing at the bit to have a second go.

Anne Longfield: I know we are setting off with an either/or here.

Chair: You made your choice, Anne.

Anne Longfield: I did make my choice, but I guess my choice was based on the fact that everything Lisa said is absolutely right and we should bear it in mind.

Chair: You are not hopping on to the fence now, are you?

Anne Longfield: No, I am not. I am moving on to someone else's role. This is the core business of children's centres and we need to improve it, so it is not an additional service that does not exist now. It can be highlighted, focused on and improved. There is also a Healthy Child Programme, and there is a role for health to step up to the plate a little more and to

work very collaboratively with children's centres, who can also bring resource. We are not talking about a new service but about enhancing, and we are looking at other potential income that could be made more readily available.

Q503 Chair: Wouldn't you be a practitioner who heads in the other direction? You are nought to 19, so you are not even focusing on below five, let alone on pre-birth and up to two. You are way off dealing with teenagers.

Anne Longfield: We do advocate and run centres that run beyond five, but I guess the starting point, in our view, is that the children's centre is a mechanism to collaborate, to bring services and the best professionals together, and to co-ordinate and save. If you can follow that through, you are talking about making very good use of a very slim resource, and you can continue to provide family support over a much longer period. I am, however, very happy to go on to the over-fives as well.

Q504 Alex Cunningham: You all have a much bigger shopping basket than we have resources to fill. What I would like to know is how we work with children's centres and direct them to make sure that we have the balance right between universal and targeted services while still meeting the needs of the most vulnerable.

Lisa Harker: I am in favour of the localism agenda. It is absolutely right that we trust professionals to make judgments, and that different areas need different kinds of children's centres. However, the deal has to be that we hold those centres very carefully to account in terms of outcomes for children, which means, at a national level, measuring whether we are making a difference to children's outcomes. At the moment, we are not making a difference and we should be.

Q505 Alex Cunningham: Are we not making any difference?

Lisa Harker: Not enough of a difference. The initial evaluation at seven of Sure Start local programmes is disappointing in that regard. We also need to hold centres to account for measuring their own progress. Some are very good at doing that but others are less good at doing it. That means really having the data in place to understand local need, but also to track progress.

Q506 Alex Cunningham: Localism dictated by a national agenda.

Lisa Harker: A framework set by a national agenda that says, "This is what matters in terms of how we measure success," and an expectation that centres themselves have to indicate progress that is made; otherwise, we are in danger of diluting the programme to such an extent that the really good practice loses out because of the poor practice.

Q507 Alex Cunningham: Are spending pressures and the hollowing-out of provision undermining the mission of children's centres?

Anne Longfield: It certainly makes any provision more challenging to deliver. Across the piece, the

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services around the children's centres are feeling that effect too. We will all be facing requests for reductions in budgets. Typically, they might have been 10%, 11% or 12% in years gone by, and they will be increasing now. There will be differences in terms of quite how that impacts. We know that the voluntary sector can deliver services probably much more cost-effectively than some of the public services because their overheads are not as big, so there are initial savings. A lot of us are delivering models around clusters and specialisms, and looking at very creative ways that retain the ability to deliver very good services to those who need them.

One point that was brought up a few times in the earlier session was around the ability to reach out to the most vulnerable families. I have to say there has been a real shift change over the last three years in terms of the accountability that centres have to have in their ability to reach families. To get an "Outstanding" from Ofsted, you have to demonstrate that you are working with, I think, 97% of the most disadvantaged families in the area. That is a high figure, which does not leave an immense amount to work with other families, although, clearly, most of us will be trying to retain a universal platform too. The issue that lots of people talked about five or six years ago, when the debate was around middle-class families taking over the services, has changed dramatically, and part of that has been led through the Ofsted inspections.

Q508 Alex Cunningham: We had the stigma question earlier. I think they raised it without us mentioning it as a question. Is there a possibility that children's centres could have the stigma that they are a social services place?

Julie Longworth: That is the danger.

Alex Cunningham: Not that I would ever say that social services should have any stigma associated with them, obviously.

Julie Longworth: That is a risk we have to be really alert to. We have already heard that the universal aspect of children's centres brings people through the front door and brings a lot of richness in itself to the community, so we would not want to lose that. Certainly, the parents we have talked to, across the board—and we heard this morning from others—would not want to lose that. Equally, it is quite right, in the current climate, that we need to be focusing on the individuals and children who need it most.

Q509 Neil Carmichael: Lisa, can I go back to your questions and observations about accountability? You are absolutely right. You also quite rightly saluted localism, but there is a problem, which is devising a mechanism that can both respect localism and the need for accountability upwards. How would you set about designing a mechanism that respected all those points and identified, measured and provoked improvement?

Lisa Harker: That is a difficult question.

Neil Carmichael: That is why I am asking it.

Lisa Harker: That is why you are asking me. One of the things we need to look at is how we measure outcomes for children. I would like to see a broader

range of measures than school-readiness. Clare Tickell's proposal around measurement at two to two and half, that is integrated, is a good model to build on. I also think the work that UCL has done in setting out some possible measures of outcomes is a very helpful way of thinking about how you measure both child outcomes and parenting style and context, which gives you a fuller picture of the contribution that services can make to children's lives. We need a broader measure of outcomes at a national level, but equally we need to find ways to improve the use of data and measurements of effectiveness and impact at the level of centres themselves.

I know that there have been improvements in this regard, and there is a requirement currently in the Children and Families Bill for data to be shared, for example. It appears that, while there are some data protection issues, it is also about silo-working and individuals. In areas where individuals have been very determined to pull datasets together, it has been possible to make that work, so we have to learn from that and find ways of ensuring that all centres are, at a minimum, collecting sufficient data about the level of need in their area and the impact that they are making.

Q510 Alex Cunningham: Which services offered by children's centres are the most effective in narrowing the gap in outcomes, particularly between the richest and poorest children?

Julie Longworth: I would say, from our point of view, what we see over and over again are evidence-based programmes that focus on early attachment, attunement and the EYFS. We see parents on a daily basis who do not know how to talk to their children and who do not feel confident in communicating with their children. We had an example not so long ago when I visited one of our children's centres, where we had a young mum who did not want to write in her child's journal because she did not want to ruin it. Her view was that to input into that would have a negative impact, so it is very much about going right back to the basics and working with those parents in terms of developing their self-esteem, confidence and literacy skills, so that they acknowledge and are aware that input into their children's education is vital.

Q511 Alex Cunningham: What evidence is there that that is happening? That is great, and I know centres where it is happening like that and it is absolutely wonderful. I have seen great changes in families, but is that happening across the country or is it just a niche here and there?

Julie Longworth: I can say it is happening in Action for Children centres and that we can evidence that that is the case, as I am sure others can who are sitting here. I can talk about Parents for Change, which is a specific programme, and we can show, through our outcomes framework and the outcomes tools that we use with those parents, that we are achieving progress.

Q512 Alex Cunningham: There is tremendous concentration on readiness for school rather than early years, so are we getting it wrong?

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Julie Longworth: On your point about consistency, there are great inconsistencies, which we grapple with all the time and you find all the time. There are some really good examples. There are some very good voluntary sector led centres. There are some local authorities that have really grasped children's centres and built a really robust early years system with them at the heart. It is there that we see what can be achieved. All children's centres, because they will be delivering the core purpose, will have to deliver a level of that, so there will be degrees of the level of intervention they have, but some will be less than others. The potential is there for them all to do that. Going back to the previous question about how we know whether people are achieving the outcomes, that is where we need a much greater focus on a national framework for outcomes and the national leadership within it to ensure that this remains an issue that is closely monitored at a national level as well.

Q513 Alex Cunningham: The Chair is always at pains to say to panels that we need recommendations backed up by evidence, so what recommendation would you give us in order to improve consistency?

Lisa Harker: I would question why 12% of children's centres have no evidence-based work going on in them.

Alex Cunningham: The recommendation is?

Lisa Harker: I would suggest that they are closed. Fewer, better is one decision that we need to make.

Q514 Chair: Who should make that decision?

Lisa Harker: My recommendation is that local authorities are required to show the impact that they are making. If they have children's centres that are not running evidence-based programmes at all, they should be asking themselves why they are investing resource in them. If we were to scrap children's centres tomorrow and try to reinvent them on the basis of the evidence, we would end up in a very similar place to where we are now. Trying to change children's outcomes is very complex. It requires all sorts of interventions. There is no silver bullet. It is absolutely key that universal provision brings families to the centre and that you have targeted support. All of that makes it a very complicated area to work in.

Alex Cunningham: We need a recommendation.

Anne Longfield: There should be a national outcome. I do not think you should penalise the children and families where there is poor management of centres and they do not administer evidence-based programmes. I do think, however, that there should be a national outcomes framework.

Q515 Chair: We have a national outcomes framework, but where we have a centre that is rubbish, we just let it run on anyway because we must not punish the local kids.

Anne Longfield: No, we should hold local authorities to account within that, because there is a clear line of accountability.

Q516 Chair: What do we do when they continue to fail?

Anne Longfield: There are all sorts of ways you can intervene, but they should be, first of all, held to account. It should be recognised and there should be a clear expectation of how you redress that, and it should be something that is seen as being a high priority nationally and then acted on. There are ways of intervening and redress measures that we can look at.

Vicki Lant: There are particular models in the National College that support the development of less well performing schools, and similar sorts of intervention models could occur in leadership and support of children's centres. Again, however, that requires support in the National College to be working in a similar way in this sector, and we have seen a lesser degree of support in that way. I hope that the new incarnation of the college would place similar levels of priority on the early years in creating system leadership across this sector.

Q517 Chair: Do you think it is neglecting it at the moment and there is a serious problem? The National College has a vast range of responsibilities now. Is there a danger that the early years could be a pretty low priority, forgotten or missed?

Vicki Lant: That is what concerns me. There is a very strong indication of a school focus within much Government work and within the college's current remit.

Q518 Chair: What would a recommendation from this Committee look like that would help get the Government to change the brief of the college in order to make sure that that risk was not—

Vicki Lant: To ensure that there is a very strong network of national leaders in early education and of national leaders within integrated education who could support outcome achievement in the way that Lisa described. A lot is achieved by peer-to-peer support. A lot is achieved by leaders learning from other good leaders. In many cases, because local authorities are cash-strapped, many children's centre leaders are not in a position to go out and see terrific exemplars of good practice and develop that in their own provision. That kind of operation could help.

Q519 Alex Cunningham: What is your recommendation, Julie? Let us be clear.

Julie Longworth: This is a slightly different tack in a way. It is something that I see over and over again. For me, there is something about the quality and format in terms of management information and data at a strategic local authority level. They have a responsibility as multi-agencies to look at a joint assessment of local need, but to then take that down to the advisory board; to me, it is unacceptable to have statutory agencies, as well as other partners, coming to advisory boards without the relevant detailed data that people need in order to have effective planning and to target those groups. I would really like to see something around that, if possible.

Alex Cunningham: A greater concentration on data-led decision-making.

Julie Longworth: It is about knowing where we need to target our services, and the information is there. We

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have the information. It is about making sure that people are accountable to do that.

Q520 Chair: Who is worst at that?

Julie Longworth: It varies, and you will have heard previously, I am sure, that in terms of health, that can be a struggle.

Q521 Chair: Thank you. Anne, do we need a national outcomes framework?

Anne Longfield: We do.

Chair: What does that look like?

Anne Longfield: It looks like an agreed set of outcomes nationally that are seen as the important outcomes that can help children achieve and help families support them in doing that. I do not think it is necessarily a million miles away from what you have. It might have been achieved through a payment by results scheme if it had been implemented in a slightly different way, but that has gone so it is not an issue. I know we get into muddy waters about what people spend their money on and localism as part of that decision, but it should be part of the deal in terms of delivering children's centres on a statutory basis in terms of that accountability.

Q522 Chair: In terms of core purposes and "raising parental aspirations", how good are children's centres? No one in the whole of this session—and I cannot remember it from any of our other sessions—has mentioned "improved parenting aspirations," even though that is right there in the core purpose, confused though it might be. How good are you and your outfits at raising parenting aspirations?

Anne Longfield: Part of it is terminology. If you had people from FNP here, they would talk about raising parental aspirations from the start. What we are talking about is supporting parents to be able to think big for their children, but also raising their own confidence in their ability to be able to support their children. It is the terminology around it. I am sure everyone at this table would say that they put "raising parental aspirations" as a core part of what they do, but they do not talk about that with parents. That is partly about working with parents the minute they come through the door, looking at what they are keen to achieve with their children and helping them get there as part of that journey.

Lisa Harker: It is a question of "To what end?" I talked about the core, core purpose being improving the life chances of the most disadvantaged children compared with their counterparts. For me, that is it; everything else is a means to that and is a way of achieving it. It is absolutely understandable that we have a stated core purpose from Government that is very broad, because the way you change those children's outcomes is complex and requires activities on lots of fronts. We have to have services that reflect that.

Q523 Chair: In terms of parenting aspirations, research has shown before that low-income families tend to have pretty similar aspirations to everyone else. They all want their kids to go and have great jobs, and the kids want them too. Reality dawns as

you go through teenage years around the fact that they are not doing the work, they do not have the basis of knowledge, study, habit and practice, and they end up simply incapable of going into the jobs that they thought they wanted.

Anne Longfield: Those families clearly do not have the means, resilience, networks or experience to be able to help their children get there.

Q524 Chair: Chinese immigrant parents do. They do not have anything more materially, but they simply tell their kids to work hard and make them do homework. They then give them extra work, and they all do well at school and go on to become doctors and engineers as they all hope to be.

Anne Longfield: They do, of course, and aspirations can be very high.

Chair: Yet white British working-class children, male and female, do appallingly badly.

Anne Longfield: That is where services like children's centres can be real brokers, but they need to link with early education better.

Julie Longworth: It is also barriers to aspirations. A lot of the parents we see do have aspirations, but if they are struggling with mental health or domestic violence issues, those are real barriers. They are the issues that we are working on, to support them to be able to raise their head above the parapet and begin to look at aspirations.

Vicki Lant: One of the things that you mentioned earlier was encouraging people to come in to register their children's birth at children's centres. That is an incredibly practical, pretty obvious way of engaging families at a point when they may be pleased, open to suggestion and feeling that they want to do as well by their children as they possibly can. As Adrienne mentioned, it is an opportunity when you often see both parents and you can start to create and build that relationship. While I was agreeing with Lisa about the importance of those birth to two years in my statement about two, if you make that relationship at that point it is possible to start getting the engagement of other services and understanding what those particular families need, so that you can build and relate appropriately. If you need to support people's aspirations, you have a basis for doing it.

Q525 Craig Whittaker: Lisa, you were very clear about where you thought children's centres should be targeting, and that was the very early years. The Chair kind of got everybody else to agree, but in a roundabout way. Are you, therefore, saying that we should not focus as much in children's centres on three and four-year-olds, for example?

Lisa Harker: It is about where we put the available resource. I do not think there is any disagreement on this panel, or probably in the room, about where we want to end up, which is a model of a children's centre that is zero to five, or maybe even zero to 19, and pulls in a whole range of services so that parents do not have to navigate them for themselves, and that is very integrated in terms of learning about cognition, language and social and emotional development and so on. We all agree on that; the question is where we

go now, given the resource constraints. Where is the biggest and most urgent gap?

That is where I would point to the pregnancy-to-two period as the biggest gap, not just because of its critical moment in children's development, but also because it seems to me that if we can engage parents at that point, we have a very high level of engagement with services in the antenatal period and around the time of the birth for mothers and fathers. It is critical that that is sustained, because what we know from evidence-based programmes is that dosage matters. The level of support to families in difficulties has to be significant and maintained. There is a danger of trying to do too much on all fronts, at all times, and that we dilute the dosage so that we undermine the programme.

Q526 Craig Whittaker: Should the offer then be restricted to fewer children but coupled with a package of those family support mechanisms that you were talking about?

Lisa Harker: Are you asking about the two-year-old offer or for three and four-year-olds?

Craig Whittaker: All across the range. Should it be just to those families who really need it, or should it be a universal offer?

Lisa Harker: All the evidence tells us that you have to start with a universal offer. If you set up a children's centre as having very good evidence-based programmes for the most disadvantaged families, they will not come. It will be very stigmatising and you do not get the social-mix effects that you want to achieve. You have to start with universal. Of course, some of our existing services are very good at engaging parents universally: midwifery and health-visiting, as well as stay and play-type activities in children's centres. There is something to build on. I would, however, like to see more investment in the targeted programmes that sit around those universal services. It is not sufficient for a children's centre to offer a stay and play service and no evidence-based targeted support, in my view.

Q527 Craig Whittaker: Does anybody have a different view?

Anne Longfield: I am not sure if it is a different view but it might be a different starting point. There is a lot of money being invested in early years across the piece, so while we are talking about a limited budget, we are still talking about a very significant budget. We have the children's centre budget, the health budget and now the two-year-old offer, which is, as we have already said, significant. We also have the three and four-year-old investment. Put those together and there is a hefty amount of money that could really start to impact. At the moment, we are not doing enough to maximise that impact on any of those fronts. They are all seen as separate programmes. They are locked into ways of delivery that are not, ultimately, maximising their effectiveness. We are seeing children and, indeed, their families in different parts of a pigeonhole rather than as a whole thing. There is an opportunity and if we are looking for recommendations, I think there is one. I do not have an exact one for you, but it is about bringing together

the early years system in an area, with children's centres at the centre. That is something that works well and is really very effective. Then we can slightly move on from some of the discussions around whether we rob Peter to pay Paul, because what we can look at is how we ask other services—health or DWP—and, indeed, other areas of early years to step up to the plate and really engage much more fully in this. Whether that is enforcement, I do not know, but they can take a much greater role in delivering that early years service. We are missing a trick if we do not do that. There is another recommendation about two-year-olds where we could prevent ourselves from missing a trick. That continuation until school, and I would argue beyond, in terms of family support is really necessary, because more and more children's centres—I am sure someone is monitoring them slightly more than I am—are focusing more on the nought to three, which is clearly something we would encourage them to do.

Vicki Lant: There is also an issue where, with greater freedoms among schools and working in that wider early years and integrated sector, you begin to get a longitudinal view of support to families. I am thinking very much of some work that Barnardo's is doing in the Greenwich area at the moment, where there is a federation of secondary, primary and early years provision, where secondary has recognised that the long-term impact of performance of children in their environment could be better supported if there was increased funding going to some of their early years providers, recognising that that early support for brain development, activity and language and so on would produce better outcomes in the longer term. As a group, they have decided to invest differently and put some additional funding into early years. Those freedoms are helpful, which comes back to Neil's point earlier about elements of governance. If federations recognise that there is potential, there is a weakness in the children's centres system at the moment—that governance is advisory board. It needs teeth, and if there was an opportunity for the advisory system to be amended so that there was proper governance in a children's centre—

Chair: Should it be like a school?

Vicki Lant: That kind of thing. Many of us are from charitable organisations and, of course, we have our own governance arrangements, so we have good models to share.

Q528 Chair: That would be a recommendation then. I saw Anne nodding. Julie?

Neil Carmichael: Lisa, was that a nod?

Lisa Harker: On governance?

Neil Carmichael: Yes.

Lisa Harker: No, I do not have a view.

Neil Carmichael: That would fit in with your accountability model, to some extent.

Lisa Harker: Yes, it would.

Vicki Lant: It made me think that we ought to make the point to you. When there is limited funding, if the people who know what their communities need are not in a position to be able to do it—

Chair: Point made, Vicki. I am going to interrupt you, but thank you.

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Neil Carmichael: A good point—thank you.

Julie Longworth: For me, it goes back to my earlier point about the quality of the data and the quality of work that takes place in those advisory boards. I do not necessarily think that we need to go down that line; from my point of view, what we need to do is ensure that people have the right skills, that there is training in place for parents, that people are accountable and that there are clear expectations of their roles on advisory boards around the levels of information that they ought to be bringing and the processes around joint planning. For me, it is about the quality of the work that takes place there, and there are different ways to do that.

Q529 Chair: You are not in favour of governance.

Julie Longworth: I am not saying I am not in favour; I am saying there are a number of ways to ensure that advisory boards are more effective, and that accountability is held where it ought to be held.

Q530 Craig Whittaker: Are there are enough high-quality early years placements for two-year-olds in deprived areas?

Anne Longfield: Are there enough places?

Craig Whittaker: Yes—high-quality early years settings for two-year-olds in deprived areas.

Anne Longfield: The jury is slightly out on that.

Craig Whittaker: We do not know.

Anne Longfield: We do not know but there is a lot of early evidence coming in saying that there are some doubts. I know that I am banging on slightly about the two-year-olds and the children's centres having a much greater link. There are rooms in children's centres that were designed for childcare when children's centres were set up, some of which are not being used.

Q531 Craig Whittaker: That was not the question. The question is: are there currently enough places or settings for those in deprived areas?

Anne Longfield: I believe there are not.

Craig Whittaker: You do not think there are, but there is no evidence yet.

Anne Longfield: Others may have evidence.

Lisa Harker: I do not think there is any clear evidence. What we are hearing from local authorities are concerns that there are not.

Vicki Lant: And that they need to be developed, so that would suggest that there are not.

Julie Longworth: I would agree. That is the quality issue: they may well be there but whether they are quality is a different question.

Q532 Mr Ward: I want some quick feedback from you on the core purpose and whether it can be met without childcare and early education.

Chair: Because 2,000 do not have childcare in them. Can they fulfil this core purpose without it?

Vicki Lant: Yes, they can, because one of your earlier speakers was suggesting—and it is right—that if the relationships are good between the children's centre collaborating with others, it becomes possible.

Lisa Harker: I agree.

Chair: Thank you—sorry to have cut you off. Lisa agrees. Anne agrees too. Julie?

Anne Longfield: We have to work at it, though.

Julie Longworth: I agree, but where I have been involved with children's centres where day care is integrated, I would say it is a richer provision.

Q533 Mr Ward: The second question is about qualified teachers in those settings: are they an imperative?

Lisa Harker: Yes, in early years settings.

Julie Longworth: I would say so.

Anne Longfield: They are absolutely essential as part of the network of provision in that area. There are some opportunities with early years teachers and how we place them in children's centres as well.

Q534 Chair: But Clare Tickell said that every children's centre should have a qualified teacher. I assume that must mean including the 2,000 that do not have any childcare.

Lisa Harker: The teacher is important for the early education part of the offer, and that is the bit that it needs to relate to, not the centre itself.

Julie Longworth: Where there is qualified teacher input, again we see a direct correlation between that and improved outcomes and quality. It is across the whole of the children's centre area. It comes back to your point in terms of the whole of childcare provision.

Chair: Including the ones that do not have childcare in them, there should still be a qualified teacher.

Anne Longfield: They should have access to one.

Julie Longworth: Absolutely—there has to be some level of qualified teacher provision.

Vicki Lant: We talked earlier about a hub-and-spoke model. It is really important that a qualified teacher should be part of the wider arrangement of a children's centre. All of the work that is done in stay and play-type activities and the modelling of adults relating to parents of children benefits hugely in helping them to make good interventions, to understand their children's play and to behave appropriately. *[Interruption.]*

Chair: We will wait until the bell finishes, for *Hansard's* sake.

Q535 Mr Ward: The interesting evidence that we collected on the qualifications of staff, when we were looking at the hoo-hah about the ratios changing, was that there should be more bodies in that crucial nought to three period, that could have that contact between children and professionals, and then possibly more qualified staff post-three could then deal with more children. Is that your understanding?

Vicki Lant: I would suggest that good graduate input from pre-birth onwards is very important, for all the reasons that Lisa identified earlier: supporting language development, child development and emotional development. All of those things are improved by high-quality people giving leadership in a learning environment, whether or not it is providing childcare.

Julie Longworth: It is about ensuring that every activity is outcomes-focused. That is the bottom line.

Q536 Chair: The two-year-old offer incorporated into the early intervention funding is morphing into something else. The non-ring-fenced element of this early years spending is going to be reduced in 2013 and 2014. What will the impact of that be on children's centres?

Vicki Lant: It will be very significant. We are already seeing requests for anything up to 25% reductions being required in the short term. There is a real challenge. If Government is looking at commissioned services in order to help deliver this programme, it needs to do more in supporting a longer term vision for ways in which budgets can be projected so that local authorities or the commissioner—largely local authorities—are working with commissioned services. Some of this work is on a hand-to-mouth basis. In Barnardo's we have picked up some contracts that were ostensibly four years; they have been with two-year breaks and possibly with a year-on-year refresh, so you are talking about a situation where you have only about 50% of the year to run, and then you are already into another commissioning arrangement. In terms of disruption to the service, to the children and families in particular, and to the staff, it is enormous and it does not make for efficient working.

Julie Longworth: We have recent experience where a service has just been tendered on a framework agreement, so there is absolutely no guarantee of any work at all. We will become part of the framework. It is for seven months, until the end of March. There is TUPE liability, which would mean that for any of us to go for it, we would have an immediate liability for those staff and no guarantee at all that there would be any work from April 2014.

The other thing that we are seeing is local authorities dismantling elements of the service in line with the core purpose; as an example, they are perhaps retaining the management and governance, and tendering out elements of early engagement and family support. There is a real danger that what we are doing is dismantling some of the fantastic work that has been done over the past few years. For me, the danger is beginning to split the management and governance, which for me is the golden thread of quality, all the way through, from different elements of the service. It is not something I would like to see become a trend.

Anne Longfield: It would make it really more challenging than it is. Certainly they are stretched already and they would be much more stretched. There are some ways you can ameliorate it, through fewer back-office staff—not that voluntary sector organisations have many of those, but fewer even than that; some more creative clustering of services; and, indeed, engaging the community more in delivering some of those services. That is certainly something that we do.

Q537 Chair: The pressure is enormous. You have statutory services under pressure themselves and a reducing budget. A lot of authorities could easily see this early intervention, with its long-term payoff, as a luxury they cannot afford at a time of austerity. Are some viewing it that way, and are others doing a great job of maintaining?

Anne Longfield: There are some local authorities that are set down the path of early intervention. They found some early money to be able to invest, and a little bit of transition money. They are starting to see the difference it can make in building the evidence. The Early Intervention Foundation is just going to have its first 20 on that path, and that will be helpful as well. There are many more, as is always the case, who have not got ahead at this stage. They are in a kind of survival battle, and the fear that they talk about in some of those areas is just having statutory services. I would argue that children's centres are absolutely part of that safeguarding infrastructure that needs to be there and absolutely part of all those statutory requirements; however, sometimes short-term decision-making comes in. That is why there needs to be national monitoring.

Chair: Outcomes framework.

Anne Longfield: And outcomes framework.

Q538 Ian Mearns: I was talking to some people from my own local authority at the weekend, and the general attitude there was "We are not dead yet", but that is about as far as it goes. Regarding planning for the future in terms of services for very young children, are you as voluntary sector providers of children's centres being consulted when plans are being developed at a local level? Is it patchy?

Julie Longworth: In my experience, it really varies. Some local authorities are absolutely fantastic at that. They are involving us.

Chair: Who, Julie?

Ian Mearns: An example.

Julie Longworth: I can think of Kirklees as an example, which has had a massive reduction in funding and some real challenges. They have involved us in that all the way down the line in terms of how we can remodel our services in a way that fits with the wider nought to 19 agenda across the local authority. In doing so and in doing it jointly, we have been very creative and have not seen perhaps some of the frontline services reduce in a way that might have had to be done had we not done that in partnership. In others, like the previous example, we have seen commissioning coming out in odd ways, with very short terms, and they have not involved us in those discussions or plans at all.

Q539 Ian Mearns: Part of the problem that local authorities are experiencing in some places is that an awful lot of corporate knowledge, experience and understanding has gone out of the window.

Julie Longworth: Absolutely.

Q540 Ian Mearns: What particular changes do you think local authorities could make in commissioning children's centres and their services in terms of planning for the future? You have alluded to it, but is there anything in particular you would like to see them do?

Vicki Lant: Work has been done by the Innovation Unit, which has been particularly helpful, around an approach called Radical Efficiency, particularly focusing on early years, which takes a user-based approach. Often, if professionals are identifying things

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that they think are important, those may be the things that are prioritised. By having dialogue—which, in some cases, will be with the local authority, but also with users and possible providers—you often end up coming at a problem in a very different way. You can often achieve reductions in cost while improving the nature of the service in a way that better relates to the users and the end beneficiaries. There are some very good pointers of direction through that particular route.

Julie Longworth: For me, there is something about looking at how the children's centres fit into the wider system and, again, in the current climate, recognising that what we cannot afford is duplication. Perhaps we could have—again we have had examples of this—social workers who are based in children's centres, who may then be an initial point of referral for children nought to five. For me, it is about looking at where we have really experienced, qualified staff and how we might be using them slightly differently in order to achieve efficiency while retaining quality. There is a whole host of work that could be done around that.

Anne Longfield: I would endorse that. Where children's centres are most firmly embedded and most likely to be sustainable, they see themselves as a system, not as an operational programme. That is something that we should encourage or require local authorities to do. The level of duplication at the moment is very high, which, for many parents, is an unforgivable waste at times when there is very little money.

Q541 Mr Ward: We talked earlier about the influence of evidence-based interventions, which implies that we need to monitor and look at outcomes. I have some specific questions, but just as a general subject, how do we identify the progress that has been made and what outcomes should we be using?

Vicki Lant: There are a number of different outcomes programmes. There are a number of different volume programmes that local authorities require providers to use. We have come to a watershed point where there is now commissioning out of children's services, in that local authorities have used particular systems themselves in the past but, as part of their commissioning requirement, are requiring the providers to use those systems too. As a large provider—I am sure Action for Children feels exactly the same—we find ourselves using half a dozen different off-the-shelf programmes that are used nationally, both for outcome-based monitoring and volume-based monitoring, which, as an organisation, makes it mighty difficult to recognise how well we are performing across all of our provision, but also how we can improve, because the benchmarks in all of them are slightly different. Again, there is an issue here about commissioning from the local authority's point of view. They need to know but they do not need to specify, so it is about reducing micromanagement at local authority level, as you are doing in other ways.

Lisa Harker: The role of the Early Intervention Foundation could be critical in terms of having a repository for the latest knowledge in terms of evidence-based programmes. At the moment, there are

a number of well known programmes that are used by children's centres and others. This is also a growing area of work, and NSPCC is piloting a number of programmes to identify new interventions in this area. There is learning from other countries too. From the commissioning perspective, it is absolutely critical that local authorities can have the latest up to date knowledge and information about which evidence-based programmes are working and where promising practice is emerging.

Q542 Mr Ward: The difficulty is that we do not have equality of provision across the piece; it is very difficult to measure one against another when the provision is so different from one place to another.

Julie Longworth: At Action for Children, we have a system called e-Aspire, which is our outcomes system. We also have an outcomes framework. Regardless of what the intervention is—and we have seen research from King's College London in relation to a whole host of evidence-based programmes—we can show the evidence and the outcomes that we achieve for children and parents who have been through those programmes. We have heard challenges this morning in terms of our evidence-based programmes working and whether they provide at the end of the day, and what we need to be doing is developing systems that can evidence that. That is certainly something that I feel we are strong on, and I would be happy to share examples if you want to see them.

Chair: Please do. David, I am afraid I am going to have to cut you off with your very important line of questioning and just take the last couple of minutes for Bill.

Q543 Bill Esterson: I want to ask about workforce and leadership. We have touched on this a bit, but we have heard evidence about lack of knowledge of child development and, particularly, language development. Is that something you would confirm? Also, do staff in children's centres have the necessary knowledge and skills to have a status with other professionals that really makes them as effective as they need to be?

Vicki Lant: Perhaps I can take a lead on this. The National Professional Qualification in Integrated Centre Leadership, which initially developed through Pen Green and subsequently rolled out through the National College, has been invaluable in providing a very rapid and transformational type of leadership development for children's centre leaders. What is remarkable is, because of budget, so many people who come into leadership posts in children's centres are often less well qualified, and some not necessarily graduate, and that programme takes them from Level 3/4 development to postgraduate Level 7 in the space of a year.

Bill Esterson: Should it be mandatory?

Vicki Lant: It would be very helpful. In the way that it is currently operated, however, it is a face-to-face programme. It is more expensive than online development. What is critical, however, is that it recognises that these are people people, and they need to be able to operate and have credibility in a variety of different contexts.

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Chair: I am going to cut you off, Vicki, and bring Anne in.

Anne Longfield: Leadership is absolutely key. The original cohort of people who were often running children's centres were very much from the early years background; now, it is a much bigger ask. There is development needed in terms of enabling people to be more entrepreneurial and enabling them to make partnerships with high status, but that is something that we are seeing coming through. Certainly, we would probably all say that we have graduate leaders there. I wondered if, before you ended, you were going to come back to the big question that you raised early in the session about where we put money and whether children's centres should close, because that is something that quite a lot here have views on.

Chair: Sadly, we do not have the time, but we have a few seconds left for Julie to have the final word.

Julie Longworth: I was going to go back to your point around the qualification. For me, it is not so much about a qualification but about ensuring that we have managers with skills in performance management and skills and experience in safeguarding. We have talked about critical analysis in terms of data, and it may well be that we could look at those in terms of different modules. Some people may have the lot; others may have gaps in terms of their knowledge and experience.

Julie Longworth: It is, although what I would say is that, certainly within Action for Children centres, all of our staff and support workers are NVQ 3, so we have high expectations. The other thing, which is critical and something that has come out of the Munro review, is that we have adopted lead practitioners in all our services. They have an absolutely specific remit in terms of safeguarding and in terms of the quality of supervision, family support work and reflective supervision. It is very much about ensuring that workers with the most disadvantaged children have the knowledge, skills and experience, and the opportunity to reflect on them.

Chair: Thank you all very much. Anne, I know that, just like some sort of medieval prison, we talked about the walls closing as the funding goes down, which will make it more critical to make hard decisions about how best we use finite resource in order to deliver the best for children and make sure that we are not spreading it so thinly that we have a kind of pretend service that does not deliver. Maybe we need to recognise that we had better have an excellent service in fewer places, if that is the only thing we can do, but that is something for discussion. Please write to us if you have any thoughts or reflections on today, and any recommendations you would like to see in our report. Thank you so very much for coming along.

Q544 Bill Esterson: It is management that is key to the issues around the skills of the workforce.

Wednesday 10 July 2013

Members present:

Mr Graham Stuart (Chair)

Neil Carmichael
Alex Cunningham
Bill Esterson
Pat Glass

Siobhain McDonagh
Ian Mearns
Mr David Ward

Examination of Witnesses

Witnesses: **Louise Silverton**, Director for Midwifery, Royal College of Midwives, **Councillor Richard Roberts**, Lead Member for Children's Services and member of Health and Wellbeing Board, Hertfordshire County Council, **Jane Williams**, Head of Children, Young People and Family Services, Integrated and Community Care Division, South Warwickshire NHS Foundation Trust, and **Carole Bell**, Head of Children's Commissioning, North West London Commissioning Support Unit, gave evidence.

Q545 Chair: Good morning and welcome to this session of the Education Committee, looking at "Foundation Years: Sure Start Children's Centres". We are delighted that you have been able to come and join us today. We act in a fairly informal manner and tend to use first names. Are you all comfortable with that? That is great.

To start off with, the most recent impact evaluation of Sure Start that was published found no beneficial effects on children's educational development, social and behavioural outcomes, or health outcomes; so, why would you as health professionals engage with children's centres? Louise.

Louise Silverton: I did not know you are supposed to bowl a googly first ball, but there we are.

Chair: It was not a friendly one, was it?

Louise Silverton: It makes a lot of sense for midwives to be working with other professionals who are delivering health and support in the early years, and the joined-upness of care when a children's centre is working well is extremely important. If you look at the whole agenda of troubled families, it helps greatly if you can identify families early and get them care early, because we certainly do know that early access to antenatal care does improve health outcomes. That does allow you to work on some of the public health aspects of care for parents and babies, including things like promoting breastfeeding and maintaining weight during pregnancy. We should be looking at much longer health gains than the report has been looking at, because we are looking at Foundation Years, and foundation, by its very nature, is not short term.

Q546 Chair: You think, basically, that the research to date, albeit disappointing, is simply too short term for us to draw any real conclusions about this.

Louise Silverton: I believe it is.

Q547 Chair: Would you go further and say that, despite those evaluations, you think that engagement by health with children's centres is absolutely the right thing to do?

Louise Silverton: Yes, I will say that.

Carole Bell: I would also say that children's centres are quite complex organisational structures, and we have expected individual professionals to go into children's centres from a different organisational set

of aims and objectives and to try to mix and join in with a range of offers and opportunities to be made available to children and families. It has taken us time to mature all the relationships and all the partnerships that we need in order to make that really efficacious. We are on the right road.

Q548 Chair: Are you sufficiently questioning? One thing the evaluation should do is to get you to ask yourselves some pretty fundamental questions, again, about exactly what you are doing, and whether what perhaps common sense or intuition tells you should work is or is not working. It should get you to go back, think it through and make sure that what you are doing is most likely to lead to positive outcomes for the children.

Carole Bell: As the funding gets tighter and tighter, we are doing more of looking at exactly what we are buying. If I can use the example of speech and language therapy, across Westminster, Hammersmith and Fulham, and Kensington and Chelsea, we have speech and language therapists going into children's centres to provide a range of functions, training of staff, one to one, but with some group work and some regular drop-ins. They see a huge number of parents who have concerns about their child's communication developments: thousands over the course of a few years in those three boroughs. Very, very few referrals to speech and language therapy come out of that, so there is a question there: are we doing the right thing by seeing all those parents and giving them a lot of reassurance? Would they have come to the health services anyway, or are they in a sense just checking out what is required? We have been thinking about: do we have the model right; are we investing the right amount of money; are we doing the right things? At the moment, we are saying we think we are, but we need to follow it up, so there is a question mark over all the investments that we are making.

Jane Williams: I would agree with both Louise and Carole. We have been working really closely with children's centres, certainly in Warwickshire. We have got over 50% of our health visitors based in children's centres. We know that we are making a difference. We have figures to show that we are making a difference. We have reduced obesity and we have raised the numbers of people that are breastfeeding, so we know

that we are narrowing that gap. I do not think that we could work together now—certainly from a health visiting point of view—without the children’s centres. I agree with what you are saying: because we have had to make significant reductions—there are significant reductions in funding—we are having to really examine exactly what we are doing, and we are really focussing on the nought-to-three agenda, so from antenatal to around two and a half or three years.

Q549 Chair: Is that unusual? I think it was Naomi Eisenstadt who said we do a pretty poor job with babies at children’s centres—that babies have been the missing part of the focus.

Jane Williams: Well, I do not think they are. They are certainly not in my part of the world. We as health visitors anyway are encouraging women to go into children’s centres antenatally, working very closely with the midwives. Midwives are doing some of their booking clinics in children’s centres. We are just about to start some pilots with the NSPCC around their Baby Steps programme, which is working antenatally with those women that are really hard to reach. I think, because we work so closely with the children’s centres, that we are managing to get in touch with quite a lot of those women who would not normally go to a children’s centre. That has often been an issue: getting to those women who do not traditionally like going out.

Q550 Chair: How does that work?

Jane Williams: Because we run all of our clinics in children’s centres. We work out of children’s centres all the time.

Q551 Chair: So simply by locating a fundamental health provision within the children’s centre, it helps to bring them in and introduce them to the children’s centre on that basis.

Jane Williams: That is right. We have a partnership agreement with the children’s centres—I think you have had a copy of that—and it sets out quite clearly what the expectation of the children’s centre is and what the expectations of the health visitors are. They attend what we call Family Matters meetings every week to fortnight in the children’s centres, so there is a lot of information sharing.

Chair: Super, thank you very much. Richard?

Councillor Roberts: Your question is, “Has it made any difference?”

Q552 Chair: Well, my question was more that the evaluation suggests that there is no sign that it has, so what are you doing working with them?

Councillor Roberts: I think I ask that question; you would expect me to. Once I was invited here, the first thing I did was stride off round and go and talk to an awful lot of children’s centre managers, and all sorts of other people. I have asked the question, “What difference does it make?” I am told that preparing children for school has made a difference, and we have narrowed the gap between the highest achievers and the least highest achieving—demonstrated through, for example, free school meals—so it is

making a difference. I have to agree with colleagues here.

Q553 Chair: How have you evaluated that? Sorry to interrupt.

Councillor Roberts: Through evidence.

Q554 Chair: I appreciate you have not got it immediately to hand, but what evidence? Was it survey evidence of schools? Do primaries do assessment of children on entry, and have they seen a demonstrable closing of the gap between children on free school meals and the rest, or something like that? What exactly does this evidence look like?

Councillor Roberts: It is the evidence that children’s centres have to submit to the DfE as part of their remit.

Carole Bell: There is also the readiness for school assessment, which is an indicator of whether children are ready to start school, having been through the process of being involved in children’s centres. Of course, not all children will have been involved in children’s centres. That is another issue—whether we get the right children into them.

Q555 Chair: The official national evaluation has suggested, disappointingly, that they have not been able to find these benefits, and we are getting—I am not saying it is not evidentially based—fundamentally a more anecdotal statement that it is having these benefits. I do not know whether people involved in things tend to think that they are effective, even if wider evaluations suggest they are not, and it is that tension that I am exploring today.

Councillor Roberts: I will make sure that we get the evidence to you in written form to prove that, because having asked, I do not expect to be told something that is not true. The excitement of the agenda right now is that we have had children’s centres for anything between seven and two years, depending on when they were set up, and phase one through to phase three, but in a sense it is a relatively ad hoc process that we task children’s centres and managers with undertaking. For the first time, because of the involvement of Health and Wellbeing Boards—the opportunity for health and local government to work together—now is the time to evaluate the successes and failures, or the difficulties and the challenges, and to re-evaluate that and to come up with a new model for children’s centres or family centres, or whatever they become.

Chair: Thank you very much. We have got a lot to cover in very limited time. Colleagues will whisk us through some of the material, and short answers will be helpful, too.

Q556 Bill Esterson: You have all mentioned the importance of working together and partnerships, and a number of you have touched on the issue of the financial situation. What effect has the financial situation had particularly on local government budgets, particularly in social care? Also, where the health service has been reorganised, has this had a big impact on working together and an effect on children’s centres?

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Jane Williams: Certainly, from my point of view in Warwickshire, we do work really closely with our colleagues in the local authority, and appreciate that they have had to make some savings, as have we, but we have also had quite an increase in terms of health visitors. We have had substantially more health visitors. We will be having 42 whole-time equivalents by 2015, and I really see health visiting as providing the early years offer—the early intervention offer—within the universal offer within children’s centres. They will work very closely with those children’s centres and the family support workers in those children’s centres to enable perhaps the children’s centres to focus more on those families that really, really need it. We have been providing that universal element of the Healthy Child Programme, and leading on the Healthy Child Programme within the children’s centres, and then allowing the children’s centres to provide support to the families that really, really need it.

Carole Bell: What we have had to do, both in Hammersmith and Fulham, and in Westminster, is re-look at all of our children’s centres, and organise them into a slightly different arrangement, where there is a hub, but then there are spokes—still children’s centres, but not so much funding going into those—with a manager, particularly in the Westminster model, overseeing both the hub and the spokes. There is still that same level of co-ordination, but simply not as much investment right across the board. What we did, though, was carefully select the hubs in the light of where the most deprived communities were, so we have tried to maintain the link between the location of the hubs and the deprived communities. In terms of the relationship with health, I would say in the last year that GPs have been more interested in what we are doing in children’s centres than they have previously. As they have taken on a broader role, they have thought about what is happening in their own surgery and thought about the ways in which they could develop services with the local authority, with others, to try to enhance arrangements and support.

Q557 Bill Esterson: What is the situation for you, Richard?

Councillor Roberts: The budget for children’s centres has not changed over the last four years, so we spent £13.2 million then and we spend it now.

Q558 Bill Esterson: What about the impact of cuts across local government, social care and so on?

Councillor Roberts: We have saved money across children’s services across our county, Hertfordshire, running to £20-odd million, but actually much of that has genuinely been efficiency and reorganisation. Although I do not want to reiterate too much the earlier answer, in future for children’s centres, there may be savings by integrating or thinking through a transformation of how they are delivered, but fundamentally it is less about budgets and more about doing the right thing for family centres or children’s centres, however they are.

Q559 Pat Glass: Can I ask something? What percentage of the council’s budget has been lost in cuts? In my local authority it is 40%.

Councillor Roberts: As a percentage, I guess we are looking at somewhere approaching 25%. We have saved about £150 million, or will have, over the four-year period, which ends next year, and that was pre-planned before.

Q560 Pat Glass: So we are talking about a very different situation across the country.

Councillor Roberts: You are. Some councils have dealt with the transformation and reduction in budgets.

Q561 Pat Glass: It is really hard to deal with a 40% cut in your budget.

Councillor Roberts: Some authorities have had a harder task than others. We spent 18 months preparing for it before the budgets were announced.

Q562 Bill Esterson: Sorry, Louise, you were going to answer that last question.

Louise Silverton: Midwifery services are not in every children’s centre by any means; however, children’s centres close. We did a survey of our heads of midwifery, and Sheffield was a particular area where they had gone from 37 down to 17 children’s centres. We are also hearing that some of the heads of midwifery are under pressure from the CCGs, in that the GPs now want to get their midwives back into the GPs’ surgeries, which we do not think is the most efficient way of delivering midwifery care in the community. This has been a long-running sore with the GPs, who have never forgiven us for moving. Our members also tell us that where the children’s centres are run by third sector organisations, they are under a lot of pressure to put money into the children’s centre for the use of their space. Maternity services do not have any money for the use of space. I reported this three years ago when I was at the predecessor of this Committee, and it seems as though only those organisations or functions that have got money to put in are getting into some of the children’s centres.

Jane Williams: You can get around that. One of the things that we have done is to have a health policy agreed around charging for rooms, so even though we have 50% of our health visitors in children’s centres, we are not paying rent for those rooms. We pay for facility costs; that is all. That is the agreement we made. We do not pay for any use of any rooms, because they see health as being the key to their children’s centre, so it is part of that offer.

Q563 Bill Esterson: Why do you think that is not happening in some parts of the country? The evidence we have had is a very mixed picture.

Jane Williams: I do not know why. It is just something about how we have all worked together for all the years since the children’s centres have been developed.

Q564 Mr Ward: We have really gone on to my question, so shall we just pick this one up then go back? Is it a good idea for all midwifery and health

visiting teams not just to work with, but out of, the children's centres?

Jane Williams: Absolutely.

Mr Ward: Nods all round.

Carole Bell: There is a bit about the balance between what GP practices need and their need to have links with both midwifery and health visiting, and the link to children's centres. What is disappointing out of that, which we have established—a reasonable balance between GPs and children's centres in the use of health visitors and midwives—is that a bit of the problem is around things like shared care for GPs. Lots of GPs have given up shared care in maternity because they feel as though they have been quite detached from midwifery, because it appears to be focused in children's centres rather than in GP practices. There is a tension all the time between where best to place staff, and who thinks they, in a sense, own them.

Jane Williams: We have a named health visitor for every single GP practice, and those named health visitors are responsible for going into that practice and communicating with that practice on a weekly basis, and we do regular audits to make sure that is happening.

Louise Silverton: It is possible to offer and run a mixed model, where you have midwifery clinics, postnatal clinics and drop-in breastfeeding support in health centres as well as in children's centres, and it is the mixed model that seems to be the one that stops women falling through the cracks.

Q565 Mr Ward: It does seem to be a bit of a dog's dinner, though. I mean, a children's centre is not just a children's centre—they are all different. There are bits here and bits there, and some of them are working there and some of them based in there, so in terms of the original question about evaluating these things, have we not got some idea of what the best model should be?

Councillor Roberts: A key date is 2015. We have extended the re-commissioning of children's centres until that date. That will give us the time to evaluate what we should do, particularly with this brand new health and well-being linkage, to pull together the good will of health and local government to make sure that the children's centres of the future really do serve the communities and the families that they need to. I agree with you; they have been to some extent a little bit driven by the need to put in a certain number for a certain number of children, rather than: "What are the services needed to support families?" They are two different perspectives, and we are moving in the right direction.

Q566 Bill Esterson: A number of you have already mentioned the point that the children's centres in your areas are being much more targeted in the services they deliver. We have heard evidence that this is in response to the new core purpose. What effect is that going to have on you as partners, given that you provide universal services, or is that just not going to happen in your areas?

Chair: The children's centres are getting very targeted on the most vulnerable, but you have to provide broad services for everybody. Is there a tension there?

Councillor Roberts: There is a huge tension. There really is a huge tension and, again, this is part of the mix. We have a Thriving Families programme, or a troubled families programme that we have called Thriving Families, and that is one area of targeted work. We have targeted work within youth services. We have not got rid of youth services; youth services is targeted work, and that is ongoing. We have targeted work being run from and with children's centres, and there are other areas. There is targeted work within the safeguarding elements of children's services. All these need re-evaluating for how you focus that far better in the future.

Again, 2015 is critical. That was the original date when the troubled families programme was to be re-evaluated, and it is the time when health visitors transfer from NHS England to public health, which is with local government, and therefore if you start to bring these together, you can start to picture how we can have a better relationship. Just to echo what has been said, this relationship with GPs is critical. As chairman of the shadow Health and Wellbeing Board, we still have to reach out to GPs and their new way of working—a way of working that is utterly new for them in terms of being responsible for their CCG—because, as we found when did a survey earlier this year of children's services managers, what confidence did the children's services managers have in terms of their relationship with GPs? It was down at 10%, whereas with health visiting teams it was at 90%. We have got to change that relationship.

Q567 Chair: Louise, in 2015, the health visitors will be in the local authority control and the midwives will still be with the CCG. Are we going to have another breaking apart—departmental silo damage—caused by that?

Louise Silverton: I do not think so. There are examples of where midwives and health visitors work very closely together, and it certainly does help if they see each other on a regular basis, because it does not help if they are both in the health centre, but on totally different days of the week—that is not going to work. We have a major concern about the lack of universality with respect to midwifery services, and we do think there is a value in them being in the children's centre in areas where there are some vulnerable families, but even in the most affluent areas, there are pockets of vulnerability.

Q568 Chair: I do not understand. Health visitors, when the numbers fell, ceased to be universal. I can see an issue with universality in health visiting and when, eventually—we will touch on that later—the numbers come up again, hopefully it will return, but midwives are not targeted. Midwives are universal, are they not?

Louise Silverton: We are universal.

Q569 Chair: So what is the issue with universality for you?

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Louise Silverton: The difficulty with universality is that, by linking it in the antenatal period with the health visitors, it does actually start to support some of these more vulnerable families, and the vulnerabilities are obviously of many sorts: cultural and social vulnerabilities, as well as those related to health and mental health. Our concerns are that if the midwives are not in the children's centres, and they are caring, essentially, in a silo—either in health centres, GP surgeries or even in the hospitals—they are not being able to give the added value or even to know that there are vulnerable people. I mean, if you are in a children's centre, someone may go, "I saw so-and-so's sister. Is she pregnant?" Now, if you see this woman in the hospital, you may not know who she is. You have no context, so knowing that this is another member of an extended troubled family is actually hugely useful to the midwives in the targeting.

Jane Williams: We are using the word "targeted", but families actually do not like to be thought of as targeted. That is the whole thing: the whole wonderful thing about children's centres is that it was thought of as a universal service, with people thinking, "It is okay for me to go there, because everybody goes there. My mate goes there."

Q570 Chair: We understand that. Bill's question, though, was about the fact that there is increasing targeting, with limited resources coupled with a core purpose.

Jane Williams: In terms of what we are saying about being targeted, the health visiting service will be offering that universal offer. There are some families that they would not be able to support, even with an increase in numbers—those families that need a little bit more, so what we are calling "universal plus" and "universal partnership plus". For those families, we would hope to get that little bit extra from a children's centre, so we work together as a team.

Chair: Thank you. I will have to be brutal. My chairmanship is way off; we are barely a 10th of the way through our questions and we have 25 minutes left.

Q571 Mr Ward: I guess this is on the issue of silos. One way of breaking down the silos is to exchange information, and DfE referred to what it described as "lingering barriers": confidentiality, data protection and so on. Have you come across or experienced problems with the sharing of information, and if so, what has been done to break that down?

Carole Bell: I would say it has got better year on year as people have got used to working in mixed professional environments, and it does take time for people to build up trust about with whom they can share information they feel is quite personal to that family. But the new birth data is shared well, and it works best when the children's centre is seen as part of a whole system of supporting families, and being clear about identifying families who have got extra needs, and being able to use the children's centre as one of the forms of support along with early help, early intervention or whatever you call it, and locality teams—Team Around the Family. Those sorts of

mechanisms can be as soft as we want to make those families feel welcome, and can be accommodating in how we provide them—going to a person's house, using outreach workers—enabling people to feel as though they are being welcomed back into a support system.

Q572 Mr Ward: Should we register births in children's centres so that we can start from somewhere?

Carole Bell: It is quite a good idea.

Louise Silverton: Why not? Yes.

Jane Williams: We are looking at that. We have got a meeting in the next couple of weeks to look at that.

Q573 Mr Ward: Is that a blinding flash of the obvious? Should we just do it?

Jane Williams: It would make a lot of sense to do that, but we also routinely share birth data with children's centres. Every two weeks, we send them birth data. We are looking all the time at how we are sharing information. We have integrated records pilots, so we have family support workers writing in the same records as health visitors. That is working really well. I mean, there are lots; we also do these Families Matter meetings, where we are talking about families. The message that comes from me, if you like, is that you are part of a children's centre team.

Q574 Chair: Thank you very much, and Louise and Carole were both nodding in thinking it was a good idea to have birth registry services in children's centres, or at least worth exploring.

Louise Silverton: Yes.

Chair: That is just for the record. I do not know what you thought, Richard, about that.

Councillor Roberts: It sounds like a great idea, especially if we can save some money, yes.

Q575 Ian Mearns: The Health and Wellbeing Boards and Health Commissioners now are being established around the country, and they are running up against significant challenges in local areas. Do you think that the recent structural changes in health, and changes in responsibilities for commissioning, will be a driver for greater integrated working in the future?

Carole Bell: They can be, if partnerships are built and based on trust and good joint working. Yes, we have re-sorted the cards. We have got to rebuild some of those networks and partnerships, but if we do, we can do it. Partnership is a delicate flower all the time, it seems to me, and you have to make sure that the relationships work so that people can come together and make joint agreements.

Q576 Ian Mearns: I will be controversial in as much as the previous Government were not averse to shuffling the deck themselves, were they? My PCT arrangements were re-arranged something like seven or eight times in 13 years. People in the health services must be used to change from that perspective. Louise, you are smiling wryly there.

Louise Silverton: I am smiling about issues of the amount of change. I mean, we were familiar with working with health visitors who were part of the

PCTs; we were part of the acute sector. Shortly they are going to be part of public health in local authorities; we are still part of the acute sector. You just have to get used to it, but things did not work before. Even in your own constituency, there was limited presence of midwives in east and central Gateshead, really only doing breastfeeding support, whereas in Blaydon and Winlaton they were fully integrated. It is not as if we are going from something that was really good potentially to something that will not work. This is another opportunity to make it work.

Q577 Ian Mearns: I will stray back into a slightly different area of territory now, if you do not mind. The NSPCC has suggested that universal services such as midwifery and health visiting could be better at picking up and acting on early warning signs with regard to vulnerable families. That is almost self-evident from my perspective, but do you think that is a fair assessment?

Councillor Roberts: Yes.

Jane Williams: That is what we are doing. By having these additional health visitors, that is what we are doing. We are doing antenatal visits now, which is a particular one that has come from the Healthy Child programme, which is around a promotional guide. It is picking up women who are likely to have attachment issues later on and doing work with them antenatally, before they have the baby, and that has been shown to have improved outcomes for children at two, so we are doing that work already.

Q578 Chair: The suggestion was that you can do it better—that you are not doing it as well as you should do. Is that fair?

Councillor Roberts: One of the issues must be that we have got a commissioning framework that is all over the place at the moment. We have different bodies doing commissioning, and—going back to the first part of your question—whether this new world will work depends on whether all the partners and players believe it is sustainable. We have gone to one PCT from eight—from six, my apologies, but a large number—to one; we are now back to two CCGs in Hertfordshire. We all as players have to understand that this is a longer term change, because every time there is a change, we have an 18-month delay. If the health players believe it is all going to change again in 18 months, why would you engage, why would you commit resources, why would you pool and why would you integrate? While I am hugely optimistic, and some of the work I see happening is very, very good, there is that danger.

Q579 Ian Mearns: It is a loaded question, but one of the things that helped to drive a change in Gateshead during the time I was there was that there was a bunch of elected members who frankly were never satisfied. You have to be constantly striving for improvement. As good as you can get, you have always got to look for ways of improving things. That has to be borne out; it does not matter which sphere of work you are in, does it?

Louise Silverton: Absolutely, but one of the things that holds the maternity services back—midwifery—

in contributing is lack of access to its information systems. Now, we do know we suffer terribly from a lack of joined-up information systems. The children's services system does not talk to the acute health system, which normally talks to the GPs, and this is a major issue. In the evidence that the East Riding of Yorkshire gave to this Committee, they said they are dealing with eight different hospitals where women in East Riding could be booked to have their babies, and they have had to negotiate access to information individually for each of those. If you are identifying vulnerable families, information—having the information and sharing it appropriately—is absolutely vital.

Jane Williams: That is a major, major problem for us, and I am sure if it is for us, it is the same for others. We have three acute maternity hospitals that we relate to. They do not share the same systems, and it is really complex when you are trying to work in an integrated way. We are going to be going to electronic records down the line, and at the moment I am fighting and saying, "Until other people from outside are able to access those integrated records, we are not going to go on to electronic records in health visiting." I am based in the local authority, but I have to have an NHS computer, and I cannot access the Warwickshire county council intranet. It is crazy.

Q580 Mr Ward: I know you will say this is a rubbish comparison, but, say, Marks and Spencer will be able to tell you in all their shops, every day, what they sold and what lines were most popular—all of that information—and here we are saying that because there are eight hospitals, we will struggle to get some information on a child. It just seems poor.

Councillor Roberts: We are focusing on health, but you could apply the same elsewhere. Wouldn't it be useful to know who is on benefits in your area? Wouldn't it be useful to know who is unemployed so that when they come through, actually you can start to target the work? So they might drop in to a children's centre; the children are going to school, but you find out that mum or dad is unemployed, and you can start to help them. The same goes for mental health services. Having better data sharing, and having information flows into children's centres and family centres, will ultimately enable better universal and then targeted work to take place.

Q581 Ian Mearns: Just for the record, I do not think David is suggesting children be given a barcode.

Councillor Roberts: Well, they get given a unique number, don't they?

Chair: David, we have so little time, I am going to have to cut you off and go on with Ian's question.

Mr Ward: On the identification of children, I think it is in Denmark that they just know about all the children.

Q582 Ian Mearns: One of the things that we have come across is that some staff from children's centres are saying that they are struggling to connect with families that most need their care and concern. I am convinced that all those families, at some stage, will have been seen by midwifery, maternity services,

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health visitors or whatever, and yet there is some way in which that information has not been passed on to the children's centre. Is there some way in which we can do that much more effectively to make sure the children's centre immediately becomes aware that some other service has had a view of a family that they regard to have problems that need to be addressed?

Jane Williams: It does happen in some areas. It certainly happens in my area.

Carole Bell: It can happen; therefore, it should be able to happen everywhere.

Q583 Pat Glass: On the problem of information sharing, it has been there since the dawn of time. It is a long time since I worked in education, but we had exactly the same issues. Certainly, in my time, health was always seen as the main offender. I found it difficult to get information about children's services, although I got it, but getting information out of health was sometimes beyond me. Carole and Richard, do you get the information that you need around children whose parents have issues with alcohol or around domestic violence? Do you get the information that you need around these critical areas to be able to commission services properly?

Carole Bell: I would say that one of my previous answers was around having children's centres as being part of a system. If that system is receiving the new birth data and the health visitor attends the monthly meeting that looks at all the new births and families that there are concerns about—new families and families that are on their way, but are still being visited by the health visitor—we have a good opportunity to look at things like domestic violence and mental health issues, and we have responded with commissioning services for domestic violence, and we have a link into adult mental health. Does it work perfectly in all cases? Probably not, but at least we have developed a system that can enable it to happen, and that is really key to how we drive this forward. The very low-level concerns can be supported by children's centres; the higher level concerns need the introduction of social work, social work assessment and so on, but it can happen, and it does happen locally.

Councillor Roberts: Domestic violence information is shared, and I believe that that does go to children's centres.

Q584 Pat Glass: In this instance, I am more interested in if you have the information that you need as the chair of the Health and Wellbeing Board in order to commission services. Is it coming through about the amount of domestic violence, illness, mental health issues and all of those kinds of areas?

Councillor Roberts: Can I turn that around ever so slightly, Pat? Yesterday, I was in a development session for Hertfordshire's Health and Wellbeing Board, and we discussed in detail children's issues, one of which was mental health, and specifically what resource is going into that early tier 2, for example. We discovered that there was not enough money going into the early prevention; we thought it was less than 1% of a very large mental health budget.

The point is that we were discussing it at the board level, and therefore those key health and local government public health executives, and directors and members, are looking at data and therefore able to start to direct commissioners. I do not think it is for the board itself to do the commissioning, but directing and leading is really key to a lot of this. Leadership from the health bodies back down into their organisations is vital in this area.

Q585 Pat Glass: Right, and therefore, Louise and Jane, are you, within your organisations, passing on that kind of information about families where there is illness, mental health or domestic violence? I worked in an authority in south-east London where in every single case—100% of the cases that I saw—where children were struggling with behaviour in primary, those children had either seen or been subject to domestic violence. It is massive, so is that kind of information being passed on to services—to individuals in schools, but also up through the system—so that the proper services can be commissioned, or are there barriers in your organisations that prevent that information being passed on?

Louise Silverton: Obviously, I speak for the Royal College of Midwives, so we are speaking for our members who are employed as midwives throughout the whole of the country. It is very patchy. There are areas where it works well and where there are good systems. There are other areas where our midwives will say, "Well, I told someone, and then I told someone else," and nothing seems to happen. There needs to be a very clear area about how you pass the information on, because the information systems themselves, as we are saying, cannot do it automatically. Sometimes also midwives feel very wary, because they may not know that there is actually domestic violence. They are beginning to suspect that there is, and at which point do you then decide that you need to tell somebody?

Q586 Pat Glass: Is that not something you have training for?

Louise Silverton: Absolutely.

Q587 Pat Glass: I frequently used to get people say to me, "I have a suspicion about that family," and I would say, "Stop, because when you hand that over, that is your problem handed to me. Do it formally, do it properly, or do not do it at all."

Louise Silverton: And then you go through the processes, and certainly involve the health visitors in the suspicions and seeking to try to get to the bottom of whether there is anything here: things like controlling partners, or concerns there may be drug or alcohol abuse. One of the things that is worrying us, which is not in the remit of this Committee, is the reduction of postnatal visiting, because visiting in the home is absolutely important—to see people in their own environment.

Councillor Roberts: Absolutely.

Louise Silverton: That is the way that you can get the context, and then that does help sometimes to remove

suspicions, but you do need a clear process for whom you have to tell and when you tell them.

Q588 Pat Glass: And we still have not got that right.
Louise Silvertown: No.

Jane Williams: I would say that certainly with health visiting and the new service offer within health visiting, that element is certainly taken into account, so we do a visit around 28 weeks, which as I have said before is this promotional guide, which will pick up issues around domestic abuse at that point. The health visitors and our school nurses get notified about every single low-level domestic abuse incident that has gone into the police. We get e-mailed those all the time, and we have our high-level, MARAC ones, so they are the more severe; we have a really good process within Warwickshire to identify those. With the promotional guides that we are using antenatally and then postnatally, and with the increase in health visiting numbers, we are going to be able to see many more of these women universally, and identify things like alcohol or issues within relationships.

Q589 Pat Glass: As this Committee is about making recommendations, should we be recommending that the health services should be looking at this and making sure that there are clear lines of reporting that everybody knows about, and that there is proper training, looking at where there is best practice, and sharing it?

Louise Silvertown: Yes. We could support that, but you do need to remember what Lord Laming said in his report about appropriate information sharing. It is quite difficult, because there are things that you are told in confidence, and then you say, "I am going to potentially have to share this," but you almost need to protect the woman as well, because she is potentially vulnerable. So it is sharing appropriately, and with whom, and it is maintaining confidentiality when you actually should do that—the need-to-know basis on whom you are sharing with—but those decisions are really quite hard for professionals to make.

Pat Glass: We faced similar issues in teaching many years ago, but we have got over those now. No teacher would ever say, "I potentially have to share this"; they would say, "I have to share this." They know that. We can get the same kinds of clarity if we look at where there is best practice.

Q590 Ian Mearns: Is the Healthy Child programme being delivered as intended in all areas? Are all children aged two to two and a half now having a healthy development review?

Carole Bell: The aim is for all of them to have a review, and they are all invited to a review, and we have done some quite exciting things about doing them in the evening or doing them on a Saturday morning so that fathers can be present, or fathers can bring them along. Actually, at the moment across our three boroughs, we do not get 100% completed, partly because parents do not take up the offer. It takes two to tango.

Q591 Chair: What percentage are you at?

Carole Bell: It is around 80%.

Q592 Chair: So one in five is missing out. Does that coincide with the most vulnerable children?

Carole Bell: It is mixed. People who are already going out to work find it difficult to make time to come, even though we offer Saturday morning opportunities.

Jane Williams: We have about 98% coverage in Warwickshire, and we are part of the integrated review, so we are working really closely with early years settings to work together around that. We are being a pilot for the Department of Health and the Department for Education on that. We use a model, evidence based tool which is called Ages and Stages; we send a questionnaire out to all parents, so it gives them ownership of what it is. It has certainly increased our attendance for those sessions, and we are doing okay. As we have an increase as well in our staff, we will be able to try to make sure that everybody gets it, but certainly we know that we will follow up at home the most vulnerable children. If they have not come in for their check, they will have it at home.

Q593 Ian Mearns: I understand about the aim and the invitation, but on the fact that 20% are not engaging, some of them we might have no real concerns about, but it is the fact that among those will be some really quite vulnerable families and particularly vulnerable children. Is there anything we can do to address that?

Carole Bell: We have done a huge amount over the last couple of years to try to improve the take-up of the check, and we have been doing some work on the integrated check because we can see that families might be interested in a pre-nursery early education check alongside the health development. So we have tried to do a number of things to ensure that as many people as possible are encouraged to come. I mean, we do repeat invitations where people have not responded. Saturday mornings and joining it up with education—we have tried a number of possibilities.

Q594 Ian Mearns: Dame Clare Tickell suggested that an integrated review for two-year-olds between Health and Education would be a good idea. Do you agree with that?

Carole Bell: I do. Parents will see the sense of it much more than perhaps a separate health review, particularly when they think their child's health is okay. If they do not have any immediate worries, they are not quite sure why they should have a review or a developmental check. It is a bit about looking forward to their educational possibilities. As a much more onward-looking, future-looking opportunity, it is good.

Jane Williams: Going back to the use of a model tool like Ages and Stages, it is going out to parents and putting it on their doorstep. We did an evaluation when we piloted it. We had over 1,000 responses to that evaluation, and the parents like it. They really like having that opportunity to come forward with their own things: they see what their child is doing; they see what their child is not doing. There are lots of ideas within that questionnaire to give those parents ideas about what they can do with their child, but they actually are coming in to meet up with the nursery

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nurse or the health visitor with a clear understanding about where their child is, and it is not quite as threatening as it used to be. It does not feel like a test anymore, so that model is making a difference for us.

Louise Silvertown: We wonder if it is a mistake that local authorities are not commissioning the Healthy Child programme. I mean, you have the responsibilities for early years being with local authorities; you have got the Health and Wellbeing Boards—public health. Is it time that you looked at the whole programme being commissioned that way?

Jane Williams: That is how we are all working together. My view is that we are all working together on the Healthy Child programme. To me, the Healthy Child programme does not feel like a health offer, necessarily. I feel like we are all working together on it.

Q595 Ian Mearns: It might feel like you are all working together on it, Jane, in Warwickshire, but the problem is, from the evidence we have had from so many people sitting in this forum, what we have across the country is a patchwork quilt, frankly, and it is good in some places and not so good in others.

Jane Williams: Part of our national service specification and our key performance indicators is around the two-year review, so nationally we are being told that we have to perform on that, so we have really strong KPIs. They have not put all this money into health visiting for us to sit there and do nothing. We have got key performance indicators as long as our arm, and the two to two and a half-year review is one of them. We have got to perform on that and we have to produce 98%, so that is going to be a driver, and it will be a driver to work really closely with our colleagues to think about the whole early years offer. I believe it is a pathway along an early years offer, and health visiting is part of that. Midwifery is a part of that. We are all part of this one big offer, and it is about how we work together. We know that it improves outcomes for children if they have had that two-year check. We know that it will make a difference, so to me it is a no-brainer. We have got to do it, and we have got to prove to the Government that the additional funding they have put into health visiting is going to make a difference.

Q596 Ian Mearns: Just to finish that question off, is there anything additional you can specifically think of that children's centres could do in relation to the two to two and a half-year review?

Jane Williams: I suppose, certainly, where we work, they are. We are working really closely together, and there is still work in progress.

Councillor Roberts: To answer the question, if there is duplication, it would be helpful if there was not.

Jane Williams: But I do not think there is.

Councillor Roberts: That is right, and I know you have been working specifically on sorting that out, Jane, but the simple answer is: if there is duplication across health and education in terms of the two-year check, avoid it and find a single check. It is simply going to save money and just be more efficient.

Q597 Ian Mearns: I could not agree more that where there is duplication, it needs to be avoided, but equally, where you have not got coverage and where 20% of youngsters are being missed, that is a massive cause for concern—probably more than the duplication, from my perspective, but there we go. The latest Department of Health progress report on increasing health visitor numbers suggests that the plan is slightly below its target. What are the implications for children's centres if the recruitment drive does not get back on track?

Jane Williams: The universal element of what health visitors bring to the children's centres is going to be a challenge. And it is a challenge, because the way that we need to have health visitors through the nursing profession makes it a long course for people. They have to do three years' nursing and then they have to do a degree in health visiting, and I think we need to be looking at different people coming into health visiting from other sources, not just from nursing. I know that there are lots of issues around that, and that is part of the problem that we have—there are not enough people out there to be bringing them in.

Carole Bell: The quality of the health visiting trainees is really, really important, and unless we get high-quality trainees, we will not have the health visitors we really need to do this quite complicated set of tasks with children's centres, GPs and others.

Q598 Chair: Is that a comment on the quality of them at the moment?

Carole Bell: Sorry?

Chair: This drive is going on right now: they have recruited 1,000 more; they have got another 3,000 to go. Are you suggesting that we are not getting the quality of applicants that we want?

Jane Williams: Talking to the local community provider yesterday, of the trainees they got in this year, some are not going to make the grade, so there is an issue about how we make sure we get the best quality. Of course, in this drive to get more health visitors, we have rather drained the pot of people who would, in other circumstances, have been school nurses. We have pushed the ball in one direction instead of perhaps another.

Chair: Richard, did you want to come in there?

Councillor Roberts: I am delighted that we are putting more money into health visitors. That is excellent. In Hertfordshire, for under-fives, the population went up by 10,000 children—from 64,000 to 75,000—over a six-year period, and that number has remained high, so health visitor workloads are very high anyway, before you introduce new ones. Just thinking across the spectrum, this debate has been about different health services, and midwifery has been in there, and the pressure on midwives is increasing. That is one point I picked up. One of the areas you have covered or mentioned is training: I was delighted to visit the children's centre attached to Hertford Regional College, Turnford, where the lecturers who teach midwifery and health visitor courses make sure that they go through the children's centre, and therefore inculcate that training into that, so that when health visitors emerge, they are aware of

children's centres and the relationship with them. I found that encouraging.

Chair: Thank you. I apologise for the lack of time, in particular to Siobhain, but we probably have time for just a couple more questions.

Q599 Siobhain McDonagh: What objectives and outcome measures do you share with children's centres? Are there measures that you use that children's centres could also be using to demonstrate the impact of their services on improved outcomes for children?

Jane Williams: We do. We are certainly sharing things like immunisation figures and breastfeeding figures. We send out all the breastfeeding figures around each children's centre cluster area. They have all the figures for that, so they can see that. There are the obesity figures—anything we can we certainly share with them, and I am just about to start doing some work with the children's centres because their new Ofsted framework is quite different. We need to be demonstrating—the children's centres need to be demonstrating—the impact they are having in a much firmer way, and we need to be thinking about how we are supporting that. I am going to be working with our children's centre leaders to try to work out a way we can share our data and our information much more closely with children's centres.

Carole Bell: If I just turn it on its head, there is an issue about when we do the Joint Strategic Needs Assessment, asking children's centres what the views of parents are about what the needs are. Parents do not seem to have been mentioned all that much today; they have helped shape and develop local services within children's centres, and they often have very strong views about what they think the priorities are. It is a bit of a two-way street, and it ought to be.

Q600 Siobhain McDonagh: The NSPCC has recommended that children's centres should focus more on very young children, aged nought to two, and in particular on their social, emotional and language development. Do you agree?

Carole Bell: Clearly, with the amount of investment we have made in speech and language therapy, it is our understanding that we have to get in early with parents, and help them to understand how to talk and play with their children. I was reading about one project called Cooking with Words, an interesting combination of getting dialogue going between a parent and child when doing something like cooking, so, yes, we have taken that very, very seriously. I would say, though, that after the two to two and a half-year check, unless children are going to nursery, the next point at which they need statutory services is

when they start school, so it is quite a gap. So although I understand the focus on nought to two, there is that three-to-five period when things can go horribly wrong as much as it can in the early years.

Louise Silverton: We think that children's centres are hugely important as places where mothers can begin to understand the importance of maternal-infant interaction—or parent-infant interaction, because we need to involve fathers in this as well. We are concerned, however, with some of those services that are perceived to be softer. For example, North Southwark has now discontinued baby massage classes. This seems to be a nice, fluffy thing you do, but if you take very young mothers and teach them how to massage their baby, you are encouraging them to talk and sing to their baby while they are doing it. It is all part of the way that the infant brain grows. We know that without that strong bond and the care that you get from your parents, the infant brain will not grow properly, and we then have problems down the line. We think that the continued involvement of midwives in supporting some of these vulnerable families and in keeping breastfeeding going—with the best will in the world, not all health visitors are breastfeeding specialists—is something that should be done, and we support this focus on very young babies.

Councillor Roberts: I would extend it the other way: to minus nine months. I am a councillor; I should not be getting this, should I? However, I genuinely believe that the universal offer here is around preparing families to bring up children. It is about parenting. If we can do that better, that will be a really good measure of success. My Baby's Brain is something that we have incorporated into our thinking. I believe it has gone into the red books that go to mums of newborns. Having listened to Professor Matt Sanders from PPP and having been involved in Graham Allen's work around early intervention studies and some of the work that he has been looking at, this focus on the early years is absolutely vital.

This is, however, about families, and the key here is not to be too rigid about what everybody is doing, whose data is acceptable, and the age cut-offs. It is really important that, yes, we do focus on those very early years, especially those young mums and young families. They need support, not just as teenagers, but going up to 19, 20, 21 or 22. Picking up, through the fact that they exist, that there are older children with behavioural problems, those families too can be seen in a revamped model of what a children's centre might look like. As part of that, defining what success might look like gives us the potential to get it right in future.

Chair: On that note, we come to an end. Thank you so much indeed, and could we switch as quickly as possible to the next panel?

Examination of Witnesses

Witnesses: **Neil Couling**, Work Services Director, Department for Work and Pensions, **Annie Hudson**, Chief Executive Designate, The College of Social Work, **Tim Sherriff**, Head Teacher, Westfield Community School and Children's Centre, Wigan, and **Elizabeth Young**, Director, Research Evolution and Policy, Home-Start UK, gave evidence.

Q601 Chair: Good morning. Thank you very much indeed for joining us. I think you got to hear some or all of the previous session, which is always helpful. I always think it is quite a good idea to ask: what did you hear in the previous session that you thought was most interesting or that you most disagreed with? Elizabeth, I will pick on you, as I was drinking with you at Number 10 Downing street last night.

Elizabeth Young: I did pick up on some of the things around data sharing. While, in Home-Start, we recognise there was may have been some issue three or four years ago about sharing individual data with families, now there has been quite a lot of work to make that much more fluid. We are working in a team around the family. We are sometimes the lead professional around that. That area is working quite well across England. What we have picked up on, however, is dataset and aggregate data sharing, which is an important contribution to children's centre partnership work. We are now seeing that children's centres are needing to collect monitoring data—both contact data and participation data—and it is really important that we look at how that data goes into children's centres and what it means. Home-Start is providing quite a lot of contact data for children's centres, because we are sub-contracted to provide quite a lot of support.

When that monitoring data is then used to inform outcome frameworks, we need to look at attribution and who is part of that provision to get that child outcome. As we heard earlier this morning, children's centres are quite complex organisations now, so in order to work out an outcome framework and appropriate outcomes, we need to track that monitoring data and see what impact it is having. Along with Anne Longfield at 4Children, who was saying that she thinks that outcomes frameworks are important for children's centres, we would advocate that as well.

However, it is really important to get the right outcomes. For instance, in Home-Start, we have had quite a lot of evaluation in the past. If you choose an outcome measure such as postnatal depression and you are not aware that only, say, 15% of your families suffer from postnatal depression, you are immediately going to have a complex understanding of what outcome measure you have when you get 85% of your parents without it.

Tim Sherriff: Being a head teacher, we have selective hearing. We hear the word "Ofsted" and we always sit and listen. I heard the comments about the new framework in terms of children's centres, so that is something that I am particularly concerned about and interested in, and something I would like to talk about.

Neil Couling: Like Elizabeth, it was data sharing, which came up yesterday at the Welfare to Work UK convention. On Monday, a group of my managers were talking about troubled families and the work we are trying to do there. We need to really have a look

at this issue of how, if we are serious about cross-agency working, we do data sharing, because it is getting in the way at the moment.

Annie Hudson: It is the perennial issue of children's centres around "with whom and how do we focus"? That becomes an even more critical question in a resource-hungry context. The other issue that I think relates to the data question, but is broader, is that the quality of partnership working across all agencies makes or breaks the effectiveness of children's centres.

Q602 Bill Esterson: That brings us nicely on to partnership working. Where partnership is working well, why is it working well? Where it is not working so well, what is the reason for that? Who wants to go first? Annie, do you want start?

Annie Hudson: I am happy to kick off, since I raised it. While data and information protocols and so on are important prerequisites, at the end of the day, if you look at where partnership is working well, it is to do with culture and communication. It is about different professional agencies and groups having a respect and understanding about their differential contribution to children's and families' lives.

For example, in Bristol, I am currently working with DCS there. There are some excellent examples where early years leaders and social workers are investing quite a lot of time in understanding each other's demands and imperatives etc., so that they can have good-quality conversations. "Rich conversations", I think, was the phrase that Clare Tickell used in one of these earlier sessions. It is about not stepping on each other's toes but being able to respect and see the contribution that other professional groups can have.

Q603 Bill Esterson: What has been the effect of the cuts to social care on those working relationships?

Annie Hudson: I can speak only for Bristol, because that is where I am working at the moment. We have not had any cuts to social care services as such, but clearly the pressure that everybody is under, particularly around some of the early help services, has meant that people have to work harder. In Bristol, and it was referred to elsewhere, we have had a huge rise in the number of small children, so there is the same number of professionals working with a greater number of children. People just have to invest energy and time in making those relationships and thinking creatively about how you broker good-quality partnerships.

For example, in one area of Bristol, although we are now having it right across the city, we have something called an early help social worker, who does not have a case load in the traditional social care sense, but is linked to a certain number of children's centres and schools. They go in and out of those schools, picking up on some of the soft intelligence about worrying families, and giving advice to head teachers, early years leaders and staff about some of the things that

they can do, and then, if necessary, signposting those families to other services, including social care. That has worked tremendously well and has helped to build confident communication and relationships.

Q604 Bill Esterson: Tim, you have the partnership between the school and the children's centre in one place. What about partnership with other agencies?

Tim Sherriff: I would echo a lot of the things that have already been said in terms of it being the culture. I was thinking, as you were talking, that the culture of partnerships with parents is still critical. We have a lot of hard-to-reach families, so it is about creating that culture within the centre, where parents and families feel welcomed and happy to come in and share things. The culture is really important, as is understanding what each person's job is.

Q605 Bill Esterson: Elizabeth, to ask you an additional question, how does Home-Start complement the universal and targeted work combination? There are pressures to maintain the universal services that are going on in children's centres.

Elizabeth Young: We work in several different ways with children's centres, depending on the particular local mix. We refer into children's centres; children's centres refer out to us. We provide volunteers for children's centres. We train volunteers. The universal offer is really important for Home-Start's approach and for that of children's centres. If we are targeting only areas of deprivation—and we have looked at this through some postcode work—families with real vulnerabilities because of things like mental health issues, postnatal depression or domestic abuse can fall in little pockets of postcode lottery that put them out of areas of high deprivation, but they have real needs. We would always be looking for a universal offer, but Professor Marmot talks about proportional universalism, where you target within it. Once you have picked up that family, you are then able to customise the support for them and enable them to access the appropriate services. It is a wraparound to the offer that children's centres are providing, and it varies, depending on the locality.

Q606 Bill Esterson: We heard earlier about the patchy nature of partnership working across the country. Neil, what is your assessment of why that is the case?

Neil Couling: In one sense, it is almost the desired outcome, in that I am trying to let people decide locally on the appropriate level of engagement for that particular labour market viewed through the lens of Jobcentre Plus. In some locations, we have advisers embedded in Sure Start centres; in others, we have advisers linked to them and willing to go in and do sessions there. In other locations, we do not have much contact at all. I would like to think that was down to people making explicit choices about how best to deliver labour market services in those localities. That will be the case in a lot of those examples, but there will also be other cases where we are just not working well with people yet.

Q607 Bill Esterson: Elizabeth, what do you think are the reasons for it? Do you agree with Neil or are there other factors?

Elizabeth Young: I do think that having what someone called a patchwork quilt is going to make it very difficult to have a universal evaluation of the offer. From Home-Start's point of view, picking up on what Neil was saying, if there is a Jobcentre Plus based in a children's centre, you do need to have some kind of outreach to enable families to engage with that—not just at the appointment, but being prepared to go to the appointment, having the appropriate paperwork, following up with letters, and all the kinds of things that go with engaging with a specialist service. You need to have that kind of wraparound offer to enable families not only to engage, but to follow through on what it means.

It has to be meeting local needs, as well as in tendering to specify what those services look like. In some cases, it will be that there is a voluntary organisation embedded in the community, but the tender specification is very specific around particular requirements such as age. We can see some tenders going out for nought to 19 now, which means that there is going to be lots of sub-contracting under the first tender engagement. In terms of what you see as a tender partnership arrangement, underlying that there is often quite a lot of sub-contracting going on to be able to fulfil that tender.

Q608 Bill Esterson: Is collocation necessary or is it sufficient for successful partnership working? Tim, you start, as somebody with very obvious experience of that.

Tim Sherriff: From our experience, having a children's centre on the school site has been very beneficial. Clearly, in terms of transition, we are able to work with families from birth. The vast majority of those pupils do enter into the school so, in terms of transition, it has been very helpful. One of the issues originally was about where the children's centre is. It is not some magical place: we have a few rooms, and the school loans out halls and various things. We just work together in an integrated way.

I do think our philosophy of a one-stop shop is good. We did have a nurse on site for a period of time, and that worked beautifully well. Families would come in and they might be bringing their child back to school from the dentist or they might be coming in to see the nurse, and it worked beautifully well. Again, the philosophy is about making access to services easier for parents. In our particular circumstance, then, collocation has worked.

Q609 Bill Esterson: Annie, do you think that collocation is enough or is it just the starting point?

Annie Hudson: I have endless discussions about collocation, because you cannot collocate everybody; otherwise, you have an enormous castle in the sky. It can be beneficial but the critical things for me are about accessibility for children and families, and about visibility. There are going to be some professional groups—and social work is probably one of those—that can be, but do not necessarily need to be, collocated, yet need to be accessible to families

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using children's centres. For me, then, that is about having visibility and presence, rather than being collocated, if you get the distinction.

Elizabeth Young: Some of you visited Pen Green with Margy, and you have seen that Home-Start Corby is collocated. That is one model, and that works really well. Picking up on what Annie was saying, however, it is an awful lot about signposting and enabling people to use the services. It is not where the professionals or services are based, but where the families need to go. It is always about turning it round: not hard-to-reach families, but hard-to-reach services. Services need to change in order to enable families to use them and to be family-welcoming and engaging. You can make it work without collocation, but there are obvious benefits that I am sure you saw when you visited Pen Green.

Q610 Bill Esterson: Presumably, Neil, from your earlier answer, it depends on the local situation.

Neil Couling: Our experience with collocation is that, because the policy framework around us has changed, it is more effective to get people into Jobcentres. What has happened over the last five years is that successive Governments have increased the work-search responsibilities, particularly for lone parents. That is very hard to do from a children's centre, so we have found that we have better outcomes by pulling people into Jobcentres for the ongoing activity, but some of the initial contact works very well in the centres, so that is what we are doing. We are moving away from collocation as an organisation, and that is the direction we will travel in.

Q611 Neil Carmichael: Good morning. This Committee explored governance quite thoroughly in its recent inquiry and report, which has already provoked an interesting debate. Last week, in connection to Sure Start, two things emerged: one was the difference between a governing body and an advisory board; the other was the question of accountability and involvement. I would just like to probe those issues, albeit briefly, because I know we are short of time. My first question is: what sort of involvement do you all have in what we will call, for the sake of argument, the governance of Sure Start organisations? What is your involvement and how does it work? Annie, would you like to start?

Annie Hudson: From a local authority perspective, we are effectively commissioners of children's centres, so it will vary, depending on who is running the children's centre. There is a range of models in Bristol, where I am working at the moment. I know that many children's centres' advisory boards look to have the range of professional and community organisations that reflect the stakeholders. If you get that kind of diversity in your advisory board, that is really going to help drive good, positive partnership working, as we were talking about before. The governing body will vary, because some of our children's centres are also nursery schools, so they will have more of a traditional education governing body; others are run by voluntary organisations and will have a slightly different organisation, so it is a mixed approach, I guess. The important thing is about

having the range of stakeholders represented to help shape the work of a centre.

Neil Couling: Where we are invited to join advisory boards, Jobcentre Plus will join them or attend to give briefings and so forth. That tends to be the level of our engagement in the governance of this as a separate organisation.

Elizabeth Young: Across England, where we have about 250 Home-Starts, 57% sit on management committees of children's centres. A local Home-Start is an independent charity and so is completely rehearsed in the governance of having a trustee board. Those skills, which are quality assured, will go into it with the person sitting on the management committee, so they will be very attuned to the responsibilities of sitting on a management committee and, we think, key partnership work.

Q612 Neil Carmichael: Tim is wondering why I have missed him, but I have a specific question for you, because I have noticed that you have a governing body for your school, but you are also involved in an advisory board, so I thought it would be helpful if you could describe the difference between those two structures.

Tim Sherriff: We have what is called a collaborative leadership committee, which comprises the head teacher and a governor from each of the five schools that we support as a children's centre. In addition, there are parent representatives. There has been an offer, for the last six years, for representatives from health and the police. While they recognised a willingness to try to attend, it just has not worked. For various reasons and pressures, they have not been around the table. It is a group: the head teacher and a governor from each of the schools, and parent representatives. That has directed the work of the children's centre. Within each individual school's governing body meetings, there is a standard agenda item whereby the work of that committee is fed back. It is that group that leads the children's centre.

Q613 Neil Carmichael: We heard last week that, in terms of Sure Start children's centres, the governance structure really lacked teeth—that was the phrase we heard. Is that something that any of you would concur with?

Tim Sherriff: I would say that, within Wigan, CLCs have had mixed success. Ours has worked particularly well. Without referring to Ofsted too many times this morning, the fact that you have to be inspected gives you the teeth to get things done, so I have not come across that.

Q614 Neil Carmichael: If you look at Ofsted's website, or even read any Ofsted reports of recent times, clearly there is an emphasis on leadership and structure, and it would want to see some form of structure that they could easily identify and measure. Do you think the existing structures are going to enable Ofsted to get a proper handle on how things are governed in Sure Starts?

Tim Sherriff: Things have improved. For us, the biggest challenge during our inspection was around data, which you have heard about today. It was

particularly around health data. The overall experience of the inspection, which was very challenging—and probably more challenging than a school inspection, because we were reliant on so many other people coming to the table during that week—does provide the teeth that you were talking about.

Q615 Neil Carmichael: I just want to finish up with a question about advisory boards, because that is what I was principally talking about. Do you think they are sufficiently robust to hold management in check in terms of accountability?

Chair: Or should we be recommending in our report that they should be beefed up and made more like governing bodies, perhaps, and given a stronger role in determining the running of the institution? Any thoughts on that? Annie, you clearly do not want to answer—you are smiling, leaning back and avoiding my eye.

Annie Hudson: It was more that I am not sure I can give a very authoritative answer. What I was thinking, as I was smiling then, was that, in a sense, it is about looking at the outcomes. Governance is clearly important, as is being clear about accountabilities. Local authorities are becoming clearer now about their roles as commissioners of children's centres. That is one of the things that has come out of more pressure on resources. Yes, it could do, but I am not sure that it is the most critical lever for delivering the best outcomes, if I am honest.

Q616 Chair: Anyone else? Neil, any thoughts?

Neil Couling: I really do not know enough about governance to comment.

Tim Sherriff: One of the challenges in terms of leadership and governance is to make it everybody's business. Because I am a children's centre lead, it is naturally my business, but I work with four other head teachers who do see a point to what we are doing, but it is about trying to engage them in the process, because it can be, "Well, it is the children's centre manager's area." The success of a children's centre is not down to me or my team; it is down to everybody's involvement. That overarching view that a governing body or committee has is critical. During the inspection, the inspectors were asking, "Where and who are these people who manage it?" We then arranged a conversation with those people, and it was important that they knew about the work of the children's centre, not just me and my staff.

Elizabeth Young: From our experience, quality assurance and governance is directly related to leadership. We have heard that leadership is absolutely paramount in the successful delivery of child outcomes. While it seems two or three down the causal link or food chain, I would say that governance and leadership are directly related to the outcomes you will achieve for children.

Q617 Neil Carmichael: Could I just ask one more question? That is a very important point. We have been discussing the variance in performance of

children's centres, so you would say that governance is one of the key instruments to keep them on the straight and narrow and doing as well as they possibly can.

Elizabeth Young: Yes, because it is directly related to the characteristics of leadership that are shown in the children's centre. I think it has been universally agreed in this Committee, over the months, that leadership is the magic ingredient to make partnerships work for us and for the families and children.

Chair: That is going to have to be it.

Neil Carmichael: Thanks very much.

Q618 Alex Cunningham: I have much more on information sharing now, if you do not mind. The joint Department for Education-Department of Health report, *Information Sharing in the Foundation Years*, is due soon. What would be your hopes from that particular report in terms of recommendations? Not a lot.

Chair: They are not really health specialists. It is not really their area.

Alex Cunningham: Fair enough. Maybe I should just ask something more specific.

Annie Hudson: To make it straightforward and simple. Quite often, what happens is that people—sometimes individuals and sometimes organisations—tie themselves up in knots around information sharing. Sometimes there is a perception that you cannot share information. Particularly at the social work end of things, where we are more likely to be involved in working with children's centres, it is the most vulnerable families where information sharing is absolutely of the essence and is often critical for a child's safety and well-being. I would hope that it will make it more straightforward and simpler for people to understand what their roles and responsibilities are.

Q619 Alex Cunningham: That probably just recognises that the DfE has said that there are these "lingering barriers" regarding information sharing. In your experience, what are these lingering barriers and how can they be overcome?

Elizabeth Young: In our experience, three or four years ago, perhaps because we had, in all our training in the past, focused so strongly on confidentiality and the need to know, we almost had to re-engage with that concept and say, "Within a context, what does that mean?" The way that we would do it is with case studies and hypothetical situations, so that people can practise what it means in a safe training environment and then feel confident to go to Team Around the Child or a safeguarding or child protection meeting. From our perspective, that has moved quite a lot, but what I was saying earlier is that we then have aggregate data that is going to be so key for outcome frameworks, but what we do not have quite sorted yet is the attribution associated with that. A different set of information sharing might be a new challenge.

Q620 Alex Cunningham: Are people still worried about sharing information? I know that there are some perceived professional barriers; for example, school nurses think that they have to protect confidentiality

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because of their registration. Are these real barriers or are they just a perception?

Neil Couling: Can I answer? The loss of the child benefit data in 2008 is still working its way through the systems and attitudes within Government, because there was, understandably, a very risk-averse kind of response to that—a battering down of the hatches. Public servants, individually, know that some very serious consequences could fall upon them personally if they get some of this wrong, and rightly so, in terms of the protection of people's data. There needs to be a mature debate about this and about how we take forward the responsibility to protect people's data and the growing need to work together. The one thing that austerity is forcing public organisations to do is to work more effectively together, and one of the impediments to that is data sharing.

It came up on Monday and Tuesday, and now it has come up on Wednesday, and there are still two days of the week to go. This nettle does need to be grasped, but it is not the sort of thing that a recommendation from a Select Committee is going to solve magically. This is right across the public sector, and we need a serious response to the responsibility to protect people's information and we need to be sharing information to work effectively together.

Q621 Alex Cunningham: We will do our best to keep Thursday and Friday going as well. Tim, have you succeeded in overcoming some of the barriers that you have experienced to accessing information from health partners, such as live birth data?

Tim Sherriff: Yes, that has definitely improved since the time of our inspection. We now get the pink slip six weeks after the birth, so that has definitely improved. One of the areas we have less access is represented by my colleague here on the right, in terms of worklessness. That is one of the challenges that we have to provide evidence for, and information around that is quite difficult to obtain. The two-year-old assessment has been a critical step forward. The live birth data was critical. From a school and an authority's perspective, some consistency would be good.

Without sounding Ofsted-obsessed, because the criteria are there across all schools and children's centres, you are tarred with that same brush if your locality does things in a different way. We found ourselves, during inspection, in deep conversations around health data. We were asked for breastfeeding data that we did not have access to; we were asked for smoking cessation information that we did not have access to. It was not our fault, but we just did not have access to it. Those things have, however, improved.

Q622 Alex Cunningham: From your experience of what you have achieved in improvement and what you would like, what recommendations should we be making to the Government for policy?

Tim Sherriff: The key one would be around worklessness.

Alex Cunningham: A very specific thing for that sharing of data.

Tim Sherriff: Yes.

Q623 Alex Cunningham: The NSPCC has argued that local data on major risk factors such as domestic violence, drugs misuse and mental health should be collated and shared with children's centres. Do you agree with that as well?

Tim Sherriff: Yes, and we do not get that either. We find out by circumstance if there is a history of domestic violence or drug and alcohol abuse.

Annie Hudson: It is about how and when you share information that is really important. With domestic violence, clearly it is very important, if there are referrals about domestic violence and about a family that is involved in a children's centre, that that children's centre knows that. Often, with these very vulnerable families, it is about putting lots of bits of information together to form an assessment about the kind of risk and vulnerability. There are different ways of sharing that information, and that is where we come back to the effectiveness of partnership working, trust, respect for one another, and having continuous conversations. This means that people will feel more comfortable sharing information like that, which is going to be difficult and sensitive, and you need to be always thinking about who needs this information.

I do not think those principles go out of the window. In my experience, in some organisations and agencies, and particularly those that focus on working with adults, there have been issues in adult mental health services and their ability—and reluctance, sometimes—to share information about adults, and their vulnerability around mental health and drugs misuse and so on, with children's services, including children's centres. For me, that would be more of the priority from where I sit in the social care context.

Q624 Alex Cunningham: It is interesting that you should say that, because the next question was about how professionals can balance the well-being and safeguarding of a child with the need to protect the vulnerable adult when sharing information. Do you have a view, Elizabeth?

Elizabeth Young: We have recently seen an increase in our referrals from agencies explicitly mentioning domestic abuse—up to 13% of families referred to Home-Start. That is interesting because we had always thought that Home-Start picked up on domestic abuse as that trusting relationship had developed with the volunteer, and it was like a staged disclosure once they felt safe enough to disclose. Now, we are seeing very clear referrals from agencies explicitly mentioning domestic abuse, and I completely endorse what Annie was saying about it being local respect and trust by professionals that would have that communication, and that is why we are seeing that increased referral.

Q625 Alex Cunningham: Going back to the recommendation thing, both the Chair and I are probably quite infatuated with the idea of getting people to make recommendations. Are central Government guidelines on information sharing clear enough? Would further guidance help? Is it about how the information should be shared?

Annie Hudson: Sometimes information protocols do tie themselves up in knots, so front-line practitioners,

for want of a better word, are not necessarily going to know or be able to recite perfectly what the local information protocols say. What they need to have are some very clear guidelines about the core principles, so the more that central Government can do to make those core principles very transparent and very unambiguous, the better.

Q626 Alex Cunningham: What does that protocol look like?

Annie Hudson: From a children's perspective, being child-focused and always prioritising children's needs is a paramount principle. Going back to the reference to some of the adult mental health services—I am not saying that it is always like this—they sometimes lose the child in their work with individuals. We know, from serious case reviews, that a slightly myopic perspective on a family's situation does not help the children. Something that puts that as an absolutely paramount principle would be really helpful.

Q627 Bill Esterson: Do you have a way of making that happen? There is a question for me about who decides what putting the child first is. Sometimes, there is more than one way of looking at it, including whether, by looking after the adult, that looks after the child in the long term. Is there a way of stating that in a recommendation?

Annie Hudson: Getting back to “every situation is different”, which is a bit of a truism, that is where it gets back to people working with families and being clear and honest about what the perceptions of issues and concerns are. You can then make the best judgments. I do not think that there are any cardinal rules, but that, for me, has to be a paramount principle when you are talking about how and when you share information.

Q628 Chair: Neil, there is Tim, not only running a school but running a children's centre, and he has his core purpose in front of him, set by Government, as to what he is trying to do with the children's centre, and you will not let him see who is workless. How the heck is he supposed to fulfil his core purpose if he cannot get the most basic information out of anyone?

Neil Couling: That is a bit outside where I sit. I was going to answer Mr Cunningham's question. What would help with Tim's problem was if we could make a national agreement on data sharing with children's centres. We do not have one at the moment. Picking up on Annie's point, that would then allow my advisers to know what is and is not safe to disclose.

Q629 Chair: Is that a specific bilateral agreement?

Neil Couling: Yes. At the moment, all we can share is what has the consent of the individual concerned. If they provide written consent, we can tell Tim what the worklessness status of that family unit is, but we do not have a national agreement in place. If you are in the market for recommendations, that is one that you could lay on us—to work through the various processes to put it in place. That would help. I said in

one of my earlier answers that I would quite like some local flexibility, because all the local labour markets are different. On something like data sharing, however, my experience is that you need a common core of what you can and cannot do. On the back of that, they prompt a dialogue around whether, if there is more that Tim needs, that could be provided.

Q630 Pat Glass: Neil, you said earlier that austerity is forcing agencies to work together better. What does a Jobcentre offer look like in a children's centre? How many are there and where are they?

Neil Couling: We currently have relationships with about 471 centres, and we have 123 advisers either collocated there—although, as I said, we tend to be pulling out of collocation at the moment—or visiting and providing help there. I can probably save your time by not reading out the pages of stuff that we have on the things that we do; I can send you a note on that. In essence, what we tend to do now is to do some of the initial engagement in the centres and then pull people into Jobcentres for ongoing activity, in the way that policy is leading us now. There are some good reasons for that, such as the fact that, often, people have language barriers and we can provide translation services in the Jobcentres much more easily than providing them in the Sure Start centres. We are, then, doing quite a lot. I will let the Committee have a note on that, if you would like, just in terms of what the offer is.

Q631 Pat Glass: Given the Chancellor's announcement last week or the week before about lone parents of children aged three and four being required to look for work, are you stepping that up in children's centres?

Neil Couling: The Sure Start centres are, again, a good place to do that initial engagement and warn people that this is coming. We are implementing this from January 2014, so you will see, as the autumn gets going, that we will be in centres explaining what is happening and what the expectation of individuals will be. It will not be the only way we contact those claimants, but it will be a good way of doing that.

Q632 Pat Glass: We have heard this morning about the possibility of registering births at children's centres, Jobcentre Plus offers and adult learning, but these are children's centres, and we have heard previously that very few now offer child care. Tim, are we losing the focus of all of this?

Tim Sherriff: With adult learning, you might be. That might be a step too far. I appreciate it is critical, but it is not the No. 1 priority of the majority of the families that we are working with. Their No. 1 priority is trying to do the best for their child. A lot of our families are vulnerable and have lots of perhaps more pressing priorities than adult learning. That is a big challenge, and I do not know if that is achievable, given everything else that we have to deal with. I read that it has an increased emphasis in the new framework. I did not mention the word “Ofsted”—now I have done.

Chair: It is like a nervous twitch.

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Tim Sherriff: It is, but it is a concern. Its priority has been that the bar has been raised in terms of adult learning, so that is something that I am concerned about.

Pat Glass: So in children's centres, we are losing the focus on children.

Q633 Mr Ward: Tim, do you have a named social worker attached to your centre?

Tim Sherriff: We do not, but we think it would be a really good idea.

Q634 Mr Ward: The statutory guidance sets an expectation that there should be a named one. Is that something you all think is good?

Tim Sherriff: It would be a good idea, definitely.

Q635 Mr Ward: Is it feasible to have a placed social worker within the centres?

Annie Hudson: In Bristol, we have an early help social worker, who, as I said earlier, does not have a case load and is attached to children's centres and schools in a particular locality, and so can develop those inter-professional relationships and offer information, advice and guidance. The feedback about that from children's centres and schools has been extraordinarily positive in terms of the quality of the work that everybody can do with the most vulnerable families. It is a two-way street: it enables the children's centres to have access to people who are experts in safeguarding, and they can chew over concerns rather than making a referral. We are reflecting on that. They can sometimes do very short, one-off pieces of work with a family who are perhaps anxious about something and help them signpost. The children's centres' feedback about that role has been that it really does add an enormous amount of value. From the social care and social work side of things, it means that they have really good relationships with the centres, which are working in an everyday way with very vulnerable families, including those where there are child protection plans, as well as with vulnerable families in general. It has worked really well.

Regarding the concept of the named social worker, there are probably different models and, over time—and this may be something that the College of Social Work will be interested in—it may be worth looking at what models add the most value. You could just have a named social worker and it is just somebody in a duty team who does not have a particular relationship with a children's centre. As I said, it is about the quality of the relationships that really gives added capacity to the work of children's centres.

Q636 Mr Ward: There are 3,000 across the country, so presumably it would be within the social work profession, and there would be the development of social workers with those special skills.

Annie Hudson: That is right. What you are potentially going to see is people who develop particularly some of the skills of working with very young families or with children from a very early age, and who have some of the skills of working not only in child

development but with other professionals who are similarly focused and specialist in those areas.

Q637 Mr Ward: Tim, have you come across families who are formally within the troubled families programme?

Tim Sherriff: Yes. One of the big challenges for the staff at the centre is knowing when to let go. We have a limited number of staff and they often get involved with families. They move through the thresholds or may be at level 3, and it is knowing when to let go and to pass on. To have a social worker there who you could refer to would be very helpful. Occasionally, staff have become involved in things that maybe they should not have done, but they have been very attached to those particular families and children. We have had to say, "Your job stops there and that needs to move on," so having somebody like that would be very helpful.

Q638 Alex Cunningham: What objectives and outcome measures do you share with children's centres? Would you welcome a national outcomes framework for children's centres? Should we go local? Should it be locally determined or should there be a national framework?

Elizabeth Young: We would value a national framework, as long as the outcome measure was appropriate to this very mixed offer. I was saying that we would welcome an outcomes framework, but because we have heard what a mixed bag a children's centre is now, we have to be really clear about what the main outcome measure should be for the children. That is particularly complicated when you have lots of different specialists going in.

Q639 Alex Cunningham: Should there be some sort of minimum standards or outcomes?

Elizabeth Young: We should be working towards that, definitely. From Home-Start's point of view, we have been looking at a more generic outcome measure, which is around resilience and coping. If you have families coming in with all kinds of different needs, at different stages, and if the children's centres are going to expand offers and age range too, you have to look at what is common to all the families that you are supporting if you want a generic outcomes framework. From our point of view, we would always be looking to put the families in a better position to be more resilient to whatever is coming along, because they will all have very different needs. We would welcome that approach.

Annie Hudson: They should be carefully constructed. We have had lots of performance indicators in local authorities and schools etc., many of which are process indicators and measures. They tell you only a very partial bit of the story. It is a very difficult area, because what you are trying to measure here is the long-term impact and value added of children's centres' intervention, but I do think we probably need some sort of national framework, because it will make us better able to evaluate and look at what the good practice and less good practice is across the country.

Q640 Alex Cunningham: Tim, when I have talked to secondary head teachers in recent years, they have told me that the child coming in to a secondary school is better equipped than ever they were before, but I just wonder whether, as a primary head teacher, you are seeing children arriving at your school better prepared when there are children's centres and nursery education for three and four-year-olds. What is your experience of what else happens around the world that you move in?

Tim Sherriff: I would say children are more prepared. As a very simple example, we had an open evening for pre-school parents. This was a meeting for parents, and the idea was for them not to bring children. However, at this particular meeting, there was a parent with a child, and the child just ran amok. She could not keep still the whole time. One of my children's centre staff said, "Do not worry. We know all about this family." They did, and that girl is now fully integrated. Had we not known about this child in advance of her coming to pre-school, the outcome would have been different. It is about transition, and knowing about the family and the children before they arrive at pre-school has to be a good thing.

Q641 Alex Cunningham: Across the piece, in your experience within your local authority area or even wider than that, are the children coming in better equipped?

Tim Sherriff: Within Wigan, we have an early years outcomes framework, which has been very helpful. One of the key things that the children's centre has done is that we work with five primary schools around reception and when we do projects from the children's centre, and it all strengthens our knowledge of pupils and what their particular needs are. More information, to us, has to be a good thing. It is about smooth transition from one phase to the other. Hopefully, they are seeing the benefits of that at high schools as they move from us across into secondary. More information has to be a good thing.

Q642 Alex Cunningham: Let us turn that on its head and ask how children's centres contribute to school readiness and how they should demonstrate that, especially those centres that do not provide onsite early education and child care. If they do not have education, are the children school-ready?

Elizabeth Young: We have just embarked on a Department for Education grant to look at school readiness. From Home-Start's point of view, this work will involve partnership work with children's centres. It will be very much engaged, but not so much on numeracy and literacy, although we think that they are very important. It will be very much around being in a position for the family to engage with an educational institution: morning routines, bedtime routines, reading routines, finances for all the additional costs of going to school, and having the confidence to engage with an educational organisation, whether nursery or primary school. It is that kind of package that we will be working on with children's centres in nine areas, and we think that it is a really practical approach, as well as encouraging play in order to have home learning.

That would follow through to the child care offer that is happening, going down to two-year-olds. Some of the feedback from our network is that, because that is focused on the 40% of deprived families, you need the wraparound as well. You need to do that work with the parents, too, and a strong message came back from our network about that offer. We would like to see more complementary work to reinforce the home learning environment; otherwise, it could be just a place for the child.

Q643 Alex Cunningham: That moves on, very nicely, to my final question about accountability. The NSPCC has suggested that children's centres should be held accountable for outcomes other than school readiness. I just wondered what other outcomes should be used to measure the impact of centres' work.

Annie Hudson: There is something about the contribution of children's centres around children's emotional resilience. All the evidence we have about brain development and emotional and social development is that those early years are so critical not only for education, but in terms of developing emotional resilience. Particularly for children from very vulnerable families and communities, that is so important, as is the really wonderful work that children's centres do around engaging parents. You were referring to secondary schools. I often think that secondary schools, for example, could learn a lot from what children's centres do in terms of how you engage parents. The engagement of parents in their children's development, including their learning and education, and emotional resilience, are two really important contributors to children's lives that children's centres make when they work really well.

Q644 Alex Cunningham: Just as an aside, do you think secondary schools should be involved in the children's centres?

Annie Hudson: Yes.

Q645 Alex Cunningham: They could bring value but also gain value.

Annie Hudson: They also have to be realistic. Some secondary schools, and schools working in a particular community or neighbourhood, will work together. That does happen, and it happens particularly, probably, in more deprived communities. I suppose it was just a comment that parents often find it quite difficult to feel engaged with secondary schools—and particularly those parents who have had a negative experience of education. One of the things that children's centres, when they work well, have done brilliantly and really imaginatively is really to engage people who find learning and education very difficult, and they bring them in.

Alex Cunningham: We can leave it there, I think. We have to move on.

Chair: Can I thank you all very much indeed for giving evidence to us this morning? Please write to us with any thoughts and reflections following today and maybe, Neil—you may just knock it off 10 minutes

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later on this afternoon—a protocol for the DWP. With your deep understanding, you will be able to write down a quick paragraph on something that bypasses all the problems, reassures all the elements and gets the information that Tim needs to support workless households.

Anyway, thank you very much. Please do write to us and bear in mind that we make recommendations to the Government. If you have any things that you think we should have in our report, please let us know. Thank you very much.

Wednesday 4 September 2013

Members present:

Mr Graham Stuart (Chair)

Neil Carmichael
Alex Cunningham
Pat Glass
Siobhain McDonagh

Ian Mearns
Mr David Ward
Craig Whittaker

Examination of Witnesses

Witnesses: **Professor Cathy Nutbrown**, Professor of Education, University of Sheffield, **Ben Thomas**, National Officer, UNISON Education and Children's Services, **Sue Egersdorff**, Independent Leadership Consultant and **Brian Tytherleigh**, Director of Operations, National College of Teaching and Leadership, Department for Education, gave evidence.

Q646 Chair: Good morning and welcome to this session of the Education Committee looking into Sure Start children's centres. We are grateful to you all for appearing today. We tend to be quite informal and use first names; I hope you are all comfortable with that, including you, Professor. Excellent. That is great. We have two panels today. The material we have to cover is gigantic, so I apologise in advance. Please make your answers as succinct as you can and the Committee will try to break the habit of a lifetime and be reasonably brief as well. Thank you.

Can I start with you, Cathy, if I may? The Government has dropped its changes to childcare ratios. It is also doing consultation on standards for early years teachers and the criteria for early years educators. Do you feel that the Government has listened to your proposals and are you broadly happy with the direction of travel now?

Professor Nutbrown: I cannot say that I am broadly happy. My recommendation was for teachers qualified at the same level, to the same degree and rigour as teachers who work with children who are over five. That is not the case, so we are now going to have two kinds of teachers: teachers who are qualified to teach in schools and teachers who are not, in that sense. I worry about their conditions of service. I worry about their pay. I worry about their promotion prospects. I put forward that early years teachers would have QTS, would probably have a PGCE and that they would be trained to work with children from birth to seven. Birth to seven is important because children will go into the Key Stage 1 through the Foundation Stage and anybody who teaches children under five certainly needs to know what is going to happen in the next two years. That has been rejected and the present criterion for EYTs is from birth to five, although the criteria for early years educators is birth to seven; the argument there being that you have to know something about the children as they become a bit older. I do not know why the argument does not apply to both groups of professionals.

Q647 Chair: Can you see any reason for it or would you append any other descriptor to that contradiction?

Professor Nutbrown: If we have an education system, as we do in this country, that runs from birth to 18, then there is an argument that children should have the same calibre of staff. Certainly, some of them

should be qualified teachers. I would see teachers as part of a multi-qualified team, people with different kinds of qualifications, as I put forward in my review. I do not see any logic for some people being trained to teach from birth to seven and some people being trained to teach from birth to five.

Q648 Craig Whittaker: Do we know why the Government did not accept your proposals?

Professor Nutbrown: I don't know why.

Q649 Chair: Do you think the split that is proposed by the Government, the lack of QTS, is going to further undermine the status of the early years workforce?

Professor Nutbrown: Yes. One of the things I was asked to do was to think about the status of the workforce as a whole. It is important to remember, and it was my premise when I started the review, that the only reason we have these conversations about workforce and qualifications is that we want to get it right for all our children. Once we agree on what it is that we want our children to have, then we can agree on what it is we need to equip those professionals to do. The important thing is to make sure that the people who work with those young children are really able to build those foundations. There are lots and lots of early intervention programmes. If we have really well qualified, knowledgeable people who understand young children, they will be well equipped to put in place additional programmes of support for those children who are most vulnerable who might need it.

Q650 Chair: These are not words you have used, Cathy, but my summary of what you have said is that the proposals we have are incoherent and that, with a lack of QTS, we are going to further weaken, or at least not strengthen, the status of the early years workforce when we wanted to do precisely the opposite. It does not sound a very good situation, Brian.

Brian Tytherleigh: I think the situation is improving greatly. If we look back over time, in particular starting in 2006, 2007 and the introduction of EYPS and graduate leadership into early years settings, we have made tremendous progress: 12,000 graduates working already. The provision of early years teachers is a continuation of that trend. The Government

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listened very carefully to Cathy Nutbrown and her report and have implemented a great deal of it; in particular, in terms of the issue of status and the recognition that these people are teachers.

Q651 Chair: Why not with QTS then?

Brian Tytherleigh: The QTS is irrelevant. QTS is a proxy for discussing pay. The vast majority of these people work in the private, voluntary, independent sector and QTS does not mean anything in terms of employment in those settings.

Q652 Chair: When you say “a proxy for pay”, what do you mean?

Brian Tytherleigh: The issue that we are talking about when we are talking about status here is about pay and conditions. In fact, what we really want is our early years teachers and leaders to be paid appropriately for that work, and I think we all recognise they are not.

Q653 Chair: If they were QTS, that would somehow—

Brian Tytherleigh: If they were QTS, it would not make any difference at all except in maintained settings, which are very, very few. The vast majority of provision is in private, voluntary and independent provision. It is just like independent schools. QTS does not mean anything in independent schools and free schools; it does not determine the level of pay.

Sue Egersdorff: This is really interesting and I would like to take it from a slightly different angle and say not what do we have, but what do we know young children need, what do we know young children need to do very well and what do we need them to have to do very well so that later on in school they achieve highly as well? What we know for sure is that a strong foundation is the means, so the issue at the moment is around the elephant in the room, which is terms and conditions. Take away all the labels—QTS, Early Years Teacher, whatever—and let’s talk about what we need. What we need are well respected, professional individuals who have a vocation and an understanding of early childhood development and understand how important it is to get that right for children to achieve later on in life. Therefore, what do we need to provide them with in terms of professional status, pay, terms and title? If we keep talking about what we have, rather than what we need for children, perhaps that might be—

Q654 Chair: Since that was Cathy’s job and she was asked to look at precisely those questions, she came up with an answer and she has just said a lot of it was rejected, she thinks wrongly.

Sue Egersdorff: Cathy was very clear in terms of what young children need and that is very helpful, and everything that was in that review still stands.

Ben Thomas: In terms of the remit that Cathy was given, terms and conditions of the early years workforce were specifically excluded from the remit of that review. Obviously it is an issue, and we have talked about early years teachers, but it is not just an issue for the early years teachers; pay and conditions is an issue for the entire early years workforce. We

have a situation where the minimum wage is seen as the average starting salary for staff in the early years sector. It is not surprising, when we look at the status of workers, that the principal measure of status and how they are valued is pay, and pay in the early years is very low. It is a low paying profession. If we look at the average pay of early years professionals, particularly in the private and voluntary sector, £9 an hour seems to be the average wage. If you look at the average wage for a range of professional occupations, for teachers it is around £30 an hour, so we have a vast differential. The average for any graduate profession is around £25 an hour, so we have a vast differential between the pay that we are paying early years professionals as a graduate profession and others. If we are going to link and see them as equivalent, we need to have equivalent pay for that group of workers.

Q655 Mr Ward: We have covered a lot of this already, but in terms of this issue of status, how people are viewed by others and how they believe they are viewed by others, is this going to do anything at all to attract additional people into these settings because of the changes that are proposed? Will it make people believe that they are valued more and perceived as being of higher value? You talked about two tiers and parity and so on, so you are obviously not sure that that is the case.

Professor Nutbrown: I am very clear that two tiers of teachers is not right for children, teachers or families. It is very confusing. If you are a parent talking to somebody who is called a teacher, how would you know what kind of teacher that was? How would you know what lay behind it? QTS is much more than pay. It indicates that you have had at least a year as a newly qualified teacher, supported by other people. It indicates other things that you have done that lay behind that status. I am not into qualifications for qualifications’ sake. Qualifications stand for what people know and have done and can do. The important thing here is that children get what they need. One of the things I put forward in my review, which I think is on page 47 or 48, something like that, was a way in which young apprentices and trainees could come in unqualified and do a supported initial qualification; that they could work their way up to become a qualified teacher, in the sense of how I understood qualified teachers when I was conducting my review; and that they would then have career progression. They would be in positions of leadership. They could get promotion, they could be head teachers or they could support people in local authorities. What I was putting forward was a career structure that would open doors for young apprentices, for women who were coming back into work who formerly had no other qualifications; a way of expanding the workforce in a way that met children’s needs, but at the same time met the needs of people in the wider community who wanted to come into employment, who wanted to work with young children, which reflected the diversity of those communities.

Q656 Ian Mearns: What you have said diverges from what Brian was saying about quality in terms of the Qualified Teacher Status. I suppose an important question behind that is how many people who try to go through the process fail to gain Qualified Teacher Status? You were saying that some people pass and some people fail and therefore there is an element there of a qualitative assessment of who is capable of doing the job and who is not.

Professor Nutbrown: I do not know the answer to that.

Q657 Mr Ward: There has been a suggestion by the IPPR about the creation of a royal college for practitioners. Do you see a merit in that?

Professor Nutbrown: I do see some merit in that. I think it would do a lot to bring together a profession that is made up of different kinds of professionals. I did consider it when I was doing my review, along with possibilities of licensing, but at that point, I did not put that forward because there were other more important things that I wanted to propose to Government. But if a royal college of early education or early childhood professionals was proposed, then I would support that, if it meant that entry to or membership of that college was clearly set out so that people had a clear status. That on its own would not be enough. It would have to go alongside other things.

Q658 Mr Ward: There is a proposed college of teaching. Is it not just making this gulf wider to have two separate things? Could it not be part of the college of teaching?

Brian Tytherleigh: Our position here is that we welcome anything that contributes to collaboration between professionals, to developing and strengthening the professionals and our job at NCTL is to support professionals doing that. A professional college is something that we would support, but it would be something that we would want to see emerging from the profession and not being necessarily led by a Government body. Importantly, your point about creating two separate bodies does seem to me to create division rather than build across it.

Ben Thomas: Obviously, if you are going to create a professional college, you have various expectations: that you are treated like a professional; that you have an expectation of the salary that goes with being a professional; you have a right to ongoing continuing professional development; you have a registration, there is a cost and you want to get something for that cost. If you are paying people the minimum wage, paying the registration for a professional college and being regulated is a cost. You expect something in return for being part of a profession and the principal thing that you expect from that return is to be paid like a professional. You have to create that environment before you can have a professional college.

Q659 Chair: It is a perfectly reasonable point that, if you are being paid a minimum wage and you have your union dues in order to get certain things, how on earth are you going to find the money to pay to be

part of some college as well when you do not have the money to do that? Any system in which someone else pays your membership is not really a proper, independent college. Is that not true, Brian?

Brian Tytherleigh: I was imagining that people were members of this college in order to develop their professional abilities and skills and to share and develop together. I do not see it as necessarily a membership organisation that has benefits just from being a member. It is about contributing and sharing together and working together in a professional way, being a professional rather than just being a member of a professional body.

Q660 Chair: The two are compatible. The trouble is if you do not have the money, you cannot pay it and you have to get value for money. People only join anything because they think it offers some value to them, part of which is improving their professional standards. Sue, did you want to come in?

Sue Egersdorff: Yes, I did. We need to be cautious about joining an early years college with a royal college of teaching. One of the strengths of early years is the multi-agency aspect and knowledge that people have and bring to child development, which includes health colleagues, social care colleagues and many other colleagues. It would be incredibly supportive and make a strong statement to have a royal college of early years or something similar that enabled all of those multi-agency professionals to join in. One of the challenges we have had in our work in the last few years is making sure that every professional feels valued, not just the teachers or the educationists. There are health visitors, midwives and all the rest who contribute hugely to early years, and that is a huge strength that we would not want to lose.

Q661 Chair: Nonetheless, from the evidence we have heard, there is a centrality to the role of the teacher, not least in having the expertise, the professional status, the self-confidence to be able to work with other agencies and bring them all together. The teacher does seem to be, if you like, the key to effective early years education and care, does it not?

Sue Egersdorff: A teacher is important, but it is a very inclusive community in terms of understanding child development and that should be respected.

Q662 Pat Glass: Can I ask about children's centres leadership, because this Committee has heard a lot about how crucial that is? Is the Government doing sufficient to secure a future pipeline of properly skilled children's centres leaders? Are they doing enough and is there more that they could do?

Brian Tytherleigh: As I am sure you are aware, the qualification that has been available for a number of years is a highly valued, high status qualification and that is continuing. We have very good uptake on those courses and that is continuing this year; it is available from September and is full. That course is under review because the situation is changing on the ground. We are waiting for a steer from policy colleagues to develop that review and the terms of that review and see where we go next, but there is clearly more to be done.

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Ben Thomas: We have been very supportive of the NPQICL, but where we would see the problem is that, since the demise of the CWDC, we have seen a loss of the idea of an integrated qualification, a common core of skills across professions so that professionals are learning together alongside each other. That has been lost and we are not going to get people from a variety of backgrounds in leadership roles because it is going to be predominantly education-focused. We are not having people from a social care or health background coming into those leadership roles in children's centres to the same degree, because we have lost the focus on multidisciplinary training and integrated qualifications

Q663 Pat Glass: Should the NPQICL be mandatory for centre leaders?

Ben Thomas: We would support that, yes.

Brian Tytherleigh: That is not the policy of the Government. You would have to ask the Minister.

Sue Egersdorff: We need to be careful about talking about children's centres as though they are all the same thing. They used to be. When the Government had a core offer of services, we could broadly say children's centres across the country worked to a prescribed model. Since that has been transferred to local determination, to local authorities, we are beginning to see a whole range of children's centres. Some are social care models, some still have education in them, some do not, some are health models. Therefore, I think we need to be cautious about talking about children's centres per se.

The NPQICL was established at a time when there was a core offer and it served leaders well in terms of preparing them in their leadership and management roles to deliver that core offer and beyond. Now there is a need to look more broadly at leadership of early years, not necessarily children's centres but early years across the board. We have talked a lot about entry level qualifications and very little about how we keep people in the profession. If we are to recruit high calibre people who want and see themselves as leaders, then we need to offer them some progression. At the moment, there is no progressive qualification they can take that would be equivalent to, say, NPQH or would have the same standing and respect out there in the system. NPQICL was established initially to be equivalent to NPQH, but it was never seen as such locally and, therefore, there may be a need to think about early years leadership more broadly and think about a broader qualification that would attract people in.

Q664 Pat Glass: But to be fair, if you want to be a teacher there is a standard qualification; we all recognise it. You might say we need to move right away from it, but in the real world there is a standard qualification and we all know what it is. What is the point of having this qualification if it is not going to be mandatory? The sector is dogged with lack of status, etc. Surely, this is one way of saying we will pull this together and make some sense.

Sue Egersdorff: It would be helpful to be mandatory, but that is not the way Government thinking is currently going in terms of qualifications.

Q665 Pat Glass: Right. In terms of the course, do you have people who have direct and recent experience of children's centres delivering the course?

Sue Egersdorff: That is probably a question for Brian, who is delivering it.

Pat Glass: Sorry, you are no longer doing so.

Sue Egersdorff: I am no longer, no.

Brian Tytherleigh: But I suspect Sue probably has a better knowledge than I do, because of course we do not deliver it; we commission the delivery of the course. I am afraid I cannot give you that information.

Q666 Pat Glass: You said earlier that the course was full.

Brian Tytherleigh: It is basically full, yes.

Q667 Pat Glass: Can you tell me what that means, how many?

Brian Tytherleigh: Three hundred.

Q668 Pat Glass: How many are due to attend in 2013/14?

Brian Tytherleigh: That is the 300.

Q669 Pat Glass: What about post-2014?

Brian Tytherleigh: There are no plans at the moment. It is not confirmed whether that course will continue. As I say, we are beginning a review, basically, to look at that provision.

Q670 Pat Glass: So you have 300 people taking a course that may not continue in the future.

Brian Tytherleigh: Well, they will complete that course. The funding is there for them to—

Q671 Pat Glass: Yes, but will it be of any value if the course then disappears?

Brian Tytherleigh: Things have to continue, do they not? We do not just stop something until we decide on what to do next. It is a very highly valued course. People want it and that is why they are still applying for it. Anything that we might do going forward would, presumably, build on that but it would not devalue that qualification.

I would also like to say, in terms of leadership, what we know from centre leaders is that they want to develop their leadership skills and courses are not the only way of doing that. It is part of a learning experience, isn't it? Certainly, having just gone through a fairly long merger myself, I know, as a leader of that organisation, what I rely on most is other people's experience and high quality mentoring and senior management above me to give me the inspiration and leadership that I need to lead others. We need to be looking more broadly in terms of leadership and leadership development.

Q672 Pat Glass: Okay. You say the course is not the only way of delivering leadership and I agree. Can you tell me what the National College is doing to develop leadership networks in the same way as they have done with schools?

Brian Tytherleigh: We are doing a number of things. Certainly, the leadership groups that have now formed as part of the NPQICL qualification are very, very

popular. These leadership groups form and work together and we see them lasting way beyond the duration of the course. We are getting that professional leadership group that we talked about before. We have membership forums and we know our centre leaders who come through the course as members of the College continue to use those forums and work together and develop together. We also have a number of other funded initiatives on early language development, portage and other things, which basically are led by other stakeholder groups and engage with centre leaders as well and bring them together. All along that is delivering the second plank of the NCTL's mission, which is about building professional leadership at the ground level for people to take forward their development.

Q673 Pat Glass: Can I just clarify, did you say "portage"?

Brian Tytherleigh: Yes.

Q674 Chair: How many marks out of 10 would you give yourself on this networking, collaboration, leadership front? It is easy to rattle off the various initiatives you are doing, but how well are you doing, do you think?

Brian Tytherleigh: I do not think I am in a position to answer that, Graham, at the moment. The NCTL has been going now for three days as a working institution and, having just taken up that post, I would like a little bit more time to think about that.

Q675 Chair: Sue, how many marks out of 10 would you give it?

Sue Egersdorff: That is a very difficult question. It is a new organisation delivering a new set of requirements. What I would say is we did have a national children's centre network that is no longer in existence. The College is doing things in a different way and I am sure they will be very successful with those, but it is early days.

Q676 Pat Glass: Just one final question: I know it is early days but what have you taken from Ofsted's report on leadership and how are you going to apply it?

Brian Tytherleigh: I am not sure I can answer that question, I am sorry. I do not have any information.

Pat Glass: Right, okay.

Sue Egersdorff: I think that is a very, very critical report and makes a strong case from Ofsted that one of the ways of raising standards in early years is to support leaders more. What we know in terms of recruitment, retention, progression, accountability, quality is that we need a strong thread of leadership. We need to be able to recruit strong people at the beginning and train them well to be future leaders, and that is something that we need to pay a little bit of attention to. So the Ofsted report was very valuable for us in giving us a working start to think about some of those issues.

Q677 Chair: That tells us we would like to have really high quality people coming in to leadership

roles within early years—well, no surprise, Sherlock. The question is how do you do it?

Sue Egersdorff: We have already debated that. We need to look seriously at terms and conditions and at career progression, because at the moment we—

Q678 Chair: Terms and conditions would be top of your list. The terms and conditions make it extremely difficult to attract high calibre people in other than the most idealistic or peculiarly motivated people in this sector.

Sue Egersdorff: A really good example is Teach First, which is a great way of getting high calibre graduates into a profession and we have a pilot for early years Teach First and that is fine. That is all about recruiting them. I am talking about keeping them and making sure that they can see, on their horizons, where they personally are going. At the moment, in terms of early years, it is very difficult to talk to a high calibre graduate about where they may be and how we could stop them being snaffled off into primary leadership or even academy nought to 18 leadership or whatever. That is great, but we need to retain some of them to be strong advocates and ambassadors for early years.

Q679 Siobhain McDonagh: What would be the appropriate minimum level qualification for staff in children's centres and in nursery schools? That is, in education and care settings. In an ideal scenario, should all staff be graduates in early years?

Sue Egersdorff: Take the example of our outstanding nursery school system here. When we look nationally at nursery schools across the country, the majority are outstanding. What we know there is that strong graduate leadership and pedagogy supports that. I can only talk from the evidence that is in front of us and that evidence has been strong, and strong for many years.

Professor Nutbrown: Fortunately, we do not have to have a long discussion about ratios, but in terms of counting the ratios, I think a Level 3 has to be the minimum. I do worry about calling that "early years educator" because you have to decide whether that term has capital letters or not in order to decide whether you are it or not. A good Level 3 that is more than a competency-based qualification plus teachers, in the sense that I think we know them—returning to Pat's point that we all know what a teacher is: the day is fast coming when we do not all know what a teacher is—that is important. I do not think everybody in a children's centre or a nursery school needs to be a teacher. We have a long track record in this country of excellent nursery education. We have seen some fantastic Sure Start children's centres; they are not all teachers. They are a multi-qualified team who understand each other and each other's roles and work together collaboratively. Within that, if you have strongly qualified people, you can then support people who are assistants and working towards their first qualification alongside that, who would provide additional support, who would then be on the first rung of that ladder.

We have talked about climbing frames for early years qualifications for years and years, but the way to grow good leaders is to take a long-term view. People

beginning as a trainee or as an assistant might aspire to leadership because they see good leadership around them and they are supported by good leaders, who are leading from the middle and from the back as well as from the front. It is about building a strong, multi-qualified team so that people who begin their career—a career, not a job—in the early days, with maybe very few qualifications at all, work their way through, because they see what a rewarding profession it can be ultimately.

Ben Thomas: We have always supported a fully qualified workforce in early years. The idea that someone can work in early years without a qualification undermines the professional qualities of those who do and who have achieved qualifications. So we have always been very supportive of a Level 3 as a minimum. We are talking about a workforce of nearly half a million people currently and I think it is impractical to expect that to be an all-graduate workforce. Graduate qualifications are not everything. No offence to the Professor next to me, but I have met plenty of professors who are the last people I would leave in charge of a room of three-year-olds. I do think we need to look at the types of people who are attracted to work in child care. We want them to be good people who want to work with children. We do not need to see academic qualifications as the be-all and end-all of quality. We need to place more value on some of those caring and empathetic skills, which are difficult to measure and value, but equally important in raising young children.

Q680 Chair: Cathy said it should be more than just a competency-based Level 3 qualification, which suggests an academic, pedagogical understanding, which could mean that certain people struggle to pass that and fail, whatever their caring skills. Is there a tension there? Are you on Cathy's side of the argument?

Ben Thomas: We would be on Cathy's side. Some people will tell you that Level 2, Level 3 qualifications in early years are difficult to fail. You have providers that are funded on their success rate, provided on a retention rate, so there is a perverse incentive for them to throw people off their courses, to fail them. We fully support Cathy's view that there needs to be greater rigour in the qualifications and greater simplification of the qualifications, so that people are clear that the qualification has a value and is a clear demonstration that they are capable of doing the job.

Q681 Chair: You would see a certain number of people failing as a sign of it being a proper level, would you?

Ben Thomas: Well, if you are going to take—yes.

Q682 Siobhain McDonagh: This has been touched on in a number of answers, but how essential are teachers as part of a children's centres workforce? What difference do they make?

Sue Egersdorff: It is really difficult, because again we are assuming all children's centres are the same. Very many of them were set up with child care that involved an early years teacher and that has now gone

for a range of reasons, mostly down to local determination and cost. If those teachers are used well in a children's centre, there are many advantages to it. There are many examples of those where a children's centre is also a nursery school, where the progress, the standards and the pace of teaching and learning is exemplary. But at the moment there are very many pressures that are working against that.

Professor Nutbrown: Teachers are essential. Teachers are essential because they have a particular kind of training and knowledge about what play is and what constitutes play and what can come out of play and what children bring to their play. I remember a conversation with colleagues from the Department for Education about criteria for the early years teacher. The question was: should we say 50% of play should be free flow and 50% should be structured? That is not the question we ought to be talking about. If we have teachers who know about how children learn and how to support children's learning, that kind of statement is not in question because those teachers, by working with those children, watching them, talking with their families, know what to do next with them. Teachers are essential because you have to work on your feet, you have to think instantly about what the next step is. You have to know when to leave children alone, because children, in appropriate environments, are very, very capable of getting on with some of their learning without adults getting involved. But adults have to be there, they have to watch, they have to understand, they have to see where children are going and they have to know when to take them to the next step, so teachers are essential. Teachers also support other people who have some knowledge about play, but not as much as them. They will also support those colleagues in learning more about the children that they are working with and watching.

Q683 Siobhain McDonagh: I do not think I really need to ask the Teach First question now, do I? Does anybody have any different views?

Chair: Cathy, do you think the pilot will be a good thing?

Professor Nutbrown: We have to see how it works, but if you are going to have Teach First in the early years, you have to have proper induction. There are some professions that you would never practice first. You would never have 'Surgery First.' You would not just immediately put people into a job and tell them to get on with it. I know that they are supported and so on. We have to look at it and we have to treat it with caution, but young children are not training grounds; we have to be very, very careful.

Q684 Siobhain McDonagh: Should early years professionals receive the same pay and conditions as school teachers? What further steps could be taken to raise the status of those working with young children?

Ben Thomas: As I explained earlier, there is an enormous gap between what an early years professional is paid and what an early years teacher is paid. What we would like to see is some sort of career structure for the entire early years workforce, not simply just about early years professionals. We would

use some of the models that are seen overseas where you have minimum national rates linked to qualification level, so someone with a Level 3 is guaranteed at least a certain minimum standard; someone with a Level 4 is guaranteed at least a minimum standard, so that you can add value to people, increasing their qualifications, increasing their professional standards. If you look at what happens currently, particularly in the private sector, there is no link between improving your qualifications and improving your pay, or a very limited link between the two. There is no career structure in early years across the board. That is the problem. The motivation for people in early years in terms of improving their qualifications is mainly about their own personal achievement and improving their personal practice and the outcomes for children. It is not linked to improving their pay. No one enters the early years sector to get rich. You have to look at the motivation of people, but, if you want to attract higher calibre people, then we need to address the issue of pay and conditions. We need to address the issue of the complete absence of a career structure for early years staff.

Q685 Mr Ward: Do we really want to have our cake and eat it as well in terms of the whole of this sector really? We are going down the route of local discretion and, in answer to your question should there be a teacher in every children's centre, well, every children's centre is not the same; they are all different in many, many ways. We have this understandable need to want to give local discretion and yet we want a national system that ensures that there is consistency and that the level of quality is right across the board and we can guarantee that. Is it just incompatible?

Professor Nutbrown: We have a Foundation Stage that is national. There are some things that we have to have as our baseline. If we are seriously interested in equality, in raising achievement and in addressing the achievement gap, then there are certain things that all children have to be entitled to, so maybe we do want our cake and eat it.

Q686 Mr Ward: Can we afford it for all our children?

Professor Nutbrown: What I said in my review and in my response to the Government's response to it is that children will bear the price of this if we are not careful. I think there are certain things we cannot afford not to do.

Brian Tytherleigh: We need to separate these two issues a little bit. Only 18% of children's centres offer full day care; that is 4% of the total full day care places being delivered.

Q687 Chair: Can you say those numbers again? You lost me.

Brian Tytherleigh: Only 18% of children's centres offer full day care, and that is only 4% of the total full day care places. In terms of whether teachers need to be part of children's centres or not, that is the policy; that is what we are doing at the moment. In terms of the pay and status, the vast majority of that is delivered by the private, voluntary and independent

sector and, if that is the issue, that is where the issue lies, not in the status of staff in children's centres.

Q688 Siobhain McDonagh: My final question: are there particular difficulties in recruiting from certain groups, such as black and ethnic minorities or male workers, as staff in children's centres? How can these difficulties be overcome?

Sue Egersdorff: Yes, the statistics show that we have lower numbers of black and ethnic minorities and males, but I think as well we do not need to differentiate in this way. We are looking for the best people to be in front of our children. Sometimes I think we get hung up on having balance in these areas, but there is a lot more that we can do to encourage others to engage in this. We have tried various projects before that have not been overly successful, but we have to come back to the fact that this is not about central control anymore; it is about local determination. Therefore, if you take something like the academy movement, the biggest change in our educational structure for a long, long time, we know that academies can and will have their own way of recruiting people. Therefore, we can only encourage them and provide an infrastructure that shows them what best quality looks like. That would include, obviously, a look at equality issues in terms of male and ethnic minority.

Professor Nutbrown: I did make a recommendation about this in my review; it was recommendation 13. I found it very difficult to find the answer to your question when I was doing my review and I was concerned about that. I was concerned that a number of people were telling me that black and minority ethnic staff were only represented at the lower levels of qualifications, if at all. I could not find the answer to your question, so I recommended that the Government should commission some research to find that out. The *More great childcare* said that they are keeping that under review.

Ben Thomas: Sorry to bang on about this, but on the issue of men in childcare, the average earnings for someone working in childcare is less than half of median average earnings and probably only 40% of average male median earnings. That is clearly a recruitment issue for the sector.

The issues that predominate when you ask men about why they will not work in early years are their motives being questioned, the low status of the work, the fact that it is seen as women's work, obviously working in a female-dominated environment, and sometimes the suspicion of parents and nursery owners about employing men within that sector.

Q689 Chair: What about the black and ethnic minority?

Ben Thomas: In terms of the way the question was, in children's centres generally the figures I have seen are slightly better in terms of the representation of ethnic minority groups within—

Q690 Siobhain McDonagh: Anecdotally, from a south London constituency, that is not an issue. There are plenty of black and ethnic minority staff in our children's centres.

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Ben Thomas: That may be something about the location of children's centres in terms of areas of deprivation, that the averages around BME staff in centres is higher than across the sector as a whole, but that is only through recollection. I cannot remember the actual figures.

Q691 Ian Mearns: In terms of staff who are already in the centres, what are the areas of greatest need for CPD for children's centre workers? Would you agree that priority should be given to child development or parental and family engagement work?

Professor Nutbrown: I do not think it needs to be an either/or. Everybody needs more professional development throughout their career to do whatever job it is that they are doing better. There is a need to ensure that people understand modern theories of child development and attachment; I think that is very important. There is a need to understand more about what play is in children's lives and learning, and certainly for more support and opportunities for work with families, because it is families and what happens in children's homes that can really make the difference to children's learning, development and life chances. When people decide to work with young children, they are deciding to work with the adults who belong to those young children too, so that is a very strong part of what needs to be part of their initial qualification and their continuing professional development. Also, I would say multidisciplinary working is important—how to work with, how to understand other professionals' roles and responsibilities and how to collaborate together in the interests of those families.

Sue Egersdorff: It is really difficult to compartmentalise children in that way. They are complex, as we all are, and their cognitive, social, emotional and health needs all come together in a children's centre. That is the beauty and the strength of that system. What we need to focus on is how we get our workforce to understand how children progress in all of those areas and what is a good benchmark and a good milestone by which to measure children's progress, but that needs to be across the board. We cannot just look at cognitive needs above health needs. If we look at the public health agenda and the public health services coming into local authorities, it is a really excellent opportunity for children's centres to showcase what they do in that arena of children and family and parental health. There is a lot to offer really.

Q692 Ian Mearns: Would anybody disagree?

Ben Thomas: The issue that we see is mainly around access to CPD, particularly time off from work, which is not common within the early years sector. That is the greatest problem. Also, the introduction now of fees for first level qualifications in Level 2 and 3 is a particular problem for those people who are returning to work, possibly after having had children, trying to improve their qualifications and enter the workforce.

Q693 Chair: What sort of fees are we talking about?

Ben Thomas: We are talking about £2,000, £4,000 for a Level 2 and 3 qualification. I think a lot of people

take their childcare qualifications because they know they will never earn enough money to be in a position where they will be required to pay them back. I am not in advertising, but that is not how I would recruit the brightest and best into the sector, saying "You will never earn enough to have to pay back your loan".

Q694 Ian Mearns: Quite clearly within all the answers there is recognition that staff need to develop and increase their skills level. Therefore, should there be some sort of mandatory requirement on centres to have training plans for their staff? If there was to be some sort of mandatory expectation that centres would train their staff, how would that be enforced?

Professor Nutbrown: Professional development plans for professionals who work with young children is entirely appropriate. I think those plans should be expected, and along with that expectation there needs to be a plan for how that is going to be realised.

Brian Tytherleigh: I am just thinking of my own organisation. We have just started, and top of our list is our people programme and how we are going to develop our people. It just seems to me an expectation I would have of any successful organisation.

Sue Egersdorff: The evidence we have is that the best local authorities have excellent plans for the development of their early years workforce but, as with all local authorities, these are under pressure, as training is for anything at the moment. What we know is that we do have those training plans, but they are under financial pressure.

Q695 Ian Mearns: But, as Brian said before, an awful lot of this sector out there is in the private or voluntary sector and not controlled by local authorities or under some sort of guidance. But there is still a significant element whereby parents are being assisted with—is that the division bell?

Q696 Neil Carmichael: A rare phone call for the Chairman.

Chair: You are very kind and I am embarrassed.

Ian Mearns: Just answer it, Graham, it is fine.

Parents are quite often supported in gaining a place, even in the private or voluntary sector, through public funds. Given the fact that public funds are engaged in that process, really we should all have an expectation that those centres, even in the private and voluntary sector, given that their staff are supported through parents receiving public funds, will increase the skills and qualifications of their staff.

Sue Egersdorff: That is very often written into the funding agreements on the free entitlement for three and four-year-olds and, increasingly, the two-year-old offer. So that would be built in to that contract with the private provider or voluntary provider increasingly.

Q697 Chair: Is that a question for the local government representatives who here shortly, to find out how common that is?

Sue Egersdorff: Whether it is included in their contracts, yes, that would be helpful in their funding arrangements.

Ben Thomas: The recent consultation on the role of local authorities is making it illegal, unlawful for them to place training requirements on early years settings, to undertake training as an undertaking for receiving that public funding.

Sue Egersdorff: But they have it currently.

Ben Thomas: Some have it currently but that is being removed. What was available through local authorities or has historically been available through local authorities, through DfE funding, is funding for time off to undertake training or fully funding the Level 3 qualifications for some staff. Increasingly, that is under pressure because it is a non-statutory responsibility for the local authority and we are seeing lots of early years support services being diminished in terms of the support that is given to private and voluntary sector settings.

Q698 Ian Mearns: Brian, if I can read faces, obviously the little exchanges we have had has engendered some thought in your mind about the whole subject.

Brian Tytherleigh: Yes, it is clear that the responsibility has been the local authorities' as the commissioners, but clearly there seem to be some obstacles in the way, do there not? It might be something to talk to the Minister about.

Sue Egersdorff: Just to add a point that may be of interest to you, it may be helpful to recognise that we can think about these things differently going forward. We do not have to do what we always did. What we know we have is a group of early years teaching schools across the country. We have about 25 of them deployed through the National College and they might be a vehicle that would help with training and the reach of training going forward.

Q699 Ian Mearns: You are a mind reader, Sue.

Sue Egersdorff: It is a skill.

Q700 Ian Mearns: My next question is: what part can early years teaching centres play in developing workers in our children's centres? I think people agree with the thought that Sue pre-empted in terms of that question.

Professor Nutbrown: Yes. Facilitating the collaboration between different centres, not just children's centres but other groups in the community, is one of the things that can happen through that system. Some professional development can happen simply by visiting another setting and talking to somebody, but it needs to be planned and it needs to be for some purpose. But facilitating collaboration and networking and exchanges is one way that that can be supported.

Q701 Ian Mearns: It is one approach, but Sue said there were 25, so that is hardly going to be a national strategy, is it, from that perspective?

Sue Egersdorff: There is a range of other teaching schools as well. I am just talking about the early years ones. There are separate projects that Pen Green have been involved in that are equally valuable and are really moving at pace and they would be examples that we could, perhaps, grow from.

Brian Tytherleigh: Increasingly, we are looking for teaching schools to get involved in the nought to 18 agenda by working with providers locally. So I think this is a direction of travel.

Q702 Ian Mearns: Brian, in particular, what role is there for the National College in CPD for children's centre workers, from your perspective?

Brian Tytherleigh: We have no direct responsibility for any of that at the moment and it would be something to take up with the Minister.

Ian Mearns: Okay. Thank you very much.

Q703 Neil Carmichael: The Government is very keen to improve outcomes as opposed to output, if you like, and evidence-based intervention is clearly part of that. Evidence that this Committee has received about evidence-based interventions is pretty encouraging. Do you think that the staff at children's centres are well enough versed in evidence-based interventions?

Professor Nutbrown: If we get qualifications right, this could be one of the best early intervention programmes we have ever had in this country, because it would mean that across the board well qualified people are working with young and vulnerable children. I do think it is possible for people working in children's centres with young children to involve themselves in particular programmes. I have done that myself in some of my own work. They need to be supported. They need professional development in that particular field, but I do not think it is just about delivering a particular intervention. If they have the right skills and knowledge, then of course they can learn about a particular approach, whatever it is, and work with children and families on that. The baseline for that to be really successful and to really maximise the funding that is put into that, is to make sure that we have a really well qualified workforce across the board.

Just to say that the early years workforce in this country is not new. We have been doing this for over 100 years. There have been nursery teachers, nursery nurses, people working on developing qualifications since the 1920s and before. Looking at the way people work together, it is not the case that academic qualifications mean that people are uncaring and it is the case that good care supports children's learning. So, if you have a well qualified workforce then, yes, they could develop and work with children on those kinds of specific programmes.

Q704 Neil Carmichael: So it boils down to training and qualifications.

Professor Nutbrown: It does, as they stand as a proxy for what people know, understand and can do.

Brian Tytherleigh: I would add the leadership and the culture, basically, of the organisations as well, if you are talking about evidence-based and improving practice through an evidence base. Just going back to the point around teaching schools, that is a very key point of working with teaching schools: that they are building an evidence base and evidence-based practice.

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Sue Egersdorff: Again, a word of caution about the metrics that are used to measure success. Historically, one of the metrics we have used on evidence-based programmes is how many parents completed the course or, indeed, turned up. Actually, that is no indicator of impact. When we say they have been successful, we need to be really cautious in terms of which metrics we are using to measure success. What we know from very successful programmes like the Family Nurse Partnership is that the individual relationship between parent and worker is the critical factor, as well as the qualifications of the said worker. We know that the one-to-one support over a period of time is very valuable, but we also know that the Family Nurse Partnership is quite a costly way of offering support, so we need to take on and think about a lot more issues than just the evidence we have of success.

Q705 Neil Carmichael: Yes, I think your point endorses the issue of the difference between outcomes and outputs.

Sue Egersdorff: Yes, absolutely.

Q706 Neil Carmichael: I have one last question, which is really all about silos in policymaking. At the end of the day, do you think that there are sufficient opportunities for training and professional development to effectively take into account all the different disciplines that need to be considered?

Professor Nutbrown: It is becoming harder and harder for people working with young children to leave their centres for any length of time and to work with other people, whether that is with people who are doing the same kind of job as them or people whom they will encounter in their professional life—health visitors, social workers and so on. With those opportunities diminishing, it is going to become more important that we continue to look for ways of putting those things back. We have had good examples of multi-professional work, professional development

and so on. There are good examples where people learning to be teachers meet with people learning to be social workers, for example. That means that, when you end up as a teacher in a classroom, at least you have met people who are in social work, and when you phone the social worker related to your own work, you have some sense of their job. Those are good examples of things that we need to retrieve and make sure we do not lose any more of them.

Q707 Chair: Direction of travel, Cathy: do you expect in the next three years there will be, across the sector, more multidisciplinary training with different workers from different disciplines training together, or less, than there has been in the last three years?

Professor Nutbrown: I would hope there would be more. I fear that there could be less. What I put forward was something that would take us into the next decade, so I do not think this can be a quick fix. One of the things that worries me is that the Government took a long time to respond to the qualifications review and then very rapidly implemented its own proposals. I worry that trying to do things too quickly will mean that we make mistakes rather than seize an opportunity to really make a difference long-term for children. I would hope to see multi-professional training increasing, but I fear that it might not.

Chair: Thank you very much. We could discuss these issues with this panel for a lot longer; I wish we had longer to do so. The business end of what we do is writing a report, making recommendations to Government. We have not focused on recommendations per se today, although there are implications in what you have said. If you have any further thoughts on what you would like to see in our report—it might be a particular re-emphasis on aspects of yours, Cathy—we would be very grateful to hear from you, if you wanted to write to us and say what you thought recommendations should be. Thank you very much indeed.

Examination of Witnesses

Witnesses: **Cllr Peter John**, London Councils Executive Member for Children and Young People, **Cllr David Simmonds**, Chairman of the Children and Young People Board, Local Government Association, **Jon Stonehouse**, Deputy Director of Children's Services, Salford City Council and **Annette Wray**, Area Manager, Early Years and Family Support Team, East Riding of Yorkshire Council, gave evidence.

Q708 Chair: Good morning. Thank you very much for joining us today and following on from the previous panel. We tend to be pretty informal and use first names; I hope you are all comfortable with that. I am grateful that you have joined us today. Let us start by asking: the recent IPPR report *Bridging the gap between evidence and policy in early years education* concluded that open to all, mixed social class provision can have the greatest positive impact on development. Do you agree and how well do the children's centres in your areas meet that requirement, if requirement it is?

Cllr John: Yes, I agree and I have a fantastic stat from Southwark, being very parochial. We have just conducted a survey of 2,500 respondents—a survey of

parents—and 96% of parents who use our children's centres rated their experience of them as excellent or good. That says a lot about what people in our borough think about children's centres; incredibly encouraging. Another quick stat for you: 90% reported that contact with children's centres had helped them to get more involved in their community. That goes to where your question was coming from, whether people rate their experience of children's centres in such a positive way, and I have no reason to doubt that that is the same picture recorded London-wide.

Q709 Chair: The difficulty we had a number of years ago, I remember, perhaps back to the '80s, was that

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parents really quite liked their fluffy primary school. If you asked them, they would say they loved it, it was great, they thought the head was great, the teachers were lovely and the children were happy. It just turned out the education was appalling, and parents were not entirely always grasping that. There is a possibility that you can have public satisfaction with something that is inadequate. I just throw that back at you. I do not mean to overstate my cynicism or scepticism about that.

Cllr John: There was no sweeping generalisation in there, Chair.

Q710 Chair: No, exactly, but going back, this mixed provision having the greatest positive impact on development, is that what is happening in your area? Do you have socially mixed provision?

Cllr John: Yes.

Q711 Chair: Can you quantify that as well as your other stats on satisfaction? I recognise you are a politician.

Cllr John: No. I do not have a lovely stat there; I will have to work on that one for you, but David or one of the other panellists might.

Cllr Simmonds: It is a very helpful question to start with, because certainly most of us, as elected councillors, particularly this time of year when a lot of parents are making contact about what is going on with school places, will know that a lot of performance measures parents refer to are often used as a proxy for an underlying question, which is: who is my child going to be at school with? There does seem to be a sense that schools that are perceived as being good are popular schools, even if the reality of their educational performance is not great. I think we all have places where we know the services that we are offering are perhaps coasting, but the perception of those services is that they are extremely good because there are lots of smartly dressed, relatively well behaved children. They may not be doing wonderfully in their GCSEs, but the public perception is that the services are very good.

In terms of what that means for foundation years, Sure Start children's centres and other early years provision, there is definitely a gap that is opening up. I have seen it in my own borough and I am sure that we will all have seen it to a degree, in that the core purpose for children's centres and Sure Start is to reach out to those who most need it. There are some of our centres that are doing that and there are some of our centres that have become, essentially, low-cost nurseries for certain families. I do not think I am sufficiently qualified an educationist of any description to say that I can comment on whether socially mixed educational provision is more or less good. There is a lot of evidence out there and there are many people who are far more expert who could comment on that, but one of the big challenges for us at local authority level is making sure that it is the families who are most in need of the services who continue to get them at a time when the available funding has shrunk hugely.

Q712 Chair: Annette, the East Riding of Yorkshire perspective. It is great to have you here as well, I should say. We hear far too much from people from London.

Annette Wray: Thank you. We have been very proactive in making sure that all our sessions have a mixed group of people who come to them. Lots of people book onto courses, sessions, activities on their own and they are the more proactive parents who can see the benefit for their children and themselves in attending, but we reserve places for families we are working with on a one-to-one basis. They are the families who are getting the intensive one-to-one support, and they will be invited to be part of that group. There are places open for them, so they can just drop in or a worker can bring them along and introduce them to that session, so they feel comfortable attending sessions. As I say, we have been very proactive. We have made sure that all of our children who are most disadvantaged are registered with a children's centre and are engaging. We have 86% of children registered with children's centres, and over the last year 60% actively attended, engaged, came to groups, had intensive one-to-one support with workers in the children's centres.

Q713 Chair: Thank you. And the position in Salford?

Jon Stonehouse: It is very similar from a Salford point of view. Where we are heading is to a more focused, targeted approach.

Q714 Chair: Will that exclude that socially mixed provision that the IPRR were talking about?

Jon Stonehouse: Not necessarily. I think the debate about whether centres are universal or targeted is a difficult one to define in the sense that we need to maintain universal access for families, so a lot of areas now are developing their children's centre provision through a broader early help strategy. The importance of those early help strategies is that we attempt to de-stigmatise early help so that it is seen as offering a broad spectrum of services to families, recognising that families could experience challenges and disadvantages from whatever background. An early help offer needs to be universally appealing, but how those services are applied is very much in response to need. A lot of areas are achieving that.

Q715 Craig Whittaker: I wanted to ask you all about commissioning. I just wondered how local authorities engage communities in commissioning for services for children's centres.

Cllr Simmonds: I am happy to open in response to that. It is very clear that it will be the council that has the lead role in commissioning for children's centres. We have already mentioned the context of the overall funding envelope as it applies to councils. There are similar issues that are being faced by clinical commissioning groups, by NHS providers, by other organisations. The role of bringing everybody together has, if anything, become a lot more important than it ever was in the past. The transfers of certain public health services, in particular things like health visitors and school nursing from 2015, will have an even

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bigger impact on that, because it will become considerably more important. The thing we all seem to be referring to is the need to focus a lot more on the families that most need the services that a children's centre can offer.

Q716 Craig Whittaker: Can I just stop you there? I am particularly interested in how you engage communities within that commissioning process, so if you have any examples of that it would be great for us to hear about them.

Cllr Simmonds: Probably a good example would be the Isle of Wight. They have done it through a completely outsourced process with the Children's Society, who run all of their children's centres for them. They have built upon their experience as a charitable organisation to reach out and make connections with community groups, church groups, local schools and to reshape the services that are offered. It has a quite distinctive look and feel that is very different from a council social services establishment or going into a school nursery. That is one example, but there are others, and probably some of those supporting this Committee can provide more detail about that. But it will vary and there will not be a consistent one-size-fits-all approach, because the needs of different communities will be very different. In my own council, many of the children's centres are based in schools and they use the school community as their primary means for engagement in that sense, whilst it is the council that leads on the commissioning of services based upon the feedback that is coming to us through that process.

Q717 Craig Whittaker: Does anybody use a different type of model to engage with the community?

Jon Stonehouse: Our early intervention and prevention services, which include children's centres, incorporate the very regular and frequent feedback from communities and service users, so we feel we have a clear view from communities in terms of how they feel about services.

Q718 Chair: Can you tell us about the mechanics of that? How do you get this feedback?

Jon Stonehouse: That would be as part and parcel of evaluating specific programmes that are delivered out of children's centres, so focus groups of parents, involving children in their feedback of the services that they are receiving. We would use that evidence to inform the commissioning process.

Q719 Craig Whittaker: Okay, but that is services that are already happening.

Jon Stonehouse: Yes.

Craig Whittaker: How would you engage the community to commission the services that you may commission out from the children's centre, which is a different thing?

Jon Stonehouse: It is and the community involvement in the commissioning process, I would think, in most places would be through health and wellbeing boards, children's trusts, safeguarding children's boards, which would have lay members, community

organisations represented on that. They then lead those commissioning processes. In some cases—again being parochial—in some of the work that Salford commissions, we will have service users involved in making decisions on what is and is not commissioned, as part of that commissioning process.

Q720 Craig Whittaker: The Children's Society was mentioned in the Isle of Wight. What process do you put in place to ensure that the service providers that you eventually commission have a proven track record and are going to deliver what, indeed, you commission them to deliver? How do you build that into the commissioning process?

Cllr Simmonds: With commissioning generally, rigorous performance management once a contract has been let.

Q721 Craig Whittaker: Does that really happen, though, in local authorities?

Cllr Simmonds: Yes. Well, I would say it does in mine. There are gaps in it and there are bound to be. That is inevitably the case in any large organisation.

Q722 Craig Whittaker: It was just the word "rigour" that really threw me.

Cllr Simmonds: Yes, well, we have given people the chop when they are not up to the job. A good example is speech and language therapy. We did not used to provide that through children's centres. The feedback we were getting from parents and schools was saying, rather than going off somewhere separate provided by the NHS to have the speech and language therapy, it would be much better, convenient, much more friendly if we could do it through the children's centres. So we have decommissioned an NHS contract that was not working particularly well and we are now providing that service directly through the children's centres. That means people who would not have accessed those services previously are accessing them and people who would have had to go somewhere else to get a service that was part of a package their child was getting can now get it in one place.

Q723 Craig Whittaker: Okay, let me ask you then, you have mentioned speech and language therapy, but how do you analyse local need for the services that you provide?

Jon Stonehouse: On a number of levels and layers. The top level of an analysis of need in most local authorities would be the Joint Strategic Needs Assessment, which would take an authority-wide view of a variety of need indicators. Then, particularly from a children, young people and families perspective, it is again taking that broad view of indicators across the piece. We would be looking at safeguarding indicators; we would be looking at children and young people at the different levels of threshold of need within safeguarding arrangements; we would be looking at education achievement and at NEET indicators. That whole system data view would inform our commissioning processes, but equally important is the view back from service users and the analysis of each programme in terms of the impact that it has had.

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Q724 Craig Whittaker: I just want to press you a little bit on that, Jon. I understand that process, but how often, as local authorities, do you change to need, because quite often priorities within that process can change and they can change quite rapidly in some situations? How do you react to that change that is needed? Without saying “well, we just change”, what processes do you have in that mechanism to be able to change your focus rapidly?

Jon Stonehouse: I think that would be in the review of contractual and commissioning arrangements. Whilst we would strive to have two or three-year contracts in place through commissioning processes, we would have the ability within the course of those three years to annually review the performance of existing arrangements and have the right to change those arrangements if they are not working, if they are not proving to deliver the outcomes.

Cllr Simmonds: It is probably worth saying a key part of this is flexibility at every stage. Whether it is done through a charitable organisation or any other group, there is a degree of flexibility at the centre; there is a degree of flexibility within a cluster, if it is part of a cluster arrangement; there is a degree of flexibility in the commissioning; and then there is a degree of flexibility at the local authority level. If a particular local need emerges, the centre manager can say, “I am just going to deal with that by changing the sessions, bringing in somebody new, taking something out”. They have a degree of ability to respond. If it is something that is bigger than that, it costs a lot of money or it requires a more substantive change, then through a cluster, through the school they may be partnered with, they can respond to it in that way.

Part of it, I guess, is being a bit business-like about it. You know that the people who are coming through the door will change sometimes on a weekly basis, never mind on an annual basis, so what the council commissions is a service that says it is going to meet the needs of this community. We know there are certain long-term needs, which are identified through things like the Joint Strategic Needs Assessment shared with the Health Service, but there is other stuff that bubbles up: a Roma community arrives in Rotherham and suddenly there is a little group of children who have a specific need. We cannot commission for that, but the centre manager can say, “Right, I will get someone in who deals with that”.

Q725 Craig Whittaker: Just let me quickly ask you about long-term commissioning of services. Services tend to be commissioned on a two-year, three years if you are lucky, type basis. What about longer term? Are there any major reasons why you cannot commission longer-term services, because there are longer term needs there as well?

Cllr John: We do not know what is going to be in our budget, do we?

Q726 Craig Whittaker: So it is purely budget.

Cllr John: Yes.

Cllr Simmonds: Budget is a factor, but there is no reason why we cannot commission long-term. Certainly from the point of view of an organisation taking on that commission, a 10-year contract is often

more desirable than a two-year or three-year one, but it is about that flexibility.

Q727 Craig Whittaker: And probably cheaper.

Cllr Simmonds: The longer the term of the contract, the more uncertainty about the funding, therefore the smaller the contract we would be likely to let over that period of time.

Q728 Craig Whittaker: Okay, fair enough. David, you mentioned earlier about joint commissioning. Health provision is one of the areas that is a particular stumbling block in a lot of local authority services—getting them to come to the table, to put money in the pot, joint commissioning, joint funding, pooling resources. Do you have any good examples of where that does happen?

Cllr John: No, I do not think I do. I am just trying to think whether within all my notes I have some good examples of that. The inevitable pressure is going to be towards that as our budgets are increasingly affected and as other agencies’ budgets are. The push and necessity for pooling commissioning that way is inevitable.

Craig Whittaker: So no examples of that happening.

Annette Wray: We have a good example. We have a Family Nurse Partnership that we have jointly commissioned with the health service, but also, because of the rural nature of East Riding, we only had two family nurses initially, could only afford two family nurses initially, so we have worked with North Yorkshire. We have a model where we have four family nurses working across East Riding and North Yorkshire who are providing a really good model. It is early days: they only started in December. They are just starting to work with the teen parents, so we will find the results of that over the coming months.

Q729 Chair: Is it a genuinely pooled budget between the council and—

Annette Wray: The two health trusts, yes.

Jon Stonehouse: Recent structural changes have helped in terms of moving towards joint commissioning. Obviously, the movement of public health into local authorities has really helped us with not, strictly speaking, joint commissioning anymore, but in terms of alignment against priorities. Health and wellbeing boards are moving us in the right direction. Ultimately, it is about leadership of health and wellbeing boards and other associated boards, so children’s trusts where they still exist and safeguarding boards. It comes down to that clarity about what an area’s particular priorities are. Once you have that, then the joint commissioning becomes more logical, more sensible, more straightforward. Again, in Salford, we have some areas relating to teenage conception, smoking cessation where we are working with the CCG and public health and budgets are being pooled.

Q730 Craig Whittaker: They are pretty small-scale stuff though, aren’t they? I know in Calderdale we were doing those types of things six, seven years ago and here we are, in a much different world from what

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we were then and we are still talking about the same things. Let me just finally ask you then: you spoke about wellbeing boards, Jon, and children's trusts in areas and local safeguarding boards. How much clout do they have in the commissioning process? My experience of children's trusts is dire and I daresay that is the only reason why there are few of them left, as only the good ones have survived. Now we have the wellbeing boards, you have a great opportunity to get genuine joined-up thinking on some of this stuff instead of all sitting round in a room trying to pretend to be important for the day and then going off and doing nothing, which traditionally happened. How much clout do you think these wellbeing boards will have?

Jon Stonehouse: I hope they will have a big clout. They are positioned at a very senior level within local partnerships. My experience of them is that they have the right level of membership.

Q731 Chair: I am going to cut you off there, Jon, because we have very limited time. One of the things about the children's trusts was that the first meeting had senior people, the second meeting had slightly more junior people and the third meeting had people who brought no budget, no power and nothing to the table.

Cllr John: I have carried on chairing our health and wellbeing board in Southwark from the shadow year through. It has been a struggle at times to continue that, because I have found it really head-banging stuff. You go through long discussions and then you find out that the CCG has commissioned something or set up a plan that is completely different because their structures are still operating under the old system. It is too early to say that it is a hopeless case, and that is why I am sticking with it, because it is really important that the most senior people within the organisations remain involved. As a for instance, one of the things that has come out when we have had our discussions is 50% of two-year-olds in Southwark are not having their two-year-old health check. That is the stat at the moment—awful. We need to do something about that, and you can do that if you bring all these agencies together and work in that way.

I am going to stick with it, but it will be tough and you need to make sure that all the organisations—and the NHS in particular and all the bits of it—are aligned so that what the health and wellbeing board says is going to have an influence on what they do, rather than in their just turning up, then going away and doing what they want.

Cllr Simmonds: I totally agree with that. If there is good leadership in the NHS and council, it will work. If there is not, it will become a bureaucratic mess.

Q732 Ian Mearns: In terms of the patterns of commissioned services going forward, do you think there is a particular model that is likely to predominate? For instance, do you think that resources should be concentrated in fewer, better centres or, conversely, do you think they should be spread more thinly to try to provide some sort of universal service?

Cllr John: We have a good example in London, in Barking and Dagenham, of hubs and spokes and satellites operating out of those hubs. The satellites are not all providing universal services, but across the piece they are. In terms of where your question was going, that is probably a model that we are likely to see more of, which will be concentrating in hubs. Whereas previously everyone would have been a hub, I think probably there will be a move to more satellite operations.

Q733 Ian Mearns: So you would have a hub with more specialised services, which people would be led to.

Cllr John: Yes.

Cllr Simmonds: That is absolutely right. That is pretty consistently emerging. The key thing from a council perspective is not to end up with particular centres labelled as the one where all the problem children go, and that is something we are working very hard on. In terms of the approach, the branding of the service and the universality of it, that remains, but it is pretty clear that in order to reach the people who need that support, some of those centres are going to have to really focus on particular types of service.

Q734 Ian Mearns: That sounds a great model for Southwark, Hillingdon, Salford or Gateshead because of the urban nature of those catchment areas with good transport links, etc, but how do you do that in rural East Riding or in North Yorkshire, Cumbria or Durham?

Annette Wray: It is very tricky. It is very difficult. We want to try to keep that universal nature of children's centres so that everybody feels comfortable coming in. It is back to the earlier point about having those mixed groups of parents, carers and children coming into those sessions which really brings a richness to them. People see different role models, different approaches to parenting, different styles and you need to keep that. What we are trying to do is maintain the network of children's centres that we have, but look at how we resource them and try to make sure that we have a mix of those specialist services and the universal services in the centres. That might change as budgets decrease in the future, but that is what we are trying to maintain at the moment.

Q735 Ian Mearns: Do you think there are ways in which we can try to utilise what exists on the ground better in terms of rationalising provision and what we have and planning for it, saying, "What do we have, where do we want to be, how can we use what we have on the ground better?"

Annette Wray: We look at that on a regular basis. We are looking at the data and information on a quarterly basis. We have broken down all of our data and information about all the services, about the health outcomes and education outcomes in each individual children's centre's specific area, and we are updating that information on a quarterly basis. That goes to advisory boards and, again, we can adapt and change very quickly in terms of responding to need and looking at the best outcomes we are getting for the resources we are putting in.

Jon Stonehouse: The key is around using what we have better, but there is no doubt that the universal element will become more difficult to continue to deliver if the current financial situation continues. What local authorities cannot afford to do is lose the early help, early intervention and prevention, the targeted element, because that, as *Working Together* says, is such an important element of that whole safeguarding system. So the risk of losing that bit would be too great if it came to an either/or, but using what we have better is where a lot of authorities are going now in terms of that whole public service review and the role that different elements of that play.

Q736 Ian Mearns: Moving forward in terms of the local authorities' capacity to respond, the way in which Government cuts have been implemented has in fact had a different impact in different places. By the end of the next financial year, my own local authority will have taken something like £120 million out of its base budget on an ongoing basis, but I know that is not universally the case. Given that pattern of differential cuts across the board, what has been the impact of cuts on available spend on children's centres and services and on posts within the local authority that support early years generally, including training and early education specifically?

Cllr Simmonds: I can give you some statistics and information on that. The overall funding envelope at local authority level has been reduced by about £900 million; it is just shy of £1 billion. At the same time, one big change is that many of these funds and budgets have been un-ring-fenced. Just as you made reference to the pattern of cuts, there was also of course previously a pattern of spending, which meant that local authorities did not necessarily get increases in funding. That reflected the level of need that they would have said was in their local area, so there are differentials in both directions. I would say certainly the removal of ring-fencing has been hugely helpful. When we look at the overall situation of the spend at council level on early intervention, we see that it has gone up, whilst funding for children's services generally has gone down by about a third.

Q737 Chair: Can you quantify that?

Cllr Simmonds: 2.9% is the total. I could not tell you off the top of my head what that is nationally, but we will get you that figure pretty quickly.

You mentioned what it means in terms of posts. My perception as a councillor, having been involved in the ring-fenced and the un-ring-fenced side, is that children's centres were awash with money and that was consuming resources that just were not available for other types of service. The removal of the ring fence has meant that rather than having to have one specific manager who had to be funded from the children's centres budget, who was not allowed to do other early years stuff under the terms of Government funding arrangements, that person can now manage two or three services in a more efficient way. Now, partly, that is always going to be done as a response to a tightening of budgets, but also it does mean that you can get a much clearer line of sight. It comes back to the question about commissioning: if that person is

also the person who knows what is going on in the local nurseries, knows what is happening in child protection, it begins to make it easier to join up those services in a more effective way.

Jon Stonehouse: I agree with a lot of what has been said. We have lost a significant proportion of posts.

Q738 Chair: Can you quantify how many?

Jon Stonehouse: Well, we have lost about a third of our budget overall for Sure Start children's centres. That does not quite translate into a third of posts, so off the top of my head I am not sure what percentage of posts we have lost.

Q739 Chair: If you could write to us we would be very grateful, because I do not want to make you say something on the record that you are not happy with.

Jon Stonehouse: What we have done is taken that, by and large, out of management and out of what you would describe as back-office support, so we have strived to maintain the front of house delivery.

Q740 Ian Mearns: Anyone else on that one?

Cllr John: I would make exactly the same point. It is a lot of back-office savings and management savings, where possible. I am constantly amazed at councils' ability to continue providing high quality front-line services in the face of the amount of money that we have had to take out of all our boroughs' budgets and that holds true for children's centres. There is no suggestion that the quality of provision has suffered, even though we have had to take huge amounts of money out across the board. I am just patting us on our back there, but it is good news for everyone who has worked in this area.

Q741 Alex Cunningham: I share your amazement that local authorities are continuing to provide that level of service. My own local authority are telling me now that they are facing even greater cuts than they expected in the new wave. How confident are you that the services you say they are still managing to provide can be provided into the future in the light of the cuts that are coming their way?

Cllr John: I think that exposes the tension between the universal offer and the more targeted offer and where we go with that. That is where we will see changes in the future, that it just will not be a universal offer, that children's centres will be the centres where the most disadvantaged kids get sent and where we are picking up troubled families. That it then does not have this universal and popular brand as it currently does is the real risk. Well, we are already seeing it in some respects.

Q742 Chair: Is there also a risk that for political reasons or, I don't know, whatever reason, there is a desire to maintain the look of the network but it is hollowed out and the quality of what is provided is not good? If the money keeps falling, there is going to be a tension between doing less and trying to do it well, while fearing that that will lead to an overall collapse in the whole attention on the area, or against having a hollowed out, pretend service that does not really deliver for anybody and is a waste of public

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money because it does not allow the quality that we know. The great nurseries, the great historical places that have done early years well have been places with good leadership, solid teams and a richness to them, which is hard to imagine having in a hollowed out system.

Cllr Simmonds: The key issue that probably across local government we would want Parliament to bear in mind is that, because the funding arrangements are very different for local authorities, there will be those who have plenty of mileage still to go, plenty of space in their budget still and there will be others who will be getting closer and closer to the edge at which things do not look sustainable any longer. At the moment, the feedback we are having is that big rural counties that are struggling with some of the issues and that Annette referred to have always found this a challenge and are finding it more and more of a challenge. For those of us who are in metropolitan areas, it is relatively a bit easier to maintain those services.

On one level, it is part of our job to come here and say we want lots and lots of money, because we can spend as much as you can give us. On the other hand, I do have to reflect, as an elected politician, if all of the reductions in spending are implemented, public spending in the UK will be at the level it was in 2007. In 2007, we had pretty good resources to put into children's centres, so I cannot come to the Committee and say it is a total disaster; it is all about to fall over. This is a key, important service. The fact that we have increased spending on things like early intervention, when Government resources have gone down by 30%, is evidence that councils prioritise this and take it very seriously.

Ian Mearns: I am not going to criticise London authorities, because I cannot blame people who live in London for living in London and representing local authorities' budgets, but before I came into this place I was deputy leader of Gateshead Council and in 2007/8, if we had received the same amount of revenue support grant as, for instance, Westminster per head of population, we could have charged a nil council tax and given every household £500 back. So it is different in different places.

Chair: In the East Riding we would have been able to give you more money back.

Alex Cunningham: Let's do it.

Ian Mearns: It is quite clearly a mixed picture and I think we are reflecting a London experience, to a certain extent, compared with other metropolitan areas outside of the metropolis.

Q743 Chair: That is a good lead in for Annette to say something, if she wants to.

Annette Wray: Children's centres have a responsibility as well of showing what good value for money they provide. We have been doing a value for money review, looking at interventions and outcomes for children. We have emerging data showing that children who are in the looked-after system, if their families are engaging with children's centres, are spending 200 fewer days on average in care than children who are not engaging, who are not registered with children's centres. We have to provide that value for money point to our councillors, to say, "Keep

funding children's centres". We are providing that early intervention, that early support, which is making a difference and we will save funds later on by keeping children out of care, keeping children off child protection plans, which are costly.

Q744 Chair: If you were in a position to provide us with that, we would be very grateful as part of the inquiry. Thank you.

Annette Wray: Yes.

Q745 Ian Mearns: Do you welcome the revised Government proposals on the role of local authorities in relation to early education and child care and how will the changes affect children's centres?

Cllr Simmonds: The Government has, by no means, reached the end of the road in terms of what that will look like. The engagement that we have put forward so far has primarily been about making sure there has been enough local flexibility to respond to what is going on in different areas and that seems to be the key thing. The needs in your particular community may be very different from the ones in Gateshead, which may be very different from the ones in Hillingdon, East Riding or wherever it may be. The key thing is no one size fits all.

We also need to make sure, as we go through the process, that we recognise the journey that early years services have been on. A previous Government took a decision that there would be a particular role for the local authority, which was going to be an enabling role. A lot of resources currently are put into things like training. If you are going to be a childminder, learning how to resuscitate a baby, which is, funnily enough, a different task from resuscitating a grown adult, requires some specialist training; you have to have that to be able to do that kind of job and that is provided through the local authority. If we are saying that all of the resources available should effectively go into purchasing places, making sure the providers are still able to access that and that services are consistently good in future is going to be a key task. Whether what has been put forward by Government about Ofsted's role in carrying out that is going to be sufficient to reassure parents is something of an open question at the moment.

Q746 Chair: So you do not think it is.

Cllr Simmonds: I think there is a risk there. What Ofsted do at the moment is more about, let us say, box-ticking. It is about going through a particular process from time to time that says, "Can you show in a relatively high level way that you are meeting certain outcomes?" What the local authority tends to know a bit more is how things change, particularly between the kind of visits that Ofsted do, because we are in a much more regular form of engagement with those types of settings. Making sure that the service remains consistently good, and that if it is going wrong some intervention happens, is going to be a challenge.

Q747 Pat Glass: This Committee has tried to engage, I think is the best word, with the challenging issues of integrated working and information sharing on

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numerous occasions. I cannot tell you how depressed I am over the issue of, particularly, information sharing, but as there is nobody here from health for me to take my frustrations out on, I intend to look at some specific areas rather than the wider picture.

We have had evidence about the named social worker and I know there are different views in different areas, but, if we are looking at named social workers in children's centres, should we not apply the same consideration to other professions, for instance, named midwives, named health visitors, named APs, named speech therapists?

Chair: Who fancies that one? Annette?

Annette Wray: On the ground that happens already in our children's centres. We have very strong links with health visitors, midwives, social care colleagues. We are working with over 90% of our children who are on child protection plans, child in need plans, so rather than have a named worker for the centre, we would work with that named person who is working with the family. We do have multi-agency meetings where we invite colleagues from health—health visiting, midwifery—so we have those high level discussions about what needs to happen in a children's centre area and then, on specific issues with children, we would link with that individual worker to discuss their case and see how things need to move on. So, for us, having a named person is already happening on the ground.

Q748 Pat Glass: What about in other areas?

Jon Stonehouse: Yes, I would agree broadly. The CAF assessment, team around the child type models crystallise that type of working, if you like, and adopt the named lead professional. We are still facing a lot of challenges around data sharing, but the case management and case working is where things are working much, much better. The system view of families, children and young people and data sharing at that level is still extremely difficult. Where we have perhaps seen some move forward is within the Troubled Families programme. As the starting point for key agencies that perhaps previously had not shared names, addresses, dates of birth, postcodes, it demanded that they did that in order to identify the number of families that we have been expected to work with. We have seen a move forward through that programme

Q749 Chair: Peter, David, do you want to add anything?

Cllr Simmonds: No, totally agree with that.

Q750 Pat Glass: Okay, thanks. On the issue of data sharing and information sharing—although I have to say I want to throw myself out of the window, closely followed by my colleagues on the Committee, when we mention it, because it just does not seem to get any better—what are you doing specifically, as the Local Government Association and as individual local authorities, to try to get around this issue of health and not sharing information?

Cllr Simmonds: Through the Local Government Association, there has been some best practice work that has been done to try to share successful

approaches. Half the challenge is that, with health, different data protection controllers take a different approach in different local areas. Some will say quite happily, "Yes, we are working together with this child. We can share what we need to share in order to do that effectively". Others take a real head in the sand attitude to it and that is a challenge. Partly, it is about breaking down some of those barriers, making sure that people know and can wave those examples under the noses of their health colleagues and say, "Look, if your counterparts in Southwark can share this, why are you saying you cannot share the same information in Gateshead?" or wherever that is cropping up as an issue. We are trying to make sure there is that exchange of information so that people are equipped to tackle that.

Q751 Pat Glass: So there will be a Local Government Association protocol that they can wave in front of them and say, "Look, it says here you can share this".

Cllr Simmonds: I would not call it a protocol, but we are sharing the best practice. The issue with protocols, of course, is the other side have to sign up to it and, as we know from experience, the other side may well say, "They may have signed that protocol in Hillingdon, but we did not sign it in East Riding, so we are not going to do it". That is why it is often about people having the knowledge that other people have overcome it so that they are able to tackle that and have that confidence.

Q752 Pat Glass: What about individual local authorities?

Cllr John: I come back to the health and wellbeing board and strategy and my hope and aspiration that that will lead to just these better working relationships on the ground and a willingness to share data and information in the way that you would seek. Yes, that is what I would point to. I cannot say that we have an absolute answer currently. Even in London, we have difficulty with the local authorities sharing information with each other, where there should be no difficulty in information being shared. There are always problems that arise.

I do not have anything much else to add on that. Clearly, it is necessary. Clearly, it is important that it happens. Through the health and wellbeing strategy and the health and wellbeing boards and also the fact that budget cuts are going to mean that agencies are going to have to work together if these things are going to work, hopefully those relationships will produce the solutions that we all hope to see. Call me back in five years, really, I suppose is the answer on that.

Jon Stonehouse: I certainly cannot deny that it is a very patchy picture with differences across the different local authorities. Where things are moving forward is on specific pieces of work in particular local authorities where there is that very—

Q753 Pat Glass: Who are these local authorities where it is working?

Cllr Simmonds: Bristol is probably the best example.
Pat Glass: We need to get Bristol in.

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Cllr Simmonds: There is a very good case study. Bristol children's centres get lots of really detailed information that is about poverty, health issues and so on, which is fed through from both the NHS and the council. We can share that one in a lot more detail, but that is an example of where it seems, so far, to be working and where there is a local protocol that has been agreed, which covers this.

Q754 Chair: Is there a coincidence between the areas that are better with the areas that have a MASH or teams in child protection? In other words, they have built up in that area the co-working and the sharing of data. In a sense, once you have broken through in one area you might be able to move that over to others. I do not know if there is any evidence for that.

Jon Stonehouse: Our MASH is the example I would give of where we are making progress, where we have a multi-agency team that look at specific families and that information sharing happens within that context. That is not a local authority-wide agreement, but it happens for some of our most needy families. We feel that gives us the opportunity to broaden that out.

Q755 Alex Cunningham: Most of our conversation is about the purpose of children's centres, but I wanted to probe one or two things in a bit more detail. We have seen the Government's focus shift from childcare to a greater emphasis on early intervention. Do you believe that is the right way to go, or do you have different thoughts on what the core purpose of children's centres should be?

Cllr Simmonds: Perhaps something of a national perspective: the answer is that it will depend upon the local circumstances. There are some areas where the key need of a community is to enable people to get back to work and a universal childcare type offer is enormously helpful. There will be other areas where there will be quite specific safeguarding needs. There may be particular issues with specific communities that exist in those local areas. The children's centres will not all look the same. They will be providing quite a different service. That is why, at council level, we are trying to make sure that what we offer reflects the needs of those communities and is flexible to meet those needs as they change.

Jon Stonehouse: In most areas, the children's centres should form part of that early help, early intervention and prevention offer.

Q756 Alex Cunningham: Part of it: is that a big part of it? Should it be their main emphasis or should they just be collaborating with others?

Jon Stonehouse: The emphasis and the size of that, I suppose, will vary from area to area. Again, speaking from a Greater Manchester urban authority perspective, it is a significant proportion of that offer. It has to be so for all sorts of reasons, not least the regulatory framework and being able to demonstrate that we take that view of children's safeguarding from universal services right through to the very specialist end. It has to be a key part of the early help offer.

Alex Cunningham: You are nodding your head, Annette

Annette Wray: Yes. I think it does. It is part of that continuum, isn't it, in terms of that universal offer? In East Riding, we only have childcare in four of our children's centres. We rely heavily on our private and voluntary providers in the localities. When we were developing children's centres, we had to balance whether we set up childcare in an area that would put private or community businesses out of business or we worked in partnership with them and that is what we have done. We have a really vibrant mixed economy of providers, and that is essential when we are looking at providing places for two-year-olds.

Q757 Alex Cunningham: David pre-empted my question when I was going to talk about whether the focus has to be the same everywhere. But can we expect, in the light of budgets and everything else, that we will see a lot of the universal service just go by the way and there will be concentrations on the quite narrow specific needs in specific areas?

Cllr John: The pressure is that way, but I hope that is not where we end up. I quoted that stat earlier on that, for 90% of parents who have attended children's centres and worked through children's centres, it had helped them to get more involved in the community. That is one of the very clear benefits of the universality of the offer and having parents coming together from different backgrounds and with different experiences. You lose that, don't you, if you are just targeting all your intervention and care on a particular section of the community or children or families with particular needs?

Q758 Alex Cunningham: Will the resources in the future allow you to do these wonderful things that are happening in the 90% of cases that you quoted?

Cllr John: At the moment, local authorities are bending over backwards to try to keep and maintain the current offer. We have talked already about the risk that that might not be what we can do in the future, but I really do think that, for the purpose of children's centres as we know and understand them in Southwark, in London and more widely, we have to try to carry on doing that. We have to try to make sure that that funding remains there.

Q759 Alex Cunningham: We can try, but whether we succeed or not is another matter.

Cllr John: Yes, absolutely, but it would be really regrettable if it just did become much more targeted in approach. I do not think that is where anybody here wants to see it go.

Q760 Alex Cunningham: Subject to resource.

Annette Wray: It is still the workers who are running the sessions and activities as well who are picking up those low level concerns and issues with families that they can signpost or support straight away, which prevents them escalating and needing a more targeted service. If you reduce or stop all universal services, families just will not come to children's centres. They will just be seen as places you go if you have difficulties or if you are having support from a social worker, and we need to keep that universal element.

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Q761 Alex Cunningham: Maybe there is some good evidence there for the Secretary of State to fight harder for budgets in the future.

Teachers in primary schools tell me that, of young children who have been arriving after the noughties, the ones who grew up through children's centres are much better equipped when they get to school. So what place do you now see for early education in children's centres? Is it still going to be the role for centres to ensure that children are school-ready?

Annette Wray: Yes, I think it is a role. People get hung up by the words "school readiness". We want children to be happy, engaged in learning, confident to start school. I think people are really hung up on what the term "school readiness" means. It is not about them being ready for formal learning and stop playing, but to learn through play and have the school ready for the child to start attending and learning. We are doing lots of work around transitions, particularly with vulnerable children who are starting school. Parents' concerns are everything from going into school, meeting head teachers, knowing what they need to do to really practical things about helping children out with their lunchbox and getting dressed and things like that. It covers a broad range of things and that is something we are addressing in children's centres.

Cllr Simmonds: It is probably worth saying one of the powerful incentives for councils to maintain a universal service is that it is a very important part of stepping down and diverting people who might otherwise end up coming to our attention through child protection services. In many authorities, the service that is offered is a key part of what is often referred to as "tier two". This is not a family that is in crisis where we are going to send a child protection team round to visit them, but means that they have some needs and diverting them to a children's centre to turn that situation around before it gets worse is a key part. It comes up in the Troubled Families agenda and through early intervention. It is something that we are all doing at the moment.

Q762 Alex Cunningham: Yes, but for many centres in disadvantaged areas, as David was sharing earlier about the report in a newspaper of a child who has not even been toileted prior to arriving, there is lots of catch up to do in some areas, so additional stresses on the system, yes?

Cllr John: I have a good Southwark stat for you on the positive impact, we think, of Sure Start in children's centres. That is, in 2008, 40% of children at the end of reception year were reaching a good level of development. Last year, that had increased to 69%. That is a massive increase over the period that we have seen investment into Sure Start in children's centres.

Alex Cunningham: And it must be celebrated. My concern is for the longer term-future and the impact of budgets.

Q763 Chair: May I interrupt? Just to go back to Annette, a few years ago the East Riding had the biggest gap in the country between children on free school meals' outcomes at GCSE and the average in

the authority. It went relatively unreported and it is still there. When we talk about early education and school readiness, and in the context of that historical failure of the poorest by our council, that is the kind of context I am looking at. I want to know that the early years effort and the children's centres are going to play a part in making the children who are born poor less likely to have poor results afterwards. Do you feel confident in that, and do you have any evidence?

Cllr John: That was my stat, was it not? That is a good stat, which I think supports the work of children's centres and Sure Start and also the experience of Barking and Dagenham, which is doing some great work with its children's centres and is leading on a hub and spoke model. That is another borough with great deprivation and problems at the moment with a huge influx and increase in population.

Q764 Chair: One of the problems of course is that, although we get stats like that, when you get the major national research it tends to come out less favourably and leave us less sure. Annette, assure me that my constituents in the East Riding who were born poor are going to be better treated than they have been in the past.

Annette Wray: We have the evidence through the results of the Early Years Foundation Stage that children's development is increasing, but only slightly—we are not making the same claims that Southwark can in terms of the good level of development. What was a really useful measure was the narrowing the gap measure, which was looking at the lowest 20% of children and their outcomes and whether they were achieving in proportion more than the rest of their peers. What we found in East Riding was that that was a very low gap: it was 27%; nationally it is around 30%. So we are increasing through our targeted work in children's centres to reach those more vulnerable children and give them a better start.

The issue is that that measure has now been dropped, so we are only looking at a good level of development. We are going to try to look at that, because we do analyse the data quite thoroughly and we do look at cohorts in terms of black and ethnic minorities, children in care, and children on free school meals. We break that down to children's centre level, so we can see that in some areas it may not be an issue, but in some of our children's centre catchment areas we do need to do more work and we can focus that work on those areas.

Q765 Pat Glass: Can I just ask, Annette? Before coming into Parliament I was a Government adviser and I did work in East Riding. I remember raising this issue with Graham personally, and saying, "The gap is biggest and nobody is listening". I remember there was a girl called Fiona Fitzpatrick in school improvement and she was banging her head against a brick wall. Is that true, because it cannot just be in the early years; it has to be in your school improvement services as well. Is it just you battling on your own or are people in those bigger areas taking notice of these things?

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Annette Wray: No, they are taking notice of it. Obviously, my expertise is with early years.

Pat Glass: Finally taking notice.

Annette Wray: Yes.

Q766 Alex Cunningham: What could local authorities do more in order to promote children's centres to disadvantaged families? We all have this wonderful vision: we would be out there, outreach would be the thing that we would do, we would bring these people in, everything would improve and things have improved, but we need to do more. What can we do, what can local authorities do to promote children's centres more?

Cllr Simmonds: In terms of specifics, disadvantaged families, the families who come to our attention, partly that is about signposting them specifically and, if a family comes through a referral, maybe from a school, saying to that family, "Have you considered getting engaged with your local children's centre?" It is a very practical, transactional thing. Then, partly, it is for us just continuing to remind people what is available out there. It never ceases to amaze me how often people will come to me and say, "I wish I could get access to this", not realising that the children's centre 150 yards from their house provides it to them free when they want it, should they need to. It is just making sure that that publicity is freely available— websites, council publications, through the centres, through the schools, that kind of thing.

Q767 Alex Cunningham: I was blessed with a grandson over the summer and I am sure my son would have loved to have been able to go along to his children's centre to register the birth instead of having to make an appointment for a week later. Do you think using the centres for registrations of births would achieve anything or do you suspect that there would be problems with that?

Jon Stonehouse: The solution to getting people to use children's centres is to broaden the offer of what is provided through them, so I do not think it is just the local authority's responsibility to publicise them. If we make sure that the services operating out of them are the ones that the community needs, then it becomes that broader responsibility to publicise the work of the centres. Broadening the range of services that are offered out of them will help, inevitably, in doing that.

Cllr Simmonds: It has been tried, with mixed results so far. Manchester, Bury and Lambeth are already doing this at the moment. Some parents are coming back and saying, "We would much prefer it if it was a maternity unit in a hospital rather than having to go somewhere else". The feedback from Manchester said that, where it has been trialled, it has proved to be unpopular with parents, who felt it was quite an inconvenience.

From a general local authority strategic point of view, the key issue is that it is expensive. Registrars are subject by Government to all sorts of different requirement, so if you have to have people employed as registrars for 18 children's centres, we would need to recruit 36 more registrars against a team of two—

Q768 Alex Cunningham: So the idea is bonkers really.

Cllr Simmonds: If Government wishes to pay for it, Government is more than welcome to. From a local authority perspective, I do not think I would choose to implement it as a good addition to local services.

Alex Cunningham: Do you have a view, Peter?

Cllr John: I would probably agree. Just in terms of the budget constraints we are facing, taking on any additional responsibilities would be difficult. Whilst it is a good idea, it sounds the sort of thing the Government would do and say, "Yes, you must now have all registration of births at children's centres" but without giving us a single pound extra, which would put further strain on those budgets.

Chair: So that is a no as well.

Cllr John: Yes, it is a no.

Q769 Mr Ward: I have some questions on how you monitor the effectiveness of centres, but I just want to come back to this point that, allegedly, the Queen is supposed to believe the world smells of fresh paint and, for obvious reasons, we tend to get people who are coming here with best practice and good practice. Reading this recent report, poor children not being potty trained when starting school and poor white boys are at risk of becoming an educational underclass. It says, "The early years experiences endured by these children have been so abysmal that they begin compulsory schooling absolutely not ready for learning and potentially permanently disadvantaged". It is 14 years or so since the first Sure Start local programmes began. It was a massive capital and revenue investment by the nation as a whole and yet this is a damning report about the ones the scheme was originally set up to deal with: the most disadvantaged. Now, it is not your wonderful stats from Southwark and so on. Are we getting anywhere at all? What are we doing about this incredibly important issue of how we deal with the most disadvantaged young people? Is it working?

Annette Wray: We have a shared responsibility with health visitors, who also have a universal offer for all children. They would be assessing those children at seven months, two and a half, some at three and a half. They have a duty to do those assessments in terms of the development and learning of those children and they need to flag up if there are issues that then children's centres can support. It is our responsibility to try to find all of these children and engage with them, but it is an equal responsibility with health visitors, who also have that remit in terms of supporting families. They could signpost on. We could do some intensive work, around potty training with that family in particular, but we need the referrals. We need that joint working to be working effectively in the areas.

Q770 Mr Ward: What is going wrong? Not in your areas, but what is going wrong?

Cllr John: There are always families who do not want to engage. I know of stories in Southwark. I am chair of governors of a primary school where a child turns up aged six who has never been in the education system, facing exactly the sort of difficulties that you

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were taking about. We, as a school, have to try to deal with that child and sort it out, etc, and get them on the path to an education. It happens even where you think you have all the bases covered, but there are families who do not want to have any contact. These are the children who do not have the health visitor visit. I do not know how we pick them up, quite frankly, because some people just want to stay under the radar. They do not want to have any involvement with the authorities. We have to try to work harder, but it is difficult and I am not sure there is a perfect solution.

Cllr Simmonds: The Department for Education has commissioned a study by Oxford University to look at the effectiveness of these services, but the reality is there is no good quality long-term evidence really, from anywhere much in the world, that we know stacks up, that proves one way or another the effectiveness of these types of arrangements. If we go to similar countries, they say the British are completely bonkers to be trying to get children into any form of early education as young as we do. Other countries say, "Gosh, we wish we had early education like is available in the UK, because we think it would be brilliant". There is no sort of internationally agreed standard.

One of the things that is worth bearing in mind, though, when we look at impact is that, the more targeted the service is, the easier it is to measure the impact. If you have a child who comes with a specific need, you can look at whether that need has been addressed during that child's time at the children's centre. If they are there for speech and language therapy, has that overcome their problem by the time they have moved on? With a universal service, where essentially we are saying we are going to put the offer out there and we are going to hope that people's engagement means that overall more children will be better equipped when they arrive at school, there are no effective measures that all those clever people who analyse such things have come up with yet that will prove that one way or the another.

Q771 Mr Ward: Even within the overall excellence, you must have systems in place to make sure the less excellent become better, so centre to centre, what are those processes that you have?

Cllr Simmonds: Ofsted is the primary national inspector. At local authority level, through both the commissioning process and who will manage them, we want to know what they are doing. We can measure that partly through some of the outcome measures that we talked about: if we are organising—

Q772 Mr Ward: Should there be a national outcome level?

Cllr Simmonds: There is probably a set of national indicators that we could return to should we want to do so, but I think we have never found those particularly helpful in the past, because what usually happens is people focus on the national indicator rather than on the needs of the local community.

Q773 Neil Carmichael: What I would like to talk about is payments by results, particularly with

Annette, because you are obviously experimenting with them, so would you like to tell us how they are going?

Annette Wray: The programme ended in March. There was going to be a planned extension, but it was completed in March of this year.

Q774 Neil Carmichael: How would you describe the experiment?

Annette Wray: There are bits of it that have been really valuable to be part of the payment by results trial. We did a joint trial with North Yorkshire. We had a very clear focus when we wanted to join the trial that what we were really trying to tackle was moving the work of children's centres upstream, so we were working really with the antenatal period to the first six months of a child's life. That was an area where children's centres in our areas had not particularly concentrated on, and obviously the first two years of life are crucial in terms of those outcomes for children. So because we had a clear remit, the trial enabled us to have some additional time to focus on trying to get the birth data from some of our hospitals and look at the work that we were doing and share good practice across North Yorkshire and East Riding. It has been very valuable.

The measures that were put in place were very controversial in that nobody could agree on the measures nationally. We could agree on our local measures and that has been useful in terms of looking at the data and the information that we are collecting on families and the long-term tracking of children that we can now do because we have invested that time in that information. But the payment part of the payment by results was never really the primary motivator to going into the trial, and it has been very complicated in terms of working out what the reward would be for and how the reward would be paid. We still have not had the results of that yet.

Q775 Neil Carmichael: We touched upon that in an earlier session, because we were talking about outcomes versus outputs, if you like, and of course that is central to this issue, so thanks very much for your answer.

Now, moving on, local authorities obviously have some responsibilities in terms of challenging centres, but mindful of Ofsted's role, how do you think the future activities of local authorities are going to unfold?

Cllr Simmonds: In terms of current posts, the role of the council in carrying out quality assurance between what Ofsted do and the basic choices that parents make is likely to, more or less, come to an end. It is not yet clear what that looks like, partly because Government is still consulting about some of it. The view that has come out seems to be that what local authorities currently do in terms of quality assurance and monitoring what is happening is seen as a bureaucratic burden and should end. There is probably quite a variable picture around the country. If you ask a group of providers, ask a group of children's centres, ask a group of nurseries what they think of the local authority, it will depend upon the quality and the price of what it is that they are able to access. I suspect, a

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bit like a lot of services that are in existence in terms of school improvement, a lot of that may move into more of a traded service, so those things like training for childminders, training for new staff, human resources, payroll, stuff like that, which may currently be provided through councils, may become provided purely on a traded basis.

Q776 Alex Cunningham: Are you confident that local authorities can deliver the two-year-old offer or are there barriers in the way that have to be overcome yet?

Cllr Simmonds: Yes, we will do that.

Q777 Alex Cunningham: We will hold you to that. Peter, how about you?

Cllr John: Yes, I think so. If we have as much freedom and flexibility in the way in which it is provided—that is probably what we would ask for—we can provide.

Q778 Alex Cunningham: So the local authorities will be ensuring that it is delivered, rather than relying on the third sector or private organisations.

Cllr Simmonds: Yes. It is us who are responsible for ensuring it is delivered. Who we get to do it is another question, and that will be at local level.

Q779 Alex Cunningham: So partnership will be important. Do you agree, Annette?

Annette Wray: Yes. We have to deliver it in partnership because we have such a wide variety of

private and voluntary sector providers, so we would crucially rely on them to provide that. It is sad that the local authorities' role in providing that quality assurance and support is ending, because that is how we have managed to get such high quality private and voluntary providers in the sector, by working with them in partnership, providing them with free training and looking at their needs in terms of improving quality. I think it is a shame that that is going, because I do not think that is a role that Ofsted can really pick up.

Q780 Alex Cunningham: If you agree it will be delivered, Jon, will it impact on provision of other services within centres?

Jon Stonehouse: A lot of our provision would not be delivered out of those centres; it would be delivered elsewhere, so I would not expect it to have an impact on existing services.

Q781 Chair: So you expect to be able to fulfil the two-year-old offer with reasonable proximity to those who need it.

Jon Stonehouse: Yes, through our provider network.

Chair: Excellent. I am sorry we did not have longer. Thank you very much indeed. If you have any further thoughts or reflections, please do send them through in a short email; it would be very useful, particularly mindful of the recommendations that we make and what you think should be in our report. Thank you.

Tuesday 15 October 2013

Members present:

Mr Graham Stuart (Chair)

Neil Carmichael
Alex Cunningham
Bill Esterson
Pat Glass

Chris Skidmore
Mr David Ward
Craig Whittaker

Examination of Witness

Witness: **Elizabeth Truss MP**, Parliamentary Under-Secretary of State for Education and Childcare, gave evidence.

Q782 Chair: Good morning, Minister, and welcome to this session of the Education Committee. We are looking at Sure Start children's centres. We have been conducting this Inquiry for quite a long time, and it is a pleasure to meet the Minister to discuss the various issues that have come up.

To start with, what do you think children's centres are for?

Elizabeth Truss: First, thank you for inviting me to the Committee. I really welcome the opportunity to discuss Sure Start centres and the foundation years, both are which are extremely important and a big focus for this Government. I am very interested to see the results of your findings. The Government will certainly listen to what the Committee has had to say. Reading through the evidence you have collected so far, there certainly have been a lot of issues discussed. Children's centres are for making sure the outcomes for young children and their families are as good as possible; that is their core purpose. It is for local authorities to determine the best way for those children's centres to be organised and operated, but we see them as a gateway for families—so that families can receive support, whether that is in parenting or for health services, for example. It is a one-stop shop that gives them access to a wide range of services available locally.

Q783 Chair: The special adviser at the Department for Education, Dominic Cummings, described Sure Start as a waste of money. Do you agree with him?

Elizabeth Truss: No, I do not. There is a lot of evidence that early education has a very beneficial effect on young children where it is of high quality. In particular, I would highlight the EPPE study, which studies children from two and a half and shows that, where good quality teaching takes place, it has a benefit for later life. However, the evidence is less strong on services for the under-tuos, which is one of the reasons we are funding the Early Intervention Foundation to look into getting better evidence. There is strong evidence around some interventions and not other interventions.

Where it is hard to see whether or not children's centres are value for money is that it is hard to isolate the effect the children's centre has specifically, because it is part of a range of services provided by local councils to families. For example, the children's centre could run a post-natal class, engage parents in

the facilities at the children's centre and recommend that the child took up an early learning place at a local nursery or school. The child could benefit from a variety of those services; by age five, that child might be in a very good position to start school and do well. How to attribute this to the various links on that chain is quite difficult, which is one of the reasons I am keen to see local authorities held to account for their overall performance in the provision of services and early intervention for young children, rather than just the children's centres, because it is hard to isolate the specific impact of the children's centre as opposed to the overall range of services the child and parent have. One of the things we are doing with children's centres is encouraging more services to be based at children's centres. From 2015, health visitors will be under the auspices of the local council; we also want those kinds of services to be available at children's centres.

It is hard to isolate the specific effects, but it is certainly true that, where there are things like parenting programmes or Family Nurse Partnerships taking place at a children's centre, we want those to be very clearly evidence-based, which is why we commissioned the Early Intervention Foundation to look at the evidence, and make sure local councils and children's centres are aware of the evidence.

Q784 Chair: You have talked about the importance of quality, and we would certainly agree; where do you think the highest quality is to be found?

Elizabeth Truss: Ofsted monitor the quality across early education. It is important to recognise that only 4% of early education and childcare is actually provided by children's centres. The vast majority is provided by private and voluntary-sector providers, childminders and schools. One of the things we should be very clear about is that schools have quite a major role in the early years.

For example, in London, almost half of childcare places are provided in schools. It is one of the things I hope the Committee will be looking at in this report: the role of schools in the foundation years and the links between schools, children's centres and nurseries and the provision of those services.

What Ofsted finds is that those nurseries with high-quality personnel, i.e. graduate teacher staff, tend to perform better.

Chair: That is the answer I was looking for.

Elizabeth Truss: That was the finding of the EPPE study.

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Q785 Chair: Nursery schools are the highest quality. Do you agree with that?

Elizabeth Truss: Yes.

Chair: Yet over the last 10 years we have seen perhaps 30% of them shut. Interestingly, we have seen quite a number of closures not just in this country but in Wales. Somehow we have had this huge investment and focus by successive Governments on early years and yet, when quality is the absolute key, the highest quality centres appear to be closing. How is that possible?

Elizabeth Truss: New high-quality centres are opening as well. For example, last week I was at Folkestone Academy, which has just opened a school that starts from age three with a nursery section in the school, which runs a nursery that is open from eight to six, which is good, because it is actually using the assets of schools.

Chair: Sorry to interrupt you, but that is not my question. The evidence is that the older, more established centres are better generally. You have accepted that nursery schools are the highest quality providers. They are closing—this is the evidence that we have had—and have been closing under successive Governments. It just seems like a strange situation. I wonder if you recognise that as being unfortunate and whether you are planning to do anything about it.

Elizabeth Truss: The evidence is that, actually, the newest providers are of higher quality. If you look at the recent Ofsted findings, they actually find that those nurseries that have opened recently are of higher quality, on average, than existing nurseries. That is quite a good sign of what is going on in the nursery market. School-based nurseries are often of high quality. Sometimes it is difficult to identify that, because there can be an overall report for the school rather than just the early years.

However, the critical point, Mr Chairman, underlying what you have highlighted about quality, is the fact that there is graduate-teacher-led provision. We want to see more of that—whether it is in maintained nurseries, in nurseries in schools or in private and voluntary-sector nurseries.

It is not the building and the structure so much as the way children are being taught and whom they are being taught by; that is what is most relevant for quality. My concern is that, at the moment, only roughly a third of three and four-year-olds are being taught in that way. This is an issue, which is why we have introduced early years teachers and why we have introduced Teach First in the early years: to secure high-quality graduates.

Chair: Minister, what I wanted to ask you about is the closure of high-quality and long-established nursery schools. Is it an issue or not?

Elizabeth Truss: I read the evidence from the previous session. It seems to be that some people are saying they have been merged to be part of a broader structure in some cases. I do not necessarily recognise that.

Chair: You do not recognise that.

Elizabeth Truss: I do not recognise that, but what I would say is that it is up to local authorities or the organisations that run them to make sure that these are run in the most efficient way.

Q786 Chair: We are clear on that. I just wondered whether you saw it as a problem, but you do not. Can I ask you about the core purpose? Are you happy with it?

Elizabeth Truss: Yes.

Chair: You do not think it looks like it was composed by some inter-departmental committee?

Elizabeth Truss: No.

Chair: You do not think there is any sense of confusion or being conflicted? It is not all things to all people? You really are genuinely happy with the core purpose?

Elizabeth Truss: It would be fair to say that we are currently on a journey towards what things will look like in the future. For example, the integrated check at two and a half is being introduced in 2015. We are currently consulting, as the Department for Education, on a baseline check at age five, which would make the EYFSP optional. We are also seeing the transfer, in 2015, of health visitors to local authorities.

The vision for a fully integrated service at a local level, which is accountable to local councils, is not fully formed, but our core purpose indicates clearly that this is the direction of travel we see: we see children's centres as being there to offer services to parents, to improve outcomes for children and to provide a gateway into other services that are provided locally.

Q787 Chair: Do you see any tensions within the core purpose?

Elizabeth Truss: Do you have one, Mr Chairman, which you would like to highlight?

Chair: The ECCE Strand 3 report spoke of some of the tensions in the core purpose of the current policy: children of parents on employment or family support and targeted or universal provision for disadvantaged neighbourhoods. A criticism I would personally make of it is it appears to be all things to all people—as well as being inelegantly phrased.

Elizabeth Truss: Apologies for the phrasing. On this targeted or universal issue, services have to be open to all to attract parents to use them; that is helpful. However, it is the responsibility of local authorities to make sure those services reach the hardest-to-reach families. With programmes like the Troubled Families programme, local authorities should be using their resources wisely to make sure that those elements are well represented in children's centres.

You do need a network of children's centres that are accessible to families. A lot of the evidence suggests that parents want a service that is very local to them and that they are able to access. You want to involve as wide a group as possible of the community in the centre; however, the ultimate aim is to make sure that those children from the most deprived backgrounds get the early education and the services they need. There is no contradiction in those aims; the way of achieving an effective targeted service is to have a universal offer.

Q788 Chair: I keep returning to the core purpose. Perhaps it should be called the conflicting and confused purpose; that would be a better, more accurate description.

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The Government's focus is to "improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness, supported by improved parenting aspirations, self-esteem and parenting skills and child and family health and life chances". That is the core purpose.

Imagine you are a manager in charge of delivering services; go back to that. What exactly do you take out of that? It does not tell you what your primary responsibility is. Is it primarily to improve outcomes for children or is it more about helping families into work? Is it about reducing child abuse? "Supported by improved parenting aspirations"—

Elizabeth Truss: Mr Chairman, the point is that improving outcomes for children involves all those things. Good schools and nurseries involve parents in the child's early education, because that helps improve the home-learning environment. They make sure families have access to services like, for example, debt management—to ensure that they focus on outcomes for children. The ultimate aim is improving outcomes for children, but we recognise that you need a wide range of services to help do that.

We are giving maximum flexibility to local councils to organise services in the way they see fit to meet the needs of the community. The needs of a children's centre in, let us say, rural Norfolk—e.g. the Emneth Children's Centre, which trains up local childminders—may be different from the needs of a children's centre in the centre of Leeds. The whole point about our core purpose is that it gives councils the freedom to organise their services with the aim of achieving the best outcomes for children.

You have asked me, Mr Chairman, to talk about whether we are there yet. We are not there yet, because we do not have some of the outcome measures we need to be in place. We have just commissioned a new study to look at the longitudinal results for two-year-olds. We are working on a baseline assessment at age five to see where children are there. We have a two-and-a-half year check that is coming in in 2015, so we can monitor progress and we can get better at holding local authorities to account—and that local electorates can hold local authorities to account on these outcomes.

Chair: Minister, they will find it very hard to hold them to account on the basis of this core purpose, given that it covers everything from self-esteem to parenting aspirations, skills, health, life chances—you name it.

Elizabeth Truss: It is deliberately broad.

Q789 Chair: If it is a core purpose, it is not very focused. I have one final question, before I move on to the rest of the Committee. Would you review the core purpose and examine whether it is providing the kind of focus and clarity that people in the sector need?

Elizabeth Truss: I will absolutely look at the Committee's recommendations in terms of what the core purpose says. As I say, it is deliberately broadly drafted to give local authorities maximum flexibility to deal with the situation and make it easier.

One of the issues we have is that it is very difficult for local authorities to merge services or create one-stop shops, because of the different instructions they get from different Government Departments. We are being deliberately broad and we are also working with the Department of Health so that there is a clearer joint message.

Chair: If it appears confused, it is deliberate; is that right?

Elizabeth Truss: It is deliberately broad.

Q790 Pat Glass: Can I ask a couple of questions about the core purpose? I absolutely understand that, if it is to improve outcomes for children, with a range of ways of doing that, it will be different in different areas—all sitting underneath the core purpose. Managers must understand—and I do not think they always do—that it is about improving outcomes for children. Are those academic or social outcomes? If they are social, as we heard earlier, there are longitudinal studies in America that look at how many children go to specialist schools and then prisons or into homelessness or worklessness. Do we have something in place that is going to measure the social impact?

Elizabeth Truss: It is both academic and social outcomes, and I would very much support better measurement of both of those. One of the things we know—this is why it is important to have graduate leadership in nurseries and childminders from an early age—is that early vocabulary development is very important to later reading abilities. We know that communication skills are important. Some of those things are hard to categorise as academic or social, because being able to talk to somebody is both an academic and a social skill that is going to serve the child well in later life. However, both those things are important.

We always struggle—as all Governments do—to measure things. The Chairman of the Committee and I have discussed on frequent occasions how difficult it is to hold organisations to account for the things you measure, because then you tend to get gaming in the system. We must avoid the potential for that, but I completely agree with your general point: we need to make sure local authorities are clear about what the outcomes are of the programmes they run and what they achieve.

I am saying that it is hard to isolate the impact of a children's centre as opposed to a school nursery as opposed to a childminder as opposed to a health service, which is why I favour a broader measurement of the overall local authority.

Q791 Pat Glass: If we are looking at broader measures, an awful lot of money has gone into this over quite a number of years. Are we going to put those broader measures in place? This would not necessarily be to measure the impact of one children's centre, but whether this is value for money—are there fewer workless and homeless families as a result of early intervention?

Elizabeth Truss: Yes. That is what the Early Intervention Foundation is looking at. There is more scope to link the various Government programmes I

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have mentioned—such as the Troubled Families programme—together with what we do in early intervention. It is one of the things that the Social Justice Committee of Ministers considers: how do we better link up the various programmes to make sure we are properly measuring outcomes?

Q792 Mr Ward: Minister, what you detect, no doubt, is a sense of frustration that we have a responsibility to hold the Government to account, but we are actually not sure what we are holding them to account for.

You are going to rename the core purpose; it is actually a general purpose we are looking at. The more general it becomes, the more difficult it is for us to know what we are holding the Government and indeed, ultimately, the centres responsible for. That is the frustration we have; to do our job, we need to know what the end purpose is. When it is very broad with a little bit of good in lots of different areas, it is very difficult for us to evaluate.

Elizabeth Truss: What we have had is a history of lots of different programmes being administered at a local level with different funding streams. They have not been put together; they have been administered separately with their own targets—for example, the payment-by-results scheme. That has meant local services have not been able to be configured to suit the local population and councils have not had the full overview or ability to spend money in a more targeted, strategic way.

At the moment, I have been talking to Brandon Lewis, a Local Government Minister. They have a transformation fund, which is available to organisations and councils to bid for, for configuring services so that they are done in a rational way. At the moment, we have a lot of different Government buildings—for example, Sure Start centres and other buildings. Can we base more health visitors in Sure Start centres? Can we make sure it is better for both families and local government in terms of their way of operating?

This means the purpose is not just educational and the overall budget for children's centres is funded by DCLG. It is actually a local government responsibility, and local government should be held to account on how they are performing in terms of the outcomes for those young children in their local areas. That fits with schools and nurseries and their overall responsibilities for children's services.

However, you are absolutely right: it is not simple. You cannot pick out one thing. The education outcomes and the health outcomes are all linked. We know that poor health and poor education are generally linked factors, but we have to give responsibility to local authorities to achieve the best outcomes, otherwise we end up with all these funding streams.

Chair: Thank you. We have a lot to cover and limited time to do it.

Q793 Neil Carmichael: I was listening carefully to what you were saying, because one of the big issues this Committee constantly bumps up against is the siloing of policies. Do you think there is sufficient

joined-up thinking behind this, particularly with your reference to the fact that a large number of young children go to school for nursery education? That is obviously not linked to health, for example, whereas the Sure Start structure would more readily be so. Is there sufficient evidence of joined-up thinking?

Elizabeth Truss: Joined-up thinking is increasing. The new flexibility led to more joined-up thinking. I have some good examples of birth registration now taking place at children's centres and health visitors being based at children's centres. I would slightly disagree with you on the point about schools. I mentioned a school in Folkestone I visited last week; they work with the local Jobcentre Plus to help parents get employment and they work with the local health service.

There is no reason why schools also should not be doing these things as part of an integrated offer and making more services available at schools. Fifty per cent. of Sure Start centres are on school sites, so it makes absolute sense for a much more integrated service to take place. It is happening: there are various barriers in terms of information sharing. We are shortly going to be responding to Jean Gross's report on this, so I am working on that with the Department of Health.

In all of these things, there is a lot of devil in the detail. That is why we are putting together the integrated health check, which is going to be available in 2015; that is why we are working much more closely with the Department of Health and the Department of Communities and Local Government to make sure there is a clear joint steer for local authorities.

Q794 Mr Ward: If a centre was not doing that as you just described, would it fail?

Elizabeth Truss: It depends on the other services available in the area. The way I would see it is, if a local authority was not improving outcomes for its poorest children by not configuring services in a way that works for parents and families, it would not be doing well.

We need to see children's centres as part of an overall offering in the local area. It may be that some local authorities decide to configure it more closely with health services while other local authorities decide to configure their children's centres more closely with schools.

There are vast opportunities to get better value for money from the use of buildings locally, and that is what DCLG has set up its transformation fund for, where councils can bid for £75 million worth of money to transform their services.

I cannot sit here, as an education Minister in Whitehall, and say, "This is exactly how local authorities should run their services," because they all start from different points. The Chairman has pointed out the issue of maintained nurseries: some areas have a high number of maintained nurseries; others have virtually none. It depends on the landscape and the local area.

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Q795 Neil Carmichael: Do you think that local authorities are the ideal delivery vehicle, as you implied in the answer to that question?

Elizabeth Truss: I would not use the term “delivery vehicle”; I see them as the commissioner of services, yes. Ultimately, it is hard to judge. You can judge a children’s centre for the activities it does, and that is what Ofsted does: they go in and look at children’s centres and say, “Are the parenting groups they are running effective? Is the early education they are providing effective?” However, what they cannot do is say, “Are the outcomes for these children good?” This is because one of the roles of a children’s centre is referring parents to other services, so we do not know which had the outcome—the children’s centre or the other service. Local authorities should ultimately be accountable for the outcomes of those young children.

Q796 Neil Carmichael: Are local authorities equipped with the mechanisms to ensure that social care, health and education are talking to each other, not just during the commissioning process, but beyond and throughout the lifetime of the projects and the children?

Elizabeth Truss: They are moving in that direction. There are further things we are doing that will make that possible. The devolution of health visitors to local authorities in 2015 will also help that. It sometimes depends on the area: it is a bit of a cliché, but it is all about the relationships at a local level.

There are some myths about information sharing, which we want to bust to make it clear that it is possible to share information in an effective way at a local level, but there are very good examples of this taking place in very good pilot schemes across the country involving reconfiguring services.

For example, some children’s centres are now the hub for the Troubled Families programme. That is true for a local authority in Havering. These things are happening, but it is a gradual process. We are basically giving local authorities the space to do that with the broad drafting of the interpretation of what a children’s centre is.

Q797 Chair: The Government does not seem to have much confidence in local authorities leading education more broadly—specifically, coming up with the academies programme in a great hurry to get their dead hands off education more broadly. Yet in early education you see them as being the absolutely crucial co-ordinators and commissioners. Is there a contradiction there?

Elizabeth Truss: I would not say there is, because local authorities have a strategic role in education right up to 18. One of the things I am very keen to do is break down the silo between early education and education.

At the moment, we have the biggest gap in salaries between those who work in nurseries and those who work in schools of any country in Western Europe. That is wrong, because we know that early education is at least as important as later-on education. What Charlie Taylor is doing at the National College for

Teaching and Leadership is working to create a 0 to 18 teaching workforce. That is the ultimate aim.

Chair: Thank you. We will come back to this later, but thank you very much.

Q798 Neil Carmichael: I have one last question, because I think it is important. What kind of vision do you have for this sector in, let us say, 10 years’ time? What would you like to see as a broad delivery?

Elizabeth Truss: In terms of childcare and early education, we have discussed that 4% is provided by children’s centres. I do not see that changing a massive amount; I see children’s centres as a gateway specifically focusing on the very early years. I want to see a diversity of different providers. I want to see more childminders. We have seen the number of childminders halve over the past 15 years; they are a very important part of the mix.

We are making it much easier for childminders to get early education funding. From this September, good and outstanding childminders will automatically get early education funding, which is a major change. We are also creating childminder agencies to make it simpler to become a childminder. I want to see nurseries moving towards a more highly qualified workforce.

What the Chairman has suggested about teacher-led early education is good; I want to see more of that. At the moment, we are at 33%. I would like that to be much higher. I also want to see different models evolve. We now have the development of quite a lot of 3–7 schools. That is very good to bridge over the distinction between the early years and the first few years of primary school. That is very helpful for children, and we want to see more of those models develop.

I want to see a much greater status for early years teachers. That is the whole point of the Teach First for the early years programme. We have 16 teachers now doing that in a pilot this year in London; I want to see that programme expand. I want to see a much greater consistency across the teaching workforce and much less of a silo between the early years and primary school, because early years have a lot to learn from primary schools and primary schools have a lot to learn from early years. At the moment, we lose a lot in the transition.

Q799 Alex Cunningham: The Chair has reflected very much the evidence we have heard over many weeks or months, in fact, around the core purpose and the confusion there about it being all things to all people, so can we look at some specifics? What should the balance of services in children’s centres between universal and targeted services be? Should children’s centres be community resources and managed by local parents or should they be venues for the delivery of targeted, evidence-based interventions for the most disadvantaged families with the local authorities being held to account?

Elizabeth Truss: It depends on the specific circumstances of each local area. In order to get parents through the door, there is inevitably going to be an element of universal programmes. That is

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helpful, but we want to see more focus on evidence-based targeted programmes.

Alex Cunningham: What should the balance be? Should it be 60:40 with more targeted services?

Elizabeth Truss: This is the whole point: I am saying that this cannot be decided by a Minister in central Government. It will depend on what is available in schools locally, what is available at the health service locally and what progress there has been on the Troubled Families programme—all those kinds of things.

We are giving councils the broad remit to improve outcomes for children. We want to see a network of children's centres to make sure that all parents have access to a children's centre, but we are saying to them, "You need to look at the best possible evidence as to how to deliver for local children." They also have a duty to ensure the sufficiency of childcare and we also want to see high-quality childcare available locally.

Setting specific targets on detailed areas of policy has been an absolute disaster for the past however many years.

Q800 Alex Cunningham: Does the evidence you have just given suggest that there are good grounds for confusion? It depends what is here, what is there and who can provide it. There is a mixed bag of provision across the piece, instead of some form of universal provision.

Elizabeth Truss: We know there is universal provision of children's centres. We know that there is a universal offer for childcare: 15 hours of childcare per week for three- and four-year-olds and 15 hours for two-year-olds in low-income families. There is a universal offer, which parents know about, but there are children's centres, which are also available and which local authorities are accountable for, to their local electors, as to what services are provided exactly.

It is a disaster to say we are going to impose what each children's centre should do when they are all very different. Local authorities need to be held to account for how they are improving outcomes for children.

Q801 Chair: Why do you not make that your core purpose? It would be a lot simpler.

Elizabeth Truss: At the moment, we do not have the full tools in place to do that. This is why we are doing things like consulting on a baseline at five. That is why we are working on the integrated health check. We have just commissioned a longitudinal study on two-year-olds; the results from that will be available in 2020.¹ None of these things are short term. The problem with past policy was that, when these programmes were started, we did not start the evidence collection. It would have been good to start

¹ Witness added further information: We have commissioned a longitudinal Study of Early Education and Development (SEED) to evaluate the effectiveness of the current early education model in England, and more specifically the impact of providing funded early years education to two year olds from lower income families. The study is due to be completed in 2020 and interim findings will be available in intervening years.

the evidence collection 13 years ago and then we would have some idea now.

Q802 Pat Glass: Have you started it now?

Elizabeth Truss: Yes. I have commissioned a longitudinal project, which will report in 2020, on outcomes for two-year-olds in our two-year-old programme. We have funded the Early Intervention Foundation to look at the evidence base around some of the parenting programmes and other intervention programmes. We are working with PISA to get better international comparisons for our early years education, which we do not have at the moment. We are also working with the Durham PIPS project to get better information about early years outcomes as well. At the moment, the only thing we have is the EPPSE (Effective Pre-School Primary and Secondary Education Project) study, which is two-and-a-half years old. That is the only piece of longitudinal research we have, and the main finding of that is that teacher-led early years education delivers the best outcomes for children. We do not have good evidence below the age of two and a half, which is why we are commissioning these other programmes.

The problem for me as a Minister, however, is that those longitudinal studies, by their nature, do not report next year. You do not know about the outcome for quite some years hence. Maybe we will be here in 2020 discussing it.

Q803 Alex Cunningham: You seem very keen to pass the buck to local authorities, Minister. They are under tremendous strain. I am beginning to hear that local authorities are saying that core services are going to start to suffer under the Government's cutbacks. You are also providing them with an extremely wide range of services or criteria within which to work. Is it fair on local authorities when it is not clear what you are actually requiring of them?

Elizabeth Truss: Local authorities welcome the additional flexibility. They also welcome the fact that, under the health and wellbeing boards, they are going to be taking on more responsibility for health visitors.

Q804 Alex Cunningham: What about the resources to go with that, Minister?

Elizabeth Truss: They do have resources.

Alex Cunningham: You have cut resources; they have gone down.

Elizabeth Truss: Brandon Lewis, the Local Government Minister, is very clear that we need to get better value for money for things like local government assets. At the moment, we have a lot of different programmes running out of a lot of different buildings. We want to be able to spend more money on frontline services; that is why we are seeing more joined-up management of children's centres, which is a wholly good thing, because it means more money can be spent on frontline staff and less money on overheads.

Q805 Alex Cunningham: Could they still live with a 20% cut?

Elizabeth Truss: We are delivering better value for money. If you look at the recent BBC study, what they

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found was that the public agree that we can deliver more for less.

What we have seen is a lot of different programmes, which had not been joined up, all being delivered at local level. It is right that local government take responsibility for that. It is very difficult for somebody to sit in Whitehall and say, "This is how Calderdale should organise their services," or, "This is how Leeds should organise their services." We believe in localism; we believe in empowering local government.

Chair: That is excellent. I would not wish to stop this being a political pulpit as well as an evidence session, but we have so much to get through; I must ask you to give shorter replies.

Q806 Alex Cunningham: I will keep to asking yes or no questions. That might help. Will you champion local authorities, when it comes to fighting with the Treasury, to make sure they have the resources they need to deliver the early years programme?

Elizabeth Truss: They do have the resources they need to deliver the early years programme.

Q807 Alex Cunningham: We will disagree on that. The Children's Society's excellent report *Breaking Barriers* examines how children's centres can best reach disadvantaged families, which is very much in line with what the Department wants. It worries me that the report shows 42% of those surveyed had not used a children's centre or knew nothing about them, while 73% were not aware of the services on offer.

With groups particularly vulnerable to isolation also less likely to know about the provision, what steps is the Department taking to reach out productively and inform communities of the services available?

Elizabeth Truss: I just want to come back on your previous question.

Alex Cunningham: Can you not answer this one, Minister?

Elizabeth Truss: I want to answer your last question. This country spends more on foundation years than quite a lot of other countries. For example, we spend more than France and about the same amount as Germany. Those countries often succeed in getting better value for money for the spending they put in. Our aim is to make sure the funding is available, but to ask local authorities to pool resources so that they are providing a much more coherent, value-for-money service at a local level. The same thing applies to our early education funding, which is now through the Dedicated Schools Grant. We need to get better value for money for what we are spending.

I want to come on to the second question. It is the responsibility of local authorities to reach out to their local communities and target those hard-to-reach families. We give them plenty of information. For example, on the two-year-old programme, we have given them the Department of Work and Pensions data about where low-income families are—their addresses and so forth—so that local authorities can go out and reach them.

However, all the evidence suggests that the best way of getting across to the public is through local mechanisms like local radio and other ways, rather

than the national pulpit. We have looked at the research evidence about how we reach those target audiences and it seems, to us, that it is better to target it locally.

Q808 Alex Cunningham: I would not contradict you that there is more money available for early years. What I would say is that local authority services—you are expecting them to support that and do this strategic overview—are under considerable pressure. I want to know what the Government is going to do to make sure they can do this role of strategically planning, informing and all of these other things as well, at a time when they are actually being cut further and further.

Elizabeth Truss: This is why the DCLG have set up the transformation fund: to give local authorities the one-off funding they need to reconfigure their services to get value for money.

Q809 Alex Cunningham: Is this one-off funding?

Elizabeth Truss: It is a grant so that they can reconfigure their services to be more efficient. At the moment, we can do more. Everyone on this Committee has acknowledged we can do more to get all the different elements working together to better share information so that it is not duplicated.

Chair: That is clear. Thank you.

Q810 Bill Esterson: You have been very clear that, in your view, there have been very few closures of centres and that, in fact, the claims of hundreds and hundreds of closures are, in reality, mergers and the move to a satellite model. Yet the evidence we have had suggests that, when you move to that kind of approach, you often end up with the situation where you have a part-time member of staff producing leaflets, which does not deliver any kind of service at all. Do you recognise that as a concern?

Elizabeth Truss: We need to make sure that the services being delivered locally are good services that parents value. I have seen that other people have commented on the value of a hub-and-spoke network, where some services are available in some centres and other services are available in other centres. All the evidence suggests, though, that parents want something that is located near their house. There is a value in having a local presence, but it is very much for local authorities to make sure that what each of those centres is doing is good quality and is helping outcomes for children. Of course, Ofsted also inspect centres to make sure what they are doing fits the bill.

Q811 Bill Esterson: The concern is that, if you have this patchy approach that we have seen evidence of, there is an inability to meet all the needs of the families and the children in those areas where that is the setup.

Elizabeth Truss: It may be, for example, that the Sure Start centre might hold a post-natal class for parents but refer the same parents to a local academy that offers two-year-old places in its nursery. It does not necessarily have to be on site. Remember that 50% of Sure Start centres are at school sites and there may be services available in the school. It is not

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necessarily that everything has to be available on that site; it is that the local authority's role is identifying those families and children that need help and making sure they get those services.

Those services may involve things like home visits; it may involve a placement in a high-quality local nursery; it may involve health-service referrals; it may involve all kinds of things. The key thing is making sure that the family is supported and those children who potentially do not have good life chances get those good life chances. It is very hard to dictate from here exactly how local authorities do that. You heard David Simmonds' evidence; he was pretty clear that he understands that this is the role of local authorities. Certainly, the discussions I have had with DCSs of local authorities suggest to me that they understand that role as well.

Q812 Bill Esterson: The concern I was putting to you about the hub-and-spoke model you describe is that you do not have the staff there to make those sorts of referrals, carry out those visits or to have the time—or the expertise, for that matter, given the comments you made about workforce qualifications and so on—to do what you are suggesting.

Elizabeth Truss: Workforce qualification is obviously an issue in children's centres, but it is mainly an issue for the 96% of childcare that is not provided in children's centres. The workforce issue we have is primarily in the private and voluntary-sector provision of childcare. There are two different things: there is one question of who the right person to manage a children's centre is, which will depend on the exact nature of the children's centre and how it is focused; and there is another question about the overall early years workforce, which is a big issue that we are addressing with our programme to upgrade the standard of qualifications.

Chair: With luck, we might get to that topic.

Elizabeth Truss: There are two slightly different points.

Bill Esterson: Yes, of course, but I was making the distinction between what goes on in a centre that is fully staffed and a satellite centre where you have only a part-time member of staff.

Elizabeth Truss: Obviously, the authorities need to make sure that staff in a children's centre are of the highest quality, but Ofsted report on that in their inspections.

Chair: We will come back to this.

Q813 Bill Esterson: I have another question. Naomi Eisenstadt told us that, given the financial constraints that Alex was trying to get to the bottom of with you, fewer but better resourced centres would make sense. Do you agree?

Elizabeth Truss: I do not agree in the sense that there need to be children's centres available near where parents live; it is important that parents are able to access a service.

Bill Esterson: She was talking about just having them in the poorest communities.

Elizabeth Truss: If you look at the demographics, there are a lot of vulnerable children who do not necessarily live in the poorest communities.

Bill Esterson: You think it is important to have them in all communities?

Elizabeth Truss: Yes. It is important there is a network of children's centres. Local government is getting, and can further get, better value for money for the buildings they use; there can be further improvements to reducing overheads—for the 50% of centres that are on school sites, for example, or ones that are co-located with health services.

I am not saying that further efficiencies in management could not be achieved, but it is important that the footprint is a broad service, because we are very clear in our core-purpose document that, although some children's centres provide childcare, it is not their core purpose. They do not have to provide childcare.

The agenda about getting really high-quality childcare in deprived areas—which we are doing through the two-year-old programme and the three- and four-year-old programme—is a different agenda from how we make sure there is a good coverage of children's centres. Those are two different purposes. Naomi may have been talking about the second purpose when she made those comments.

Q814 Craig Whittaker: I just want to ask you about childcare and education on site. In particular, we know that only a third of children's centres currently offer that provision anyway, but I wanted to ask you a question in light of the funding complexities around the two-year-old provision and the three- and four-year-old provision.

We know for a fact that local authorities get anywhere from £220 to £550, depending on where you are. In Calder, for example, a lot of my independent providers will not offer two-year-old provision, because they cannot afford to do it, and that is a lot of providers, not just one or two. In light of that fact, would it not be a better outcome for those young people to have that early years and day-care provision within the children's centres?

Elizabeth Truss: The two-year-old money can go to children's centres. It is a decision for the children's centres and the local authority as to whether that is offered at a children's centre and the best way of putting together that provision. They are not stopped from doing that; in fact, many children's centres do support the two-year-old offer.

What I would say about the funding is that we do recognise there is unfairness in the funding, as there is in the schools funding. We have committed to move towards a national-funding formula for the early years. We have a similar issue to the one we have in schools, which is that some local authorities are being paid a very high amount per child and some are being paid a very low amount per child. It has to be a gradual process, moving towards a national-funding formula. I absolutely agree with you that it is unfair at the moment and it is vastly disparate from local authority to local authority. That is certainly what nurseries have told me.

On two-year-olds, there are much tighter ratios for two-year-olds than three-year-olds. You will be aware that, with a graduate lead, there is a 1:13 ratio for three-year-olds and a 1:4 ratio for two-year-olds.

There is a vast difference in the number of staff you need for two-year-olds. At the moment, we have some trial projects in schools for schools to take two-year-olds; however, the high ratio does make that trickier. As you can imagine, the teaching resource you need to cover 1:4, when you have a 1:13 for age three, is difficult.

I would also point out that childminders can also provide the two-year-old offer. One of the things we announced this September—for which we are legislating next September and on which we have already given guidance to local authorities—is that childminders can automatically access early education funding. Previously, local authorities decided which childminders got funding; that is no longer the case. Roughly speaking, there are now 100,000 additional early education places available through childminders, which, for the two-year-old age group, is particularly suitable, as many parents want that home-based care.

Q815 Craig Whittaker: How are we going to hold local authorities to account in one of the core purposes, which is about making children school-ready, when there are such disparate models all around the country about how that early years provision is provided?

Elizabeth Truss: This is why we are consulting at the moment, through the primary accountability mechanism, on baseline testing. One of the things you can see in the future is, when we have the two-and-a-half year check in place in 2015 and a check in place at five, we will be able to see how children are progressing in particular local-authority areas.

Q816 Craig Whittaker: But how do you hold the local authority to account specifically? That is what you said all along this morning: you said you want to hold local authorities to account. If the provision is not in the place they can be held accountable to, how on earth can we hold them to account?

Elizabeth Truss: They are accountable for children being able to access high-quality childcare in their area. One of the things we want local authorities to do is encourage high-quality providers to come to their area. At the moment, there is a tool on Ofsted that you can use to search for the proportion of “good” and “outstanding” nurseries and there is a vast disparity between local authorities. We are improving planning regulations so that it is easier for new nurseries to set up, so you can automatically convert a shop or commercial premises into a nursery.

We want local authorities to be attracting high-quality childcare providers to their area; we think that is part of the role of local authorities, just as we think it is a role of local authorities to make sure there are school places in their area as well. They are also responsible for commissioning school places.

Chair: We have loads to cover, Minister; could I ask you for shorter answers, please?

Elizabeth Truss: I am sorry.

Q817 Craig Whittaker: You have said to us you want to break down the silos between early and later education for young people; you have said you want

nurseries to have more highly qualified people within them; you have not gone as far as saying we will have qualified teacher status for those workers. Was it a mistake, then, to remove the requirement that all centres had a link to a qualified teacher?

Elizabeth Truss: No, I do not think so. As we have discussed, the centres have different purposes. Ninety-six per cent. of children access the three- and four-year-old places, which shows it does have a deep reach and parents are very well aware of this offer. Most of that early education they are accessing is not at children’s centres. Our focus is making sure that 100% are getting as highly qualified staff as possible. From this September, reports on the qualifications of staff will be in Ofsted reports on nurseries. This is very important and will signal to parents that the quality of staff is a critical factor. At the moment, only 33% of nurseries are teacher led. We know it is economical to be teacher led, because they can operate at the 1:13 ratio, which is similar to a reception class. We want to see more private and voluntary sector nurseries doing that.

Q818 Craig Whittaker: Why not bring in QTS, then?

Elizabeth Truss: Let me tell you the salary gap at the moment. The average pay for a childcare employee is £13,300 and the average pay for a primary-school teacher is £33,250. If you compare that with somewhere like the Netherlands, a childcare worker is on £22,000; a teacher is on £34,000. In a country like Sweden, where it is very similar, a childcare worker is on £22,000; a primary-school teacher is on £23,000. We have such a massive gap at the moment. The way that we train up early years teachers versus the way we train up teachers is also very different. We have made sure that, from next year, early years teachers will be doing the same qualification tests as teachers in maths and English, when they enter the course.

Craig Whittaker: They do not, however, have the same status.

Elizabeth Truss: They do not, because we have such a big gap at the moment that we need to move towards that.

Q819 Craig Whittaker: Surely, one real quick fix in regards to qualified people and raising the status of early years provision would be to offer a QTS as a minimum?

Elizabeth Truss: The issue we have at the moment is that the salaries and terms and conditions are so disparate that, if that were imposed on the system, it would be quite difficult. What we are doing is moving towards teachers and early years teachers having the same status over a period of years.

Q820 Chair: Can you spell out what you mean by difficulty? Do you mean that, because people would have QTS, they would leave the lower-paid sector and move to the higher-paid sector? That would denude the early years of the teachers it had; is that the difficulty you are talking about?

Elizabeth Truss: No, the difficulty is that a lot of nurseries are configured around working in a particular way with an 8:1 ratio of, let us say, Level 3

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qualified staff. To make a teaching model work, you really need to operate in a reception-class style with a teacher and an assistant. That would be quite difficult for a lot of nurseries as they are currently configured. There also simply is not the supply of people going in to early years teaching, because it has not been seen as the aspirational profession that it should be seen as. We are starting off Teach First in the early years this year; we are raising the standards of entry for early years teachers; and Charlie Taylor is working on the long-term plan for how we get to a 0 to 18 teaching workforce that is consistent.

What I am saying is it is difficult to get there in a leap of one year when the status and the salaries are so disparate. At the moment, you have an existing workforce that is paid £13,000 operating in a particular way; you then have the teaching workforce, which is paid an average of £33,000. You can see that this is not something where you can just start a course next year and make it work.

As the Committee will be aware, academies and free schools do not have to hire qualified teachers. We are also changing the regime in schools for qualified teachers. There are a lot of changes taking place, and Charlie Taylor is making sure early years education is part of that transformation, but we will be saying more about this shortly. It is a gradual process of change, but I want to be clear with the Committee that this is the direction of travel. This is where we see it going in the long term.

Q821 Craig Whittaker: What has become of the scheme to refer children with low literacy and language skills to children's centres? Why did you choose children's centres for this type of scheme?

Elizabeth Truss: I am sorry; I cannot answer that question. I will come back to you on that.

Q822 Chris Skidmore: Looking at the series of National Evaluation of Sure Start Reports, they raised questions more recently about whether Sure Start centres prepare young children's school readiness; do you think, in light of those reports, that Sure Start centres have been a success?

Elizabeth Truss: As I have said before, it is hard to isolate the particular impact of Sure Start centres as opposed to other factors. When 96% of children are accessing three- and four-year-old education for 15 hours a week—and we know good quality early education has a massive impact on outcomes—how can you say whether it was the children's centre that referred them or the child being in that setting? It is very difficult to isolate.

This is why it is right that Ofsted goes into Sure Start centres to see how they are doing on their own terms, but it is really a matter for the overall configuration of services. How are young children from deprived backgrounds being identified and they and their families helped to make sure they achieve their potential? That is the question, rather than looking at the children's centres in isolation.

Q823 Chris Skidmore: There is another question that needs to be asked, which is around the evidence base. If it is hard to disaggregate Sure Start centres in

isolation from the universal offer, do we need to know more specifically about what makes children's centres effective? Would you particularly accept the recommendation from the Social Mobility and Child Poverty Commission that we need to develop and test a reform model for children's centres, including a menu of evidence-based options, for use by local authorities?

Elizabeth Truss: Yes, we do need more evidence. That is why the Early Intervention Foundation is being funded: to provide evidence. However, the interesting evidence is around the programmes that children are on at particular children's centres, because, as we have discussed, there are vastly different programmes available at different children's centres around the country. We need a good evidence base around things like the Family Nurse Partnership to see if that programme is better than another programme and what children's centres should be offering.

The centre itself is part of a service configuration, so it is hard to say. There are children's centres out there that offer very high-quality early years education, have done brilliant parenting programmes, have referred children into high-quality education or have been part of the Troubled Families programme and are doing a great job. There are others that are doing a less good job. When the concept is essentially a one-stop shop, a front door to attract parents to be part of local services, it is the content we need to be talking about, rather than the structure.

Q824 Chair: We have spent billions on this; how many billions do you think we have spent on children's centres?

Elizabeth Truss: Goodness me; I would not like to guess, Mr Chairman.

Chair: It must have been over £1 billion a year for the past few years.

Elizabeth Truss: It is more than that.

Q825 Chair: We spent money prior to that. It is going to be at least about £5 billion. You have said it is very hard to isolate the impact, but the National Evaluation of Sure Start (NESS) programme did precisely that. They looked at comparable areas that did have a Sure Start centre and ones that did not. Again and again—they did phase after phase of studies—they found that “no SSLP effects emerged in the case of ‘school readiness’”. Yet we have spent billions of pounds on something which, after very careful study, appears not to have done anything for school readiness. There were some other positives, but, in answer to Chris' question, is that not disappointing?

Elizabeth Truss: It is disappointing that, when the Sure Start programme was started—and, indeed, in the way that local authorities have been assessed on their early intervention—there were not better longitudinal studies of children in those centres.

Q826 Chair: What was wrong with NESS? They did reports in 2005, 2008, 2010 and 2012. It was not too bad; it could have been shabbier.

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Elizabeth Truss: It is difficult to isolate the impact of children's centres.

Q827 Chair: That is what they did. I do not know if you have read it. I have read some of their stuff and that is exactly what they sought to do. They said there were all sorts of methodological challenges, but, fundamentally, they looked at comparable areas that did have them and those that did not. That is what you do.

One of the problems today is that it is quite hard to find communities that do not have a children's centre; how on earth do you do a study to find out whether they are any good or not? Back then, you could; they did—and they did not find any improvement in school readiness.

Elizabeth Truss: How can you isolate that from the 96% of children who take up the three- and four-year-old offer? That is the difficulty.

Q828 Neil Carmichael: Moving on to accountability issues, do you think you have a sufficient accountability mechanism in place for you to be sure that local government is delivering?

Elizabeth Truss: We are still consulting on our primary accountability measures at the moment. Regarding accountability through specific children's centres, the Ofsted regime has been improved. The Ofsted regime has been improved in general. Sir Mike Wilshaw is recruiting new HMIs into the early years. There is much more of a focus on outcomes, rather than inputs, in the inspection of nurseries, childminders and children's centres, so the accountability there is being sharpened.

We have more to do in understanding how specific local areas and specific local authorities are improving the life chances of the most vulnerable children. It really does come back to the point the Chairman raised on the previous study: we do not have good longitudinal research. The measure of the outcome is really important. We need to know, when a child enters school, what they are capable of doing. We need to understand a child's language and communication skills and health at age two and a half. That is the objective measurement we have been missing. A lot of these studies do not have that objective measurement of where a child is. It will be put in place, but we do not have that yet. You are right: it is hard to hold local authorities—and, indeed, providers—to account without those measures.

Q829 Neil Carmichael: In the absence of the requirement on centres to report on their reach into disadvantaged groups, do you think that should be reinstated or do you think that your answer to my last question is, in part, sufficient?

Elizabeth Truss: Sorry, I did not understand that.

Neil Carmichael: If centres are not required to say how they are getting on in terms of reaching into disadvantaged groups, which is the situation; do you think that is something we should be revisiting?

Elizabeth Truss: Local authorities are required to do that. Local authorities should be making sure that their children's centres or the other services they provide are reaching those disadvantaged groups. One of the

ways we are doing that is through the two-year-old offer.

We will see what proportion of children from low-income backgrounds are accessing the two-year-old offer very shortly²; it is the responsibility of local authorities to market that offer and make sure parents are aware of it. Of course, children's centres are one of the key ways local authorities do that.

Q830 Neil Carmichael: Ofsted's recent report *Unseen Children* identified coastal areas, rural areas and certain parts of the East of England as areas of significant underachievement. Do you think there is any pattern that report has identified that can be matched up to the areas we are talking about today?

Elizabeth Truss: We lack evidence. I talked before about the outcomes for under-fives. We lack consistent evidence that we can compare local authorities on. I know Norfolk, where my constituency is, has had a negative Ofsted report; one of the reasons for that is it has not been doing that.

Sir Michael Wilshaw is cracking down on local authorities where that is not happening. The report was very clear that early years is a key element of that, and local authorities taking that seriously and making sure they are identifying children from an early age.

As I have said, we, as a Department, have tried to help local authorities and give them information about where the children are from low-income backgrounds so that they can be targeted to take up the two-year-old offer and participate in programmes. They have that information, but they are best placed locally to make sure those children are getting the best quality.

One of the things we have done in the two-year-old offer is strongly encourage councils that that should be available only at "good" and "outstanding" nurseries and childminders, so those youngsters are getting the best possible early education.

Q831 Neil Carmichael: It might be worth matching up the pattern of underachievement that their report has identified to what our understanding is of service delivery in the early years.

Elizabeth Truss: Yes. The best way of doing that at the moment—given that most early education is provided in nurseries, schools and childminders—is through things like the Ofsted tool that shows you the percentage of childcare providers that are "good" and "outstanding". It is vastly different in different areas and, quite often, those areas that have poor provision do badly later on. It is very heavily linked—as far as I can tell, from looking at the data myself.

Q832 Neil Carmichael: Yes, and my question was predicated on that assumption. Last but not least, on the question of a national-outcomes framework for early years, do you think we need one and what should it look like if we do?

Elizabeth Truss: Essentially, we are creating one with a combination of the two-and-a-half year check and whatever we end up with at age five. There is always

² Figures to be published Summer 2014.

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a tension—this is something we have discussed with many people from early years and school organisations—between having something that measures the outcomes of the whole child, to which Pat was referring, and something that is measurable and can be tested and organisations can be held to account on. That is the issue we are debating at the moment on the baseline versus the EYFSP.

Obviously, the EYFSP covers a broader remit, but a baseline check would be more measurable. We need to focus on the outcomes for children. We know the best proxy for getting good outcomes is high-quality early years teaching. We know that 96% of children access that; we want to make sure that all low-income children access that. That is why we are encouraging councils to make sure that is done.

We are putting real pressure on raising quality on early years. Ofsted have developed a much more rigorous framework; they are recruiting new HMIs into early years. We have given them additional budget to recruit new HMIs into early years. We want to see more commonality between early years inspections and school inspections so that they can be done as a piece and we see the same level of judgment exercised by inspectors in both of those things. That is a good proxy, but, ultimately, what we need to know is where the child is at a particular age.

At the moment, my main criticism of the past is that nothing like that had been put in place. We can assess specific programmes, but do we know, in a particular local-authority area, what progress children are making between two and a half and five? No, we do not; we will do in the future, but we do not know yet.

Q833 Bill Esterson: Can I check something? You said earlier that it is impossible to measure the success of children's centres; is that what you were broadly saying?

Elizabeth Truss: I did not say it was impossible.

Q834 Bill Esterson: There has not been an evaluation that has shown success. Is that a fair assessment or summary of what you were saying?

Elizabeth Truss: I am saying the evidence is weaker outside provision of early education. You can show that early education provided in a high-quality setting—which may be a children's centre or may be a nursery—has a definite impact.

Q835 Bill Esterson: I think you have accepted the premise of what I have said. If there is no benchmark for children who are not either using those services or taking up the three- and four-year-old offer, it is going to be very difficult to set a benchmark now. You also said that, did you not?

Elizabeth Truss: Yes.

Q836 Bill Esterson: How, then, can you use a system of payment by results if you cannot compare the situation now, as it is impossible to evaluate?

Elizabeth Truss: Payment by results is a good system, provided it is based on broad outcomes. We have finished the payment-by-results trial. In fact, some of the elements of the trial are reflected in the way we are doing the two-year-old offer. Councils are being

funded for the two-year-old offer on the basis on participation: the more two-year-olds that participate, the more funding councils get.

Q837 Bill Esterson: If it is very difficult to measure improvement, how can payment by results work? That is the question I am asking.

Elizabeth Truss: I do not think it does work for children's centres.

Q838 Alex Cunningham: You are now ditching the idea of payment by results for children's centres?

Elizabeth Truss: Yes, for the time being.

Q839 Bill Esterson: The evidence that has come back shows it does not work; the results of the trial mean you are not going to do it?

Elizabeth Truss: Yes.

Q840 Mr Ward: I want to look at the issue of the performance of the centres, and the roles of local authorities and Ofsted inspections. If each centre's provision is, and you are arguing should be, based on local circumstances, we have over 3,000 children's centres; in theory every single one could be different, and not necessarily in a bad way—just different, meeting local circumstances. That must make Ofsted incredibly difficult in terms of inspecting the provision in a centre.

Elizabeth Truss: Ofsted does have the power to assess networks of centres, which they do quite frequently now, and because more centres are networked and merged, they are assessing groups of centres, which I think works well. There possibly is more scope for them to inspect children's centres at the same time as they inspect children's services, to see how it is all linked up and how it works together, which is something that we might explore.

We are asking Ofsted to be more flexible. One of the reasons we want more HMIs recruited into the early years is that there are a lot of different models in early years, so some providers are providing drop-in nurseries for a few hours; others are providing childminder agencies, for which we are looking at the inspection framework at the moment. We are asking Ofsted to be flexible, because what we want is a number of different models to emerge. If I have got a criticism of the past, it has been a bit one size fits all, and I think different things work in different areas. For example, one of the advantages of childminder agencies collaborating with children's centres—one of our childminder agency trials is in a children's centre, working with children's centres—is that will work very well in rural areas where there is a network of childminders that can be trained and get support from the local children's centre. That may not work in a very urban area.

Ofsted do have to be flexible, which is why we need high-quality inspectors, who can exercise their judgment about what the outcomes are for children. That is why the whole inspection regime has moved from ticking boxes about: "What is here? What is there? Have they done this? Have they done that?" to, "Is the child developing well? Are they being brought on? Are they being well taught? Are their outcomes

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improving?” That is the focus of the inspection, and a good-quality inspector should be able to look at any organisation, whether it is a children’s centre, a childminder agency or a nursery, and be able to make that judgment.

Q841 Mr Ward: Unlike a school, where an Ofsted inspector will go in and look at provision—obviously teaching, leadership, management, and all sorts of issues within the school—what they would need to do, if every single centre could be different, and maybe for good reasons, is map and understand all the other provision that is made available within the local authority area to assess whether what was being done in that particular children’s centre was suitable. Is that right?

Elizabeth Truss: Yes. It is a fair point that, in due course, when we see better integration with health services, there is a question of Ofsted inspectors’ expertise in assessing those services, and we will have to look at that. It is certainly an issue that I will raise with Ofsted.

Q842 Mr Ward: Is it not in effect an inspection of the local authority?

Elizabeth Truss: That is what I was saying; I think there is scope to better link it with the inspection of the local authority.

Q843 Mr Ward: There has been a change in the Ofsted inspection since April, and there has been a fall of 15% in those adjudged “good” or better. Is there any particular reason for that?

Elizabeth Truss: Ofsted is putting more focus on things like the qualifications of staff in nurseries. We know that having highly qualified staff has a big impact on children’s outcomes, so those are now being reported on for the first time in September, and that will have an effect on inspection outcomes.

Q844 Mr Ward: Are you confident that Ofsted have the right level of skills and expertise, particularly in younger children? It has been said before that they do not really understand the younger children. Are you confident about that?

Elizabeth Truss: They are recruiting new HMIs to make sure there is enough senior inspection resource in the early years. I think that is very important. There is a general issue around the silos that have emerged, or maybe have always existed, in the education system at age five. Do primary schools know enough about the early years? Do early years know enough about what goes on in primary? I would like to see wider expertise in all of those areas.

Ofsted is a very well respected organisation. There will always be issues with an inspection regime, and appeals and so on, but I am confident that they are taking the right steps in terms of the framework they have laid out: much more focused on outcomes; much more focused on high quality engagement with children; less focused on ticking boxes. I think that is all good.

Q845 Craig Whittaker: Can I just ask you about evidence-based programmes in children’s centres? Is

it more important to encourage a culture of evidence-based practice or to concentrate on improving the fidelity of the few well established programmes already going?

Elizabeth Truss: It is very important to encourage evidence-based practice. What I want to see more of in nurseries, schools and children’s centres is evidence-based practice: practitioners who know what they are doing, who know about the latest research evidence, who are in touch with others, and who can lead improvements. As I have said, I do not think the evidence base is fully there yet. It will never be fully there; we will always be finding out new things.

We have commissioned the Early Intervention Foundation to do more research on the evidence, but I want to see expert practitioners who understand a research base, and who can lead research. Like the concept of research schools, I want to see research nurseries and research children’s centres, where we are at the leading edge of what are the latest effective programmes.

Q846 Craig Whittaker: That is great, which leads me on to my next question, which is how do you disseminate that good practice—that evidence base? What can you, the Government and local authorities do to ensure that good practice is given out to others?

Elizabeth Truss: I see that as a role for the Early Intervention Foundation as absolutely the body that is looking at best practice evidence, disseminating that evidence, and working with practitioners in local authority areas and in children’s centres on what the evidence looks like, but also working with nursery groups and schools as well. One of my big concerns is the divide between schools and early years, and how we need to change that, because schools offer a lot of early years provision, and there is a lot schools could learn from nurseries and nurseries could learn from schools, and that does not necessarily happen. We need more collaborative networks in local areas. We have got Teach First in the early years, which helps bring some of those things together, but there is a lot more we can do to develop expertise.

I recently visited France to look at some of their early years provision, and what is very striking is the research that the practitioners in France do at the centres. I would very much recommend that the Committee go and visit and see what goes on there, because it is very noticeable that there is a lot of research taking place.

Q847 Chair: Are we likely to have a highly research-based practice when we have average salaries of £13,000?

Elizabeth Truss: That is why we need to improve the salaries.

Q848 Bill Esterson: Where are you going to get the money to increase salaries?

Elizabeth Truss: I have already made the comment that other countries manage to pay higher salaries while spending the same amount of Government money and, in fact, less money from parents. The issue is how we spend the money. At the moment, what we have, if we look a three- and four-year-olds,

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is a lot of nurseries that are operating with level 3 qualified staff on an 8:1 ratio. They could operate with graduate teacher staff on a 13:1 ratio, which means that they can pay the staff more. That is what I want to see developing.

Chair: Ratios is it?

Elizabeth Truss: No. It is not the only issue at all, by any means. There is a culture issue about the perception of early years, which reinforces the salary issue. I think raising the profile through things like Teach First in the early years will help address that and help show how important early years is. I think that is one of the issues.

Q849 Chair: You are a mathematician, and culture does not explain the fact that parents and the state are paying more in this country, yet the people who work there, which is the main cost, are paid less; I do not understand the maths. Ratios I can understand. When you change the ratios, it should give you a bit more money, although the analysis I have read of the experts is that they say it never seems to lead to that big a transformation—it is not going to make that much of a change. I do not understand how it is possible that we are in this invidious position, and perhaps you could explain it to us mathematically?

Elizabeth Truss: If you look at a lot of school nursery provision, which is quite often providing eight-to-six care, they often operate on the basis of a teacher and a teaching assistant for a class, whereas quite often PVI providers will operate on the basis of eight to one with lower qualified staff. In my view, you are getting access to higher quality staff at the same per head cost, so that is the ratio argument. There are a lot of other issues; it is very difficult for nursery providers to enter the market, so we do not necessarily have a very competitive market.

Q850 Chair: Are they making huge margins then? I am trying to work out where the money goes, and I do not quite understand how we are spending so much, and yet the key cost and the key people are paid so little.

Elizabeth Truss: As I said, the new providers in the market have got higher Ofsted ratings than existing providers. There is evidence, when new providers come in, that quality is rising, but at the moment there are a lot of barriers to entry in the market, stopping those good providers entering the market.

Chair: I am just trying to get at the cost issue separate from quality.

Elizabeth Truss: We have also got a lot of unutilised resources. For example, a lot of school nurseries will operate from nine to three, which does not suit a lot of working parents, rather than operating from eight to six, so you have got unutilised capacity there. I think you had the NDNA appear before your Committee; a lot of nurseries have got spare spaces. There is a lot of capacity that is not being properly used, and we have had the massive fall in the number of childminders.

One of the issues is that childminders are a more affordable and flexible form of childcare, and we have seen the numbers fall by half. If you compare it with a country like France, they have got twice as many

childminders per head, so that is another reason why it is expensive. There is a whole variety of reasons—I describe it as general furred up plumbing.

Q851 Chair: If I re-read your testimony, I may hope to be wiser, but more than 2,000 of the 3,000-odd centres do not even have childcare, as we have already discussed. Ratios in childcare is missing the point, you could say, in terms of children's centre staff. If you want higher qualified staff in children's centres, and that is what we are inquiring into, it is not going to be explained by ratios.

Elizabeth Truss: No, it is not, and the best evidence we have around early intervention is the efficacy of early education. The two-, three- and four-year-old programme is particularly important as a way of raising the life chances of the lowest income children; from the evidence we have at the moment, we know that is the best way. That is a separate budget, which goes through the DfE. The £2 billion we spend on early education is different from the money we spend on early intervention, which goes through local government. You are right, they are two totally separate issues, but even on the basis of the early education money, we are not getting the value for money we should, which is why we are reforming the system in the way we are.

Q852 Craig Whittaker: I want to go back to your furred-up plumbing. I think that is what you said. I accept that there are a multitude of things that make childcare provision expensive, but is not the reality that losing the debate on ratios—in fact, it was imposed by the Deputy Prime Minister—is the single biggest thing that has prevented a real step change in paying higher amounts to that workforce, and getting higher quality within that workforce too?

Elizabeth Truss: There is a lot more that can be done for three- and four-year-olds in terms of utilising the existing ratios, changing the culture, getting more qualified teachers in. As I have said before in this evidence, we have a programme of schools trialling two-year-olds in schools; the 1:4 ratio for two-year-olds does make it difficult.

Craig Whittaker: So, yes or no?

Elizabeth Truss: It is less of an issue for three- and four-year-olds. The issue for a lot of private-sector nurseries is they cross-subsidise the cost of providing care for two-year-olds, which is cross-subsidised with three- and four-year-olds, which makes the whole thing more expensive.

Craig Whittaker: You have been thwarted then?

Elizabeth Truss: We failed to secure cross-Government agreement.

Q853 Pat Glass: I want to ask you about funding. Can I take you through the funding trail since 2010? There was a ring-fenced Sure Start grant in 2010, which was walled into the Early Intervention Grant (EIG), along with every other early intervention programme, like special needs, behaviour, attendance, etc. My understanding was at that time that the total EIG was less than the Sure Start ring-fenced grant. It was then rolled into the business rates retention (BRR) system, and although the Department said that there

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would be transparency, there appears to have been some deliberate blurring between the EIG in the BRR system, and early intervention funding generally, so it is obscured to say the least. Policy Exchange has given evidence to this Committee that says there has been a 28% cut in children's centre funding. Is that something that you recognise, and how will children's centres continue to deliver the same or better with almost a 30% cut in funding?

Elizabeth Truss: The overall funding on early intervention has gone up from 2011, when it was £2.2 billion, to £2.5 billion in 2014. That includes both the two-year-old funding and the EIG, which is through local authorities. The two-year-old funding goes through the Dedicated Schools Grant (DSG) and the other funding goes through the EIG. It depends on what services children's centres are offering. If they have the two-year-old offer, clearly they would get that funding through the DSG. However, the core funding for children's centres, aside from the two-year-old offer, has gone from £2.2 billion in 2011 to £1.6 billion in 2014.

Q854 Pat Glass: Unless things have changed since I was leading education in local authorities, any funding through the DSG goes directly to schools, so presumably that is money that is going directly to schools or nurseries within schools, not to children's centres.

Elizabeth Truss: Or to children's centres if they are offering two-year-old places. They can access the funding for two-year-old places if they are offering two-year-old places, but it is paid per child.

Pat Glass: That is the element that is going through the DSG?

Elizabeth Truss: Yes.

Q855 Pat Glass: Right. We have heard a lot today about local authorities being held to account for this. My own local authority has seen something like a 30% increase in the number of children in local authority care, and has got a £210 million cut in their budget. How do local authorities prioritise or balance the funding that goes to preventative services and the funding that goes to responsive services? If I were head of a local authority, I know where I would put my money, given pressures through things like child protection. Are there local authorities that are making that balance and, if they are, which are they?

Elizabeth Truss: There are some very effective local authorities that are doing some of the integration that we have been discussing. Examples of local authorities that are doing the intervention we have been discussing: Havering is restructuring their family services to put family intervention practice at the heart of it; you have got North Tyneside, who have integrated their services with the Troubled Families programme. You have got the examples I gave earlier of Manchester, where children's centres are offering birth registration, which has been very successful in identifying more children to take up early education offers.

There are examples of local authorities that are leading the way in terms of the way they are integrating services. The DCLG's overall approach is

to ensure that local authorities are getting the best value for money, and the reality is there are a lot of services that are being run out of separate buildings with separate management, which have not been efficient. The chairman rightly said earlier in this session that a lot of money was poured in; that money was not necessarily poured in in the most sensible configuration. We are asking local authorities to find savings in management.

We do not want to see reduction in the frontline network of children's centres, but we do want to see management efficiencies, networks created, closer working with schools and better use of health services facilities. The answer is that local government is getting much better value for money. It is not about the money you spend; it is about how you use it.

Q856 Pat Glass: I appreciate that, but you can only go so far doing the same or more with less. As a Minister you would understand, presumably, those local authorities that say, "Look, we cannot offer this service anymore, because we have had a massive increase in the number of children we have had to take into local authority care."

Elizabeth Truss: That is a slightly different question about the overall children's services budget. There are lots of different budgets that local authorities get that they can put forward to children's centres. The Early Intervention Grant is an un-ring-fenced part of the DCLG budget. Local authorities are given the resources they need to ensure that children get the best start in life; some local authorities are doing a very good job of that, and others need to improve. It is about using resource better. Are they fully integrated with the offering of the local health service? Are they making best use of children's centres on school sites? Local authorities should be asked all those questions before they say they do not have enough money, essentially.

Q857 Alex Cunningham: We are seeing, whether it is through health formulae or local formulae, a huge shift of cash from north to south, and County Durham is one of those that suffers more than most. We are seeing that shift of resources North to South despite the high levels of deprivation and the greater need in some of the communities that those of us in the North represent. Is that fair? Are you content that there are sufficient resources in these areas when there is that shift in resources south?

Elizabeth Truss: I do not recognise that being the case.

Alex Cunningham: You recognise the £210 million cuts for County Durham though.

Elizabeth Truss: Sure, and you will have to ask the DCLG about their local government budget settlement; I am afraid I have not brought that information with me. Certainly, in the DfE we are moving towards fairer funding, and we are doing that in both the schools sector, where we are moving to a national funding formula, and in early years funding.

Q858 Chair: When are we going to hear about that? When are we going to get an announcement? We have been told for such a long time that we are going to

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get fairer funding for schools, and you are now saying early years as well, so when will there be an announcement, so that we can go, "Here it is at last"? **Elizabeth Truss:** I cannot say at the moment, Mr Chairman. On the two-year-old funding, we gave funding to the local authority on a flat rate, plus an area-cost adjustment, so it was funding in an extremely fair way across the country. That was different from the way that we allocate the three- and four-year-old money. That is the direction of travel: that we are funding in a fair way. We want to move towards a national funding formula; there was a recent announcement about it, and I am sure my colleague, Mr Laws, will be laying out more details in due course.

Q859 Pat Glass: Does the area-cost adjustment have a proxy for deprivation and need?

Elizabeth Truss: Not for the two-year-old funding, because it is only going to the most deprived children.

Q860 Pat Glass: Action for Children are recommending the Government move to a funding formula that is underpinned by long-term planning and consistency, and I think we would all agree with that, but what can be done to encourage long-term commissioning for children's centres, and does that include the Government making a commitment to long-term funding?

Elizabeth Truss: The DCLG fund children's centres through the Early Intervention Grant, and we are committed to children's centres. What we want to see is them offering a greater range of services in a more integrated way. I would like to see local authorities held to account more when we get the appropriate data on how children are doing at age two and a half and age five, but it remains one of the key roles of local authorities.

Q861 Chair: Do you see an issue there with longer term commissioning? They are talking about the fact that voluntary groups cannot set up and come in when they have got no certainty about budget for more than a year or so ahead. One of them said you would never expect a private-sector company to enter a market on that basis, and yet you are expecting the voluntary sector to do so at a time of highly constrained budgets.

Elizabeth Truss: I made it clear that we at the Department for Education are committed to children's centres. There is a further issue about how local authority budgets are set, which is really a matter for the Department for Communities and Local Government, and no doubt you have got local government Ministers coming before you in this inquiry, as they are the funders of children's centres, so I think that will be helpful.

Chair: As this is the last session and we have not, no, we are not.

Q862 Mr Ward: How closely were the children's centres involved in discussions leading up to the two-year-old offer?

Elizabeth Truss: Children's centres are part of the way that the two-year-old offer is delivered and, again, it is a matter for local authorities, but we have

been very clear with local authorities that we want to see any provider who is "good" or "outstanding" able to offer that two-year-old offer. If a children's centre is "good" or "outstanding", it will automatically be able to offer the two-year-old offer, as would any "good" or "outstanding" childminder, or any "good" or "outstanding" nursery. The quality of the care provided is the key determinant in whether any organisation is able to offer it.

Q863 Mr Ward: The point has been clearly made to us that, unless the quality of provision, particularly at the younger age, is of very high quality, it is, in effect, almost wasted money. The two-year-old offer is targeted; this is targeted funding, and we are talking about the most deprived. Have we got the high-quality provision for two-year-olds within those deprived communities?

Elizabeth Truss: It depends on which part of the country we are talking about. There is high-quality provision available. I have already commented on the specific issues: the two-year-old ratios and how they do make it quite expensive.

Q864 Mr Ward: To spend this money, we are going to go up to 40%, so are we confident that in the 40% most deprived communities there is sufficient high quality to spend all this money on the two-year-old offer?

Elizabeth Truss: There are high-quality providers in those areas. I do want to see more high-quality providers, and that is one of the reasons students in our new Early Years Educator scheme, which we launched this year, have to have a minimum of a C in English and Maths to take part in a level 3 programme. We have launched an apprenticeship bursary scheme, which can only be used where the provider is offering two-year-old places, so that is incentivising providers to hire high-quality apprentices where two-year-old provision is.

We are very clear with local authorities that two-year-old provision needs to be in "good" and "outstanding" settings, and that they need to make sure there are sufficient "good" and "outstanding" settings in their area. Some areas have a fantastic level of "good" and "outstanding" settings; others are not as good, but we have been very clear it is about the quality, which is very important. Ofsted are raising the bar on quality all the time. There is a new focus on qualified staff starting this September. There is more of a focus on outcomes, hence some nurseries may not be meeting the grade, but everything we are doing is focusing on improving quality and getting better value for money for resources. That is why we are encouraging schools to offer longer hours, to offer support for two-year-olds as well. Particularly in London, schools are an incredibly large provider of under-five nursery care, so that is why we are doing the demonstration projects in schools, which is one of the highest quality groups of providers.

Q865 Mr Ward: If it meets the condition of being within the 40% most deprived communities and it is not delivering high-quality education in that area,

would it get the funding on the deprivation criteria or would it require the quality criteria as well?

Elizabeth Truss: Local authorities have a duty to fund any two-year-old in that group for early education. What we have said is we want those to be in “good” or “outstanding” settings, and when the returns come back, which we are expecting fairly soon, we are going to see what proportion of those two-year-olds were in “good” and “outstanding” settings this year. We will know very shortly whether or not local authorities have been able to deliver on what we have asked them to deliver, which is ensuring that that 20% of two-year-olds are in “good” or “outstanding” settings.

Mr Ward: We may not actually reach all those—

Elizabeth Truss: I want to. I absolutely want to. It is hard to know at the moment exactly where we will be.

Q866 Chair: What would you consider success? We have got 96% of children taking up the three- and four-year-old offer, so year one, 20% for two-year-olds. What percentage are you hoping for?

Elizabeth Truss: We want to see it ultimately about 80%.

Chair: Ultimately?

Elizabeth Truss: If we see results significantly below that, we are going to be holding local authorities to account.

Q867 Chair: Does ultimately mean in year three?

Elizabeth Truss: It takes a while for these programmes to get going, so the three- and four-year-old programme took a while to build up to 96%.

Q868 Mr Ward: We know the 40% most deprived are there. Regarding the ones that meet that criteria but are below quality, it would be the responsibility of the local authorities, on reduced school improvement budgets, to lift them up to a level where all of those within the 40% most deprived communities would get the two-year-old offer?

Elizabeth Truss: Yes, but they can do that in a variety of ways. For example, some local authorities are trialling our childminder agencies. That might be one way of making sure that those two-year-old places are available: through childminder agencies. They could provide buildings to new providers to set up in their locality; they could expand provision at the local school.

Q869 Chair: Have all these things been happening? I know you have not got the official returns yet, but have local authorities been telling you that they have facilitated the setting up of lots of new providers?

Elizabeth Truss: Yes. We gave them an additional capital budget last year for the express purpose of being able to expand provision, and they are doing those things. Things like our changes to planning law are going to make it easier for new providers to set up, but we want local authorities to provide a positive environment. The changes that we have made—that all “good” and “outstanding” providers automatically get government funding, without having to jump through additional hoops—will also make it easier for

high-quality organisations to expand. A combination of those factors will expand supply.

Q870 Chair: Craig has done a survey on his local area and found providers who are just not going to do it, because they are not being paid enough.

Elizabeth Truss: I have not received any evidence that there is a shortage of places for two-year-olds.

Q871 Alex Cunningham: The *Families in the Foundation Years* document led the Government into an ongoing partnership approach in co-production with the early years sector, and that was designed to allow practitioners, leaders and commissioners to contribute at an early stage to the policy development and implementation process. Does the disbanding and standing down of all the co-production groups signal a change in policy or is the Government fine to go it alone in isolation?

Elizabeth Truss: We do a lot of work with the early years sector and the school sector, and local authorities, on putting together our policies.

Alex Cunningham: These groups have been disbanded, though.

Elizabeth Truss: Different Governments decide to organise things in different ways, but we are in constant discussion with the relevant parties. I am very keen, though, and I had a roundtable last week with schools and early years providers, because—and I said this at our first meeting—we have had far too much of a silo mentality. We need to recognise that schools are heavily involved in this as well—that schools and early years providers can learn from each other. I am keen to see a much more integrated approach, so when we are looking at teaching, Charlie Taylor is looking at the full teaching range from 0 to 18; when we are looking at funding, we are looking at funding through the DSG in a more consistent way; when we are looking at practice and involving people, we look at it in a more consistent way.

We still have an issue that, when we do a response on something like issues in primary school, it is the schools that reply; for early years, it is the early years providers that reply. I do not think we are getting enough of a sense of a continuum, because a child does not suddenly change in its nature when it is four or five; it is a continuum of learning and education, and I think that is the way we should look at it.

Q872 Alex Cunningham: Can you offer some advice to the groups that are feeling a bit shut out as far as policy development is concerned?

Elizabeth Truss: I am very happy to talk to them if they are feeling shut out.

Q873 Alex Cunningham: I am sure that answer will result in many phone calls. We have talked about co-location of services and how important that is. How satisfied are you with the commitment of health and other agencies to provide personnel and services in children’s centres?

Elizabeth Truss: It depends on the local area. The Department of Health is very committed to better integration at a local level. What they are doing in 2015 with health visitors will be very important, and

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we are shortly going to be responding to Jean Gross's report on information sharing, and how we can encourage more information sharing at a local level. I see that as a massive area where there is scope for further improvement in terms of getting efficiencies, ensuring that data is not being constantly re-recorded, and the local authority really has the information about the child from birth, or even before, so that they can fully support the child in achieving the best possible outcomes.

Q874 Alex Cunningham: I know localism is very big thing, but how do we ensure that we get consistency across the country? I know we need different solutions in different places, but how can we get consistencies with health and other agencies involved in providing the overall service?

Elizabeth Truss: At the moment, this is a changing landscape, where we are going to see new things developing. I have talked about how the health service is changing; we are seeing the two-and-a-half year check introduced; we are now getting more information from the Department for Work and Pensions, which we are supplying to local authorities. All of that information is improving all the time. There is a question, and it is something I am discussing with Brandon Lewis, about how the DCLG is ensuring that local government is transparent in what it does and being held to account for the outcomes. You are right: they are not just in education; there are other outcomes as well.

Q875 Alex Cunningham: Are you content with the resource that you now have in the Department? We have seen this huge reduction in the staff. Have you got sufficient staff to ensure you can do all this monitoring, planning and encouragement, when you have seen such a drastic fall in the number of people in your Department?

Elizabeth Truss: From what I have seen, the Department for Education has opportunities to integrate some of our work more, and just as I have been talking about local authorities and how they have got an opportunity to integrate, for example, on teaching, the fact that Charlie Taylor is responsible for the 0 to 18 scale is good, because that enables us to work better and more efficiently. We are working jointly with the Department of Health on these issues; it is not just the Department for Education's responsibility, and ultimately the Department for Communities and Local Government are responsible for the transparency framework of local government, and how local government is held to account. In a way, the silos between Government are also reducing on this issue, which is very important.

Q876 Pat Glass: Can I just bring you back to an earlier answer? You said that additional funding was being made available for "good" and "outstanding" early years provisions to expand. Is that capital or does it also include revenue funding?

Elizabeth Truss: There are two separate answers I gave. One was the capital funding that was given out with the two-year-old funding last year, which off the top of my head I think was £100 million. The other

point I have made is that, where a provider is "good" or "outstanding", they are automatically funded to provide two-, three- and four-year-old places, and that is a change from this September.

Q877 Pat Glass: You did say that "good" and "outstanding" provisions would be given additional funding to help them expand. Did I get that right?

Elizabeth Truss: No. I said they would be automatically funded if they were "good" or "outstanding", and I said that the relaxation of the planning regime is going to help them expand. What specifically will help "good" and "outstanding" providers expand is if you are already a "good" or "outstanding" provider and you open a new operation in a new local authority area, with an Ofsted check you will then be able to receive the early education funding. At the moment, we have a situation where different local authorities set different quality regimes, which may or may not reflect what Ofsted say. For "good" and "outstanding" providers, we are saying that your Ofsted report counts as your badge of quality and you will be funded. For weaker providers, we want local authorities to look at what Ofsted has identified as the weaknesses in that provision, and go in and help those providers improve. That is what we see as the role of the local authority: attracting the high-quality providers into their area; ensuring there is enough provision in schools, nurseries, childminder agencies and independent childminders; but also helping those providers improve who are not up to the mark.

Q878 Pat Glass: Can I ask you about information sharing, which is a problem, and has been a problem as long as I have worked in education, which is an awfully long time? I am pleased that Jean Gross is leading on this; she is an excellent practitioner. If anybody can crack it, it will be Jean. Why is it taking so long? When will we get something from this?

Elizabeth Truss: Very imminently.

Pat Glass: Right.

Elizabeth Truss: I am sorry I could not have it ready in time for this meeting; I apologise.

Q879 Pat Glass: It would be a massive step forward if we could crack that. You have seen the recommendations from the APPG about placing registration of births in children's centres. What is your thinking on that?

Elizabeth Truss: The evidence from where it has taken place is very positive about the level of engagement of children and families. For example, since 2001 the Benchill Children's Centre in Manchester has had 7,500 families register their baby's birth, and the centre has a re-engagement figure of 87.5%, which is very positive and helps families to identify it. I did note in the response from local government there were fears that it would be difficult to organise, or bureaucratic, or costly.

I am going to seek a meeting with David Simmonds to discuss in more detail precisely what the issue is, because conceptually it is a very attractive idea in terms of being able to engage parents and children, and certainly I massively struggled to register the birth

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of my child; it was very difficult to get into a registry office. It is a great idea for parents, but I would be interested to understand, from a local government perspective, exactly what the problem is and what we can do to address that. I do not want to impose extra burdens on local government if they say it does not work for them, but I need to understand exactly why that is.

Q880 Pat Glass: What is your latest thinking on children's centres being involved with childminding agencies?

Elizabeth Truss: We are currently trialling childminder agencies, and one of the triallists is a children's centre—I might find the name of the children's centre. I will try to find that. Certainly, the Emneth Children's Centre in my local area already works with childminders and helps train childminders; it also offers early education provision. It makes a lot of sense, and we are developing the model for childminder agencies, particularly the regulatory model, because the whole concept of the model is that Ofsted regulates the childminder agency, and the childminder agency is responsible for the quality assurance of the childminders that operate in its network.

We are developing the regulatory model for childminder agencies. I am very pleased that we have got a children's centre taking part; we have got schools, local authorities and private-sector providers taking part. It is early days at the moment, but we want to see how that will work with children's centres. It is an obvious way of children's centres providing a useful service, and if you think about it, if children are being registered at birth, the children's centre can then provide advice on a local childminder. I think it would be very useful.

Q881 Chris Skidmore: Coming back to the role of local authorities, the statutory guidance set down that local authorities are obliged to ensure that children's centres have an advisory group comprising members of the relevant community. We have heard evidence in this Committee that there is a problem when it comes to whether local authorities are providing the information—detailed data about community representation—and whether these advisory groups are being set up properly. Is the Department looking at monitoring the adherence of local authorities to the statutory guidance on setting up and maintaining advisory boards? Secondly, if there is a genuine problem here, as it has been outlined to us, what consideration would you give to requiring children's centres to have a legally constituted governing body with parental representation?

Elizabeth Truss: That is a very interesting idea, which I will think about.

Q882 Chris Skidmore: Secondly, one other idea that we have heard in the Committee, and is possibly being proposed by the Department, is a trial being set up—a pilot project, commissioned by the DfE, to encourage parents to run children's centres. We heard that from Adrienne Burgess of the Fatherhood Institute. I wondered if you could confirm or deny whether the

Department is looking at or has plans to establish free children's centres along the same lines as free schools.

Elizabeth Truss: I cannot confirm or deny that. I think we are looking at different models of organising various parts of the early years sector.

Chris Skidmore: Is there a pilot project ongoing somewhere?

Elizabeth Truss: Not as far as I am aware.

Q883 Chair: What about Chris' first question about the monitoring of the adherence of local authorities to the statutory guidance on advisory boards?

Elizabeth Truss: I will look into that one. I think it is a fair point.

Q884 Chair: Billions have been spent, and continue to be spent. The governance of these organisations is not some peripheral sideline issue. It is pretty fundamental, isn't it?

Elizabeth Truss: Yes, absolutely.

Chair: Could you reassure the Committee that you have done some thinking about it before today?

Elizabeth Truss: I will look into it, Mr Stuart.

Q885 Chair: You have got nothing to tell us about your thoughts on the governance of these very expensive institutions to date?

Elizabeth Truss: Rather in the same way that we monitor nurseries and other early years providers, we rely on the Ofsted regime to make sure that centres are constituted in the way they ought to be, but I will look further into this governance point.

Chair: Excellent. You will write to us on that will you?

Elizabeth Truss: Yes.

Chair: Please do so in a timely way. That would be marvellous. Thank you very much.

Q886 Bill Esterson: Looking at the workforce, which we have discussed quite a lot already, in the review that was carried out Cathy Nutbrown, she mentioned the fact that early years professionals were dissatisfied with the lack of parity with qualified teacher status, and yet your proposals are not to give early years teachers that parity. Why?

Elizabeth Truss: At the moment, they will have Early Years Teacher status, which means that they could teach in a free school or an academy but they could not teach in a maintained school. As I have said, the issue we have is that the gap is huge at the moment, between the pay and terms and conditions in the early years world, as opposed to the schools world. Our long-term plan is to see a 0-to-18 workforce where people specialise in particular areas; we are not there yet. At the moment the stepping stones we are putting in place are raising the level of qualification of early years teachers to the same level as primary school teachers; we are looking at the different way the programmes are funded, so teacher training is funded through student loan schemes.

Q887 Chair: That is not the question. The question I asked is about the QTS, and it has been asked about four times now, and I am none the wiser. You keep mentioning the disparity in pay, and then I asked you

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whether the worry would be that they would leave early years and go somewhere else, and you said, “No,” at which point I do not see what the issue is. If you want to raise the status and that was a problem, that would be a reason for not doing it, but otherwise I cannot see a reason for not doing it. You are telling us these facts, but you are not providing any narrative explanation.

Elizabeth Truss: In a lot of schools, the teachers employed in the school nursery are qualified teachers, because qualified teachers can work with three- and four-year-olds. At the moment, they cannot work with two-year-olds, but they can work with three- and four-year-olds—they can work with two-year-olds actually; that is not the specifics of what the teacher standards say. What we have had is early years professionals who were specifically being trained up to work in the early years sector, the PVI sector, which has generally not the same terms and conditions as teachers, so not the same holidays, not the same pay. You would not have a long school holiday if you work in a commercial nursery.

In the long term, we want to achieve a continuum whereby all teachers are teachers, but to move that early years professional to being of teacher status would create a cadre of people whose terms and conditions and salary expectations would not fit with what we have got at the moment. It is a gradual process of upgrading and changing. I have talked about the way that early years nurseries operate. Sometime they just do not have the space to operate in the style of having a teacher and assistant, for example. Does that make sense?

Chair: It makes more sense.

Elizabeth Truss: We are trying to raise the standards at the same time as lessening the differences between the PVI and the maintained sector, so in the long term we can get to a single teacher status. If we suddenly created QTS teachers who had the same terms and conditions as teachers, they simply would not be able to be employed in the PVI sector, so we defeat the object.

Bill Esterson: Which comes back to the whole funding cycle, and what we were talking about earlier.

Elizabeth Truss: It does not.

Bill Esterson: We did that quite a lot, didn't we, Chair?

Chair: Yes.

Elizabeth Truss: Can I respond on this point about funding?

Q888 Bill Esterson: While you are on that, you mentioned that in France there are an awful lot more childminders. I do not think, from what you are saying, you would want to go down that route.

Elizabeth Truss: No; that is not what I am saying. The point I would make about funding is, if you look at the funding of reception classes versus the refunding of the 15 hours a week, I think on average we fund reception classes at a slightly lower rate than we fund the 15 hours a week. That is why schools can offer the three- and four-year-old places, because it works with their operating model. My question is: can we get more of that learning into some of the PVI settings? What I am saying is schools manage on that

funding, so you can have a model with quite a highly paid teacher and assistant working in the early years. I have forgotten your second question now, because you said it first.

Bill Esterson: Sorry.

Elizabeth Truss: Have you forgotten about it—what was the second one?

Q889 Bill Esterson: While you have moved on to that subject, is the issue here about two different types of teacher? There is a teacher for older children, and what do you mean by teachers for younger children? Are we talking about child development, and in particular the issues around language development, where there are very real gaps? Is that the point of what is needed? In many countries, formal education, as we know it, starts at six or seven. I am not clear from what you have said today whether you think that formal education should be starting at three, or whether that is an over-simplification.

Elizabeth Truss: Okay. In a lot of countries where formal education starts later, they have highly structured early years, with highly paid early years teachers. If you look at cases like Finland or Sweden, they have highly paid early years teachers. It is down to the professional judgment of teachers exactly what stage the child is at, and how that child should be taught. Quite often in reception class it is a fairly play-based environment, where children are getting used to learning and things like taking turns. Gradually more formal education is introduced, and clearly in early years it is even more play-based and less formal.

The key thing is that you have a teacher there who is bringing the child on, communicating with the child, and exposing the child to a wide range of vocabulary. The most important thing for later reading is the child's vocabulary at an early age. That is the critical thing for me: do we have those high-quality individuals? How they teach is a matter of professional pedagogy, which I think we need to develop more. We have already got a lot of experts in early years teaching. We need to develop more, which is why we have got our programmes running; that is a matter for those experts. What we have done in designing the Early Years Teacher qualification, and the Early Years Teacher standard, is ensure that it is as wide as possible. The Montessori technique, for example, would be accredited under the Early Years Teacher standard, as would other techniques that have been shown to work.

I think you asked me another question.

Q890 Bill Esterson: No, we are going to move on to another one. This difference in pay that you have acknowledged must have an effect on morale. How do you deal with the issue of morale in the workforce?

Elizabeth Truss: We need to improve the pay and qualifications of early years teachers. I know what you asked me; you asked me about childminders, and whether we were expanding childminders. I think childminders can offer a really high-quality, home-based environment, and a lot of parents do not necessarily want their child to be in a group-based environment from an early age; they would rather

have a home-based environment. It is also very helpful for people who work shifts or do flexible work, and there are very good childminders out there. The whole point of childminder agencies is to provide a support network and training for childminders, so that parents can be assured of quality and so that there is an easier route of entry into childminding. At the moment, if you want to become a childminder, you have to register with Ofsted and go through the local authority; you face a lot of upfront costs. Some childminders have told me that they have faced as much as £800 of upfront costs to become a childminder. We are creating another entry route, where childminders can receive training, be part of a network of childminders and receive support, and have somebody who will do the business management side, so getting payments from parents, marketing their services—all those kinds of things.

That is the idea of childminder agencies, which they have in France as well and which provide a similar kind of service. We need a rich mix of high-quality provision, so parents have a good choice of what type of provision they want, whether it is a Montessori nursery, a childminder or a children's centre. All those different things should be available, and what we are trying to do is stimulate that availability.

Q891 Bill Esterson: Moving on to the local authority role in training and qualifications, how can you ensure the quality? How can you ensure that qualifications and training are there in the private and voluntary sector if the local authority does not have that role?

Elizabeth Truss: The National College sets standards for the Early Years Educator and the Early Years Teacher qualifications, so we know the standards for those qualifications are being set at a national level.

Q892 Bill Esterson: However, if the local authority is not there monitoring it, who is making sure it happens?

Elizabeth Truss: Ofsted. Ofsted inspect all these organisations and will be monitoring the quality of training that is being received.

Bill Esterson: You have taken the responsibility away from local authorities and handed it to Ofsted, effectively?

Elizabeth Truss: Ofsted has always had a responsibility to make sure that people are properly trained, but we are putting more emphasis on that. Ofsted are now reporting on qualifications and looking at how well trained somebody is, because that is a vital component of how good they are at doing their job, just as they would look at the training of teachers. You would not get local authorities going into schools and looking at the training of teachers.

Q893 Pat Glass: Can I just clarify that? Ofsted do not inspect childminders. They register them but they do not inspect them. That was what they told us in an earlier hearing that we had around Ofsted.

Elizabeth Truss: They do inspect childminders.

Q894 Pat Glass: That has changed, then. They told us very clearly that, in the past, they register but they

do not inspect, and that was something that they were really worried about.

Elizabeth Truss: There are two different registers for childcare. Actually, there are three registers:³ there is the compulsory register, the voluntary register, and the early years register. If you are on the voluntary register for looking after over-fives, you are registered with Ofsted but not monitored by them, and Ofsted have their own views about that. What I am talking about here is the early years register. If you are a childminder on the early years register, you are inspected by Ofsted. What we are also proposing in our new review of registration is having a single register with an early years section. If you are looking after the under-eights, you are regulated by Ofsted, but for the over-eights, it is a single register, so we do not have this distinction between the compulsory and voluntary register, both of which had different rules. There were different rules on safeguarding and welfare on one register from the other register. Some childcare providers were on three registers at the same time, with different rules for each register, which was not very helpful.

Q895 Chair: Why is it that early years educators cover the 0 to 7 age range, whilst early years teachers cover only 0 to 5?

Elizabeth Truss: I think this is back to the issues we were talking about with QTS, and whether or not they would be able to operate in the classroom. We wanted early years educators specifically to be able to work in after-school clubs and to understand about slightly older children as well, whereas the early years teacher role is more designed for nurseries and childminders for the under-fives.

Q896 Chair: Does it not seem a little inconsistent that the two are not co-ordinated and cover the same period of a child's life?

Elizabeth Truss: I think it was specifically this issue of after-school clubs—that we saw early years educators as being able to work in these after-school clubs.

Q897 Craig Whittaker: I wondered if you could tell us when you are going to provide a policy steer on the review of the NPQICL, and whether that will be very much driven by those working in the field or by academic institutions.

Elizabeth Truss: Last year, we reviewed the Early Years Teacher qualification, as you know, and we had experts in the field and academics on the panel looking at that with Charlie Taylor and his team. We are conducting a similar exercise for the leadership roles. Again, what I want to see is greater integration across the education system, so that we have

³ Externally, we committed in the consultation on the Regulation of Childcare (that closed on 30th September 2013), to replace the General Childcare Register (for children aged 5 to 7) with a Child Safety Register that will be designed to work together with the Early Years Register (younger children)—to offer greater flexibility and clarity for parents and providers. This is part of the Govt's plans to streamline registration processes and simplify requirements, with a single set of essential measures to ensure children's safety.

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specialists leading in the early years who will be part of what we do in schools as well. Does that make sense?

Q898 Craig Whittaker: Will that help towards a career strategy, I suppose?

Elizabeth Truss: Yes.

Q899 Craig Whittaker: How will the training and qualifications in the review reflect the changes to the management and structure—I will not say “purpose”—so that you get the gist of children’s centres?

Elizabeth Truss: Yes. There is a question also about leadership of nurseries, childminder agencies and children’s centres, all of which have a slightly different role, so we will be looking at all of those in conjunction.

Q900 Mr Ward: You have mentioned once or twice already the National College. I just wondered if you had any thoughts on what positive role the National College could play in this whole area.

Elizabeth Truss: I think Charlie Taylor gave a speech a few weeks ago at the NDNA conference. I think he was the first head of the Teaching Agency to speak to that organisation. I think he has been playing a very proactive role in reaching out to the early years sector and making it clear that he sees early years as a key part of the teaching profession. In all his speaking engagements, he talks about early years and the important role of early years, so he is very much making it clear that we see teaching as a continuum, that we see the early years as being extremely important, and that we want to raise the pay and status of early years. I think he has a really important role to play, because he is a respected figure within teaching, and I want him to help bring together the early years and the school parts of the jigsaw.

Q901 Mr Ward: Are there any specific initiatives or leadership that could be provided in any areas?

Elizabeth Truss: First, there is developing the Early Years Teacher standards and working on the leadership programme. He has been involved in Teach First for the early years, which started this year, but there is further development to do. I have said that we see it as a continuum and we want to work towards that. We recognise that the Early Years Teacher and matching up the entry requirements is a start but is not the endpoint. This is very much partway along the process of how we do that. As I say, Charlie is actively engaging with early years practitioners to make sure that they are part of this discussion. We are

very clear that this not about a school takeover of early years; this is about early years learning from schools, and schools learning from early years, so we get the best of both worlds and we get a much better continuum.

Q902 Mr Ward: We have seen some good examples in the primary and secondary phase of collaborative work and of schools coming together across the piece. Is there anything that the National College could do in leading initiatives of that kind?

Elizabeth Truss: Yes, absolutely. We talked earlier about the idea of research centres in children’s centres and nurseries. We are looking at that with respect to teaching: how we could look at the teaching-school model in early years, and how we could look at the development of teacher training in early years in the same way we are looking at the schools area. He is absolutely looking at all those different aspects of early years, and it is a priority because we all recognise it is incredibly important. We need to raise quality and we need to raise esteem. This is the pilot year of Teach First for the early years. It proved a very popular programme that people wanted to join. In fact, in our Early Years Teacher recruitment was ahead of trajectory this year, because it was very popular. Early years is getting increased attention and people are excited about it. We want them to keep being excited about it, so we are going to be raising the profile of early years even more.

Q903 Mr Ward: As part of that status and esteem, how would a new royal college fit in for early years practitioners?

Elizabeth Truss: I discussed this idea of a royal college with Charlie Taylor. I would like to see it as part of any development of a teacher. As I say, I see it as a continuum. I do not think it does any favours saying we need a separate royal college for the under-fives. What I want is the whole teaching profession to be more focused on the under-fives, so that even secondary-school teachers understand about early child development. I think it is beneficial to those further down the scale.

Pat Glass: I think that would be a really useful way forward. I have gone into a number of secondary schools and, when you say to them, “Where are your summer-borns?” they have no idea. That makes a huge impact on children’s learning.

Chair: What a marvellous, positive note on which to end. Minister, thank you very much for giving evidence to us this morning.

Elizabeth Truss: Not at all. Thank you.

Written evidence

Written evidence submitted by Action for Children

EXECUTIVE SUMMARY

1. Action for Children's vision is that children are able to make the best start in life.
2. Vulnerable children need effective, accessible, community-based interventions in their local children's centres. This is not about looking back to Sure Start but rather looking forward to a new model where effective early help is accessible over the long term.
3. Over the past three years Action for Children has refined the support we offer through our network of children's centres, based upon extensive evaluation and outcomes tracking so that we know what works:
 - Promoting early language development and school readiness.
 - Targeting the most vulnerable and maximising reach, including investing in outreach.
 - Providing evidence-based parenting programmes, delivered by skilled practitioners.
 - Developing centres as the key to community-based networks, accessible and relevant to local needs.
 - Building partnerships with health services and NHS professionals.
4. The effective work delivered in children's centres must be protected. This is particularly vital in the difficult economic environment where preventative services are being squeezed while parents are under increased economic pressure.
5. There has been much debate about the future of the Early Intervention Grant (EIG). We welcomed its introduction as a way of focusing spending on prevention and fear that reducing the fund and shifting it into the general pot will halt the progress that has been made.
6. Looking ahead beyond the spending review, we would like assurances that EIG allocations remain visible and traceable year-on-year. It is essential that there is an identifiable early intervention funding stream beyond 2014–15.

Action for Children

7. Action for Children is committed to helping the most vulnerable children and young people in the UK break through injustice, deprivation and inequality, so they can achieve their full potential. We help children, young people and their families through nearly 500 services across the UK, including over 200 children's centres across England.

Core purpose of children's centres, how has this evolved and is different from the original design and purpose of Sure Start

8. The core purpose of children's centres has evolved. We have adapted our practice, consolidating key elements of effective practice into a new model, which is evidence-based but also offers flexibility to address local needs.

9. Our golden threads of effective practice are:
- Challenging the impact of poverty on children.
 - Supporting early communication and language development.
 - Promoting physical health and wellbeing.
 - Promoting emotional well being and resilience.
 - Promoting community participation.

The effectiveness and impact of children's centres to date, including the role of Ofsted inspections

- 10 During 2011–12, our children's centres achieved the following:
- A positive impact in reducing the risk of physical, sexual or emotional abuse of a child; reducing concerns in 95% of cases where this was an issue.
 - 78% of children improved their communication skills.
 - All our children's centres achieved satisfactory or above Ofsted grades.
 - 90% were rated good or outstanding by Ofsted in their work to meet the needs of service users and improve the outcomes for children.

11 Action for Children commissioned King's College London (2011¹) to evaluate the impact our children's centres have on outcomes for the most vulnerable children. The research showed we were effective in improving outcomes, with the greatest improvements in:

¹ King's College London (2011) *Children's centres in 2011: Improving outcomes for the children who use Action for Children children's centres*. http://www.actionforchildren.org.uk/media/922816/childrens_centres_in_2011_actionforchildren_briefing_july2011.pdf

- Parents/carers' capacity to support their child's health.
- Parents/carers' ability to cope with difficulties.
- Improvement to the child's ability to contribute to the learning environment.

12 The research highlighted our success in reaching people who do not normally access services; working in partnership (especially with health services); and, reducing stigma: "*Action for Children children's centres have the potential to act as a gateway, and in some cases one-stop-shop, for the early intervention which we know can improve outcomes, especially health outcomes, for children.*" Our children's centres model constitutes a timely and effective way of delivering services in a period of resource challenge.

13 We believe that further work is needed to clarify and communicate the locus of Ofsted's control in measuring early help and the criteria against which authorities' performance is measured. Given the Government's ambition to support early intervention without introducing a new duty on authorities, Ofsted could act as a more effective driver towards early intervention approaches.

The range of services and activities provided at children's centres, their desired outcomes and whether/how these differ from family centres, early Sure Start local programmes and early years settings

14 Our centres have evolved as community assets. We can host the local dentist, link to the local religious centre or offer birth registration; and in the evening host relationship guidance and counselling services. Our teams consist of community development workers, social workers, early year's workers, speech and language therapists, health visitors, benefit and debt advisors and job centre plus workers.

15 Flexible, locality-led services complement the core offer. It is this rich mix of evidence-based interventions; universal early year's provision; and, community resource that makes children's centres effective and provides a vision for these services going forward.

How to define and measure good practice in family and parenting support and outreach. Including the effectiveness of Government's payment by results trials, and what measures of child development and school readiness might be used

16 The full impact of the payment by results (PbR) trials in children's centres is yet to be seen; to be effective they will need to support stability in the provision of effective services. PbR needs to be evaluated against improvements in child outcomes rather than success in meeting policy imperatives or process measures. We are disappointed by the limited scope of the evaluation, especially as reward systems have not been fully introduced, neither has the impact of PbR on different providers been adequately measured.

17 The components in the core offer provide a useful benchmark for measuring good practice: maintaining the balance between child, parenting and community indicators. We need to resource the measurement outcomes (rather than outputs) but recognise that this will need to be an iterative process, with indicators used to measure progress along the way.

18 We welcome the DfE and DH's commitment to explore the integrated health and early years review at two to 2.5 years. We would like to see the integrated review repeated at age five. There needs to be an emphasis on knowing the baseline assessment for each individual child and clarity around who is responsible for carrying out the review.

How to increase the use of evidence-based early intervention in children's centres

19 There is an increased inclusion of evidence-based parenting programmes (EBPs) in children's centre contracts pointing to the impact of the Allen review.

20 Over the last year 1,302 parents received EBPs from Action for Children. The most common programmes were "Incredible Years", "Triple P" and "Strengthening Families". These courses have led to better family communication and problem solving, reduction in child conduct problems, improvements in parenting, and improved child behaviour in education settings.

21 Last year we looked at which programmes were most effective in which circumstances. The "Incredible Years" and "Triple P" were effective in achieving behavioural change with many families, but for some of the most hard to engage parents these programmes were less effective. Programmes aimed at facilitating "cognitive" rather than "behavioural" change, such as the "Strengthening Families" programme were more effective with these families. We have recorded significant success in using these programmes to reach out to families, engage them and develop trust so that they can later successfully undertake behaviour change programmes.

22 The use of effective outreach is also crucial to make best use of the considerable resources that have been invested into setting up EBPs. The British Psychological Society report², recommends the adoption of a framework for ensuring that evidence-based parenting programmes are socially inclusive to increase take up among socially disadvantaged groups who are often hard to recruit and retain. It argues that drop-out rates

² Technique Is Not Enough: A framework for ensuring that evidence-based parenting programmes are socially inclusive, Discussion paper (August 2012) British Psychological Society.

should be considered when reviewing effectiveness: *“With low-income families, targeted parenting programmes report higher retention rates if they are offered following the provision of a universal approach in the context of a local stepped care system that begins with universal approaches and progresses to a targeted approach only when required. Universal programmes can assist in identifying parents for whom a targeted programme may later be relevant and helpful especially in low-income communities.”*

23 Ensuring that programmes are run to fidelity, with resources invested in implementation, makes the greatest difference to the success of EBPs. A recent study, commissioned by the DfE³, notes: *“To maximise the possibilities for the return on this investment, in the form of positive outcomes for children, young people and their families, those commissioning these services should ensure that a careful, well resourced implementation plan is followed”*. Public and voluntary sectors can struggle with the effective delivery of EBPs. One way of bridging this would be to make available funding to evaluate programmes nearer to the gold standard, particularly as the total cost of getting an innovation to, and through, a randomised control trial can be up to £1 million. We would like to pioneer a model for a fully evidence-based children’s centre, but need support to realise this ambition.

24 Over and above programme fidelity, we recognise that human relationships are core to the delivery of effective services, including EBPs. In 2010 we commissioned independent research⁴ to articulate how to develop effective relationships with vulnerable parents who may be reluctant to take up services. We wanted to see how these relationships make a difference for children and young people.

25 From the research we developed a framework that identifies the key qualities, experience, skills and knowledge that are essential to developing effective professional relationships. To be effective practitioners need to be: child-focused; warm, respectful and sensitive; action-focused; able to engage and build trust; and offer both support and challenge. We also looked at the organisational qualities necessary to support this work, identifying the following approaches in our services that worked well: consistency in approach; flexible and non-prescriptive delivery; and encouraging other services to meet their responsibilities

How to strengthen integrated working between health, social care and education as part of a multi-agency early help offer, including how to improve information sharing and the proposal for children’s centres to have a “named social worker”

26 We offer centre-based opportunities for local health professionals and are successful in engaging community-based midwives, health visitors and consolidating links with GPs.

27. We support early language development, a key factor in improving social mobility and school readiness. Seventy eight% of children in our children’s centres improved their communication skills.

28 Action for Children is participating in the Children’s Centre Social Worker Pilot. The pilot is based at our Ashington Centre and involves trialling a Children’s Centre Social Worker (CCSW) who coordinated services, especially around safeguarding, to prevent the escalation of need. The pilot aims to develop stronger links with Locality Teams and ensure the seamless provision of services.

29 Action for Children recommends the CCSW model as best practice. It provides a direct link to a named lead in the local authority with influence on the Local Safeguarding Children Board. The CCSW can serve as a safeguarding lead for all early year’s services (child minders, nurseries and children’s centres), monitoring the quality of provision and ensuring services reach a quality standard in safeguarding linked to the free education entitlement. All our children’s centres have designated safeguarding leads. Over recent years we have been pleased that this is one of the criterion that Ofsted have covered in their inspections.

30 Information sharing is vital to effective safeguarding. What is of greatest importance is what agencies do with information once they have it as in many high profile cases agencies had a great deal of information but it was not effectively used. This was picked up in our annual review of child neglect⁵ where we saw an increasing number of professionals concerned children but feeling powerless to take action (51% of social workers felt powerless to intervene). Blocks were high thresholds and limited access to early intervention services. We are calling on the Government to increase access to effective early support services. Effective children’s centres should provide a core component of that offer.

How to increase the involvement of families (especially fathers, disadvantaged families, minority ethnic groups and families of children with SEN and disabled children) in the running of children’s centres and in their regular activities

31 Action for Children has prioritised the increased involvement of families into the running of our centres. This approach has produced outstanding results. For example, ninety% of fathers who used our children’s centres report they feel more confident that they could be a good father because of the services they have used.

³ Implementing evidence-based programmes in children’s services: key issues for success, W Wiggins, H Austberry and H ward, Childhood Wellbeing Research Centre (September 2012) Department of Education.

⁴ Add York Consulting reference here: <http://www.actionforchildren.org.uk/policy-research/policy-priorities/developing-effective-professional-relationships>.

⁵ Action for Children, *Child Neglect in 2011*, Action for Children and the University of Stirling (2012).

32 As part of a consortium led by I CAN, Action for Children has received funding from the DfE to deliver the Early Learning Development Programme (ELDP) to over the next three years in all of our children centres.⁶ This approach will result in children with special educational needs being identified as early as possible as well as parents and carers receiving support, advice and guidance around personalisation.

33 Volunteers are involved across the full range of tasks and activities in our children's centres: supporting the running of the centre; helping groups, activity days and promotional events; and, home visits and outreach. A total average of 22 hours per children's centre is contributed by volunteers, which equates to a value per children's centre of £7,392.

34 For parents and children, volunteers bring extra capacity, provide a reassuring presence and acting as role models. Volunteers support staff to work with more parents and strengthen links with the local community. A volunteer-free centre was described as a quieter, less vibrant place. Volunteering itself helps increase confidence, offers a route to employment and education.

How the overall level and quality of provision is being affected by moves to local funding

35 We are concerned that uncertainty over the EIG will undermine the excellent work undertaken in our children's centres. Progress in extending reach, improving child outcomes and parenting capacity could be lost.

36 This year we undertook in-depth interviews with 62 of our children's centre managers who support nearly 40,000 children and over 20,000 families. Responses show the introduction of the EIG and the commitment to a vision for children's centres has, to a large extent, protected these services from stringent cuts; a notable achievement given the current economic context and the fact that non ring-fenced EIG already being stretched.

37 While this is agreement in principal on early intervention, vital services remain fragile and delivery patchy. The uncertainty about the future of the EIG is potentially disastrous for local services that are unable to plan confidently for the future. This impact will be made all the more severe as local authorities prioritise statutory commitments to child protection services but do not feel equally bound by commitments to early intervention services (Section 17).

38 Financially, underinvestment in prevention represents a false economy creating longer-term burdens on the taxpayer. Losing early intervention services, which prevent children going into care, would cost society more than 1.3 billion each year⁷. Action for Children is calling for a re-enforced duty to ensure the continued delivery of early intervention services, together with a clearly identifiable funding stream that stretches beyond the current spending review period.

December 2012

Further written evidence submitted by Action for Children

EARLY YEARS EDUCATION,
CHILDCARE AND CHILDREN'S CENTRES

1. ACTION FOR CHILDREN

1.1 Action for Children is committed to helping the most vulnerable children and young people in the UK break through injustice, deprivation and inequality, so they can achieve their full potential.

1.2 We help children, young people and their families through nearly 500 services across the UK, including over 200 children's centres across England.

2. KEY POINTS

1.1 Key points raised within this briefing are:

- We welcome the focus on providing free childcare to the most vulnerable children.
- We are concerned that the quality of the delivery of the two-year-old offer varies at a local level and that this has resulted in some cases of inadequate provision. Given that the two-year-old offer is targeted at the most vulnerable children we have concerns that poor quality provision could undermine efforts to improve social mobility.

⁶ Further information on the ELDP is available via: <http://www.ican.org.uk/What-we-do/Early%20Years/Early%20Language%20Development%20Programme%20ELDP.aspx>

⁷ NPC used the SROI models developed by the new economics foundation to provide figures for Action for Children's east Dunbartonshire family support service on the success of the programme in preventing children from going into care. This figure takes into account the savings of £0.8 billion the Government would make from not providing family support services to all children in the UK at risk of going into care. However, cutting these services would be a false economy, as many more children would be taken into care, at a cost of £2.1 billion. This gives a net cost of £1.3 billion.

- The delivery of the two-year-old offer can and should be much more closely aligned with the provision targeted parenting support via children’s centres. Parents have the biggest impact on their children’s educational attainment, so that efforts to improve school readiness will be undermined if early intervention and parenting support is detached from the early education offer.

3. SUPPORTING SCHOOL READINESS

3.1 Our children’s centres successfully **reach out to, and engage with, vulnerable families** providing targeted services within an open access setting. King’s College London (2011¹) found an overall picture of “*children doing better*” following contact with Action for Children centre staff and the services concluding that “*Action for Children children’s centres have the potential to act as a gateway, and in some cases one-stop-shop, for the early intervention which we know can improve outcomes, especially health outcomes, for children.*” In 2011–12, our children’s centres achieved a positive impact in reducing the risk of physical, sexual or emotional abuse of a child; reducing concerns about a child in 95% of cases where this was an issue. In 98% of cases there was a positive impact regarding domestic abuse and concern about a child was reduced.

3.2 Action for Children works to enhance **children’s school readiness** primarily through supporting children’s communication, emotional and physical development. For example, our outcomes data shows that 78% of children within our children’s centres improved their communication skills. We are part of a consortium to deliver the early learning and development programme in all of our children’s centres and also have speech therapists based in our centres, as well as running play sessions and a range of health intervention programmes.

3.3 Within our centres we work to develop **good relationships with child care providers** who in turn then refer children and families on to us if they are aware of problems emerging and the need for additional support. This enables us to pick up on and address problems at an early stage, for example through the delivery of evidence-based parenting programmes. Our children’s centres work with local nurseries to establish safeguarding protocols to ensure that all are clear on collective and individual responsibilities. We also provide support to child-minders with registration and advice on meeting statutory requirements. Children’s centres provide the physical space in which child-minders and nurseries can operate.

3.4 We also seek to **address gaps in training and resources**, as well as providing support networks for child-minders. However, to do so to scale will require additional resources. For example, Action for Children is (with a partner agency) currently bidding to the DfE grants prospectus to increase the number of high quality child-minders able to offer flexible childcare to vulnerable and disadvantaged children. We want to appoint child-minder coordinators across a number of children’s centres to recruit new child-minders to meet the demand for the free child care entitlement and in order to provide wrap-around holiday care. We will also provide training to child minders in the core areas of the EYFS, work with parents to find a child-minder match for children with SEN D and liaise with professional networks to secure named child training for complex health needs.

3.5 Research shows how vital parental engagement is to improving children’s educational attainment. We provide a range of **targeted parenting support** within our children’s centres. Over the past year 1,302 parents received evidence-based parenting programmes from Action for Children. In addition, we promote **home learning**, for example providing “Book Start”; working with parents to support their child’s learning and creating a positive home learning environment. Our findings are supported by the national evaluation of Sure Start results from 2010 and 2012 which demonstrated the delivery of better home learning environments. We will also provide adult learning support and skills development, such as literacy and numeracy classes, IT training and volunteering programmes.

3.6 Without this holistic support a child care place on its own will not provide improved outcomes for children. Head Teachers have told our managers about the dramatic impact our children’s centres have had in term of improving children’s behaviour when they attend school, and also through increasing parental engagement (for example through attendance at parent’s evenings).

4. CONCERNS RELATING TO THE DELIVERY OF THE TWO-YEAR-OLD OFFER

4.1 We are concerned about the delivery of the two-year-old offer both because of problems with the quality of provision and also because of the increasing disconnect between targeted early intervention services for parents and the provision of early education.

4.2 Supply does not currently meet demand. This means the private, voluntary and independent providers can charge higher than the allocation. Hence, there is little incentive for private nurseries to take up the two-year old offer. This has also resulted in wide variation in local implementation of the childcare offer. In order to meet demand some children are faced with reduced free hours with some local authorities only providing 10 hours to accommodate more children. We are concerned that as the offer is rolled out the number of hours will be reduced again.

4.3 There simply are not enough good quality places to meet need. Only Ofsted rated “good or above” providers are meant to deliver the two-year-old offer places, yet some providers rated as “adequate” are being used to meet the need. High quality provision is broader than just education, it is also about settings being able

to identify additional needs and spotting problems early. Emerging data from our latest review of child neglect shows that while staff in most early year's settings are well versed in spotting the signs of neglect, private nursery staff were not as aware. The poorest quality provision is most likely to have vacancies, leading to the likelihood that the most vulnerable children will receive the poorest quality provision. This will be in contrast to their peers who can pay the going rate for the best provision.

4.4 The criteria for accessing a place is being applied inconsistently. On top of the free school meals criteria, some areas are looking at tax credits and benefits or are adding vulnerabilities to the criteria to ensure that the most vulnerable get the limited provision. This means a lot of children are missing out and there is a great deal of confusion at local level.

4.5 In addition to concerns about the quality of provision, the way the two-year-old offer is being rolled out is threatening the holistic approach to early years by separating childcare from family support services. Because the two-year-old offer has been designed as a separate arrangement, vulnerable children and families are increasingly not coming into contact with other early year's services. Government policy must promote a joined up early years offer for children and families.

4.6 Funding arrangements for the on-going delivery of the two-year-old offer have served to exacerbate this disconnect, with the top slicing of the EIG to fund the early education places and then the absorption of the rest of the EIG into wider local government funding. Within the new funding arrangements, funding for early intervention services must remain prioritised at a national and local level. Local family and child support services such as children's centres are vital to the effective delivery of the offer and the intended outcomes of the programme. The current disconnect is of grave concern.

5. SOLUTIONS: BEACON HEATH AND WHIPTON CHILDREN'S CENTRE 2GETHER PILOT

5.1 The way the two-year-old offer is being implemented needs to be re-thought with the connections between early education, child care and family support re-established. Within this network children's centres have a vital role to play. For example one group of our children's centres in Devon has taken up delivery of the two-year-old offer and provides sessions directly for disadvantaged two year-olds as well as providing complimentary parenting support.

5.2 Action for Children is participating in a pilot run by Devon County Council aimed at improving outcomes and narrowing the education attainment gap between disadvantaged and other children in Devon, as well as supporting parents to take up training or to go into work.

5.3 The two participating children's centres were chosen because there were insufficient child care spaces available locally and there were large numbers of children who fitted the criteria. A child care team was recruited to work across both children's centres, who also employed two family workers (one for each centre) to provide family support to the families attending the 2gether pilot.

5.4 All the children who attended the pilot moved to a nursery when they reached three. Given the age of the children quite a high percentage (28%) left before completing because of difficulties settling—not being ready to be left. To address this, the project instigated a programme of settling in periods during the first term.

5.5 Data on the cohort of families shows that the pilot successfully targeted those with greatest need (for example lone parents, families where there is domestic abuse, BME communities, families where English is a second language, grandparents as main carer and parents with a physical disability).

5.6 A range of family support services were offered in addition to child care. 14% of families accessed counselling through the children's centres. All families were given home learning during the scheme. The centres also provided different adult education groups for the parents (ie basic literacy and maths skills). 47% of families attended an adult learning group.

5.7 Some families remained very difficult to engage. The outcomes achieved depend on effective targeting. There is concern that the different measures adopted in the payment by results pilots may conflict with each other. For example, if you target families with the highest levels of need then you will not get such high results for numbers of parents who return to training and work. However, targeting the pilot at families with greatest and most complex needs allowed the scheme to meet the needs of children first. A solution would be to continue to target at families with greatest need but to introduce interim measures around adult education as steps on the way to employability.

5.8 One of the key emerging issues was that it was much easier to develop good relationships between family workers and parents when the children were attending child care at the children's centres.

5.9 The outcomes for children in the first cohort were extremely good, as measured against their health and development. An interim report into the effectiveness of the pilot concluded that for children living in families with very high levels of need, the pilot offered compensatory experiences that they otherwise would not have had.

REFERENCES

ⁱ King's College London (2011) *Children's centres in 2011: Improving outcomes for the children who use Action for Children children's centres*. http://www.actionforchildren.org.uk/media/922816/childrens_centres_in_2011_actionforchildren_briefing_july2011.pdf

January 2013

Further written evidence submitted by Action for Children

Action for Children has submitted written evidence to the Committee but I thought it would be helpful to re-iterate one or two of the key messages from my oral evidence session.

Children's Centres are a crucial part of the early years offer, providing effective, accessible, local responses that reach out to vulnerable families and improve children's life chances. They offer an essential combination of support for a child's early development through the Early Years Foundation Stage (EYFS) key areas, working directly with children, supporting parents and early education providers.

QUALITY

It is essential that services provided to vulnerable children and families are of a consistently high quality as we know that this is what drives improved outcomes for children. This requires both good quality practitioners and leadership. Qualifications, training, resources and support networks are all crucial elements to ensure quality provision.

I do recommend that Qualified Teachers are required in children's centres. We have found that Qualified Teachers based in our Children's Centres not only support engagement between professionals and parents, but also have a positive impact on staff feeling confident and able to deliver high quality services.

Evidence has highlighted the importance of the role of social workers working with, and advising, early years professionals within children's centres and other family support settings to implement a "step up and step down" approach where families can be provided with more formal and/or intensive types of help if required but can also access informal, non-statutory help if their support needs reduce without going back to the beginning of a referral process. Approaches like this need time to embed in local areas and prove that they work.

In my Early Years Foundation Stage Review (EYFS) report published in 2010, I recommended the introduction of an integrated review at two and a half years old to bring together health and early years systems. I welcome the Government's moves to develop the integrated review and hope that it is appropriate and easy to use. I would be particularly pleased if the importance of a quick conclusion to the fairly protracted discussions between the Departments of Health and Education on this issue could be highlighted by the Select Committee.

REACHING THE MOST VULNERABLE

We have demonstrated how children's centres can successfully reach the most vulnerable through providing open access to children and families in a non-stigmatising way. To achieve this investment in effective outreach delivered by skilled practitioners is an essential part of engaging the most vulnerable and can provide a pathway to targeted services, such as evidence-based programmes. Through co-location, children's centres offer a wide range of services to meet local need. It is this rich mix of evidence-based interventions; universal early year's provision; and, community resource that makes children's centres effective and provides a vision for these services going forward.

COMMISSIONING FOR STABILITY

The commissioning of Children's Centres must provide more emphasis on stability for children and families and hence support the delivery of evidence-based early intervention services. We recommend that the Government commits to developing an approach to funding that is underpinned by long-term planning and consistent support. At present the approach is geared primarily around 3 year contracts and price. We believe that this is a two dimensional approach which ignores the importance of providing stability and continuity to the families and communities who need it the most.

INTEGRATING CHILDREN'S CENTRES AND CHILD CARE

Targeted family support and effective early education must work together to give children the best start in life. High quality early education can help to narrow the attainment gap but we need to remember that parental engagement and support remains the single biggest factor in determining children's educational attainment. Government needs to link these initiatives so that they support, rather than undermine each other. For example, we are concerned that the way the two-year-old offer is being rolled out is threatening the holistic approach to early years by separating childcare from family support services. Given that the two-year-old offer has been

designed as a separate arrangement, vulnerable children and families are increasingly not coming into contact with other early years services.

Early education and child care need to be integrated into the wider system to ensure effective data sharing and delivery of services so that any problems are picked up early and acted upon. For example, within children's centres, the link with health is key to providing a joined-up approach to the assessment and effective response to vulnerable children's needs.

In my EYFS review, I highlighted the importance of the need to understand the subtlety of the difference between school readiness and "un-readiness". Children's Centres play a vital role in supporting the child to develop (through the EYFS key areas), providing the education setting and working with the parents.

The best Children's Centres also develop good relationships with partners, such as child care providers and nurseries, to ensure safeguarding remains a priority and professionals are supported to meet statutory requirements. Good local practice needs to link to new national initiatives, such as the Government's proposed creation of childminder agencies, to ensure a cohesive approach.

February 2013

Further written evidence submitted by Action for Children

OUTCOMES FOR CHILDREN

There was much debate at the Committee session about outcomes for children. I wanted to share with you our learning and some of the systems that Action for Children has designed. We have developed our own internal outcomes framework which covers areas that are key to improving children's lives; safety, health, achievement and relationships (further information is available on request). Our internal data-gathering system, e-Aspire, allows professionals to record an individual child's progress against identified outcomes. This enables us to provide evidence of impact. We compliment our internal data by commissioning external research, such as the King's College London (2011) evaluation of our children's centres which I believe has already been shared with you in our previous evidence submissions. e-Aspire data for 2012–13 shows that our children's centres successfully:

- reduced indicators of neglect and concern about a child in 93% of cases;
- had a positive impact in 94% of cases where physical, sexual or emotional abuse of a child was an issue;
- improved a child's outcomes in relation to school readiness in 78% of cases;
- improved a child's communication skills in 77% of cases; and
- improved a child's physical health or individual milestones in 74% of cases.

Within our centres we deliver a range of evidence-based programmes and use outcome tools with parents, carers, children and young people to jointly assess areas of strength and for development. The tools are also used to agree shared outcomes that are to be reached as a result of intervention, as well as monitoring progress and results. Tools include the Outcomes Star and the Strengths and Difficulties Questionnaire.

Our children's centres are able to measure children's development through the Early Years Foundation Stage (EYFS) Profile. For example, Tree Tops Children's Centre in Worcestershire was rated outstanding by Ofsted in October 2012. The inspection report highlighted that Tree Tops prepares children for transition to school: "The percentage gap between the lowest achieving 20% of children and the rest, as indicated by the points score in the EYFS Profile, has reduced steadily from 41% in 2008 to 32% in 2012. The county council... compared the individual scores of children who attended the children's centre with a control group of children from similar backgrounds who did not... analysis shows that in each case those who had attended the children's centre outscored the control group".

Over the past four years, our South Molton Children's Centre in Devon has seen an improvement in EYFS Profiles from 32% to 74% of children achieving 78 points and the gap has reduced from 53% to 26%.

LEADERSHIP AND SAFEGUARDING

Key issues that I raised in the evidence session were around the importance of strong leadership and efficiencies. In response to the external environment and current economic challenges, Action for Children has developed a clustering approach to the management and running of our children's centres in order to achieve maximum effectiveness and efficiencies. From consultations carried out in various local authorities, including Norfolk, Norwich, Devon and Kirkless, the benefits of a cluster approach include greater efficiencies and improved sharing of resources. Further benefits are better consistency of approach, greater leadership capacity and greater outreach. We have found that clustering also improves integrated working and facilitates the promotion of best practice.

These benefits are achieved through strong leadership and governance, together with joined-up provision. Clusters may consist of a combination of phase one, phase two and phase three centres and aim to maximise

the use of resources and reach vulnerable children in the area. Each cluster has a designated lead for safeguarding who has a direct link to the local authority equivalent. All our early years support staff work closely with the Healthy Child Programme and Early Year's Framework, the designated lead health visitor and the lead on early years across the cluster. Our Lead Practitioners support quality of practice and fidelity of delivery of programmes.

An example of where we have successfully delivered clustering is in Warwickshire, where our outstanding Westgate and Newburgh Children's Centre is part of a cluster of six children's centres managed by Action for Children. Ofsted praised the children's centre for its "excellent leadership, rigorous and comprehensive governance arrangements, excellent working relationships with a wide range of partners and a small but knowledgeable and dedicated team of staff that combine really well to provide services which are highly successful in improving outcomes for families who live in the area". Ofsted also highlighted the "outstanding working relationship with the health visiting team". Weekly meetings bring together centre staff, health visitors and other professionals to share information and agree actions; making the best use of the available resources. This has resulted in the centre having an excellent understanding of the needs of families within its area.

Through services like Westgate and Newburgh, we know that children's centre leaders must have a range of skills, including knowledge of safeguarding, the ability to work in strategic partnerships as well as data analysis to ensure a thorough understanding of local need and improved outcomes for children. We have high quality, trained managers and staff who not only lead within the centre, but also drive partnership working and ensure our centres are responding to local needs.

Action for Children supports managers to gain the National Professional Qualification in Integrated Centre Leadership (NPQICL) qualification. We run regular children's centre network meetings throughout the year to keep managers up-to-date with national guidance, inspection requirements, innovative practice and evidenced-based practice that has been proved to result in improved outcomes for children. It may be helpful for Government to support the development of a modular programme that covers these core skills and enables Children's Centre Leads to select from a menu of learning and development opportunities in order to meet individual needs.

Through our children's centres we support young people into training and employment, in effect "growing our own" staff from the heart of the local community. For example, in the Dewsbury and Mirfield locality we run an apprentice scheme where young people can achieve Level 2 and 3 through the Children and Young People's workforce qualifications. Two young people, aged 17 and 20 years old, are currently completing the apprenticeship which can take up to three years. Two young people have successfully finished their apprenticeship and are now working in our children's centres leading crèche sessions and supporting family learning.

In response to the Munro Review, Action for Children has implemented the Lead Practitioner role within our services across the UK. These are front-line supervisory staff that drive high-quality delivery by practising and modelling reflective supervision for practitioners, thereby achieving and demonstrating high quality intervention and improved outcomes for vulnerable children.

Children's centres have a vital role to play in safeguarding children. In all areas our children's centres will have links with the local social work team and some local authorities place social workers in our children's centres. We recently completed the Action for Children Children's Centre Social Worker (CCSW) Pilot based at our Ashington Children's Centre in Northumberland. It trialled a unique role, the CCSW, acting as the designated lead for coordinating services across centres to prevent the escalation of need. One CCSW was employed by Action for Children to work in the local Initial Response Team (IRT) and a second employed by the local authority was based at the children's centre. The CCSW completed pre-birth parenting assessments and provided safeguarding training for nursery staff.

I believe that the Lead Practitioner and CCSW Pilot models could be implemented across all areas to ensure that safeguarding remains central to the children's centre offer.

Another way in which Action for Children safeguards children is the delivery of our Family Partners service through our children's centres, for example in Bristol and Derby. Family Partners involves staff working intensively with families where there are concerns around possible neglect, intervening in a timely way as soon as concerns have been expressed, and before there has been an escalation to a formal child protection referral. Outcomes included 72% of children experiencing an improvement in their emotional wellbeing and in 68% of cases, the indicators of neglect were addressed and concerns about the child reduced. We are talking to local authorities to develop Family Partners, this includes Sandwell and East London where we will be delivering family partners from Spring 2013.

GOVERNANCE

Another issue that was discussed during my evidence session was the governance of children's centres. I believe that Action for Children children's centres have developed effective governance arrangements that bring together professionals and parents to share information and effectively plan services to meet local need. One way in which we do this is through ensuring that all staff are involved in governance through the planning and evaluation cycle. Accountability is built in at several levels, both internal and external, and the local

authority is given clearer timescales for monitoring. All members of staff are clear about their roles, responsibilities and contribution to overall aims and targets.

Action for Children involves parents in the governance of children's centres through advisory boards. Our Dewsbury and Mirfield Children's Centre runs a regular forum where parents can share their thoughts on the service and raise key issues in the community. Two parents from the forum attend the children's centre advisory board meeting. The advisory board is a two-way platform where professionals and parents can share information and ideas ensuring that the centre can adapt to meet local need. The Children's Centre is able to evidence the positive impact of parent involvement on service development and delivery. For example, in response to requests from father's to access training, the centre provided basic English courses for fathers in the evening.

PARENT CHAMPIONS AND VOLUNTEERS

As mentioned in the evidence session, Action for Children engages parents in our children's centres in many ways including the Parent Champions scheme which we deliver in partnership with the Family and Daycare Trust. Parent Champions are parents who have positive experience of using childcare and/or supporting their child's early learning, they volunteer to act as advocates and peer advisers to other parents in their community. This involves using different outreach techniques to engage parents; this may include drop-in information sessions, informal workshops in community locations and making initial contact at children's activities such as library reading programmes or even being available in the playground at drop off and collection times to make conversation with parents about the support they can provide.

Parent Champions for Childcare can:

- help parents to understand the benefits of quality childcare and early learning for their children;
- encourage parents to participate in early learning activities with their children;
- help parents to find out about and take up formal childcare places for their children; and
- encourage parents to participate in local childcare and early learning services eg by volunteering to help out at play sessions, becoming a parent representative on their children's centre advisory board.

Action for Children is running Parent Champions in partnership with Oldham, Oxford, Sheffield and Kirklees. I see the potential of this model to be rolled-out across all areas.

We run innovative volunteer programmes such as those in our Cowgate and Blakelaw Children's Centre, Newcastle. Since 2010, it has recruited and trained people from local estates to support families with children from 0–12 years of age through home visits, peer support and assisting them to access services. Volunteers support local families to make positive changes and build parenting capacity. The key aspect of this programme is that it is embedded in the community. It enabled parents who live there to reach out and support others who may not otherwise engage with the children's centres.

The project has supported volunteers to complete accredited training including safeguarding, domestic violence and welfare rights. It has provided 641 hours of volunteer time and supported 100 children through one-to-one work in their own homes. Volunteers have contributed to the running of 11 groups, such as sensory groups and stay and play sessions. Funding for the project has come from Action for Children and Newcastle City Council's community budgets.

I would suggest that the Cowgate and Blakelaw model of volunteering is one that could be replicated in other areas.

INTEGRATED PROVISION

In the evidence session we discussed the importance of high quality, integrated provision. Action for Children has entered into a new partnership project with PACEY. Funded by the Department for Education, child-minders and private, voluntary and independent childcare staff will receive ICAN's Early Talk training to enable them to positively identify children with speech and language difficulties. They will then be in a position to support the development of young children's communication skills through a range of strategies and techniques. The project will focus on increasing the availability of wraparound childcare and support for families with children who have additional needs in areas where there is currently insufficient childcare for these families. Children and families will gain from increased access to high-quality childcare, as the project will also assist in the recruitment, training and professional development of child-minders.

In Cumbria, our children's centres work in partnership with a number of agencies who provide services directly from a centre or within the local community and at other venues. Multi-disciplinary teams within a centre comprise of health visitors, midwives, the early year's team, the social care team and a speech therapist. Through this approach, staff are able to make appropriate and timely referrals or signpost families to help available within the children's centre and organisations we work in partnership with. This ensures better outcomes for children and families access the service. The centre managers within the cluster meet regularly to share information, develop collaborative working and work on joint projects.

Effectiveness of data sharing with health can vary but we have found that this can be improved through developing relationships and timely sharing of birth data. In many of our centres, such as in Cumbria, health visitors are based within the children centre and provide weekly baby clinics and joint weaning parties at the centres. This enables families to have their baby's weight checked, seek advice on parenting issues and encourage the children's positive physical development. Two funded Midwives also work for Action for Children, creating quality services and stronger partnership with Health.

Other examples of how our children's centres work with health are through anti-natal programmes, breastfeeding support, working with young parents and linking in with the two-year old checks.

July 2013

Further written evidence submitted by Dame Clare Tickell, Action for Children

I am aware that the Education Committee is drawing its inquiry on Foundation Years: Sure Start Children's Centres to a close. I know that the issue of data sharing has regularly featured in the evidence sessions that have taken place. I thought it would be helpful to build on these discussions, as well as Action for Children's written and oral evidence, and provide further insight from our own Children's Centres on this specific issue.

Children's Centres are not just services. They are the conduit for how, as a society, we protect children, support families and enable them to grow. However, poor data sharing is preventing Children's Centres from fulfilling their potential. To intervene early and reach out to children and families we need to know where they are.

Essentially Children's Centres need data on live births, with other data requirements stripped back. This would provide the information on where children are living in their area and enable connections to be established beyond the most visible families.

A recent survey of over a hundred of our Children's Centres found that nearly 70% are experiencing problems accessing this basic data. Age-old problems around confusion over data protection rules and poor data-sharing protocols persist. I know of areas where health colleagues say that data protection rules mean that they can not share birth data. Stretched resources for inter-agency working are also causing problems. For example, in one area midwives are saying that maintaining such systems are too resource intensive. In addition, clashing geographical and organisational boundaries, where Children's Centres are split across district and health areas, are making it even more difficult to share information.

Ineffective data sharing is having a negative impact on our Children's Centres' ability to identify vulnerable children and families. It causes delay in services reaching those that need support, especially in terms of early help. Children's Centres are spending unnecessary resources on trying to find vulnerable children and families themselves. There is also a reliance on partners to share information that Children's Centres should be given systematically.

Although the majority reported problems with data sharing, 32% of our Children's Centres surveyed do have effective data sharing. Reasons for this include effective local arrangements set up with health and local authority and regular meetings and good relationships with health visitors and midwives. Our Children's Centre leaders tell me that effective data sharing has resulted in improved early identification of children's needs and circumstances which increases centres' ability to deliver appropriate, early help to the families that need it the most.

It is clear that data sharing is a crucial component to enable Children's Centres to identify and reach out to vulnerable children and families. I believe that Government must step in and place a duty on NHS Trusts to make sure that all Children's Centres are given local birth data. The installation of birth registrations in Children's Centres is an interesting idea, but ultimately birth data is the key.

Action for Children is supporting the data sharing amendments to the Children and Families Bill and hope that the Education Committee will make a clear recommendation on this in its final report.

I would like to thank you once again for giving us the opportunity to contribute to such an important and timely inquiry. Please do not hesitate to get in touch should you require any further information or contribution.

October 2013

Written evidence submitted by Home Start UK

HOME-START'S WORK IN LOCAL COMMUNITIES IN ENGLAND

There are 225 Local Home-Starts in England supporting over 26,000 families and more than 56,000 children. Local Home-Starts in England cover 76 % of all local authority areas. Home-Start UK works with local communities to develop new services which are established as separate charities but are linked in a network through Home-Start UK. Home-Start UK supports Local Home-Starts to form consortia to provide family support services across whole local authority areas.

In 2011–12 Local Home-Starts had **226** funding related SureStart/Children's Centres partnerships and **159** non-funding related SureStart/Children's Centres partnerships.

Local Home-Starts work closely with Children's centres in the following ways:

- Sitting on Management Committees/or equivalent of children's centre.
- Making referrals to children's centre.
- Accepting referrals from children's centre.
- Contracted by children's centre to provide home-visiting family support services.
- Contracted by children's centre to provide training to children's centre staff.
- Contracted by children's centre to provide volunteers.
- Contracted by children's centre to provide training to children's centre volunteers.
- Contracted by children's centre to provide group work.
- Contracted by children's centre to provide targeted family support work (eg "hard to reach" families).
- Contracted by children's centre to provide other services.

As part of the local arrangements for partnership working Local Home-Starts also provide outcomes data to Children's Centres.

July 2013

Further written evidence submitted by Home-Start UK

INTRODUCTION

1(a) Home-Start UK is one of the UK's leading family support charities. There are 225 Local Home-Starts in England supporting over 26,000 families and 56,000 children. Local Home-Starts in England cover 76 % of all local authority areas. Home-Start UK works with local communities to develop new services which are established as separate charities but are linked in a network through Home-Start UK. In 2011–12 Local Home-Starts had **226** funding related SureStart/Children's Centres partnerships and **159** non-funding related SureStart/Children's Centres partnerships. There are various local models of partnership working.

1(b) We welcome the opportunity to submit evidence to this enquiry, and our submission draws upon our extensive experience with Sure Start from its inception (Melhuish *et al*, 2006). A recent survey of the England Home-Start network (n=53) reported that Local Home-Starts work closely with Children's centres in the following ways:

Table 1

THE WAYS HOME-START WORKS WITH CHILDREN'S CENTRES

<i>Involvement</i>	<i>% of Local Home-Starts</i>
Sitting on Management Committees/equivalent of children's centre	57
Making referrals to children's centre	78
Accepting referrals from children's centre	94
Contracted by children's centre to provide home-visiting family support services	29
Contracted by children's centre to provide training to children's centre staff	4
Contracted by children's centre to provide volunteers	5
Contracted by children's centre to provide training to children's centre volunteers	5
Contracted by children's centre to provide group work	9
Contracted by children's centre to provide targeted family support work eg "out reach work"	14
Contracted by children's centre to provide other services	44

Other links to childrens centres include contributing to Ofsted inspections; Children Centre outreach workers attending Home-Start groups; use of Children Centre venues; providing nursery safety equipment to any family

identified by Children Centre staff. From the table above it can be seen that Home-Start provides a key element of the overall Children Centre offer.

2. SUMMARY

2(a) *Data sharing*

It is noted that there have been some concerns expressed re individual family information sharing during the select committee hearings, particularly concerning health professionals. Home-Start has an established relationship with health visitors [@50% of all Home-Start referrals are from health visitors] and there are clear routes for information sharing. Home-Start has a clear information sharing policy which is covered in the Home-Start volunteer preparation course. We explain to children and families at the outset how and when information will be shared, including within Home-Start. For individual families we are supporting Home-Start staff will attend multi-agency meetings with the family's knowledge and consent, and having discussed with them the information that will be shared, with whom and how it will be recorded. The exception being where there are concerns for the safety or welfare of a child and it would not be safe or practical to do so. Having established good local working relationships across professional groups Home-Start does not currently have particular concerns associated with individual family information sharing.

2(b) *Aggregate monitoring data sharing*

The area of concern that Home-Start has regarding information sharing is around sharing of aggregate monitoring information for outcome measurement. Children Centres monitor their contact data and their participation data. This is part of "*partnership working and the role Children Centres have for ensuring that integrated and good quality family services are located in accessible places and are welcoming to all*" [Ofsted inspection criterion]. Home-Starts are often asked to supply numbers of families that Home-Start has worked with in the Children Centre catchment area [66% of Local schemes asked, provide HS family monitoring data to CCs for their overall family numbers]. For example one way Children Centre staff collect contact data is by handing out registration/membership forms for Children Centres at Home-Start groups. This data will contribute to outcomes for children centres and therefore it is important that attribution is clearly identified.

Recommendation: Children Centre data bases eg e-start allow referral and provider agencies to be recorded so attribution can be identified.

3. CHILDREN CENTRE OUTCOMES FRAMEWORK

3(a) Home-Start would welcome the development of a childrens centre outcomes framework. The choice of appropriate outcomes is essential. Recent research by Hermanns et al (2013) has used a series of outcome measures related to parental competence, parental behaviour change and child outcomes in a longitudinal study of Home-Start over three years. The results show positive impact on parenting outcomes after support had recently ended and positive outcomes for child behaviour and parenting three years after support had ended. This research can make a significant contribution to the development of an outcomes framework for children centres.

3(b) Home-Start track the journey of change for each family it supports and has commissioned the development of a single outcome measure which is simple to administer and is appropriate for a universal access family support service where the families have many and various needs. It focuses on family resilience—coping.

3(c) Many children's centres report that they are less successful in reaching families suffering from "hidden needs" like domestic violence, lone parents and teenage parents. Home-Start monitoring data is indicating that Home-Start is supporting 13% of families where domestic abuse is a concern and 34% of families supported are lone parents.

4. CO LOCATION

4(a) Co-location of Children Centres with other family support services has obvious efficiencies. However, Home-Start does not see co-location as an essential element in the successful delivery of family support. Outreach, targeting and engaging families most in need is the key element of a effective family support. Home-Start works from the premise of starting where the family is, both in terms of location and needs. It is about relationship building and trust as much as bricks and mortar. This outreach and home based work is fundamental to improving outcomes for parents and children. Research by Moran and Gbate (2004) outline the characteristics of successful parenting support which include:

- Interventions that pay close attention to implementation factors for "getting", "keeping" and "engaging" parents (in practical, relational, cultural/contextual, strategic and structural domains);
- Services that allow multiple routes in for families (variety of referral routes);
- Interventions using more than one method of delivery (ie, multi-component interventions).

The Home-Start model is based on these approaches.

4(b) Rural isolation is a concern when considering the use of childrens centres. Children centres tend to work best in high density populations. Gray (2002) identified that most users live very close to their children centre. Thirty% lived less than 500 metres from the centre, 61% less than 1km, and 78% less than 1.5km. Home-Start works on the principle that the family has to be able to make a journey to use a facility by themselves in a sustainable way once Home-Start support ceases. In some instances families therefore need home visiting and support to develop very local networks. An example of this would be Ryedale Home-Start supports families in the Dales and Wolds of Yorkshire where the health visitors have identified as being deprived and social isolated. Home-Start volunteers go to those families homes. The nearest Children Centres are based in the local market towns eg Pickering which are often 10 miles away.

5. CHILDREN CENTRE WORKFORCE DEVELOPMENT

5(a) Children Centers' family support workforce is being recruited from experienced voluntary sector staff. Ball and Niven (2006) recognized that in Sure Start Local provision the manager often was formerly a Home-Start organiser. Currently 43% of local HSs have had staff or volunteers who have moved to employment in a children's centre in the last 12 months. Several Local Home-Starts commented that the move has been happening over the last five years. This developmental route for staff/volunteers is to be welcomed as it contributes to building local social capital and addressing work linked deprivation. However, as part of strategic planning for the workforce for Children's Centres this reliance on the resources of the voluntary sector to recruit train and manage staff and volunteers should be acknowledged.

Recommendation: Recognition of the valuable part that the voluntary sector and volunteerism plays locally in developing a skilled family support workforce and the recognition of the associated resources required to do so.

6. GOVERNANCE AND LEADERSHIP

6(a) Ofsted reports that changes in leadership and commissioning arrangements are emerging, and an increasing number of centres are being brought together to operate under shared leadership, management and governance arrangements. It is Home-Start's experience that the use of robust quality assurance measures for leadership and governance arrangements are crucial to ensure the delivery of excellent child outcomes. Quality assurance systems for leadership and governance can facilitate the move from reliance on individual often charismatic leaders to building a systematic approach to embedding good leadership and governance practices and systems.

Recommendation: Development of a set of expanded quality assurance indicators for children centres appropriate for governance and leadership of a partially volunteer led service.

7. COMMISSIONING

7(a) Diversity in the delivery of children's centres should be encouraged. More local authorities should go further in opening up their commissioning to the voluntary sector and social enterprises to increase the range of Sure Start children's centre providers and the range of specialist and community based approaches. Local authorities should take positive steps to level the playing field and invite voluntary sector organisations to tender to run more services. Families' needs, not commissioning processes, should direct service provision. Claire Tickell CEO Action for Children, while giving evidence earlier this year made the point that it is unhelpful for local commissioners to commission Children Centres at the expense of other local voluntary services like Home-Start. It is not either/or—this is because voluntary sector family support services are a key part of the local jigsaw of support and are providing the family engagement with local services which is key to improving family outcomes. Below is an example of changes which occurred following a particular tender specification.

“Historically we have held contracts to deliver drop-ins and family groups within children centres and formally Surestart for over 10 years but as of April 2013 the work was put out to tender as the local authority wanted one organisation to deliver this work across the county. Half our scheme staff were TUPE transferred over to the successful bidder. There is now no local preventative group work being done from children's centres in our area or opportunities for volunteering in groups. The children centre managers are very keen to work with Home-Start but the current tendering processes have not supported this”. Local Home-Start Manager.

Commissioning and re-commissioning on a very regular basis can have a detrimental impact on the vital continuity of service support to vulnerable families and safeguarding issues may arise.

8. PARENTING PROGRAMMES AND EVIDENCE-BASED PROGRAMMES

8(a) Parenting programmes are a key tool in the family support sector. Part of the successful delivery of a parenting programme is the “wrap around support”—a provider that successfully delivers a parenting programme has to undertake work with parents before, during and after delivery of the programme.

- Identification of suitable parents.
- Engagement.

- Support and sustain engagement during delivery of the programme.
- Retention.
- Embedding learning and formative assessment.
- Reinforcing learning outside the formal delivery process.
- Support post-group to widen the parent's support networks.

It is these roles that Home-Start provides in working alongside Children's Centres. For example HS's support of Family Nurse Partnership programmes across England includes:

Home-Start involved in the local set up and management committee	6.12%	3
Home-Start refer to FNP	6.12%	3
FNP refer to Home-Start when families graduate from FNP	22.45%	11

The first cohort going through FNP is only just graduating so we are expecting the number of follow up referrals post FNP to increase. As the FNP entry criteria are quite specific locally Home-Starts provide support for the families who do not meet the entry requirements eg *FNP refer to Bump-Start Westminster [a Home-Start pre birth group] when the family does not fit their strict criteria.*

Members of the Select Committee are warmly invited to visit more local Home-Starts to see the various ways Home-Start supports children centres in deprived local communities.

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July 2013

Written evidence submitted by Emeritus Professor Peter Moss

1. The Children's Centre movement in the 1970s, which I was part of as a young researcher at the newly established Thomas Coram Research Unit, was a response to the major inadequacies of early childhood services: a split system (childcare/education/welfare) and services that were fragmented, incoherent, divisive and insufficient. The aim of the movement was to develop a new type of service to replace this dysfunctional patchwork of provision. Writing in 1976, Jack Tizard (founder of TCRU), Jane Perry and myself set out the ambition:

For a society which provides free education (and) a free public health service, a free pre-school service is a logical corollary...the basic form of [this] service should be through multi-purpose children's centres offering part and full-time care with medical and other services, to a very local catchment area, but there is much room for experimentation (Tizard et al., 1976, pp.214, 220).

2. Despite the arguments made by the movement and several successful examples of these new Children's Centres (for example, the Coram Children's Centre opened in 1973), successive governments continued to disregard early childhood services. As a result, the failings of the system worsened, not least with the rapid increase in the early and mid 1990s of private day nurseries. The 1997 Labour Government started to address the split system. But progress towards full integration stalled after the initial steps of integrating administration and regulation: the wicked issues of access, funding, workforce and type of provision went unattended (for a discussion of integration of early childhood education and care, see Kaga, Bennett and Moss, 2010). We are left today with a system that is still mainly split and with services that remain fragmented, incoherent, divisive and insufficient.

3. It was in this context that the expansion of Children's Centres began in 2003. It was a case of too little, too late. Instead of sustained long-term development of Children's Centres to create a universal system of integrated and multi-purpose early childhood services, the country got a belated and marginal addition to a system dominated by day nurseries, nursery and reception classes and playgroups, each serving different constituencies and operating under different conditions. Instead of replacing this dysfunctional chaos, the new Children's Centres simply added to it.

4. Since the mid-1980s, I have undertaken much cross-national work, especially in Europe. Although new types of services aimed at supporting families with young children have been introduced in a number of other countries, the English Children's Centre programme is probably the most extensive development of such services. At a national level, the most exemplary early childhood services are to be found in the Nordic countries, which have created universal, affordable and fully integrated systems. A case in point is Sweden with:

- 13 months of well paid and flexible Parental leave (nearly every child under 12 months is cared for at home by a mother or father);
- A universal entitlement for children (irrespective of parental employment) to attend an early childhood service from 12 months of age, dovetailing with the end of Parental leave;
- Integrated government responsibility (in the Department for Education) and a national framework curriculum, but with strong decentralisation to local authorities;
- An integrated workforce based on graduate "preschool teachers", who account for half the workforce (they are not just leaders, but work in classrooms);
- An integrated system of tax-based, supply-side funding, which includes a period of free attendance plus a maximum monthly fee of SEK1260 for a first child, SEK840 for a second and SEK420 for a third (£150/£100/£50);
- An integrated type of provision, the "preschool" (*förskola* in Swedish), a centre for children from 1 to 6 years of age (as in most European countries, Swedish children start school at 6).
- An integrated concept underpinning this integrated system, spelled out in the curriculum: a holistic pedagogy where "care, nurturing and learning together form a coherent whole" and "democracy forms the foundation of the pre-school" (for more information on the Swedish early childhood system, see Cohen, Moss, Petrie and Wallace, 2004)..

5. In my view, any chance of rescuing the English early childhood system from its long-standing dysfunctional incoherence calls for learning both from the world-leaders (the Nordics) *and* from the best of English Children's Centres (like Pen Green). This means moving towards a fully integrated system of early childhood education and care, which includes an integrated form of provision that combines the best of the *förskola* and of the Children's Centre, ie centres serving all young children in local catchment areas, at low cost or for free, with a well qualified workforce, democracy as a fundamental value, and offering a "coherent whole" of care, nurturing and learning plus a range of other services for families. Last but not least, this provision should be for children up to 6 years, which should be the start age for primary schooling.

6. The Nordics have taken many years to reach where they are today. Like England, they originally had split systems, but realised the need for systemic change to create integrated, universal provision. England today is suffering the consequences of decades of indifference and failure to tackle the wicked issues; we try to make do and mend, rather than re-think and re-form. To put this right, so late in the day, requires sustained faith in and commitment to the potential of Children's Centres as a universal public institution and as the foundation for an integrated and effective early childhood system for all our children and families.

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May 2013

Written evidence submitted by National Foundation for Educational Research

1. Thank you for the opportunity to give oral evidence to the Select Committee on Wednesday 5th June. I am writing to provide some additional research evidence that may be of interest to the Committee.

LEADERSHIP DEVELOPMENT

2. As Susan Gregory stated in the subsequent session, high quality leadership is key to high quality provision in Children's Centres. Our research into children's centre leadership (Sharp *et al*, 2012) confirmed that there was a lack of clear pathways to leadership in Children's Centres. Interviewees were concerned about the leadership "pipeline", especially given that leaders of the first Centres are nearing retirement and it is difficult to find suitable training and development opportunities for deputies/more senior staff.

3. Children's Centre leaders are drawn from a diverse range of backgrounds which means that they will not necessarily have experience or formal training in child development and/or family support. Leadership training is therefore of considerable importance. Our interviewees valued the National Professional Qualification for Integrated Centre Leaders (NPQICL). They wanted it to be a high status qualification (post graduate level) focused on the particular requirements of the role. They wanted reflective activity and practice-based learning coupled with content on particular issues, especially: leadership theory and practice, child development, family support, multi-professional working, managing change, managing and developing staff, financial/business skills, data handling and evaluation. They would be happy to have a modular format but wanted opportunities to learn from one another through visits, work shadowing and leadership learning groups.

IMPACT OF FEWER RESOURCES: ORGANISATIONAL MODELS

4. Our research on leadership considered the impact of different organisational models. Leaders and local authority staff were more positive about cluster models (where several Children's Centres work together on strategic goals) than "hub and spoke" models (whereby a leader of a hub Centre is responsible for the work of satellite Centres). This may be influenced by the fact that "hub and spoke" models sometimes resulted from decisions to reduce costs by making staff redundant in satellite Centres (for example, by cutting leader/manager posts). Leaders felt they were unable to get to know the families using satellite centres and reported inefficiencies in managing split sites (such as taking time in travelling). A few complained of increased accountability without the autonomy to remodel their Centres to meet local needs.

PAYMENT BY RESULTS IN CHILDREN'S CENTRES

5. There was some discussion at the Oral Evidence Session about Payment by Results in Children's Centres and you mentioned that you are awaiting the publication of an evaluation of the pilot scheme. In the meantime, the Committee may find a report of the feasibility study (La Valle *et al*, 2011) useful in illuminating some of the issues involved.

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June 2013

Written evidence submitted by Heather Rushton, C4EO

Aims: Improving outcomes for young children and their families with particular focus on most disadvantaged families in order to reduce inequalities in child development and school readiness supporting parents aspirations/self-esteem/parenting skills, child and family health and life chances.

C4EO funded from 2008 to 2011 by DFE (£13 million over three years) from 2011–13 sustainable through tenders and sales but further efficiencies were required and the programme's tailored support has been embedded in NCB. The legacy of C4EO is sustained through NCB.

One historic element of the programme was to call for best local practice and through a process supported by NFER and challenged through the IOE, the validated local practice process was formed. The purpose was to distribute "what works" stimulate debate and generate confidence whilst inspiring change.

In short, the process required practitioners to submit in writing their practice, it was scrutinized through a filter process by NFER to ascertain that the evidence of impact was rigorous and met with research criteria. VLP was graded into three layers—Fully Validated—proven outcomes for children and families; Promising Practice—evidence of impact on outputs (service changes that appear to promise impact on children's outcomes)

and Emerging Practice—a category to collect what may be innovative practice, too immature to create evidence of impact on outcomes but has merit in stimulating alternative thinking.

The panel consisted of experts, C4EO Sector Specialists and NFER/C4EO staff/Sector specialists.

The practice outcome was fed back to the writer (submitting Authority) with constructive feedback and, where appropriate, copy edited and placed on the C4EO website. There have been in excess of 600 pieces submitted over the last three years, of which approximately 10% are validated; 15% judged as promising. C4EO had an Early Years Advisory Group with 13 members, and seven partner organisations, there were 18 sector specialists who delivered 46 tailored support assignments.

The evidence for today's expert witness is taken from:

24 validated practice examples.

22 promising practice examples.

Four emerging practice examples.

The support of sector specialists.

The programme of Children's Improvement Board Early Years Early Intervention demonstrator sites 2011–13.

The evidence represents 38 Local Authorities, a mixture of upper tier and unitary plus London Boroughs from all regions. (Ltd numbers from SW).

In many submissions there is a significant representation of the totality Children's Centres and Sure Start Centres—some submissions cover small pilot initiatives. Children's Centres are examples of complex systems that vary to meet the needs of the community.

The main foci of the practice submissions will have been limited by the nature of the calls for practice and essentially cover: narrowing the gap, parental engagement and quality home learning environments. A number of submissions address vulnerable children and families including issues addressing behaviour, health, emotional well-being.

All submissions cite significant research, quoting for example Godard Blythe, Doyle, C. Nutbrown, Feinstein (Dame Claire Tickell evidence March) to underpin the rationale and many are linked with HE institutions for rigorous evaluation. Replication guidance is provided alongside the barriers to overcome to implement the practice.

Emerging practice submissions include reference to the NESTA and Innovation Unit study based on radical efficiencies to be achieved in early years settings. More information is available on the Innovation Unit website.

Narrowing the gap addresses practice through a lens to support child development and school readiness:

- Attachment—Tameside and Glossop Early Attachment Service impact 79.8% improvement.
- Social skills—Southend on Sea—The Voice of the child.
- Communication and thinking—Hampshire, Songs and Rhymes Barking and Dagenham Every Child a Talker, improvement of 20% achieving expected levels; Leicester Talk matters, improvement from 27% to 44% level 6 in PSED, CLLD; Islington Parents as First Teachers.
- Developmental movement—Kent—8–10 month crawling in line with expectations.
- 0–2 provision (Big Lottery Better Beginnings, DFE)—Trafford.
- Speech and language including ECAT—Hillingdon 70% improvement for 129 families, Bradford 73% improvement, Southampton, and Stoke on Trent.
- Implementation of ECERS 9/Iters (Infant Toddler Environmental rating scale).
- REAL/PPEL—Sheffield EYFS profile improved.
- Boys attainment—Sheffield.
- Star implementation—(data) Southwark improvement from 50% to 95% attaining expected levels in CLLD, PSRN.
- Learning through Landscapes—Oxfordshire and Surrey.
- Neuro physiological psychology movement programmes—North Tynside 50% improvement in the lowest performing 20% of population.

Multi disciplinary centres:

- Training programmes—York.
- Community inclusion programmes—Rotherham.
- Partnership with Job Centre Plus—Blackburn with Darwin.
- Multi-agency working—Staffordshire, Nottinghamshire, Kent.
- Baby friendly initiatives—Havering, Barnsley, Blackpool.
- NHS healthy accreditation—Tower Hamlets.

- MAT meetings—including housing—Kent, Luton, Hackney.
- Weaning- Luton, South Asian Families.
- Family Action support—Nottinghamshire.
- Payment by Results—issues, data and attribution—Oldham.
- Identifying and reaching families at need—Reading.

Outreach—parents as partners/first educators

- The child's journey—Kirklees 67% improvement in parental engagement.
- Home Learning environments—Penn Green 18–22% improvement.
- Behaviour management—Hillingdon 98% reduction in incidents.
- Raising parental self esteem and confidence—Southampton; Barnsley.
- Relationships between babies and parents—Portsmouth.
- Child development resource packs—Darlington 50% improvement of the lowest 30% achieving expected levels.
- Parents as Partners in Early Learning- Sheffield; Tower Hamlets.
- Family based initiatives linking across other initiatives ie troubled families, Islington.
- CAF—Hackney.
- Referral pathways—Luton.
- Home talk programmes—Nottinghamshire; Bristol.
- Stay and play—Lincolnshire.
- Portage schemes—Lincolnshire.
- Community ownership and development—Reading; Knowlsey.
- Health targets smoking cessation etc.

There is evidence of a broad range of strategic providers through strong commissioning, clear outcomes and strong performance management. Clear strategic planning, Systems leadership, shared objectives and outcomes.

The broad range of providers continues—school—education child focused, PVI—care and adult focus, Sure start—family in need focus complex multi-agency provision. The majority are (2013) LA controlled, and through innovative work more are considering community hubs.

Effective providers represent all groups.

Evidence base:

Grasping the Nettle C4EO.

Authors Iram Blatchford, Sue Owen NCB, Caroline Sharpe NFER all colleagues who have presented to the Committee, Two year old evaluation for DFE, Ivana LaValle.

**CHILDREN'S IMPROVEMENT BOARD DEMONSTRATOR SITES:
HOLISTIC APPROACH TO EARLY INTERVENTION IN THE EARLY YEARS FOCI**

6 sites , 0–5 years.

Tools developed include:

Self evaluation audit of provision tool.

Learning events to share best practice on recent developments including PBR.

Developing system leadership in the foundation years.

Evidence based programmes to improve outcomes for children.

Work with health colleagues to articulate what integrated learning for 0–5 working involves, how further progress can be made, integrated pathways through a Children's Centre.

Develop shared integrated pathways for adult learning from initial engagement through to progression and into employment.

Families provision.

Big Picture.

Commissioning.

Data sharing.

Integrated working.

Innovative solutions.

All available through the LGA inform website.

June 2013

Written evidence submitted by Ofsted

The Ofsted inspection of Sure Start children's centres commenced in May 2010. By June 2012, a little over two years into the planned five year inspection cycle, 1,389 of the 3,741 centres known to be registered on the Department for Education's "Sure Start On" database had been inspected.

More centres designated in phase one have been inspected than those in phases two or three as there is a protocol in place between Ofsted and the Department for Education (DfE), through which centres are not inspected until three years after their designation. At this stage in the inspection cycle, it is too early to provide a full response about the effectiveness of all Sure Start Children's Centres or of their impact on young children and their families.

This submission draws upon internal analyses of Ofsted inspection reports published between May 2010 and June 2012, published findings from the Annual Report 2010–11 of Her Majesty's Chief Inspector and Ofsted's Official Statistical Releases for children's centres, which are published quarterly. Ofsted's evidence does not cover all the issues raised by the Committee and consequently we are not in a position to provide informed responses to all of them.

The new Core Purpose of Sure Start children's centres, how this has evolved and is different from the original design and purpose of Sure Start.

1. The "core purpose" for Sure Start Children's Centres was introduced in 2011. Through this, children's centres are required by the DfE:

"to reduce inequalities in child development and school readiness, supported by improved parenting aspirations, self-esteem and parenting skills; and child and family health and life chances"—(DfE, 2011).

2. The requirement for children's centres to provide childcare in the most disadvantaged areas has been removed where there is no identifiable need. Similarly the requirement for a linked qualified early years teacher has also been removed.

3. Inspection evidence and our recent discussions with local authorities indicate that the change in emphasis has reduced the engagement of qualified teachers in the "learning and development" activities provided by centres. The direct provision of childcare by centres is also reducing and in addition, the support for childminders provided through centres has been cut back; in some authorities this has been significant.

4. Ofsted has two main concerns. First, inspection evidence shows that the quality of childcare directly provided by children's centres in disadvantaged areas is better than that provided by childminders and other childcare providers. This, coupled with the removal of the requirement for centres to offer support to childminders and other childcare providers, means that children's centres are not helping to reduce inequalities in children's readiness for school as well as they might.

5. Secondly, our evidence shows that the presence of a qualified teacher or equivalent makes a marked, positive difference to the quality of childcare and early education. The data are stark and show a direct correlation between the level of staff qualification and quality. Inspection evidence highlights the reduction in qualified teacher involvement at the same time that key research findings, including the recent Nutbrown Review, are linking the importance of staff qualifications to improvements in the quality of early education and childcare.

6. Since 2011, funding for early intervention and preventative services, including Sure Start Children's Centres, has been maintained through the Early Intervention Grant. However, funding for Sure Start Children's Centres is no longer ring-fenced and recent discussions with local authorities have shown that many local authorities are re-organising their Sure Start Children's Centres and services substantially to i) ensure they match the "core purpose" and ii) respond to austerity budgets. As a direct result of the changed way in which local authorities are commissioning and delivering children's centre services, Ofsted has announced its intention to revise the inspection framework so that it better reflects the current arrangements and is also sufficiently flexible to meet requirements. A public consultation on the proposed arrangements will begin in the near future.

The effectiveness and impact of Sure Start children's centres to date including the role of Ofsted inspections.

Background to the inspection framework

7. Ofsted has a legal duty to inspect each children's centre at prescribed intervals or at any other time the Chief Inspector or Secretary of State decide is appropriate. Regulations⁸ set the routine inspection interval at five years.

⁸ The Children's Centres (Inspections) Regulations 2010, OPSI, 2010; www.opsi.gov.uk/si/si2010/uksi_20101173_en_1.

8. The Childcare Act 2006 requires Ofsted to report on how well each children's centre:
- facilitates access to early childhood services by parents, prospective parents and young children;
 - maximises the benefit of those services to parents, prospective parents and young children;
 - improves the well-being of young children.

9. Regulations also require Ofsted to comment on the quality of leadership and management including whether:

- the financial resources made available to the centre are managed effectively;
- young children, parents and prospective parents in the area served by the children's centre and who would otherwise be unlikely to take advantage of the early childhood services offered through the centre, are identified and encouraged to take advantage of those services;
- the needs of young children, parents and prospective parents who attend or are likely to attend the children's centre are identified, and early childhood services are delivered to meet those needs;
- appropriate policies, procedures and practices for safeguarding and promoting the welfare of young children who attend, or are likely to attend, the children's centre are adopted and implemented.

10. Under the first inspection framework for children's centres which was implemented in May 2010, criteria for judging centres' effectiveness were based on the planning and performance guidance produced by the DfE, and the measures within that guidance.

11. The change of Government at that time led to changes in the funding arrangements for children's centres. These funding changes, coupled with the way in which many local authorities were reconfiguring their children's centres led to a review by Ofsted of the children's centre inspection framework. This review took place in July 2011. It led to a simplification of the framework and a reduction in the number of judgements made by inspectors.

12. Since July 2011, local authorities have further developed the way in which they commission and deliver services through children's centres. The DfE is in the process of amending the regulations so that Ofsted can again amend the children's centre inspection framework in order to reflect these changes.

Inspection evidence

13. Ofsted's inspection evidence is drawn from the 1,389 centres which were inspected between May 2010 and 30 June 2012. Of these centres, 69% were judged good or outstanding and 98% were judged at least satisfactory. Thirty two centres have been judged inadequate. Of these, 11 have received a second inspection, where the overall effectiveness was judged to be satisfactory.

14. The evaluation after the first year of inspections, and subsequent feedback from local authorities and children's centres, indicates that inspections have an impact on centres' subsequent improvement plans and priorities for action.

15. Of the centres that have been inspected, the majority were designated in phase one and are the longest established centres, serving the most deprived areas. They are generally effective, albeit with variations in performance between different services and activities.

16. The strongest aspects of centres' provision are the quality of care, guidance and support offered to families, and the effectiveness of their safeguarding policies, procedures and work with key agencies. Outcomes related to health are often highlighted as strengths in inspection reports.

17. The best centres successfully make contact with a high proportion of children and families in the area they serve. They engage them in meaningful activity and can demonstrate high participation, attendance and retention rates for all users and for individual target groups. High quality information is used to measure and record outcomes, and staff are able to demonstrate how, and why, they are making a difference.

18. Inspectors are less positive about centres' ability to evaluate the impact of their work and to set targets for improvement. The weakest aspects of children's centres' work relate to children's preparedness for school and the degree of support staff are able to give in helping parents towards economic stability and independence.

19. Parents and others who use centres' services often comment on strong relationships with centres' staff, and their flexibility and responsiveness. However, quantitative data do not paint a strong picture of regular attendance by target families or of improved outcomes for those target groups. Centres often have difficulty in obtaining information from key partners such as health authorities and this has an impact on their ability to monitor their work effectively and to track the difference they are making to their target families. Evidence from more recent inspections suggests that the availability and use of data by children's centre staff is improving, though this remains a weakness even in centres otherwise judged to be good.

20. A common factor in weaker centres is that they are not good at obtaining and using data, evaluating their services, and monitoring the take-up of particular groups and families. This diminishes their ability to target their services at those who are most in need within the community. Conversely, effective centres are successful in identifying and engaging their identified target groups; they use outreach activities to draw in

families from these groups. Many children's centres report that they are less successful in reaching families suffering from "hidden needs" like domestic violence, lone parents and teenage parents.

21. Centres invariably provide case studies and anecdotal evidence that demonstrate ways in which individuals' lives have been transformed. Direct quotations from parents found in many reports provide compelling evidence of the positive impact of the centre on the lives of individual children and families.

The range of services and activities provided by Sure Start children's centres and their desired outcomes, and whether/how these differ from family centres, early Sure Start local programmes and early years settings.

22. The range of services and activities Ofsted encounters in children's centres varies considerably depending on size, phase, and the extent to which provision has been tailored to meet local needs and local targets.

23. In general, the range and type of services and the activities that attract the highest levels of engagement are broadly consistent with those identified in the key findings of DFE RR230 (July 2012) *Evaluation of children's centres in England (ECCE) Strand 1: first survey of children's centre leaders in the most deprived areas* and other recent research publications.

24. Ofsted is unable to comment on how the services and activities provided by Sure Start children's centres may differ from early Sure Start local programmes as these were not subject to inspection.

How Sure Start children's centres compare with similar initiatives in other countries.

25. Ofsted has no direct evidence to contribute to this.

How to define and measure good practice in family and parenting support and outreach, including the effectiveness of the Government's payment by results trials, and what measures of child development and school readiness might be used.

26. Ofsted is unable to comment in detail on initiatives in these areas. However, as noted in paragraph 15, inspection evidence indicates that care, guidance and support for parents is a strong aspect of centres' provision. Parents provide inspectors with compelling first-hand evidence of the impact of the parenting support they receive, especially in relation to behaviour management and children's eating habits. Anecdotal evidence suggests that attendance at ante- and post-natal appointments is highest where these services are located within a children's centre.

27. The measurement of outcomes and performance measures for children's centres remains challenging as centres often signpost families to the services they need rather than providing them directly. This means that the impact and extent of the centre's role can be difficult to quantify. For example, it is difficult to track the impact of a children's centre on the Early Years Profile results for children, unless the centre has directly provided early education or childcare. Nevertheless, these nationally validated measures can provide compelling evidence of the impact of centres, where centres have tracked children's achievements through to school.

How to increase the use of evidence-based early intervention in children's centres.

28. Ofsted has no direct evidence to contribute to this

How to strengthen integrated working between health, social care and education as part of a multi-agency early help offer, including how to improve information-sharing and the proposal for children's centres to have access to a "named social worker".

29. Inspection reports indicate that many children's centres are becoming increasingly proactive in promoting the use of the Common Assessment Framework as a tool for referral. Similarly, many children's centres have a named health visitor and a strong focus on early intervention and "team around the child" strategies.

How to increase the involvement of families (especially fathers, disadvantaged families, minority ethnic groups and families of children with SEN and disabled children) in the running of children's centres and in their regular activities.

30. Ofsted's evidence suggests that if there was an emphasis through the statutory guidance on the importance of family involvement in the running of centres, this would provide an important lever for change.

How the overall level and quality of provision is being affected by moves to local funding.

31. Inspection evidence indicates that efficiency savings in public funding are beginning to impact on the level and quality of children's centre provision.

32. There are also early indications that there is a shift in the focus from universal to targeted activities, and a reduction in the number of centres that do not offer childcare or only part-time activities such as "stay and play". Those that offer childcare often report being over-subscribed, while there are indications that staffing levels are reducing and staff roles are changing. Centre managers report that the staff most likely to face redundancy are childcare workers and qualified teachers.

33. Many local authorities are redesigning their centres so that they operate in “clusters”. The benefits are reported to be a reduction in administration and back office costs and increased opportunities to share specialisms. Changes in leadership and commissioning arrangements are also emerging, and an increasing number of centres are being brought together to operate under shared leadership, management and governance arrangements. Our most recent information (correct as at 10 September 2012) indicates that in the past few months, 279 centres have been merged, 152 local authorities have moved to different organisational structures and some local authorities are operating different structures within their area based on their identification of local need in a geographical locality.

34. As stated, Ofsted is revising its framework so that it is flexible enough to take account of the wide range of organisational structures that are emerging across and within local authorities.

December 2012

Further written evidence submitted by Ofsted

At the time, I undertook to give you some further information about the number of Her Majesty’s Inspectors (HMI) that have an early years background.

Ofsted has 18 Early Childhood HMI, with six more taking up posts in September. Ofsted has recruited 11 further Education HMI with a primary or mixed primary/secondary background in school leadership, giving them knowledge of the early years. We are also seeking to appoint additional numbers through a further recruitment campaign which is currently underway.

Under Ofsted’s new framework for children’s centres, on each team there will be—at minimum—two inspectors with the necessary skills and experience in the early years and learning and skills sectors. We currently have 63 HMI across both sectors specifically trained to inspect children’s centres.

Inspectors—both HMI and additional inspectors deployed to any maintained school or academy with early years provision—must also have a teaching qualification.

I hope that this note is helpful, but please contact me if I can offer any further assistance with this or any other of the Committee’s interests. I am copying this letter to Charlotte Leslie MP, given her interest in the subject, and to the Clerk.

July 2013

Written evidence submitted by National Day Nurseries Association (Purnima Tanuku OBE, Chief Executive)

It was a pleasure to provide evidence to the Education Select Committee’s inquiry on Sure Start Children’s Centres recently. As promised during the session, please find below the relevant pieces of information that Committee requested.

FUNDING REFORM

As it stands, Government funding for childcare reform is complex—creating confusion for both parents and providers. Funding is split into various streams, with parents having access to tax credit, Employer Supported Childcare (childcare vouchers) and free entitlement places. Because of this inherent complexity, much of the funding does not actually get to childcare providers, particularly as a result of the funding from tax credits and free entitlement being indirect. Making funding more efficient would increase the amount of money getting to the frontline of provision. Funding simplification, whilst a major structural reform, may address some of the funding inefficiencies, improving both childcare affordability and the sustainability of the nursery sector.

RING-FENCING FUNDING

Measures must be taken to ensure that free entitlement funding is reaching nurseries. In NDNA’s latest Business Performance Survey, nurseries told us that free entitlement places are costing them £700 per year per child. In a sector where a difficult economic environment, increased parental unemployment and rising living costs have led to concerns around financial sustainability, this places further pressure on nurseries, and increases cost to parents for unfunded hours. Government should look to ring-fencing this funding so it is passed on in totality from local authorities to nurseries.

CROSS-DEPARTMENTAL SUPPORT

Government has made a laudable commitment to extending free entitlement provision to disadvantaged two-year-olds, with the first 20% gaining access to the offer in September this year. In a recent survey carried out by NDNA, 33% of nurseries told us they would like to deliver the two-year-old offer; however they have concerns that they will not receive the appropriate level of support from banks in order to do so. There are governmental initiatives, such as BIS’s funding for SMEs; however these often do not reach the nursery sector.

Government needs to ensure that departments work together to guarantee the nursery sector is being best equipped to deliver the two-year-old offer, helping our poorest children.

Another example where cross-departmental support could be given to nurseries is with business rates. Like all small businesses, nurseries are subject to business rates that place pressure on the financial sustainability of the sector. Government could look to helping nurseries with the cost of these rates, thereby improving the likelihood of their being able to deliver the two-year-old offer. In Wales, for example, nurseries with rateable values below £12,000 can receive 50% relief on business rates. Such initiatives improve the sustainability of the sector, ultimately improving nurseries' ability to help the most disadvantaged children.

INTEREST FREE LOANS

Like all small businesses, nurseries are going through a protracted period of difficulty in securing loans from banks. NDNA's latest research show that 22% of nurseries feel that banks are not supportive, while 45% believe they are neither supportive nor unsupportive. Ensuring access to capital is vital for the nursery sector, particularly when it comes to delivering the two-year-old offer. One way to rectify this would be by offering government-backed interest free loans to guarantee nurseries have access to an adequate level of capital. The Government Equalities Office has recently committed to offering £500 to new childcare start-ups, however this is a very small contribution that is only available to new entrants and for nurseries this barely covers the Ofsted registration fee and Disclosure and Barring Service checks.

SUPPORTING CHILDCARE FOR THE YOUNGEST CHILDREN

For many parents, the burden of childcare costs is greatest in the earliest years of their child's life. Government could look to "front-loading" the support available to parents to ensure they are most supported when support is most needed. This is not to say that support is needed throughout a child's development. Indeed concerns that the new "tax free" childcare scheme will not be initially available to parents with children over the age of five are warranted (particularly given the current childcare voucher scheme covers children up to the age of 15). However, it is important for Government to recognise that the major part of financial support is needed in the earliest years of childhood.

In addition to this information, I have attached our latest Business Performance Survey to this email. This includes NDNA's latest research on the issues facing nurseries, including free entitlement funding, bank loans and local authority support.

If you need any further information, please do not hesitate to contact me.

Written evidence submitted by the Pre-school Learning Alliance

The new Core Purpose of Sure Start children's centres, how this has evolved and is different from the original design and purpose of Sure Start.

From the perspective of Lighthorne Heath & District Children's Centre in Leamington Spa, Warwickshire, the core purpose of children's centres has not changed a great deal from their original design and purpose.

We continue to provide early intervention to families with children aged from birth to five in the locality. There has always been a push towards working with the most "neediest" of families and this continues to be on the agenda.

However, we are still challenged by the difficulties of reaching the most vulnerable families. The agenda of multi-agency working still remains key to the core purpose as managers would not be able to deliver all services required without the skills, links with parents that some of the multi-agency team have i.e. health visitors, midwives, and speech and language therapists.

The Sure Start local programme's core offer way was to have all agencies working under one roof all employed by the same company to deliver services together. This is still the same agenda. However, all the teams do not work out of the same centre/office, which creates communication issues.

The effectiveness and impact of Sure Start children's centres to date, including the role of Ofsted inspections.

Ofsted is rolling out a inspection process for children's centres in January 2013.

We understand that children's centres are to have a new framework in January, which won't go live until April. Ofsted has identified that children's centre managers need greater opportunity to embed that new inspection framework into their practice before it begins to inspect on the new framework. This will give them a better chance to look at the framework and make sure that they are achieving all of the areas they need to in each section before inspection.

As Lighthorne Heath Children's Centre is awaiting its next Ofsted visit, it is continuing to compile evidence on the impact of its effectiveness on the local community. Not knowing what particular areas that Ofsted will

focus on in this community or what areas will be in the framework, the centre team continue to seek to prove their effectiveness in all areas, which is a tough challenge.

The range of services and activities provided at Sure Start children's centres, and their desired outcomes, and whether/how these differ from family centres, early Sure Start local programmes and early years settings.

The range of services offered includes a universal offer. Therefore, where family centres and local programmes target particular families, we offer *some* services to all.

This universal offer reduces any stigma and allows identification of need which may not be identified by other professionals who may not see the family very often.

Although early years settings are universal, the setting staff do not get to see the parent and child interactions that our staff do in children's centres, and do not have the time or funding to support the family with parenting and other related topics.

How to define and measure good practice in family and parenting support and outreach, including the effectiveness of the Government's payment by results trials, and what measures of child development and school readiness might be used.

We suggest that a measurement of school readiness may be achievements made in the three prime areas of the Early Years Foundation Stage for every child.

How to increase the use of evidence-based early intervention in children's centres.

Evidencing the impact of children's centre services is key to ensuring the centre is supporting families with the most need. We have seen a shift in the role of children's centre manager from delivering services with an open-door policy to *all* families to a sense that centres must prove they are providing services to the families in most need.

It is a difficult task for children's centres to compile evidence of what impact their services are having on their local community as it takes time, energy and motivation of the whole team. Without the ground staff collecting attendances evaluations and post-evaluations about the impact that a service has on a family, managers are unable to systematically prove that their children's centres are providing value for money and are making positive impact to the lives of the children attending services.

How to strengthen integrated working between health, social care and education as part of a multi-agency early help offer, including how to improve information-sharing and the proposal for children's centres to have access to a "named social worker".

Although Lighthorne Heath Children's Centre has some good multi-agency working, we feel that this could be improved by children's centres and the other professionals having regular times to share information, and children's centres having a clear offer of what they can support families with. At present, this varies greatly.

However, having a named social worker will make a big difference to the children's centre as it will have a direct contact rather than several points of contact. The centre said it would be wonderful if its social worker could sit on the advisory board.

Lighthorne Heath Children's Centre has an excellent integrated working system, although there is always room for improvement. It is still awaiting the Children's Centre Statutory guidance to lead the centre to making stronger relationships with Children's services and other agencies, such as housing and JobcentrePlus.

Lighthorne Heath Children's Centre has identified that promoting a drop-in session has been one of its most-effective ways of involving the more-targeted families. Sometimes that may be dads or families from ethnic minorities.

What it has allowed parents to do or has shown parents to do is that they are welcome to drop in to the children's centre at any time of day. They don't necessarily have to come to a particular session, a Friday session or a play session. This means these parents don't feel obliged to join if they feel they haven't yet got enough confidence or self-belief in themselves. But they know they are welcome to pop in for a quick cup of tea and to say hello.

Although the parents' visit to the centre may only last a few minutes before they leave, this flexible and low-key open-door policy has increased significantly Lighthorne Heath's involvement with the neediest of families.

Written evidence submitted by the National Children's Bureau (NCB)

1. The National Children's Bureau (NCB) is a leading research and development charity working to improve the lives of children and young people, especially the most vulnerable. We work with children, for children to reduce the impact of inequalities, by influencing government policy, being the voice for 200,000 front-line professionals, and inspiring practical solutions on a range of social issues including health, education and youth justice, through our extensive research and evidence work. Every year we reach more than 100,000 children and young people through our membership scheme, links with voluntary, statutory and private organisations, and the 30 specialist partnership programmes that operate under our charitable status.

For more information visit www.ncb.org.uk

2. We have chosen to focus our inquiry submission on the following two themes:

- (a) How to define and measure good practice in family and parenting support and outreach, including the effectiveness of the Government's payment by results trials, and what measures of child development and school readiness might be used.
- (b) How to increase the involvement of families (especially fathers, disadvantaged families, minority ethnic groups and families of children with SEN and disabled children) in their regular activities.

3. NCB RECOMMENDATIONS FOR THE SELECT COMMITTEE:

- Children's Centre staff to undertake initial training⁹ and regular CPD in parental and family engagement, particularly around disadvantaged and/or vulnerable families so that they have the skills and confidence to engage with parents and families.
- Children's Centres to focus early intervention on supporting children's early learning with a particular focus on literacy, and engaging parents as partners to achieving good outcomes for children.
- Children's Centres to engage in regular home visits that have a focus on supporting learning and literacy in the home, and aim to build relationships between parents and practitioners.
- Children's Centres to be informed of children's attainment in the EYFS profile to support Centres to measure the effectiveness of their early intervention initiatives.

(a) How to define and measure good practice in family and parenting support and outreach, including the effectiveness of the Government's payment by results trials, and what measures of child development and school readiness might be used.

4. The National Children's Bureau's Early Childhood Unit has extensive experience in defining and measuring good practice in family and parenting support. Parents, Early Years and Learning (PEAL) originated as a consortium project of the National Children's Bureau (NCB), Coram Family and the London Borough of Camden. The aim of the project was to identify and disseminate existing effective practice in engaging parents, and to develop a core model on which training support for practitioners could be based. The training which began in 2006 continues to be delivered; thousands of practitioners in hundreds of settings have received this training.

5. PRACTICE EXAMPLE AND OUTCOMES OF EFFECTIVENESS OF PEAL IN SANDWELL

Sandwell booked two-day sessions of PEAL training for local authority lead practitioners, and cascaded learning from the training to over 400 practitioners within the local authority. Practitioners attending the course were provided with a work book to complete before attending the course; this included questions to help them reflect on their engagement with parents. Sandwell adapted PEAL's pre-training reflective questions into quality standards and used them to evaluate and improve support for parents. Success in engaging parents in children's development has been noted in inspection reports, and improvements in children's outcomes are becoming apparent. One primary school has seen marked progress in Early Years Foundation Stage Profile assessments. Following their attendance at PEAL training, 6 practitioners worked with the whole staff team to make changes to aspects of foundation stage practice within the setting. This included setting up play sessions for under 3s, making home visits before entry into nursery (with interpreters provided for children with English as an additional language), creating a welcoming family space in the nursery, and making activity boxes and story sacks for families to borrow. The percentage of children meeting the expected attainment in the EYFS profile increased from 33% in 2008 to 56% in 2009.

6. PRACTICE EXAMPLE AND OUTCOMES OF EFFECTIVENESS OF PEAL IN PETERBOROUGH

PEAL training has been accessed by 66% of private, voluntary and independent (PVI) settings and 33% of maintained nurseries in Peterborough since March 2009. Early Language Lead Practitioners took on the role as named member of staff for parental involvement. A self-evaluation of practice using PEAL materials was used to evaluate priorities for improving parent partnerships. The early years team also used it to evaluate the impact of PEAL across the city through introducing a RAG ratings system¹⁰ that was divided into several

⁹ Professor Cathy Nutbrown stated in "Foundations for Quality", the final report of the Nutbrown review, that "students must learn how to work effectively with families" (paragraph 2.15, page 21).

¹⁰ Rating provision red, amber or green according to their performance and effectiveness.

sub-categories, and used to highlight future strategic priorities¹¹. The impact has been seen in Ofsted judgments with 24 out of 25 settings receiving good (64%) or outstanding (32%) in parental partnership and engagement between March 2009 and September 2010.

(b) How to increase the involvement of families (especially fathers, disadvantaged families, minority ethnic groups and families of children with SEN and disabled children) in their regular activities.

7. The impact of NCB's Making It REAL project on parental and family engagement in their children's learning

The National Children's Bureau's Early Childhood Unit has recently completed the third year of its Making it REAL (Raising Early Achievement in Literacy) project. Funded by The Big Lottery Fund the project is based on the REAL approach and ORIM framework developed by Professor Cathy Nutbrown and Professor Peter Hannon at the University of Sheffield. REAL builds on what parents already do at home to help children learn. Friendly relationships are developed between practitioners, parents and children, and practitioners engage in home visits and host fun events that engage children, parents and their extended families in purposeful and imaginative early literacy activities—such as environmental print walks and rides; visits to book shops and libraries, book sharing and story-telling; shopping, cooking, and making recipe books; writing letters and posting messages, and singing and recording nursery rhymes and songs.

8. Making it REAL has been highly successful. 389 children were enrolled on the core project over three years and made real gains across the four strands of literacy, and in general confidence and concentration levels. The figures for reading this year are indicative of this with 73% of children involved in the project sharing books every day, and 99% at least once a week. Moreover, there has been a strong impact on the development of younger siblings; over the course of the three year project 137 additional children have been in regular attendance at home visits, benefiting from activities and their parents increasing engagement.

9. Parents' confidence in talking to teachers has increased each year, as has the rate of participation in events. 91% of parents now regularly attend events, as a result of practitioners developing more confidence in working with parents, and parents hearing the "good news" about REAL from other parents.

10. Levels of participation in home visits have been consistently very strong, with families continuing activity between home visits. Over the course of the three years, 479 parents, carers and grandparents regularly took part in home visits (89 of these were fathers taking either a lead or joint role), and many other members of the extended family were at some home visits and events. Parents and practitioners both consistently cited home visiting as the most important factor in establishing good relationships, trust and the consequent successful outcomes for children. Families showed a real desire to engage, persevere and help their children's education. This is a remarkable contrast to other family literacy interventions.

11. As a result of participating in the Making it REAL project, parents have developed their skills in:

- communicating and demonstrating increased knowledge in how to support their children's learning;
- providing more learning opportunities for their children and building these into daily life;
- playing and interacting with their children;
- recognising their children's progress and providing literacy models.

12. 59 teachers and practitioners have gained skills, knowledge and confidence in outreach work and working with families. They have developed a passionate commitment to working in a different way, and are determined to sustain the approach in their own individual practice, and influence their centres, schools and authorities to maintain the programme and support the early home learning environment in the most effective way.

December 2012

Written evidence submitted by Jill Rutter, Family and Childcare Trust

1. EXECUTIVE SUMMARY

1.1 The Family and Childcare Trust is concerned about the reduction in nursery provision in Sure Start centres. Until 2010 Phase 1 and some Phase 2 Sure Start children's centres were obliged to provide full daycare (defined as at least 40 hours nursery provision per week over 48 weeks of the year) as part of their core offer. In November 2010 this obligation was removed and since then, many local authorities have closed nursery provision in Sure Start children's centres. The Family and Childcare Trust is concerned that this loss of nursery provision in children's centres is impacting on local authorities' ability to find sufficient places for two year old children who will qualify for the free early education offer. Cost savings have driven nursery closures, but this approach reduces capacity in the system to meet central government's policy of extending the two year old free early education offer.

¹¹ The sub-categories were hard-to-reach parents, parental involvement in learning, home learning environment, and supporting transitions and positive relationships.

1.2 Other concerns about Sure Start include the variation in the range of services offered to parents across centres, particularly variations in the range of health service involvement and welfare-to-work support and lack of clarity about good outreach practice.

2. ABOUT THE FAMILY AND CHILDCARE TRUST

2.1 The Family and Childcare Trust was formed in January 2013 as a result of a merger between Daycare Trust, the national childcare charity and the Family and Parenting Institute. Collectively, both organisations have almost 40 years' experience of policy and campaigning on issues affecting families. It undertakes research and is presently conducting a study that is mapping changes to Sure Start children's centres across England. This builds on research undertaken in 2012 on local spending on children's information services¹² and will be published in summer 2013. The organisation is working with Mott MacDonald/Hempsalls to support local authorities deliver the free early education offer to the most deprived two year olds. The Family and Childcare Trust also provides information to parents and coordinates the National Association of Family Information Services. Reaching out to families whose children are less likely to take up the free early education offer, or find it difficult to other forms of support is an aim of the organisation and it is presently running a Parent Champions project in a number of local authorities where parents are recruited to provide peer-to-peer advice to other parents and to encourage them to take up help such as the free early education offer. Many of these Parent Champion schemes are based in Sure Start children's centres.

3. LOSS OF FULL DAYCARE SERVICES IN CHILDREN'S CENTRE

3.1 Until 2010 all Phase 1 Sure Start children's centres were obliged to provide full daycare (defined as at least 40 hours nursery provision per week over 48 weeks of the year) as part of their core offer. There was also an expectation that some Phase 2 children's centres should provide full daycare, if they were in the 20–30% most deprived areas. In November 2010 this obligation was removed and since then, many local authorities have closed nursery provision in Sure Start children's centres. In other cases local authorities have put council-run nurseries in children's centres out to tender to private and not-for-profit organizations as part of restructuring and spending cuts.

3.2 The Family and Childcare Trust is particularly concerned about the loss of daycare provision in children's centres and have started to map this across England. Although this work is still in progress we can present indicative data from 30 Greater London local authorities that shows that potentially about 100 nurseries have been lost in these local authorities.

3.3 While the Government justified the removal of the obligation to provide full daycare on the grounds of under-occupancy of some Sure Start nurseries, we believe that the roll out of the two year old free early education offer would have reversed the trend towards under-occupancy. The Family and Childcare Trust is concerned that the loss of daycare in children's centres is compromising local authorities' ability to find sufficient numbers of early education places for the estimated 296,300 two year old children who will qualify for this provision by September 2014.¹³ One of the challenges that local authorities face in identifying places for two year olds who will qualify is the geographic mismatch between nursery provision which is more likely to be located in affluent areas (where there is greatest demand from working parents) and the demand for places for two year olds, which is highest in the least affluent areas. Our evidence suggests that rural shire counties appear to be particularly badly affected by this mismatch between nursery provision and the demand for two year old free places. Given that Sure Start is more likely to be located in the least affluent areas, the loss of daycare in Sure Start children's centres means that two year olds who will qualify for the free early education cannot be placed there.

3.4 As noted above, concern has been expressed about the occupancy rate of Sure Start nurseries. Department for Education data suggested that these nurseries had on average six vacant places in 2011¹⁴. However, in some areas where there are vacant Sure Start places, there are shortages in other forms of early education and childcare for the under fives, particularly in sessional childcare for student parents, those on job-related training or those parents with work hours that change from week-to-week. The Family and Childcare Trust has argued for local authorities to make better use of some of vacant Sure Start provision by making it available to parents who need sessional childcare to help them into work.

3.5 We are also concerned that the loss of nursery places in Sure Start centres impacts on access to quality early education in deprived areas, given that nursery staff in Sure Start centre nurseries are more likely to hold level six qualifications than their counterparts in nurseries offering daycare outside Sure Start children's centres. (In the 30% most deprived areas 22% of Sure Start nursery staff hold Level 6 qualifications, compared with 10% in nurseries outside children's centres¹⁵.)

¹² Family and Parenting Institute (2012). *Families on the Front Line? Local spending on children's services in austerity*, London: Family and Parenting Institute

¹³ Rutter, J, Evans, B and Singler, R (2012). *Supporting London local government to deliver free early education for disadvantaged two year olds*, London: Daycare Trust

¹⁴ *ibid*

¹⁵ Department for Education (DfE) (2012). *Childcare and Early Years Providers Survey 2011*, London: DfE

4. IMPACT OF SURE START AND EFFECT OF LOCAL VARIATIONS IN SURE START SERVICES ON OFFER

4.1 The Family and Childcare Trust generally supports the conclusions of the Sure Start national evaluation that suggest families that have participated in Sure Start programmes have been able to implement a more stimulating home learning environment and more effective discipline. Locally, too, there may be many other benefits, for example, higher uptake of breast feeding among low income groups. However, differences in local programmes may mean that these positive impacts may not be extended nationally.

4.2 While Sure Start children's centres have to comply with Department for Education guidance and offer childcare, health and parenting advice as well as support for parents who wish to move back into work, the range of services offered by children's centres varies from place to place. Given the benefits of close involvement of health services in Sure Start, the Family and Childcare Trust is concerned that the involvement of local health services in Sure Start still varies considerably from location to location.

4.3 The range of support for parents who may wish to return to work also varies from centre to centre. Many centres stock advice leaflets and some host training or advice sessions run by Job Centre Plus, where parents can be offered support in returning to work. In other children's centres family support workers have been trained to offer advice about Tax Credits and other support for childcare. Children's centres may also link up with colleges and adult education services and offer ESOL courses and other adult learning. However, there seems little evidence of strategic thinking from the Department for Work and Pensions, the Department for Education, the Work Programme and Job Centre Plus as to how welfare-to-work provision might be targeted at certain Sure Start centres.

5. OUTREACH TO FAMILIES WHO UNDER-UTILISE CHILDREN'S CENTRES OR ARE FROM DISADVANTAGED GROUPS

5.1 Until 2011 local authorities were obliged to report data about the reach of Sure Start children's centres to the Department for Education. This data provided information about the use of children's centres by groups such as single parents, workless households and teenage parents. An example of this outreach data is included in the appendix. This data highlighted the varied level of success of Sure Start in reaching disadvantaged groups or those less likely to use services, with some local authorities successful in their outreach and others less so.

5.2 Factors that impact on the uptake of Sure Start services include:

- Lack of knowledge of services on offer.
- Negative prior experiences or distrust of helping agencies.
- Lack of social confidence or perception that groups/centre is unwelcoming.
- Perception that services are not relevant.
- Time and time poverty, especially for working parents.
- Rural isolation and poor transport.
- Residential mobility.

5.3 Not all local authorities have easily accessible information about children's centres on their websites.

5.4 The National Evaluation of Sure Start suggests that children's centres that employ high proportions of healthcare staff have greater acceptance and use among families who may distrust or be wary of helping agencies. Health visitors and GPs surgeries also have a key role to play in referring parents to Sure Start. However, not all health visiting teams and Sure Start centres regularly share data on families. The Family and Childcare Trust believe that central government should encourage the sharing of this data and better multi-agency referrals of families to Sure Start. Evaluation of the Family and Childcare Trust's experience of peer-to-peer outreach through its Parent Champion's scheme also suggest that this is an effective way of reaching out to groups that under-utilise Sure Start services.¹⁶

5.5 As recommended by a previous Select Committee inquiry into Sure Start, there still needs to be greater clarity about outreach practice from central government and what might constitute a core offer.

6. EVIDENCE OF CLOSURES

6.1 The Family and Childcare Trust believe that there is presently no accurate national picture of Sure Start closures across England. As noted the Family and Childcare Trust is undertaking research on Sure Start. This study has involved a mapping of Sure start closures between April 2010 and June 2013. We have defined a Sure Start centre as a site or building from which services for the under fives and their families are delivered. A number of local authorities, for example, Enfield and Waltham Forest, have adopted hub and spokes or cluster models for delivering Sure Start, with a "lead" centre and additional services delivered from satellite sites. In such cases only the hob or lead centre may be recorded as a Sure Start children's centre on the Sure Start national database. This may lead to a misreporting of closures of services and centres.

¹⁶ <http://www.daycaretrust.org.uk/pages/social-return-on-investment.html>

6.2 Despite the potential for confusion, there has been a closure of Sure Start children's centre sites in some parts of England. In Greater London alone, we believe that at least 84 Sure Start children's centre sites have closed between April 2010 and June 2013 (see appendix). We are concerned that parents in Bromley, Harrow, Havering and Richmond may have no Sure Start children's centres within easy reach. Additionally, Sure Start centres have been greatly reduced in Tower Hamlets, a local authority with a high level of deprivation, a young population and great demand for two year old free early education places.

6.3 In Greater London seven Sure Start centres that were expected to open had not opened by April 2010.¹⁷

7. EFFECT OF SPENDING REDUCTIONS ON CHILDREN'S SERVICES DELIVERED THROUGH CHILDREN'S CENTRES

7.1 The Family and Childcare Trust has previously examined the effect of local authority spending cuts on Sure Start children's centres.¹⁸ This research suggests that Sure Start has enjoyed a high level of protection from cuts than have other non-school based children's services, for example, youth services, although in the eight local authorities in the research study, early years had experienced a 13.7% reduction in funding over two financial years (2009–10 and 2010–11). This calculation was made through extensive qualitative research in eight case study local authorities as it is very difficult to calculate cuts to Sure Start spending from Section 251 returns, as accounting methods differ between local authorities.

7.2 Savings have been made by:

- Efficiency savings and amalgamating back office functions across centres.
- Moving to a hub and spoke model with a main centre and a number of surrounding secondary sites where sessions are delivered.
- Reducing the number of local authority-run nurseries within centres (see above).
- Recommissioning nursery provision to the private and not-for-profit sector.
- Increasing the income from Sure Start, particularly nursery fees and charges for some services.
- Closing some centres (see above).
- Recommissioning some centres, to be run by private and not-for-profit organisations.
- Changing the target groups for Sure Start, with a greater emphasis on disadvantaged groups, and less universal provision.
- In some instances reducing the number of services run from Sure Start centres.

7.3 The Family and Childcare Trust believes that most local authorities have made significant efforts to maintain existing services in centres that have remained open. We are concerned, however, that in many areas no new services are being added to local Sure Start offers, as a consequence of innovation, or to meet changing local demand. Despite the Government's commitment to early intervention, in some local authorities decreasing resources are being put into services—such as parenting support—which could be considered as early intervention.

Written evidence submitted by the NSPCC

THE IMPORTANCE OF PREGNANCY TO TWO YEARS OLD

1. It is important to be clear that children's centres have a remit to support families from pregnancy until a child is five. Whilst the "Foundation Years" are an important time to support child development and ensure children are ready for school, the evidence set out below shows that the real foundations are laid earlier—during pregnancy and infancy. Furthermore, babies are disproportionately vulnerable to neglect and abuse¹⁹. Children's centres have a key role to play in bringing together a comprehensive offer of support that begins in pregnancy, and lasts until children are ready to start school.

2. There is now compelling evidence which demonstrates the critical importance of pregnancy and the first two years of life in laying the foundations for a child's development²⁰. Parents have a profound influence on children's outcomes. Parental adversity and capacity for sensitive caregiving matter enormously during these formative years. Early infant experiences and infant-parent relationship shape the way their brains develop and a child's capacity to cope with the challenges life puts in their way. Disorganised attachment in infancy has been clearly linked to poor outcomes throughout childhood. Babies who are not well cared for are more likely

¹⁷ Department for Education (DfE) (2010). *Statistical Release: Numbers of Sure Start Children's Centres as of 30 April 2010*, London: DfE

¹⁸ Family and Parenting Institute (2012). *Families on the Front Line? Local spending on children's services in austerity*, London: Family and Parenting Institute

¹⁹ Cuthbert, Chris, Rayns, Gwynne and Stanley, Kate (2011) *All babies count: prevention and protection for vulnerable babies*, NSPCC.

²⁰ Shonkoff, J.P (2007) *A science based framework for early childhood policy*. Center for the Developing Child, Harvard University. Felitti, V.J. (2002) *The relationship of adverse childhood experiences to adult health: turning gold into lead*.

to struggle at school and to have behaviour, relationship and health problems in later life²¹. Children's centres need to do more to engage and work with families during pregnancy and the first two years.

3. This early period is also a time when parents are particularly receptive to help and advice as they seek to adjust to drastic changes in family life and relationships. It provides an opportunity to help parents get off on the right foot, and crucially to help set the pattern for effective parenting later on. It is also a time when families expect to have contact with professionals such as health visitors and midwives, and this contact offers an opportunity to engage families constructively in change.

4. Furthermore, intervention at this early stage has been shown to deliver good value for money. Programmes such as the Family Nurse Partnership have demonstrated that well-crafted and evaluated interventions can deliver substantial savings²².

Identifying and addressing additional needs

5. In England, babies are seven times more likely to be killed than older children²³. They account for 6% of the child population and yet 36% of serious case reviews between 2009–11 involved a child under one²⁴. Although there is no single cause which leads to child abuse, it is crucial to acknowledge that babies living within complex family situations are at a heightened risk of neglect or maltreatment. In particular, our studies have found that around 26% of babies (198,000) in the UK are estimated to be affected by parental risks factors of domestic abuse, substance misuse or mental illness²⁵. We need to ensure timely access to services which can both address parental problems and help them bond with their babies and provide good parenting. There is currently a lack of support for parents with additional needs, and where services do exist, they often don't consider the needs of children in their household.

6. It is important to be clear what is meant by disadvantaged families within the core purpose for children's centres. This should include all families where there is an increased risk of poor child outcomes and not just those who live in economic poverty. It is particularly important that children's centres (working alongside other agencies) play an increased role in identifying and addressing the needs of parents suffering from mental health problems, substance misuse and/or domestic abuse through the provision of evidence-based programmes.

Focus on parental and infant mental health

7. Parental and infant mental health are major public health concerns. Supporting parents experiencing mental illness and promoting sensitive parenting and secure attachment between a baby and their caregiver can have a profound impact on developmental outcomes for children and on the wider wellbeing of families. These approaches enable parents to understand their baby's communication and behaviours in light of their emotional states and stages of development. Services have the opportunity to shape the way parents care for their children, which can have long term positive effects. It is therefore really important that children's centres support families during pregnancy and infancy in this way. Promising service models exist in some children's centres but provision is very patchy across the country as a whole. We need to ensure that all children's centres have good quality parental and infant mental health services and strong links to specialist provision where necessary.

8. The following examples are of evidence-based infant mental health programmes which can be run in children's centres and promote attuned parenting:

<i>Service</i>	<i>Evidence of impacts</i>
Oxford Parent Infant Project (OXPIP) —OXPIP aims to help parents and their babies by providing them with therapeutic support and intervention as soon as any difficulties are recognized, either by families themselves or the professionals working with them. Parent-infant psychotherapy involves specialists working with both mother and baby using psychotherapeutic methods to a range of problems including faltering growth, attachment difficulties and abusive parenting, by focusing on the relationship between the parent and infant and mothers' representations and parenting practices.	Outcomes for the service included: 72% of parents were moderately depressed at the outset of their treatment with OXPIP, whereas only 23% were at the time the work finished. 60% of parents were at least moderately anxious at the beginning of their therapy, whereas only 25% were at the end. In terms of attachment 40% of the families were in the top end of the range (well adapted or adapted) at the end of their sessions, which had increased from 7%. ²⁶

²¹ Cuthbert, Chris, Rayns, Gwynne and Stanley, Kate (2011) *All babies count: prevention and protection for vulnerable babies*, NSPCC.

²² Olds, D. (2006) *The nurse family partnership: an evidence-based preventive intervention*, *Pediatrics* 8: 318–326.

²³ Home Office (2012), *Home office statistical bulletin: homicides, firearm offences and intimate violence 2010–11: supplementary volume 2 to crime in England and Wales 2010–11* (PDF).

²⁴ Brandon, M et al. (2012) *New learning from serious case reviews: a two year report for 2009–2011* (PDF). London: Department for Education <http://www.education.gov.uk/publications/eOrderingDownload/DFE%20-%20RR226%20Report.pdf>

²⁵ Cuthbert, Chris, Rayns, Gwynne and Stanley, Kate (2011) *All babies count: prevention and protection for vulnerable babies*, NSPCC.

²⁶ Tucker, *Evaluation Report for OXPIP's clinical work (2011)*, 4Children.

Service	Evidence of impacts
<p>Secure Start, Gloucestershire An infant mental health team, working in conjunction with local SureStart Children's Centres. The aim is to embed early intervention in inter-agency working; the project has contact with many families who are already accessing statutory and voluntary services, with the aim of preventing maltreatment by working on the relationship between parents and their babies.</p>	<p>The Ages and Stages Questionnaire for Social and Emotional Development (ASQ: SE) is used as a guide to measure development, and all the babies seen on the programme are at the age appropriate stage, which is valuable, given that the families referred to the programme are deemed "at risk"</p>
<p>Mellow Babies Group based intervention for vulnerable parents and their children under one year. Aims to improve parent mental health and infant mental health by promoting positive attachment relationships. Targets mothers with mental health problems such as post-natal depression or anxiety and families where there are child protection concerns.</p>	<p>In a waiting list controlled group, Mellow Babies has been shown to reduce maternal depression, enhance positive parent child interaction and reduce negative parent child interaction²⁷.</p>

Upcoming NSPCC review of "Pregnancy to two years old"

9. The NSPCC has been carrying out an innovative review of local service provision and spending from pregnancy to two years old across universal, targeted and specialist provision delivered by health services, children's services (including children's centres) and other service providers. We decided to undertake this work as despite the compelling case for investing in services for babies, there is a lack of understanding about the levels of spending and service provision during pregnancy and the first two years of life at a local level across England. By the end of the project we will have completed "deep dives" within differing local areas and have run in-depth workshops with, and interviewed staff from, approximately 20 local authorities, speaking to a range of people in different roles including commissioners, children's centre managers and practitioners, local leaders, local MPs, heads of midwifery, community midwives and specialist midwives. Through this work we will have gained a more comprehensive understanding of sufficiency of services for vulnerable families during the perinatal period, which will include exploring the role and purpose of children's centres.

10. Our final report is due to be published in January 2013. Early findings suggest that at a local level:

- a compelling argument for focussing on pregnancy and babies has not yet been made;
- vulnerable families are not consistently identified and targeted;
- there are gaps in preventative and targeted services;
- and commissioning is not yet sufficiently joined up.

The NSPCC would welcome the opportunity to share the findings of our review, in particular our findings relating to children's centres, during an oral evidence session in early 2013 should that be helpful to the Committee's inquiry.

Multiagency working

11. Children's outcomes are heavily influenced by the circumstances of their parents and families, therefore it is important that services are tailored around the needs of the whole family. Children's centres need to have strong links with other agencies—particularly adults' services such as maternity, health visiting, primary care, mental health, social care and welfare in order to maximise the opportunities to identify and engage with parents, particularly those who may need further support.

12. Early findings from the NSPCC's *Pregnancy to Two* review suggest a lack of systematic coordination between different agencies or practitioners supporting families during this life stage. For example, whilst children's centres now receive the information about live births in their localities, they do not receive information about Children in Need. One children's centre manager told us, "We know which children are on Child Protection plans, but we don't know the Children in Need who live in the area. If we did we could offer support." Colocation of different services within a children's centre can help professionals to learn from each other and share information easily. However co-location is neither necessary nor sufficient to ensure that information is shared in an effective and timely way. It is important that there are good area-wide systems to enable all services working with families to share information and coordinate their work. Having named social workers attached to children's centres could also improve the early identification of families with additional needs.

13. Having midwife and health visitor clinics run out of children's centres is also effective in making other services more accessible to many parents and enabling parents to access a range of other relevant information, advice and support at the same time. Through our review we have found some really promising practice occurring in children's centres, supported by family support workers, health visitors and midwives and many practitioners told us that relationships between children centre staff and health professionals are consistently

²⁷ Puckering *et al* (2010), *Mellow Babies: A group intervention for infants and mothers experiencing postnatal depression*.

good. Our review has also found varied levels of commitment to providing outreach services. Whilst some centres have a targeted approach to engagement, others have less outreach services available. Children's centres must use assertive outreach techniques such as children's centre staff delivering services in other venues or accompanying midwives and health visitors into homes of vulnerable families in order to raise awareness of services on offer.

Evidence-based interventions

14. There is a growing body of evidence about effective interventions during pregnancy and infancy which are highlighted in the NSPCC's *All babies count* report²⁸. Children's centres should offer services for families which promote sensitive and attuned parenting, and need to do more to ensure that scarce resources are invested in programmes which have been demonstrated to be cost effective. There needs to be continuous investment in developing and evaluating new interventions to address gaps in knowledge and practice. Bodies like the proposed Early Intervention Foundation have an important role to play in improving this evidence base and sharing learning.

15. We are interested to see whether initiatives like "payment by results" help encourage providers to focus their attention and resources on interventions that are known to be effective. However, it is important to acknowledge that the current measures are for trial purposes only. While these measures are spread across the 0–5 age range, and do encourage a focus on disadvantage, they don't focus on the most hard to reach and vulnerable families nor do they encourage centres to focus on the social and emotional development of younger children and their early interactions with parents. The lives and wellbeing of parents are important determinants of how well children do. Professor Marmot's report on *Improving Outcomes in Children's Centres* argues that "further investment should be focused to fill the measurement gaps around the most important aspects of parenting"²⁹

16. The NSPCC has significant expertise in the design, delivery and evaluation of evidence-based services. In the past year alone, we have invested £47.8 million in delivery of 24 new services in 40 locations across the UK. These include new services designed to protect children under one, promote effective parenting and improve outcomes in pregnancy and infancy, which might in the future be offered in children's centres. This includes *Pregnancy, Birth & Beyond* which is a new eight session programme working with vulnerable and high risk expectant parents. Jointly delivered by health and children's services practitioners, this programme covers the social and emotional aspects of parenthood as well as the medical content of traditional antenatal education. In doing so it helps parents to prepare for the transition to parenthood and sets a template for effective parenting. The NSPCC is beginning an impact evaluation in 2013. A formative evaluation for has already shown the programme is positively received by parents.

December 2012

Further written evidence from the NSPCC

BLUEPRINT FOR A "BEST START" CHILDREN'S CENTRE

The potential of children's centres is enormous, as is the list of services that policy makers have suggested that they could deliver. However, in this age of austerity with contracting budgets and increasing levels of need, it is clear that children's centres need to focus their activity. At the NSPCC we believe that this focus should be on the period from conception until a child is two, the so-called "age of opportunity". This is the time when the foundations of a child's life are laid and parents are often most in need of, and receptive to, support. We believe that children's centres should focus on ensuring all children have the best start in life, rather than waiting until later, when gaps in development may already have emerged.

This short paper sets out a vision or "blueprint" for what a children's centre would look like if it focused on supporting families from their child's conception until their second birthday. This blueprint draws on much existing practice, and we have supplemented this paper with examples from children's centres that are already offering parts of this proposed model.

Five principles underpin our vision:

1. CHILDREN'S CENTRES MUST FOCUS ON THE OUTCOMES THAT MATTER MOST

We believe that there should be a clear outcomes framework for children's centres, which sets out specific outcomes that children's centres should achieve for younger children. To inform this work, we reviewed a number of existing frameworks,³⁰ and identified six key areas of focus for "Best Start" children's centres. These are:

— Supporting children's early communication and language development.

²⁸ Cuthbert, Chris, Rayns, Gwynne and Stanley, Kate (2011) *All babies count: prevention and protection for vulnerable babies*, NSPCC.

²⁹ *An Equal Start: Improving outcomes in Children's Centres (2012)*, Institute of Health Equity for 4Children.

³⁰ These included the outcomes and ambitions set out in the Department for Education's Core Purpose for Children's Centres, the Institute for Health Equity's Equal Start Framework and the Big Lottery's Best Start programme.

- Supporting children’s social and emotional development.
- Promoting children’s physical health (including supporting early nutrition and improving child safety).
- Improving parents’ parenting knowledge, confidence and skills.
- Helping parents to tackle stresses in their lives, particularly risk factors such as social isolation, mental illness, domestic violence and substance misuse.
- Enabling parents to improve their financial wellbeing.

2. DECISIONS ABOUT WHAT CHILDREN’S CENTRES DO MUST BE BASED ON CLEAR EVIDENCE

The services and support available in children’s centres must be based on two types of evidence:

- Evidence of local need, including data collected by health services during pregnancy and the views of local parents.
- Evidence of what works in improving the outcomes set out above.

However it is important to note that children’s centres may also need to provide some activities which in and of themselves do not directly improve outcomes, but which are vital to engaging parents in the first place, and act as a “touch point” to engage parents in order for them to access other services.

3. CHILDREN’S CENTRE PROVISION MUST BE DESIGNED AS PART OF CLEAR PATHWAYS FOR PARENTS

Children’s centres must not be developed in isolation, but should have a distinct place within clear, comprehensive and integrated pathways of support for all families from pregnancy until their child is two, and beyond. Integrated care pathways should set out the services that all families can access from health and children’s series at different points in their child’s development, and should describe how families with additional needs will be identified and what services will be available to them. It should describe how families can access additional help, and also the support provided to those who finish more intensive programmes to help sustain any progress made.

Children’s centres can play three roles in these care pathways for families:

- Children’s centre can help services to be better integrated and made more accessible. For example, if breastfeeding support is offered in the same place that a mother came for her antenatal appointments, she might feel more comfortable asking for this support.
- Children’s centres can help to ensure families get appropriate and timely support, through identifying additional needs, signposting and helping parents to access other services. For example, volunteers at a children’s centre may be able to identify if a mother struggles to provide for her baby because of financial difficulties, and help her to apply for other financial support.
- Children’s centres can commission additional services to fill any gaps in provision in the local area. These gaps are likely to be in the “early help” services, for families with additional needs but who may not yet meet the thresholds for specialist services.

4. MAKING EVERY CONTACT COUNT

We believe that engagement with children’s centres should not be a goal in and of itself. Every contact that a parent has with a children’s centre should be seen as an opportunity to support the family and ensure they are receiving the appropriate help to achieve key outcomes. For example, a family should never come to a drop in activity, or register at a children’s centre, without efforts being made to understand if they have unmet needs and help them to access additional support if appropriate.

5. STRONG RELATIONSHIPS BETWEEN PROFESSIONALS

Partnership working must be a reality at every level in the children’s centres. Professionals from different services should work together not only in the provision of services, but also in deciding what the children’s centre offer should be. The intelligence and insights of different providers, as well as their data, must be drawn on to ensure that the right services are being commissioned to meet local needs.

It is important that time and effort is invested in building strong working relationships between different professionals to help them to work together to provide consistent, continuous and high quality support for families. This might be done through joint training or joint meetings to share intelligence and plan care pathways for families with additional needs.

The table over the page sets out the services that a children’s centre focused on the period from conception to age 2 might deliver, although in each case the exact make up of services must respond to the local needs and context.

<p>Goals</p>	<p>Children's communication and language development.</p> <p>Children's social and emotional development.</p> <p>Children's physical health.</p> <p>Including nutrition and safety.</p>	<p>Parental risk factors.</p> <p>Including social support, mental health, domestic violence, substance misuse.</p> <p>Parent financial wellbeing, skills and employment.</p>
<p>Parenting knowledge and skills (which contributes to the children's outcomes above).</p>	<p>Information and resources for new parents on display or available to take home (This might include the NSPCC's Preventing Head Injury film and Best Beginnings resources.)</p> <p>Community Midwifery and Health Visiting Services delivering the Healthy Child Programme.*</p> <p>Universal antenatal education covering all the themes in the Department of Health's Preparation for Birth and Beyond framework.</p> <p>Infant massage and drop-in groups for 0-2's (eg. baby signing). These may be led by volunteers or provided at a small cost. They should be focused on promoting early communication and positive interaction, with workers trained to identify issues and signpost additional support.</p>	<p>Opportunities for parents with a child under 2 to build skills and self-esteem through volunteering (eg. helping to provide services in the children's centre or peer mentoring).</p> <p>Childcare or support in finding suitable local childcare.</p>
<p>Universal Offer</p>	<p>More intensive antenatal education for vulnerable parents, such as Baby Steps.</p> <p>Evidence based services to promote infant mental health and early attachment eg, parent infant psychotherapy, video interaction guidance.</p> <p>Evidenced based parenting programmes to promote positive interactions and a safe and active home/learning environment, Incredible Years, Triple P.</p>	<p>Specialist midwives to support particular groups of vulnerable parents (eg. mental health)*</p> <p>Support groups for vulnerable parents eg. those with postnatal depression.</p> <p>Evidence based programmes for parents at risk, such as parent-infant psychotherapy for parents with mental illness.</p> <p>services, and advocate for them where necessary.</p> <p>Links to adult services (eg. domestic violence, mental health, substance misuse)**</p>
<p>Targeted and Specialist Offer</p>	<p>Family support workers who can signpost parents to additional services, help them to access these services, and advocate for them where necessary.</p> <p>Links to social work services and early intervention services, including home visiting programmes such as FNP, Safecare and Parents Under Pressure.**</p> <p>Links to speech and language therapists**</p> <p>Links to infant mental health services**</p> <p>Links to specialist health services (eg, physio for disabled children)**</p>	<p>Links to benefits, housing, childcare & employment services**</p>

*Ideally health visiting and midwifery services should provide at least some of their services in children's centres, although this will depend on the local context. Whether or not this is the case, it is important for these professionals to have clear links with their local centre(s) to build good relationships with children's centre staff, and to encourage parents to access appropriate services there.

** There should be agreed protocols to enable children's centre staff able to refer or signpost parents to be assessed for additional support. Ideally, specialist services should run some clinics or outreach activity regularly in children's centres.

Written evidence submitted by Barnardo's

BACKGROUND

1. As the largest children's social welfare charity, Barnardo's has extensive experience of working to improve the life chances of disadvantaged children, young people and their families. We believe in the potential of early intervention to break the cycle of poverty and contribute to social mobility.

2. We use the experience and evidence gained from our direct work with children and their families to campaign for better policy and to champion the rights of every child. With committed support and a little belief even the most troubled families can turn their lives around for their children.

3. As the second largest non-municipal provider of children's centres—with 130 centres as of July 2012—Barnardo's is concerned to ensure that Sure Start Children's Centres continue to give the best possible support to disadvantaged and vulnerable children and families.

4. We welcome this opportunity to respond to the Select Committee's Inquiry focussed on Children's Centres, especially in the light of our evidence of working with disadvantaged and vulnerable children and their families in our own children's centres. Members of the Select Committee are warmly invited to visit any of Barnardo's 130 children's centres, including some located in the most deprived areas in England.

EXECUTIVE SUMMARY

5. Barnardo's strongly believes in the value of Sure Start Children's Centres in both promoting social mobility in the future whilst also improving the lives of very young children and their families in the now.

6. Based on our experience Barnardo's response covers the following points:

- The value of Children's Centres as a means to engage with parents—particularly those families hardest-to-reach.
- The value of Children's Centres in offering universal provision which prevents stigmatisation;
- The importance of strengthening integrated and multi-agency working;
- The best ways outcomes-based models might be used to commission Children's Centres including the challenges around using payment-by-results mechanisms for this provision;
- The best ways to involve parents in the running of Sure Start centres;
- The use of buildings by Children's Centres and how this might be maximised.

7. Based on our evidence we wish to make the following recommendations for the committee's further consideration:

- Outreach services run by Children's Centres are vitally important in ensuring families most in need can be identified and helped, and should be prioritised for protection from budget cuts.
- Government should be clear and unambiguous that universal provision remains the optimum model for Children's Centres to most effectively reach and improve outcomes for those families most in need.
- Centres should ensure that the use of their buildings is maximised for community benefit.

The importance of Children's Centres in reaching families

8. Children's Centres are a particularly important lever for Government to reach and deliver services to children under five and their families. The cross-party consensus on the benefits of early intervention emphasises the importance of having a positive means of engagement with families who may need extra support in the early years. Children's Centres provide the crucial platform for the delivery of such early intervention engaging families who need more support

9. The responsibility of having a child can be a fertile time to inspire parents to improve their own lives in order to improve the prospects for their child—evidence from Barnardo's research with teenage mothers shows that for many families having a baby brings a renewed sense of responsibility and aspiration.³¹ But many parents—particularly those with deeply ingrained problems such as addiction or debt for instance—require some initial support to help themselves towards positive outcomes, such as work.

10. Many individual services could provide this support, but Children's Centres provide a unique focal point to coordinate early intervention to best effect by (a) encouraging better inter-agency collaboration between services, and (b) offering a single point of contact for service users which helps to foster confidence and trust. Barnardo's local Children's Centres convene local multi-agency early intervention groups as well as simply sharing information and good practice.

11. However, this platform of support cannot be delivered without an appropriate means to access the families targeted. Midwives and health visitors provide a universal point of contact, but most often only during the ante-natal phase and immediate period after birth. The statutory school system engages with children and

³¹ Evans, J (2010) *Not the end of the Story: Supporting teenage mothers back into education*, Barnardo's.

families universally too, but only from age five upwards. Without Children's Centres it is unclear how the Government would be able to reach *all* families of children under five, particularly in a way that works across various professions to offer appropriate support and signposting.

Barnardo's experience of outreach and its importance

12. One of the most important functions of Children's Centres is their ability to reach families most in need. Successful centres employ area-appropriate means to identify and target services at families. Barnardo's runs Children's Centres across England employing a range of outreach models tailored to the needs of the locality.

13. Some of our Sure Start centres in rural Cumbria are 20 miles away from the populations they need to reach. The centre acts as a base for workers who deliver activities and services in village halls and community centres around the county. One of the most challenging locations for outreach in Cumbria is the remote, fell village of Shap which is often cut off by snow during the winter. Nonetheless sessions take place there as regularly as possible for a small number of young children whose families would otherwise be isolated.

14. By contrast, in Newcastle outreach is conducted street by street through workers knocking on doors in a targeted way. A weekly play bus visits streets where attendance at the Sure Start centre is low. In this way workers become familiar, so building parents' confidence to access services at the main centre.

15. For our Phase 3 Sure Start Centres in more affluent Buckinghamshire the challenge is to identify the more vulnerable families in the community. The centres work with a number of agencies who can refer families, and help by promoting their services in a targeted way—such as by flyering locally in shops and on estates in particular residential areas.

16. Barnardo's research³² on reaching vulnerable families demonstrated that Children's Centres which were well embedded in the network of local services were the most confident of their reach to vulnerable groups. Referrals are an important part of ensuring that services reach the most vulnerable families in a community and these can come from a range of agencies including police and probation, children's services and social care, housing authorities, health services, or schools. Close relationships with these agencies are critical to improving reach as is the sharing of accurate and up to date information. This underlines the importance of integrated and partnership working.

17. *Recommendation:* Outreach services run by Children's Centres are vitally important in ensuring families most in need can be identified and helped, and should be prioritised for protection from budget cuts.

The core purpose of Children's Centres and universal provision

18. Barnardo's is clear that making provision available to all families is the best way to build social capital in communities and enable engagement with the full range of families without stigma. It is the universal element that will do most to support social mobility.

19. Evidence—such as that from the Effective Provision of Pre-school Education study³³—shows the benefits of mixed social groups for disadvantaged under 5s and their parents. These benefits of universal provision include reduction of stigmatisation, peer learning and natural modelling of positive parenting behaviours such as breast feeding, play and use of language.

20. Barnardo's recognises that in the present economic climate Children's Centres will need to target their services more. However, too much targeting of services could be counter-productive. Firstly, it could lead some centres into simply responding to crisis rather than offering effective prevention of future problems. But also services which are targeted at specific families become more stigmatising, which is likely to undermine the proven track record of Children's Centres being effective in winning the trust to work with many "hard-to-reach" families.

21. *Recommendation:* Government should be clear and unambiguous that universal provision remains the optimum model for Children's Centres to most effectively reach and improve outcomes for those families most in need.

Integrated Working

22. Integrated working within Children's Centres can both improve the effectiveness and the efficiency of services. The value of agencies working together is well known: the sharing of information is valuable in fostering greater co-operation between professionals; service-users find it easier to navigate and build trust in services when they are better linked; co-location in many centres is also useful in reducing costs of providing services, important when funds are limited during the current economic downturn.

23. Where agencies are co-located, early intervention works most effectively because services can often be accessed more informally. A reassuring discussion with a health visitor can save visits to a GP or A&E by

³² Barnardo's (2011) *Reaching Families in Need learning from practice in Barnardo's children's centres*, Barnardo's.

³³ <http://eppe.ioe.ac.uk/eppe/eppepdfs/RBTec1223sept0412.pdf>, Melhuish, E (s.d) *A literature review of the impact of early years provision on young children, with emphasis given to children from disadvantaged backgrounds*, prepared for the National Audit Office.

anxious new parents. Timely advice or signposting from a family support worker can prevent escalation through the social care system for a stressed family. The chance to speak to a Job Centre Plus adviser in a familiar, child-friendly setting can help parents into employment or ensure they claim the correct benefits. The model enables parents to gain trust with one centre rather than a range of different professionals across entirely different contexts.

24. Good information sharing is promoted by the integration of services. Without full sharing of data, services will not reach those most in need. For example our Children's Centres in Northumbria have a Memorandum of Understanding with the health authority so that health visitors and midwives pass on accurate data and register families with the Sure Start Centre. This is supplemented with regular data meetings to ensure improved targeting.

25. However we are aware of poor practice in other areas where health professionals consider this task beyond their remit, making it very hard to obtain sufficient data. Families are not reached and, in the most extreme circumstances, this has led to terrible consequences such as babies being registered for services despite them having passed away shortly after birth.

26. Culture is important in fostering effective integrated working across different sectors. Although the central role of the state in the delivery of individual services is being reduced, there is a strong case for Government Departments to co-ordinate in developing and leading a culture which promotes integrated children's services. Where workers in health, social services, early years, employment services etc. receive the same overarching aims and objectives for working with families from the very top, successful integrated working at ground level is more likely.

Outcomes-based contracting and the use of payment by results

27. Barnardo's does not oppose the broad principles underpinning payment by results (PbR) mechanisms in public services. However, we believe the success of any PbR model hinges on the design of its key performance indicators (KPIs) that trigger payments. Designing KPIs for children's centres can be particularly challenging for two specific reasons:

(a) Short term or long term impacts?

28. There is a tension between the responsiveness of short-term impacts as a payment trigger and the desirability of long-term impacts and associated savings as an aim for early intervention. While meaningful PbR systems respond to *short-term* outcomes; as reflected in the core purpose of Children's Centres "*to improve outcomes for young children and their families*" evidence shows³⁴ that the real improvement in outcomes, and crucially the cost savings, associated with early intervention, comes in the *long-term* into adulthood and later life.

29. On this basis, PbR systems related to savings from early intervention are difficult to apply to Children's Centres, not least because of the multitude of uncontrollable external factors in the intervening period between infancy and adulthood which may affect the input of a children's centre. Alternatively KPIs that trigger payments at an earlier stage in the child's life—say based on Key Stage 1 test scores—could be generated, but it is unlikely that sufficient savings will have been made by the state in just a year or two to justify a premium payment to a provider.

30. PbR also runs the usual risks associated with targeted systems. Meeting targets can lead to a focus on the strictly countable with unintended consequences for other aims. For example, centres may choose to be measured on their easier to measure *outputs* rather than their harder to determine long-term *outcomes* or the more qualitative short-term impacts.

(b) Proportions of PbR

31. The second challenge of PbR relates to balancing the proportion of centre income which is delivered by PbR. Using PbR to provide a high proportion of a centre's income is a risky strategy with the potential for closure of services.³⁵ This would particularly affect smaller providers, leaving fewer, larger providers and a reduction in choice. On the other hand, too low a proportion of funding via PbR risks it being irrelevant for improving service effectiveness.

32. On balance Barnardo's believes the best model of outcomes-based contracting for children's centres would be one which makes payment by results additional to a realistic amount of capital for delivering a service. This assures sustainability whilst encouraging innovation and sensitivity to the community's needs.

33. Reconciling these tensions will not be easy. Commissioners of children's centres must strike the right balance between setting short-term targets to support PbR mechanisms (such as those around "school readiness" or breast feeding), whilst supporting the broader social benefits resulting from a long term approach to early intervention, which cannot effectively be captured by PbR systems.

³⁴ Field (2010) *The Foundation Years: Preventing poor children becoming poor adults* (HM Government); Allen (2011) *Early Intervention: the next steps* (HM Government); Tickell (2011) *The Early Years: Foundations for life health and learning*.

³⁵ See for example the effect of the Work Programme on some small contractors.

34. Additionally, the tendency of commissioners to offer contracts of three years or shorter, makes it difficult for voluntary sector providers of Sure Start children's centres to demonstrate either short- or long-term outcomes suited to PbR, let alone recoup tender and set-up costs. It is an improbable business model that delivers profit and reliably measureable results within one year and no private sector start up would plan to do so.

Increasing parental involvement in running Sure Start Centres

35. Barnardo's strongly supports the involvement of parents and communities in running its Children's Centres. Many of our centres recruit and train volunteers to support services and centres alongside staff. They are offered the opportunity to obtain relevant training (for example, food hygiene, first aid, and childcare qualifications) and receive ongoing supervision. Many of these volunteers progress in time to paid employment with the centre and a new career.

36. Barnardo's Children's Centres also incorporate an increasing number of parent-led groups. For example volunteers run their own weekly baby and toddler group at a children's centre in Clacton, while a parent-led stay and play group in Buckinghamshire has allowed one of our centres to reach more parents than previously by effectively increasing capacity, and several of our centres have established Parent Voice Groups—a valuable means to feed into the running of services which also plan and run their own events and activities.

37. Barnardo's supports moves to increase the involvement of parents and communities in running centres—we believe that the greater the community ownership of the centre, the more effective it can be in providing early intervention to help children and families. However, to be most effective such involvement needs to draw parents from all sections of the community—and appropriate support needs to be in place to ensure the opportunity to participate is open to all. It is our experience that, in a minority of cases, parent groups have sometimes given way to “cliques” creating an exclusive culture. There is a risk that this could make it more difficult to engage with harder-to-reach families, a central value of our children's centres.

38. As yet lines of responsibility and accountability for parental involvement are somewhat undefined. So as parental involvement increases clear guidance needs to be given on key values and issues to support an inclusive ethos and ensure that children and their families are safe and can use the centre with confidence.

Use of Buildings

39. Many of Barnardo's centres optimise the use of their buildings by sharing them with a range of other services, including mediation; relationship support; children's dental health, etc. One of our centres in Carlisle is based in the local community centre and shares facilities with local elders' groups, playgroups, and a private nursery. The presence of the Children's Centre is key to the sustainability of these other community activities. In another area our purpose-built children's centre is offered to short breaks services for disabled children at the weekends.

40. However, we feel Children's Centre buildings can often be under-used too. Many Sure Start activities seem to end at around 3:00 pm. Centres could therefore make their premises available at minimal cost (or peppercorn rent) to, for example, childcare providers willing to offer after-school care for school-age children, or other parts of the community during the evenings and at weekends.

41. *Recommendation:* Centres should ensure that the use of their buildings is maximised for community benefit.

December 2012

Further written evidence submitted by Barnardos'

Barnardo's has already provided written evidence to the committee. To reiterate, our key points are that:

- Children's Centres are the central means by which Government can reach out holistically to families post-birth and pre-school. Without them it is unclear how Government can achieve its goals around early intervention effectively.
- Children's Centres are an enhanced cost-effective means of co-locating services, not an additional layer of bureaucracy. Most Children's Centres help to house services from other sectors (eg health, social services) making it easier for parents to access services in one place. Furthermore savings made by LAs in closing Children's Centres would be passed quickly on to other sectors which would need to relocate these services elsewhere.
- Where Children's Centres are said to be underused we believe they should be more fully utilised, not closed down. In many areas a great deal of money has been invested in developing these centres and we would advocate more being done to co-locate services such as birth registration; childcare; health services; social services; or employment services on these sites. More might be done to allow the centres to be used in evenings or weekends as community facilities for hire.

Further to this evidence, Barnardo's was delighted to be invited to provide oral evidence to the committee on 26 June 2013. In the light of topics that were raised during this session and I am attaching some more technical appendix material that may be informative and useful for the committee's deliberations. These materials relate to:

1. A national network of sustainable community venues through which to offer integrated childhood services.
2. Leadership and governance.
3. Commissioning.

Barnardos' remains fully committed to delivering services through its network of Children's Centres as we believe they represent the most effective way to intervene early in the lives of the most vulnerable children and families. With our experience as a large national provider of children's centres, Barnardo's believes that these three issues underpin the key challenges for improving the quality and reach of Children's Centres in the future. Please do not hesitate to contact me (vicki.lant@barnardos.org.uk) or my colleague Jonathan Rallings (jonathan.rallings@barnardos.org.uk) if you would like any further information about this information.

Yours sincerely

Vicki Lant
Head Children's Centre Development

Annex 1

NATIONAL NETWORK OF SUSTAINABLE COMMUNITY VENUES TO DELIVER INTEGRATED CHILDHOOD SERVICES

Barnardo's values and commends the national network of centres created in most communities as a means through which current and future development of appropriate childhood and family-related services and interventions may be offered.

Investment was made throughout England in order to create an early years infrastructure for the future that may have increasing and longer term impact to build stronger communities. National data gathering currently measures what can be measured; however, there are daily exemplars across the country that go unrecorded in formal reporting, where interventions by children's centre staff reduce potential for harm and risk to children within families, stabilising relationships between parents and their children. At present in the absence of a national framework setting out clear outcomes and using accessible data sources, or appropriate modelling related to the cost-benefit of interventions (ie potential saving had a risk not been mitigated), undermines the apparent efficacy of centre work. Longitudinal studies are evidencing some gains and we have international exemplars that demonstrate impact arising from similar investment (Harlem Children's Zone; Te Whariki—New Zealand). Loss of provision at this early stage in its development may undermine this opportunity to create an important contribution to national community infrastructure.

The current model acknowledged proportionality in service offer—most provision in areas of high need and light touch, where demography suggests families may manage their parenting with greater confidence. We recognise there is potential to re-appraise location and community value of these more limited bases, but a known, universal gateway to service matters for everyone. Highly capable working mothers and fathers, who have no natural support networks in the community can founder at points in their parenting and welcome informed, supportive advice and guidance.

Children's centres can be most effective when they offer childcare, but provision needs to complement and not destabilise the market in a community; partnerships may enable any available bespoke accommodation within centres to be used to capacity. Centres should be known and valued hubs of professional practice, valued by early years, health, local authority, charitable, employment/learning and school providers alike.

Improved welcome and appropriateness of offer to both parents, beginning with birth registration (as in Barnardo's Benchill Centre, Manchester), progressing through evidenced based parenting programmes, well-modelled parent and child activities and greater community-based learning/qualification opportunities (Employment, Training and Skills) may help to maximise available resources. Barnardo's is developing a model to increase the community benefit/regeneration aspect of the service, which may help to increase income to stabilise the service.

Barnardo's has researched and published promising practice related to its work with fathers in centres, Are we nearly there yet, dad? That bears wider replication.

Annex 2

LEADERSHIP AND GOVERNANCE

In order that centres may enjoy the status they deserve in leading models of integrated practice and partnership working, centre leaders need to believe they have a right to contribute to locality planning and leadership of local systems for community well-being and be skilled to be effective.

An updated iteration of the National Professional Qualification of Integrated Centre Leadership (NPQICL—Level 7), delivered in the current blended model, would qualify leaders to operate in senior leadership groups with greater confidence and clarity. The proposed remodelling to a purely on-line qualification would have far less transformational impact and may be far less successful in securing levels of completion of 95+%.

The National College is well placed to promote system leadership across the range of providers supporting children and young people through their learning and development, encouraging the kind of federations that plan to meet the learning needs of children and their families within a community (Barnardo's Greenwich example quoted during the session).

The National College could similarly promote and enable networks of national, regional and local leaders of integrated centre provision to reflect the parallel school leadership model endorsed by the College. Peer leadership can support centres that may be performing less well in certain aspects of their provision than they should.

As government promotes the concept of commissioned children's centre provision, the freedoms of locality working could be far better served if centres had robust systems of governance that enabled them and their lead agencies to manage their affairs in the ways of prospective partners. The National Council for Voluntary Organisations has produced a code for Good Governance, which offers appropriate, robust modelling for effective governance within the sector; this would be more appropriate than a model of school governance.

Federations of providers in a locality may also be able to consider Barnardo's challenge to the inequality of premium payments available for two year olds and children five and above. In our paper, *Mind the Gap*, we identify potential ways to redistribute the premium funding principle to include three to four year olds, so there may be consistency of support within the learning system for all children having high need. Whilst we would recommend government to address this universally, effective local governance may enable it faster.

Participative governance models may also assist development of models that produce savings, whilst limiting detrimental impact to front-line service (Transforming Early Years: different, better, lower cost services for children and their families; 2011 NESTA/Innovation Unit).

Local Authorities need to ensure that the required data for effective performance of centres is readily available to centres and their governance groups.

Annex 3

COMMISSIONING

Please find below my speaking notes to the All Party Parliamentary Group for children, relating to commissioning and proposed improvements.

Chair: Baroness Massey of Darwen

Vice-Chairmen: Jessica Lee MP, Baroness Walmsley, Baroness Blood, Bill Esterson MP, Baroness Berridge

Secretary: Baroness Howarth of Breckland Treasurer: Earl of Listowel

Clerk: Heather Ransom

ALL PARTY PARLIAMENTARY GROUP FOR CHILDREN ON: TUESDAY 25 JUNE 2013 5.00–6.30PM, COMMITTEE ROOM 17, HOUSE OF COMMONS
THE CHILDREN AND FAMILIES BILL: CHILDCARE REFORMS

Barnardo's context

Barnardo's is the second largest non-municipal provider of children's centres—with 138 centres as of June 2013.

Barnardo's Children's Centres provide for a range of needs, from universal services open to all families, through to more targeted supported for teenage parents, parents with English as a second language and families living in poverty. The most common outcomes that Barnardo's family and parenting services work towards are:

- Improved behaviour.
- Improved parenting.
- Positive/improved family relationships.
- Improved knowledge of parenting/caring.
- Enhanced parent/carer adult relations.

CHILDREN AND FAMILIES BILL/MORE GREAT CHILDCARE/CHILDCARE COMMISSION OBSERVATIONS

Barnardos welcomes

- moves towards greater integration of service provision around the most vulnerable children; and
- with specific reference to children’s centres, the proposed New Clause 22—sharing of live birth data and birth registration arrangements (Benchill CC Manchester exemplar).

However in a challenging context of competition for limited resources we suggest an holistic view of important strands of proposed reforms in order to ensure greatest effectiveness. All party parliamentary groups have indicated the:

- long term value in supporting quality development in the pre-birth to five years (development of brain architecture; foundations for continuous achievement);
- benefits of high quality childcare, especially in areas of highest community need;
- transformational value of SSCCs acting as a service hub (multi-agency—more than the sum of the parts);
- importance of high quality leadership—from government throughout the system that supports the child in her community; and
- potential for a robust commissioning environment to develop the children’s centre market.

Working at all strands has potential to build the national early years service that Professor Peter Moss recommended to the Select Committee (05/06/2013).

I see children’s centres as, in the long term, the core provision for all children and families, and as part of the movement towards a universal, integrated and functional early childhood system. It is the difference between what happens over the next two or three years and where we want to be in 15 or 20 years.

Q222 (p4)

From Barnardo’s perspective focus on:

- commissioning; and
- leadership.

Barnardo’s values the opportunities SSCCs offer to:

- offer value-based, multi-layered services (universal to highly targeted) when families need, in ways, places and times that are convenient; and
- build capacity to problem solve and build more resilient communities.

Barnardo’s seeks to engage in the commercial tendering process in ethical ways but there are challenges that are preventing commissioners and commissioned from creating mature, market-building relationships.

From experience in children’s centre and family support related contract provision and review, as well as sector research Commissioning for better outcomes [CBO] (Barnardo’s 2012), Barnardo’s suggests:

- The voluntary, community and social enterprise sector (VCSES) needs certainty of policy and funding landscape in order to invest in centres. Government leadership required to create policy steer (valuing pre-birth to five provision) and a funding environment that encourages LAs to engage in longer term partnerships [CBO evidence, 50% contracts for a year or less].
- Government leadership is required to tackle system-wide barriers such as Transfer of Undertakings [Protection of Employment] (TUPE).
- Costs incurred in the contract should be proportionate to the benefits of the contract [ie amount of detail; length of procurement process; contract duration]

CERTAINTY OF POLICY/FUNDING LANDSCAPE

- Government needs to give clear signal of growing pipeline of opportunities to merit investment and business growth strategies (evidence of scale, term & value).
- Encouragement to LAs to move to strategic commissioning—long term transformational practice rather than short term transactional arrangements—creative, user-led options to improve and reduce costs (radical efficiency).
- Government leadership in earlier notification of funding to LAs to redress risk averse, short term behaviours.
- Government leadership of positive business-like behaviours—collaboratives that deliver efficient service with appropriate margins in reward.

TACKLING SYSTEM-WIDE BARRIERS

- Inappropriate costly demands for pension fund payment assurance bonds, when legally binding parent-company guarantee would suffice.

- Commissioning/procurement processes that are proportionate to the contract.
- Encouragement of innovation.
- Challenging discriminatory beliefs that the VCSES is transient and may not deliver over time, or does not have the business acumen nor performance management skills to deliver as well as the private/local government organisations.

July 2013

Written evidence submitted by 4Children

INTRODUCTION

1. 4Children is the national charity all about children and families. We have spearheaded a joined-up, integrated approach to children's services and work strategically with a wide range of partners around the country to support children, young people and families in their communities.

2. We welcome the opportunity to submit evidence to this enquiry, and our submission draws upon our experience with Sure Start from its inception, both as a provider and as a national policy driver.

SUMMARY

3. 4Children has been involved with Sure Start Children's Centres throughout the programme's existence as:
- Advocates of Children's Centres in the 2001 Childcare Commission which called for 10,000 Children Centres;
 - Architects of the Children Centre model and programme through the secondment of 4Children's Chief Executive to the Prime Minister's Strategy Unit in 2001;
 - Supporters and developers of Children's Centres as partners in the Together for Children Consortium which was contracted by the DCSF to support local authorities to establish and develop Children's Centres;
 - A supportive organisation monitoring developments in 85 Sure Start centres and arguing to protect their long-term growth; and
 - One of the largest voluntary sector providers of Sure Start Children's Centres—running 61 Centres.
4. In March 2012, we conducted a Census of Sure Start Centres in England³⁶ allowing comparison to research undertaken by 4Children in March 2011 to provide analysis of how the landscape has changed in the last year. We made the following key recommendations based on the findings of the census:
- a. Sure Start centres must become central to early intervention and prevention nationally and locally;
 - b. Sure Start must remain a national priority for central Government if it is to achieve its ambitions to improve educational outcomes, increase social mobility, reduce poverty, help troubled families turnaround and improve child health outcomes, with monitoring and funding arrangements that reflect this;
 - c. Centres should be developed to deliver a full spectrum of support from accessible universal services to targeted and specialist help to remain accessible and non stigmatized whilst offering the robust targeted support for those in highest need;
 - d. The payment by results trial results must be robustly tested against its ability to improve measurable outcomes for children and families; and
 - e. Central and local government should continue to develop and trial new approaches to children's centres delivery—including relationship support, support for separated families and 0–19 children and family services.

How the overall level and quality of provision is being affected by moves to local funding

5. In an era of localism centres will need to continue to deliver real results for their communities if they are to retain confidence and funding. This comes at a time when there is a renewed focus on outcomes and greater reliance being placed on individual centres to bring together a portfolio of services in response to local need.

6. Our census found that local authorities and centres are focussing on reshaping their service offer and are tailoring their services to meet the most vulnerable families more than ever. Furthermore, it showed that many centres have demonstrated resilience and innovation to maintain and in some cases provide greater service levels than at the same time in 2011. However, there are ongoing concerns in some parts of the network, with a worrying 19% of centres saying that they are planning to make cuts in service provision over the coming year, and 26% planning to cut both staff numbers and service provision.

7. Although the number of centres reducing services, and closing their doors, is lower than feared when budgets settlements were first announced, there remains ongoing uncertainty as to whether centres' impressive

³⁶ 4Children, 2012, *Children Centre Census 2012*, 4Children:London.

fortitude in the face of budgets cuts to date is sustainable. Our census shows that centres are being asked to deliver more for less, and are, in many cases, succeeding. However, there will be limits as to what can be done without significant ongoing investment.

8. In 4Children's role as secretariat to the All Party Parliamentary Group for Sure Start we supported an enquiry which collected evidence from local authorities around service delivery in areas which had seen substantial reductions in early years and children's service budgets. The results of the enquiry revealed a varied picture of service provision around the country.

9. In Lewisham a 20% cut in the 2011–12 Early Intervention Grant to the authority resulted in children's centres being closed, a reduction in childcare and the increased cost of services to parents. Parents in Lewisham report a low level of service with few activities on offer throughout the week in comparison to centres in neighbouring boroughs. In Manchester, the decision to cut £22 million from a £29 million budget led to parents protesting and lobbying to ensure centres remained open. At the same time however, the local authority is well regarded for its strategic approach to a move to early intervention—but it is not clear how, or even if, these two aspects marry up. In both these cases, large cuts to funding lead directly to a reduction in service provision, and widespread concern amongst families.

10. Equally, there are examples that demonstrate local authorities' ability to successfully manage budget reductions. In Cornwall the council has moved from 40 centres to 18 centre hubs—with no plans to close individual buildings. They have cut funding by 14%, but they are still spending £9.6 million a year and as a result of consulting locally and cutting back managerial oversight, they have maintained an acceptable level of service provision for families.

11. The local picture of budget decisions remain highly mixed with some local authorities taking greater steps to protect budgets. However, even the most innovative of centres will struggle to protect frontline services if budgets continue to be reduced. Recent proposals regarding the future of the Early Intervention Grant—the primary source for funding Sure Start centres—including the merging of the Sure Start allocation with council's general funding stream, the reduction to the overall fund, and the loss of the 'early intervention' tag, heighten concerns that Sure Start centres will be targeted for further cuts this year.

The new Core Purpose of Sure Start children's centres, how this has evolved and is different from the original design and purpose of Sure Start

12. Since the first Sure Start Local Programmes were established over a decade ago their delivery has gone through some significant changes—including three separate evolutions of delivery, all with slightly altered focus.

13. There have been significant moves to increase targeted work with disadvantaged families. This shift has been accentuated and driven by Ofsted inspections' increased focus on reaching and providing services to vulnerable families. Though largely positive, this move has resulted in some of the services which became closely associated with Phase One and Two centres decreasing in prevalence including a wide range of universal open access services, most notably childcare. Some parents have raised concerns about a noticeable decrease in provision for families, though this is difficult to quantify. Positively, there has been a significant increase in outreach work and parenting support classes, whilst joint working with health professionals is becoming the norm.

14. In 2011, the government removed the requirement for children's centres in the most disadvantaged areas to provide access to childcare if there wasn't identifiable need³⁷. Our census indicates that almost 2,000 centres across the county currently offer no childcare, whilst 28% of phase one centres no longer offer full-time childcare³⁸. There also appears to be a preference for centres to realign their offer to reduce the number of full-time places though this does not necessarily mean that childcare is not available in the locality of the centre, with many centres providing information on how to access external childcare.

15. However, we found that of those centres still providing childcare over half said that they were oversubscribed—showing a demand from parents that is yet to be met³⁹. The government's announcement last year that 40% of the most disadvantaged two year olds would be provided 15 hours of free childcare every presents an opportunity in the context of the current changes to centre provision. We believe local authorities should seize the opportunity, and the funding available for two year old places, to reverse the decline in childcare provided from children's centres as part of their efforts to increase capacity in the years ahead.

The effectiveness and impact of Sure Start children's centres to date, including the role of Ofsted inspections

16. There has been much discussion about the tangible results produced by Sure Start centres and measuring outcomes has often proved difficult in the short term, largely due to the long-term and preventative impacts the centres offer. However, the most recent evaluations have conclusively demonstrated improvement to parenting styles and child development for those who access Sure Start, with an increased likelihood of parents

³⁷ Department for Education, 2012. *Government moves to free up children's centres*. Available at: <http://www.education.gov.uk/inthenews/inthenews/a0067775/government-moves-to-free-up-childrens-centres> [Accessed 15 October 2012].

³⁸ 4Children, 2012. *Children Centre Census 2012*, 4Children:London, p. 24.

³⁹ 4Children, 2012. *Children Centre Census 2012*, 4Children:London, p. 25.

engaging with other vital services through centres⁴⁰. Centres also play a key role in narrowing the gap between disadvantaged children and their peers with results from the Foundation Stage Profile showing this gap closing by 3% in the last three years⁴¹, and a 5% increase in children achieving a good level of development over the last year⁴².

17. 4Children's centres use a number of tools and techniques to record the impact of interventions. These include SOUL, E-start outcomes data and 4Children's own method of evaluation. A detailed examination of four of our centres, outlined in an impact report of our services⁴³, found that support with parenting has had positive impact across all centres with families accessing the centres feel empowered and more confident as parents, and that more of their children are achieving a good level of development on a year on year basis, as evidenced by the Early Years Foundations Stage Profile.

18. We have identified four outstanding Children's Centres which demonstrate best practice delivery and reach over 3,500 children under the age of five, and 2,500 families, in areas of significant disadvantage. The outreach work in these centres is excellent—our Carousel centre reaches 99% of families in its catchment area, including 83% of black or ethnic minority families, and 83% of teenage parents, while our Roundabout Centre reaches almost all teenage parents within the reach area, 80% of black and ethnic minority families, and 75% of children with disabilities.

19. Parent satisfaction is also very high with 100% of families in our Bellefield centre reporting being satisfied or very satisfied with the guidance and support and the impact of services at the centre, and all four centres have achieved significant increases in the number of children reaching a good level of development over the last three years. We welcome the recognition that "outstanding" Ofsted inspections have provided our centres, and know that inspections are a key driver in increasing quality across the country.

20. The ongoing localisation of provision will pose new challenges to Ofsted, and we look forward to the upcoming consultation regarding the provision of inspections on a locality model which we shall respond to directly.

The range of services and activities provided at Sure Start children's centres, and their desired outcomes, and whether/how these differ from family centres, early Sure Start local programmes and early years settings

21. 4Children believes that the range of services, from universal to targeted, that Sure Start centres provide, and the positive recognition the brand has amongst parents', provides a powerful combination of interventions which can extend beyond the foundation years and into youth service provision.

22. In particular, we are pleased to welcome the move towards the "Integrated Review" in 2015, this co-location and co-delivery of the EYFS two year old check, and the health check at around the same age is an excellent example of how joint working can make things easier for parents and cheaper for local services—and children's centres are the ideal location to hold these reviews. This approach should be replicated elsewhere, wherever possible.

23. 4Children's own centres deliver a range of services for parents that are focused on tackling some of the most difficult and sensitive challenges parents can face, including alcohol misuse and domestic violence. These issues can be some of the most disrupting to the safe and positive home environment children require, and it is vital that we engage with these problems early and decisively. The support offered by our centres allows parents to engage with services in an environment they are comfortable in, and encourage parents to engage more regularly—and at an earlier stage—than they would if they were located elsewhere. This aspect of Sure Start's development should be noted and welcomed.

24. We believe there is enormous potential to extend the Children's Centre model beyond the early years. Early years support is crucial but the foundation stage should not be viewed in isolation—we know that continued intervention and support is needed as children grow up to truly protect them from disadvantage. Our 0–19 approach, offered through our Carousel Centre and elsewhere, allows children, young people and the wider family to access consistent support over years, and builds a strong sense of community around the centre. This has shown to continue to offer families the trusted support they wish for beyond the earliest years of their child's life.

How to define and measure good practice in family and parenting support and outreach, including the effectiveness of the Government's payment by results trials, and what measures of child development and school readiness might be used

25. The introduction of Payment by Results (PbR) for children's centres is complex—intending to both incentivise and drive improvements, and change behaviours in service delivery to secure better outcomes. The approach faces a number of challenges to its success, not least how to effectively measure outcomes from one single aspect of the provision of children's services, and we await the outcome of this genuine trial with interest.

⁴⁰ Department for Education, 2008. *The Impact of Sure Start Local Programmes on Three year Olds and their Families*, Department for Education: London, 2008.

⁴¹ EYFSP 2011.

⁴² EPFSP 2012.

⁴³ 4Children, 2012. *4Children's Children's Centres Interim Impact Report*, 4Children:London.

26. One of the most significant challenges ahead will be the accurate development of the outcomes framework for local authorities to demonstrate the long-term success of services. University College London's recent publication "*An Equal Start: Improving outcomes in Children's Centres*"⁴⁴ produced in partnership with 4Children, provides a practical and aligned framework designed to give Children's Centres a simple approach to identifying their strengths and areas for improvement, and measuring the impact of their services to children's lives. Amongst 21 outcomes are those which measure whether children are engaging in age-appropriate play, the proportion of children born with low birthweight and the number of parents increasing their knowledge, and application, of good parenting. The framework started from the principle that we need to be measuring what is important—not be guided by what we can measure—and within this is a clear focus, based in evidence, of the importance of child development. The next stage of our work will be to set out how to achieve this, working closely with centres and linking in with the existing measurement regimes that exist, wherever possible.

How to increase the use of evidence-based early intervention in children's centres

27. Sure Start Children's Centres are ideally placed to be able to engage with families at the earliest opportunity, allowing practitioners to identify support needs as soon as they first arise.

28. Payment by Results (PbR) can act to increase the use of evidence based programmes. With a clearer focus on delivering improved outcomes, rather than meeting output targets, evidence based models will offer centres the best chance of achieving this aim. In addition as many centres make informed choices about the services they deliver given the funding climate, there is a greater likelihood that a premium will be placed on those services that are shown to deliver and support centres to meet their core purpose.

29. Whilst there are a variety of steps that need to be taken in service planning and delivery to increase evidence-based early intervention it will not be possible to delivery this without adequate funding. In 2010 the Government brought together a number of different funding streams to support early intervention services including Sure Start Children's Centres into the Early Intervention Grant. However, as stated earlier, a recent consultation from the Department for Communities and Local Government has shown that the Government proposes to abolish the Early Intervention Grant and place funding into local authorities general revenue scheme.

30. We are profoundly concerned by a further reduction in funding at this time and we believe that this approach calls into question whether there are adequate resources to embed early intervention and adequately fund Sure Start centres. We are concerned that without a funding stream committed to early intervention then local authorities will not prioritise or maintain funding for vital children's services, and that the money which has previously allowed Sure Start centres to deliver for their communities will be spread across the local authority.

31. 4Children has developed an innovative model of community partnerships to grow an integrated approach to local delivery from pre birth to 19.

How to strengthen integrated working between health, social care and education as part of a multi-agency early help offer, including how to improve information-sharing and the proposal for children's centres to have access to a "named social worker"

32. For Sure Start centres to continue to work successfully as community hubs, excellent working partnerships with local services are crucial. 4Children works closely with health professionals including health visitors and midwives as a matter of routine, however nationally there are challenges and barriers to co-working which remain in some areas.

33. We believe that the uptake of statutory duties by Health and Wellbeing boards from April 2013 offer a chance for greater integration of health services into children's centres, and an opportunity to overcome some challenges which still remain. With a local authority Director for Children's Services, health representatives and the opportunity to expand membership to include those working directly in children centres, we expect the boards to be a significant driver for greater integration.

How to increase the involvement of families (especially fathers, disadvantaged families, minority ethnic groups and families of children with SEN and disabled children) in the running of children's centres and in their regular activities

34. Each of 4Children's centres has a focus or a management advisory group. We always encourage parents to be involved in this forum which in many of our centres has proven to be instrumental in identifying needs in the area. For example at Seesaw Children's Centre in Essex parental input at the focus group informed and led to the development of life skills training for parents, whilst at Carousel, 4Children's Centre in Essex, the Twins and Multiple births group is run by parents themselves while the toddler group, initially organised and publicised by the centre's family support work, now has parents taking a lead role.

⁴⁴ Anne Pordes Bowers, A. P. Strelitz, J., Allen, J. and Donkin, A., 2012. *An Equal Start: Improving Outcomes in Children's Centres*. Institute of Health Equity: London.

35. 4Children take a proactive approach to engaging with parents and with the wider community, including the most vulnerable families. Our use of parents and community leaders as volunteers, board members, and key contributors to our local services allows us to drive services according to parental input, and ensure that we remain reflexive to community need. By engaging with the community in this way, we can also reach out to vulnerable families, and work within local settings to minimise any perceptions of stigma and provide support where it is most needed. This work extends from “Dads days” and their simplest, to dedicated outreach work with local Traveler communities at their most complex,—and all allow us to maintain an ongoing relationship with diverse and varied communities.

December 2012

Supplementary written evidence from 4Children

On Wednesday 26th June, I had the opportunity to give oral evidence to the Education Committee’s inquiry on Sure Start Children’s Centres on behalf of 4Children, and you kindly invited me to let you have a follow up note. As you know, 4Children is deeply engaged in the policy and delivery of Sure Start Children’s Centres, and I thought it would be helpful to set out our views on some of the main issues that have emerged over the course of the inquiry to date, as well as highlighting relevant evidence from a new report that has recently been published by the All Party Parliamentary Group on Sure Start Children’s Centres, for which we provide the secretariat.

Given the difficult nature of the fiscal landscape in which we are currently operating, this is a challenging period for Children’s Centres and the vital work that they do. In this context, we recognise that the Committee is reflecting on the future of the Sure Start programme, and raising questions about what provision will look like in the years ahead. However, while some may argue that the most effective response to funding pressures would be to withdraw universal services and prospectively close some Centres in order to allow increased focus on disadvantaged communities, 4Children strongly believes that such a strategy would be misguided.

For us, the choice between universal and targeted provision is a false one. Our firm view is that, even in the current financial climate, Children’s Centres can occupy a central position in the delivery of family services for all those in their communities. Fundamental to achieving this will be a greater emphasis on the integration of Centres with health visitors, community midwives and broader services such as Jobcentre Plus, and a parallel shift on the part of local commissioners towards the use of pooled budgets rather than “siloeed” funding arrangements. We note that the principle of collaborative working received strong support from witnesses at your most recent inquiry session on Wednesday 10th July, emphasising the importance of this agenda moving forward.

Therefore, we would stress the priority for policymakers ought not to be the closure of Children’s Centres or withdrawal of services, but rather sustaining the existing network and ensuring that value is maximised. Centres have the capacity to make a tremendous difference to the lives of children, families and their communities, and represent resources which should be utilised to the fullest extent possible. We urge the Committee to recognise this when formulating its recommendations, and set out suggestions for how it can be achieved in this submission.

INTEGRATION

We firmly believe, therefore, that effectively integrating Children’s Centres with a range of other services is essential to the future of the programme, and represents a key step in maximising the value of the network.

The All Party Parliamentary Group on Sure Start Children’s Centres, for which 4Children provides the secretariat, has recently concluded a year long-inquiry into best practice in the sector, with the findings published in a major report, “*Best Practice for a Sure Start: The Way Forward for Children’s Centres*”. With respect to integration, the report unequivocally recommended that:

All perinatal services should be delivered under one roof in the Children’s Centre. Duplication of services or professionals working in silos can no longer be justified—particularly when every penny of public money is being scrutinised. There can be no more excuses as to why midwifery, health visiting and Children’s Centre services are not being delivered under one roof—or where physical building space is not available—in an entirely seamless way and badged as a single service.

A range of representations to the inquiry stressed that this kind of “holistic” approach is essential to achieving the best outcomes for babies, children and families. In order to facilitate this, the report also stressed that “Local Authorities, Health and Wellbeing Boards and their local partners must make greater use of pooled budgets to allow for more innovative commissioning of perinatal and Children’s Centre services”.⁴⁵

Significantly, witnesses at your most recent inquiry session on Wednesday 10th July provided firm support for the benefits of collaborative working between Children’s Centres, health visitors and midwifery. Louise Silverton of the Royal College of Midwives made clear that “It makes a lot of sense for midwives to be

⁴⁵ All Party Parliamentary Group on Sure Start Children’s Centres (2013). *Best Practice for a Sure Start: The Way Forward for Children’s Centres* p. 12–14

working with other professionals who are delivering health and support in the early years, and the joined-up-ness of care when a Children’s Centre is working well is extremely important”, while Jane Williams of South Warwickshire NHS Foundation Trust suggested that “I do not think we could work together now—certainly from a health visiting point of view—without the Children’s Centres”. The benefits of integration are therefore well recognised, and should represent a central aspect of future policymaking. However, we are aware that not all areas are working in this seamless way.

In addition to perinatal services, the “*Best Practice for a Sure Start*” report also recognised the potential impact of locating broader services, such as Jobcentre Plus, within Children’s Centre settings, particularly from the perspective of supporting disadvantaged families to re-engage with the employment market. Evaluation of a set of pilot programmes undertaken by the Department for Work and Pensions to provide “work-focused services” through Children’s Centres has indicated that such initiatives delivered important attitudinal outcomes, including “increased levels of confidence, aspirations, better awareness of work-focused opportunities and options and attitudinal change towards Jobcentre Plus and work”, while there was “also indicative evidence from both qualitative and MI that the pilot moved parents closer to the labour market and moved some into paid employment”.⁴⁶

Delivering greater integration on the ground is not necessarily easy. The issue of information sharing between key partners has been raised on numerous occasions, whilst many of those giving evidence to the All Party Parliamentary Group on Sure Start Children’s Centres’ inquiry suggested that local collaboration remained a challenge, despite the requirement in section 5(e) of the Childcare Act 2006 for local authorities, local commissioners of health services and Jobcentre Plus to consider providing children’s services through Children’s Centres.⁴⁷ However, given the prospective benefits, both for Centres themselves and the families they work with, addressing such difficulties needs to be a core priority for policymakers, and should be an area of particular focus within the Education Committee’s recommendations. We should not accept that joint working is just too difficult and reduce our support for children and families accordingly.

BIRTH REGISTRATION

The All Party Parliamentary Group on Sure Start Children’s Centres’ “*Best Practice for a Sure Start*” report drew particular attention to the benefits of registering births in Children’s Centres. We know this is an issue that the Committee is considering, and was discussed briefly in the evidence session on Wednesday 10th July. In our view, implementing widespread birth registration in Children’s Centres would be a very positive step forward, and we believe the Committee should explicitly favour this in its recommendations.

As part of the Group’s inquiry, evidence was submitted by the Department for Education, which was published alongside the final report. This set out a clear case for birth registration, and argued that “The opportunity to register births in Children’s Centres is potentially a very effective means of alerting parents to the support services available and the benefits of accessing these services through Children’s Centres”.⁴⁸ Based on evidence from three local authorities which currently do offer birth registration services in some Centres (Manchester, Bury and York), the Department identified six benefits of implementing birth registration from the perspective of Sure Start:

- **Improved reach:** Data from Centres which do offer birth registration suggests they have a broader “reach” than similar sized Centres that do not offer such services.
- **Parental re-engagement with Children’s Centres services:** It is felt that birth registration helps drive subsequent re-engagement, such as in the Benchill Centre in Manchester which had a re-engagement rate of 87.5% in 2012–13.
- **Reducing stigma:** The universal nature of the birth registration process has helped to dispel misconceptions about the work of Children’s Centres.
- **Acceptability to parents:** Parents often find Children’s Centres to be more physically accessible than alternatives such as a central Register Office.
- **Involving fathers:** There is a sense that providing the option of registering at a Children’s Centre increases the likelihood that fathers will attend the appointment.
- **Raising awareness of services for 0–2s:** Birth registration is an opportunity to showcase the services that are on offer to families, at a point when they are likely to be particularly receptive to such information.

In addition, the Department argued that there were a further six benefits from the perspective of the registration service:

- **A setting that adds value to the birth registration process:** Centres can be carefully chosen to ensure that their location and facilities are appropriate for parents, so that the registration process puts a minimal burden on parents.

⁴⁶ The Department for Work and Pensions (2011). *Work-Focused Services in Children’s Centres Pilot: Final Report*, p. 5

⁴⁷ All Party Parliamentary Group on Sure Start Children’s Centres (2013). *Best Practice for a Sure Start: The Way Forward for Children’s Centres* p. 13

⁴⁸ All Party Parliamentary Group on Sure Start Children’s Centres (2013). *Best Practice for a Sure Start: The Way Forward for Children’s Centres* p. 26

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- **Extra registry capacity in populous areas:** In areas where there is a particularly high pressure on registration services, such as Lambeth, Children’s Centres can help meet demand.
 - **Proportionate and integrated service:** Close working relationships can be established between Children’s Centres and the registration service, with Centre staff setting up appointments on behalf of registrars for example.
 - **Convenience of the service being in the community:** Convenience for users is highlighted as a real positive outcome of locating registration services in Centres, helping local authorities deliver their duty to register all births within 42 days.
 - **Repositioning of the registrar service:** Registrars in Manchester and Bury felt that re-articulating the service through some Children’s Centres helped change the perception of it amongst both the council and the population it served.
 - **Reduction in “no shows” and missed appointments:** There is a general feeling that there was a reduction in missed appointments by offering registration sessions in local community settings.

We believe these are convincing arguments to support the widespread implementation of birth registration in Children’s Centres. Indeed, the Department for Education’s evidence suggests and that such an initiative can help address certain persistent challenges such as re-engagement of parents and the involvement of fathers in Centre settings, and we hope the Committee will recognise the value of this in its final set of recommendations.

CHILDREN’S CENTRES AND EARLY LEARNING FOR TWO YEAR OLDS

During the oral evidence sessions the Committee has been questioning witnesses on the relationship between Children’s Centres and the free entitlement to childcare for two year olds—now called Early Learning for Two Year Olds (ELTYO). We believe that there are a number of aspects of this that merit further consideration. These are:

1. The role Children’s Centres are currently playing (or not) in ELTYO.
2. Whether Children’s Centres could and should be used as a major provider of ELTYO.
3. The role Children’s Centres could play in proposals to introduce an expectation of engagement with work preparation or parenting support “in return” for the free offer.

As several witnesses have pointed out, the extent to which ELTYO is being delivered in active collaboration with Children’s Centres very much depends on local circumstances. 4Children recently led a programme of work supporting local authorities in their work on communicating the new offer to parents. In some of the areas we worked with, Children’s Centres were being viewed as THE mechanism for communicating with parents and were also seen as key partners in delivery, with nurseries in Centres being expanded where possible and Centres working closely to encourage and support childminders to sign up to the programme. In other areas Centres were seen as less integral—particularly where they no longer provide any childcare directly and therefore were not seen as core “delivery” partners.

The real value that Children’s Centres can add has been underlined by the learning from the trial areas.⁴⁹ In particular, good practice has shown that Centres are well placed to:

- Work with particular communities and undertake targeted outreach, writing to all parents registered and following up with phone calls and door to door visits.
- Share information on take-up of places within the reach area and feed back to the early years teams—tracking families in this way not only encourages take-up, but also increases Children’s Centre registration.
- Include childminders as part of the Children’s Centre team and make sure there are opportunities for parents to observe childminders in centre-based activities.
- Arrange visits to childcare providers and drop-in sessions for parents in different venues.
- Support parents through the application process.
- Strengthen parental understanding of childminding by encouraging visits to a childminder’s home and encourage parental partnership with settings through home visits.
- Communicate the programme to parents by including the value of early learning.
- Support parents who are not entitled to the two year old programme by directing families to universal services within Children’s Centres and other relevant information on childcare.
- Arrange and host training, for example “Parent Champions”, to help engage “hard to reach” families.

As you know, contrary to popular belief not all Children’s Centres provide childcare directly on site. Indeed, “phase 3” Centres were never intended to. For “phase 1” and “phase 2” Centres, the decision about whether or not to directly provide daycare is one for local authorities, since they gained the power of local decision-making on this in 2011.

⁴⁹ All Party Parliamentary Group on Sure Start Children’s Centres (2013). *Best Practice for a Sure Start: The Way Forward for Children’s Centres* p. 17

The latest figures from the Department for Education suggest that a total of 550 Children's Centres provided full day care on site in 2011. This represents a fall from 800 Centres in 2010, and from a peak of 1,000 Centres in 2009 and 2008.⁵⁰

This highlights the reality that in many areas Children's Centres will not play a direct delivery role in providing the early learning and childcare. Some commentators have asked whether Children's Centres should open "two year old childcare rooms" but this does not offer a genuine solution given children need to be able to progress within a setting utilising the free entitlement for three and four year olds.

We do believe there is scope for local authorities that took decisions to close childcare in Children's Centres in their area to review these decisions in light of rising child populations; increasing pressure on parents to enter the labour market or increase their hours to counteract rising prices; and the introduction of the ELTYO programme. In some cases decisions were made to close childcare which was requiring heavy subsidy by the local authority—which could no longer be afforded. 4Children has advocated for some time that before closing settings in Centres local authorities should work with voluntary sector providers such as 4Children to establish whether or not it is viable for the childcare to be run without subsidy, beyond the free entitlement. 4Children runs nurseries in Children's Centres, including where the Centre is run by the local authority, in just this way in several areas of England. We believe it would be beneficial for the Committee to consider recommending that more local authorities consider this.

Even where they do not provide childcare directly, Children's Centres still have a significant role. The Department for Education's "*Evaluation of Children's Centres in England*" research shows that Children's Centres play a key role in supporting childminders with 76% offering childminder drop-ins and 66% undertaking childminder development.⁵¹ In many areas Children's Centres have run "childminder networks" which were aimed at providing support, training and quality assurance in local areas. Ofsted have been clear of the positive role Children's Centres can play in ensuring that childcare is of a high quality, stating that:

Our evidence suggests that the quality of early years provision that is directly linked to Children's Centres is better overall than the quality of early years provisions without such an association.⁵²

In many areas childminders will be vital both in ensuring sufficient capacity and in meeting parental choice for the ELTYO entitlement. Recommendations from the Committee that recognise this, and the role that Centres can play in facilitating this and supporting quality, will be warmly welcomed.

Finally, Ministers, Shadow Ministers and the Committee have asked whether or not parents should be expected to engage in some particular forms of activity "in return" for the free early learning offer. 4Children is not convinced that a compulsory approach would be the right one and indeed it could dissuade parents from taking up the offer, to the detriment of their children. Where lone parents are claiming Income Support, conditionality of the benefit claim already exists and to duplicate that is unnecessary. It would also be inconsistent to require parents of two year olds to undertake specific activities whilst no such system exists for parents of three and four year olds.

Instead we would advocate that a really proactive offer of support—be that return to work support, parenting support, or whatever form of help would be appropriate to the individual—goes hand in hand with the offer of an early learning place. This support should be delivered through Children's Centres, whether the childcare place is there or not.

CONCLUSION

During the oral evidence session on Wednesday 26th June, the Committee's first question was whether the money that is being used to fund the extension of the ELTYO programme to 40% of disadvantaged two year olds from September 2014 could be better spent. However, as made clear throughout this submission, in our view the Committee's central concern should not be on shifting funding from one initiative to another, but instead on ensuring that existing programmes are integrated to the greatest extent possible. This is the key to achieving the best outcomes for children and families.

Over the years, significant amounts have rightly been spent on early years and childcare provision, but effective co-ordination between programmes is what, at times, has been missing. There are excellent examples of good practice in co-ordinating activities and interventions for young children in certain areas, but the focus now needs to be on replicating this across the country. If this can be realised, and the various strands of support brought together into a single thread, it will enable us to maximise the value of the resources we already have in place. A great deal of time and investment has gone into building these services, and it would not only be wrong, but also completely unnecessary, to undo all this when solutions exist for strengthening them. We hope that the Committee will recognise this, and strongly reflect such arguments in its final recommendations.

July 2013

⁵⁰ The Department for Education (2012). *Childcare and Early Years Providers Survey 2011*, p. 20

⁵¹ The Department for Education (2012). *Evaluation of Children's Centres in England (ECCE)—Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas*, p. 40

⁵² Ofsted (2012). *The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills: Early Years*, p. 17

Written evidence submitted by Cllr Richard Roberts, Hertfordshire County Council

The impact evidence that Richard was referring to relates to Hertfordshire County Council's achievements in trial of Payment by Results for Children's Centres.

Hertfordshire County Council took part in the trial of Payment by Results for Children's Centres carried out by the Department for Education during 2012–13.

Hertfordshire selected two nationally defined measures to attract payment:

- Breastfeeding Prevalence at six to eight weeks.
- Early Years Foundation Stage Profile—narrowing the gap between children eligible for Free School Meals (FSM) and Non-FSM children.

During 2012–13, breastfeeding prevalence at six to eight weeks in Hertfordshire increased by 0.1% from 51.6% to 51.7%

We narrowed the gap by 1% (from 24% to 23%) between the proportion of pupils achieving a good level of development in the Early Years Foundation Stage Profile (EYFSP) that are eligible for free school meals and those that are not and received a reward payment of £35,840.

Although this does not seem like a vast improvement we note that:

- 15 LAs (of the 27 in the PbR trial) selected this EYFSP measure.
- Only six achieved a reduction in the gap (including Hertfordshire) and of the nine who did not achieve a reduction some showed some very large increases or just kept the gap the same.
- Of the six LAs who achieved a reduction, one local authority achieved a reduction of 2% but all the others (including Hertfordshire) achieved a reduction of 1 percentage point.

Although success in these two measures cannot be attributed solely to the work of our Children's Centres, I believe that the direct contribution of centres, plus the improved partnership working in the early years sector facilitated by children's centres, played a large part in these improvements.

July 2013

Written evidence submitted by Neil Couling, Jobcentre Plus

THE JOBCENTRE PLUS OFFER IN CHILDREN'S CENTRES

Local agreements between Jobcentre districts and children's centres provide a valuable opportunity for DWP to channel work-focussed support and services to the most disadvantaged parents.

The Childcare Act (2006) places a duty on the Local Authority and Jobcentre Plus to consider whether each of the early childhood services they provide should be delivered through any of the children's centres in the local authority area.

The Department has in place national guidance to support districts across the network in developing their own locally-tailored partnership arrangements with individual children's centres.

The Jobcentre's key role in any such partnership is to tackle worklessness in parents, specifically those who are the most disadvantaged. This is achieved by providing access to a range of employment and labour market support services through the children's centre.

Any services to be provided will be agreed between locally between Jobcentre Plus districts and the children's centre and recorded in the partnership agreement. Examples of the type of support provided could include:

- Actively linking customers with return to work courses;
- Offering advice about CVs and support in creating a personal account on Universal Jobmatch;
- Information about jobs available in the local area;
- Advice about the Work Programme;
- Internet access via Gov.uk;
- Adviser-led group sessions offering employment advice;
- Drop-in sessions for people to allow them to consult personal advisers about the financial impact of starting work;
- Leaflets and/or posters advertising Jobcentre Plus services;
- A named personal adviser at the Jobcentre who can provide a direct contact point for parents; and
- Signposting to other services such as debt advice agencies.

THE JOBCENTRE PLUS SERVICES

Jobcentre Plus managers and advisers have access to a comprehensive flexible menu of options to enable them to make cost effective choices and provide the right support at the right time which include access to Jobcentre Plus provision, financial incentives and help with expenses, including childcare, replacement care, travel, training course costs through the Flexible Support Fund.

Personal advisers offer lone parents advice with job seeking, training opportunities, in-work benefits, tax credits and childcare options. This can include any of the following:

- A record of agreed steps towards work on an Action Plan;
- Help and support with finding suitable work and when applying for jobs;
- Advice on identifying training opportunities;
- Access to Jobcentre Plus provision, including work focused training or mentoring support through the Jobcentre Plus Support Contract;
- A calculation of how much better off a lone parent could be in work, compared to their current situation;
- Advice on financial help, benefits and tax credits when the lone parent starts work;
- Help in applying for in-work benefits and tax credits;
- Advice on identifying registered childcare options;
- Help with expenses to attend meetings, job interviews or approved training, including childcare and travel costs; and
- Continued support and advice after the lone parent has first started work.

In addition, the following financial support may be available to eligible lone parents:

- Help with childcare costs for work less than 16 hours per week through the Childcare Subsidy;
- Access to the Flexible Support Fund to remove barriers that prevents lone parents from actively engaging in looking for work or accepting a job offer.
- Help with up front childcare costs when a lone parent starts work; and
- The provision of help with childcare, a week before starting work, through the Childcare Assist initiative.

July 2013

Written evidence submitted by UNISON

1. UNISON is the UK's largest public service union and the lead union for Children's Centre staff in England, including early years staff, social workers, parental outreach workers and centre managers. We have concentrated our response on those questions directly affecting the Children's Centre workforce and their ability to deliver important services effectively. In the Department for Education 2011 Evaluation over half of staff were employed by the Centre, 28% by other organisations and volunteers were 18% of staff.

The new Core Purpose of Sure Start children's centres, how this has evolved and is different from the original design and purpose of Sure Start

2. UNISON members working in Centres have mixed views about the evolution of Sure Start from a well funded first wave concentrating on areas of deprivation to later waves with a broader and more varied offer of services and a greater social mix of service users. Some believe that the focus on deprivation is paramount to success and others that more universal provision helps build community cohesion and aspiration. The two are not mutually exclusive.

3. The removal of the requirement for Children's Centres to provide childcare has damaged centres and reduced participation across a range of services. The DfE Early Years Providers Survey published in September 2012 found that the number of staff working in childcare in children's centres fell by 22% in 2010. Staff report that the childcare element of the offer was often the gateway to families, and particularly disadvantaged families, using the other services offered by the children's centre. We believe this policy change has severely affected the scope and effectiveness of services offered by Sure Start Children's Centres.

The effectiveness and impact of Sure Start children's centres to date, including the role of Ofsted inspections

4. In the 2009 UNISON survey of Children Centre staff, 96% of staff believed that children's centres had improved services to children and that children's centres were making a difference in improving children's lives and future life chances.

5. As one family support worker says,

“I think Children’s Centres make sense. There has always been talk of integrated working and sharing information but it has never actually been put into practice until now! The Centres are paramount in leading the way in integrated working and sharing information. We have to stop working in isolation as professionals and working together really does benefit families and children. By bringing experts together in one place it allows families and children to get real long term solutions that can break the cycle and give them confidence and choices. It raises aspirations and drives parents to want more and feel worthwhile too. I believe that we are at the beginning and there is so much more we can still do to make our services stronger. But the key is definitely working together with as many professionals as possible.”

6. When asked about examples of effective working practice, typical comments included:

“We can share information easily and involve other agencies in our group work to provide further support for families. Other agencies gain a greater understanding of the work we do and can signpost families to our services. We can refer families for further support by using our close relationships with Family Support Workers. It works really well to join up our working with workers who we have built relationships with and to appreciate each other’s work.”

“We have regular sessions and contact with the speech and language therapists attached to our centre. This has led to several children being referred for speech and language therapy much earlier than I have experience of when I was working in a day nursery. This early intervention has a positive impact on the children’s development.”

“We have helped people into training and in looking for work. As well as identifying opportunities for volunteering which then gives them the confidence to take up work. Health Services taking place in children’s centres have helped families to use other services.”

“We’ve taken a lot of stick about not improving ‘outcomes’, but a scheme like this takes time to be effective. I think it works—families from areas perceived as ‘better’ are clamouring for our services, but sometimes it’s difficult to engage with those that need the services most, but that’s why we’re here. I hope we can keep going and prove the critics wrong.”

The range of services and activities provided at Sure Start children’s centres, and their desired outcomes, and whether/how these differ from family centres, early Sure Start local programmes and early years settings

7. We believe that the childcare offer is key to the success of the Sure Start centres and contributes to successful outcomes, particularly in areas of deprivation where there may not be much other high quality child care provision. In children’s centres 96% of staff do have the relevant childcare qualification.

How to strengthen integrated working between health, social care and education as part of a multi-agency early help offer, including how to improve information-sharing and the proposal for children’s centres to have access to a “named social worker”

8. A UNISON survey of children’s centre staff in 2009 showed enormous support for the integrated working in the centre but went on to look at wider individual partnerships. Staff surveyed believed that children’s centres are working most effectively with health services, where 73% of staff believe they are working either effectively or very effectively. However, with schools and the voluntary sector this percentage dropped to 40% and 37% respectively.

9. When asked about their experience of working with partners, comments included:

“Whilst there is still work to do, the centres have made links with health colleagues especially health visitors and midwives; the private, voluntary and independent sector providers such as day care providers and those offering other support services. There is also more LA inter-departmental working happening rather than working in silos.”

“Working alongside health professionals has improved communication and understanding of roles. This has increased referrals between agencies and openness and communication.”

“We have co located early years, integrated services team, health visitors, midwives, social care colleagues and Child and Adolescent Mental Health Services workers. All being located in the same offices has made joined up working for families much easier and smoother.”

“Many parents are coming into the Centre to use the joined up services between health and Children’s Centre. These early services have brought some of the hard to reach families that have then continued to attend other groups. Children Centre’s are ice breakers and give confidence to parents about attending.”

“I think the joined up working between Health Visitors has improved vastly. I also feel that taking health services out of traditional venues and putting them into Children’s Centres has meant parents can access support from one convenient venue.”

“I work as a Psychologist in the Child and Adolescent Mental Health Service, and there is a service level agreement for my two days working at the Children’s Centre. This has enabled a really useful

link between the two services for advice, consultation, supervision, effective referrals and sharing specialist knowledge.”

“It has taken some time to get there but I feel that we have finally got a much more joined up service at point of delivery for families with under-fives.”

10. The pressure on local authority budgets means that child care provision is often the part of the multi-service offer that is most vulnerable to cuts. Even before cuts and localisation UNISON had pointed out in our October 2009 submission to the Committee that childcare staff were often by far the lowest paid staff in the Centre and that the specialist childcare setting supervisor would be on about half the pay of the teacher (based on average pay rates from the Labour Force Survey). Teachers are also generally contracted to work only 39 weeks a year, less than their colleagues from the NHS, social work and childcare professions.

11. We also believe that leadership of children’s centres should be open to a range of children’s workforce professionals and not just those with an education background.

How the overall level and quality of provision is being affected by moves to local funding.

12. The Sure Start model was designed on having high quality service provision in areas of deprivation which would attract high quality and committed staff.

13. In 2010–11 40% of Children’s Centres reported making cuts to provision in the Department for Education (DFE) Evaluation of Children’s Centres in England (ECCE) Strand 1 survey of Children’s Centre leaders in the most deprived areas. Forty six different types of service were found in Centres taking part in the survey in 2011, reflecting their mission to tailor local services to local need.

14. The DFE 2011 Survey of Childcare and Early Years Providers confirms that “staff working in full day care settings based in children’s centres earned more per hour than staff at other childcare providers, earning an average of £11.30 per hour in 2011. This was followed by staff in holiday clubs and after school clubs, who earned £8.20 on average. Staff in sessional providers earned £7.90 per hour and full day care staff earned £7.80 per hour in 2011”.

15. The Survey also confirms the DFE view about the benefits of quality provision:

“There is strong evidence showing that early education has a positive effect on children’s social and cognitive development only if it meets certain quality standards, but some providers still operate below these standards. The quality of staff, and in particular their qualification levels, is strongly associated with good quality provision, hence the Government’s commitment to improve the quality of the early years workforce.”

16. Since 2010, however, there have been cuts in Children’s Centre provision, or charges introduced, and removal of childcare provision as a result of moves to local funding though some local authorities have sought to protect children centres in the first wave of annual cuts.

17. The DFE 2011 Childcare and early years providers survey (page 23) confirms:

“It should, however, be noted that the number of full day care settings based specifically in children’s centres decreased by 31% in 2011 and the number of such settings now stands at 550 (a 45% decline from the peak of 1,000 that was seen in 2009).”

18. According to the DFE survey (page 43) the number of places of full day care in children’s centres in the 30% most deprived areas has fallen from 38,200 in 2007 to 20,000 in 2011.

19. It has also been a retrograde step to remove the requirement to have a qualified teacher (though not necessarily one with specialist early years training) in every centre and in some centres this is now no longer the case due to funding cuts.

20. This is confirmed by the 4Children charity in their 2012 Census published in July; 20% cut in qualified staff, 20% cut in childcare staff numbers and about half of all centres reporting a rise in the use of volunteers.

21. The other conclusions from the Census were:

- Whilst 60% of Sure Start Centres stated they were coping with significant budget reductions, 15% of centres indicated that they are currently struggling whilst a massive 50% of centres said that their finances were less sustainable;
- Although many centres are providing more services, they are becoming more reliant on charging with over 20% of centres charging for services that were formerly free;
- Sure Start Children’s Centres continue to be a pivotal service for those that need them most, but this has sometimes come at the expense of universal services; services which are often crucial for bridging class barriers and cultures within the community;
- 55% no longer provide any onsite childcare. This appears to have had a knock-on effect in some centres as 50% of respondents claimed that they were being oversubscribed.

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- In 2011 the duty upon centres in deprived areas to provide childcare was removed. Our census shows that they have seen some reduction in full-time childcare places. We are concerned about the long term impact of the removal of the duty and the potential for this supply to reduce further. Provision of good quality affordable childcare needs to increase and children's centres should be part of this. We are also concerned that whilst some children's centres have continued to provide childcare they are providing fewer places—of the 43% of centres providing full time childcare places 30% provide less than 50 places.

(source: 4Children 2012 Census of Children's Centres, July 2012).

22. Quality is also under pressure where services are passed from the local authority to the Private and Voluntary sector providers, with less grant money, as this inevitably means that lower pay, pension, sick pay, holidays and conditions for staff are on offer and there are greater difficulties in recruiting and retaining staff.

23. There are concerns for funding in the future too in addition to general austerity measures as the Government has announced changes to the Early Intervention Grant (EIG) which replaced a variety of grants including the Sure Start grant. The changes are linked to the expansion of the offer of early education for disadvantaged two year olds and the Business Rates Retention consultation. The EIG two year old money will be put in the ring fenced Dedicated Schools Grant with the three year old and four year old money—a reduction of 27% in non ring fenced funding which will create pressure on other services. Other EIG monies will be transferred into general non ring fenced Local Authority funds and the DFE will hold £150 million back for each of next two financial years for central spending. Children's Centres funding is particularly vulnerable as a result of these changes.

December 2012

Written evidence submitted by the Department for Education

INTRODUCTION

1. Sure Start Children's Centres support families with young children. The Coalition Government wants to improve outcomes for young children and their families, particularly the most vulnerable families. A system of integrated, joined up services is key to achieving this.

2. Local centres can act as a universal "front door" offering services to all. However, evaluations show that local authorities can do more to demonstrate a tangible improvement in child development outcomes for the most disadvantaged children. The Government's reform programme is therefore focused on:

- better linking across initiatives and between government departments to support disadvantaged families and children;
- encouraging greater use of evidence-based interventions, so families and taxpayers can have confidence that the services delivered via children's centres are those which will have the greatest impact and reach the neediest children and families; and
- better accountability and transparency, so it is clear whether outcomes have been improved.

3. The Government has moved away from a centrally prescribed Sure Start model and introduced greater freedoms for local authorities to organise services locally. Sufficiency is as much about making appropriate and integrated services available, as it is about providing premises⁵³. Local authorities should ensure that services are accessible to all families with young children in their area and they must ensure there is consultation⁵⁴ before making significant changes to the range and nature of services provided.

Evidence based intervention

4. Since it came to office in 2010 the Government has:

- (a) committed to recruiting an additional 4,200 health visitors by 2015 and developing health visiting services to drive up health outcomes and reduce inequalities;
- (b) improved integration with health services through better links between children's centres and health visitors, and the piloting of an integrated review for children at age two to two and-a-half;
- (c) encouraged all children's centres to have access to a named social worker to manage risk and take appropriate child protection action where necessary; and
- (d) explored and developed the evidence base for effective outreach and family support delivered from children's centres.

⁵³ New provisions were inserted into the Act by the Apprenticeships, Skills, Children and Learning Act (ASCL) 2009. www.legislation.gov.uk

⁵⁴ Section 5D of the Act.

Leadership of a qualified workforce

5. Evidence shows that the quality of leadership in a setting is a key factor in the overall quality of experience for children in that provision. The Government will shortly be responding to Professor Nutbrown's Review of Early Years qualifications. This response will set out plans to improve capacity and quality, including the quality of leadership, in the Early Years workforce.

Reformed accountability framework

6. In order to improve accountability and transparency, the Government has:

- (a) ensured there is enough funding to enable local authorities to have sufficient children's centres to meet local need and to contribute to their core purpose of:
 - reducing inequalities in child development and school readiness;
 - improving parenting aspirations, self esteem and parenting skills; and
 - improving child and family health and life chances;
- (b) reformed the funding and accountability framework to give greater freedom to local authorities whilst improving the focus on the outcomes it wants to achieve;
- (c) introduced the trial of payment by results in twenty-seven local authorities with the intention of ensuring that children's centres and local authorities are rewarded for real improvements in measurable outcomes for children;
- (d) consulted on slimmed down and revised Sure Start statutory guidance which removes many of the expectations set by the previous Government and focuses much more clearly on local authority duties and how those duties help to achieve the core purpose of improving outcomes;
- (e) improved the transparency of services to vulnerable children to improve accountability;
- (f) worked with Ofsted who are revising the current inspection framework to reflect the reality of how local authorities are organising their children's centres to focus on the most vulnerable.

7. In that context, the Government welcomes the Committee's interest in this area. The Committee identified nine areas where evidence was particularly welcome. These are dealt with in turn below.

1. The new Core Purpose of Sure Start Children's Centres, how this has evolved and is different from the original design and purpose of Sure Start

8. When the network of children's centres was first established, the original concept of a "full core offer" which was a list of services a children's centre should provide, played an important role in helping to shape and define a children's centre. However, the Coalition Government was concerned to make services for disadvantaged children more outcome focused and has replaced the list of core services with a clear statement of outcomes related to the core purpose of children's centres.

9. The core purpose of Sure Start Children's Centres was developed to replace the Sure Start Children's Centre "Core Offer". The core purpose is intended to provide a greater scope for local authorities and children's centres to better respond to local need, helping to take Sure Start back to its original purpose of early intervention. It contributes to local authorities fulfilling their wider duty to improve the well-being of young children in their area and to reduce inequalities (section 1 of the Childcare Act 2006).

10. Consultation in 2011 showed there was strong support for the clearer focus on outcomes. 81% of respondents agreed that a move towards a more outcomes-focused approach would allow local areas to respond more flexibly to local needs. 91% agreed that children's centres should help to improve outcomes for young children and their families, with a particular focus on the most disadvantaged, so that children are equipped for life and ready for school, no matter what their background or family circumstances.

2. The effectiveness and impact of Sure Start Children's Centres to date, including the role of Ofsted inspections

11. The National Evaluation of Sure Start (NESS)⁵⁵, the study of early Sure Start local programmes, found that Sure Start has had some significant positive effects on family life in programme areas. It also showed it reached some of the most deprived mothers and improved their life satisfaction, though any positive impacts on the educational or social development, or health, of children in those areas were no longer noticeable at age seven.

⁵⁵ National Evaluation of Sure Start (NESS), first commissioned in 2001. Reports can be found on the National Evaluation of Sure Start website—<http://www.ness.bbk.ac.uk/>

12. The final NESS report⁵⁶, published in June 2012, emphasised that since the early days of the programme Sure Start has evolved considerably in response to research findings and both internal and external feedback. It identified a series of positive impacts. Mothers in Sure Start Local Programme (SSLP) areas, for example, said they:

- engaged in less harsh discipline;
- provided a more stimulating learning environment for their children; and
- provided a less chaotic home environment for boys.

The final report, however, concluded that, at age seven, there were no identifiable or consistent differences in terms of child educational, social—behavioural or child health outcomes, between children in SSLP areas and those not served by a programme.

13. The effectiveness of children’s centres is now being measured through the Evaluation of Children’s Centres in England (ECCE) project⁵⁷ commissioned in June 2011. The first report from the evaluation, based on a survey of centre leaders, was published in July 2012. It noted that services with the highest number of users were early learning and childcare, and “stay and play” programmes. It recorded 46 different types of services and programmes as offered by centres, with a high proportion of the latter now using outcomes data to monitor their own impact.

14. The main ECCE report examining impact of different models of children centres on the outcomes of children and families in deprived areas is due June 2015. The evaluation will finish in December 2017 with a report examining the cohort’s Early Years Foundation Stage results to assess any longer term educational benefits of children’s centre attendance.

15. Since inspections began in 2010, Ofsted reports have been an increasingly useful source of information about the effectiveness of individual children’s centres, though they do not provide a rigorous assessment of overall impact. At June 2012, of over 1,380 centres inspected, Ofsted have judged 69% as good or outstanding for overall effectiveness, with almost all, 98%, rated at least as satisfactory. More particularly, 87% of centres inspected were judged as good or outstanding in the quality of the care, guidance and support they offered to families.

3. The range of services and activities provided at Sure Start Children’s Centres, and their desired outcomes, and whether/how these differ from family centres, early Sure Start local programmes and early years settings

16. Sure Start Local Programmes (SSLPs) were consciously experimental and were encouraged to develop their own approaches with their local communities. Drawing on knowledge generated by the SSLPs, the Government moved in 2003 towards a national programme of Sure Start Children’s Centres making a core offer of services for children under five and their families. Further evaluation evidence in 2005 suggested that the early programmes had failed to reach the most vulnerable families effectively, and had even had a negative impact on children from more at risk groups—children of teenage mothers, lone parents and those in workless households. The evaluation also prompted the introduction of practice and statutory guidance to introduce a more evidence-based approach to service delivery that emphasised the importance of effective outreach and the reduction of stigma in using children’s centres.

17. Legislation requires that children’s centres provide access to early childhood services as defined in section 2 of the Childcare Act 2006. Children’s centres act as hubs of early childhood services which, when integrated together are more effective than when delivered separately. The legal definition of early childhood services includes early education and childcare, but goes well beyond this to include: social services functions; health services; training and employment services for parents; and, information and advice for families.

18. The “core purpose” of children’s centres, introduced by the Coalition Government, has marked the shift from the “top down” prescriptive list of services that were provided in the early Sure Start programmes, to a focus on better outcomes for young children delivered by services responsive to the needs and demands of the local community. The most common services provided by children’s centres include “Stay and Play”, home-based family services parenting classes and breast feeding support.

4. How children centres compare with similar initiatives in other countries

19. Direct comparisons of children’s centres with initiatives in other countries must be made with caution due to variations in the range of services offered and the breadth of population targeted. However, there are some interesting models in other countries that reflect our aims set out for children’s centres through the outcomes framework of the core purpose.

⁵⁶ Melhuish, E *et al* (2012) The Impact of Sure Start Local Programmes on Seven Year Olds and Their Families, June 2012, DFE RR220; DCSF; HMSO. <http://www.ness.bbk.ac.uk/impact/documents/DFE-RR220.pdf>

⁵⁷ For more information on the ECCE study see: <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RB230>

20. The 2011 Organisation for Economic Co-operation and Development (OCED) report “*Starting Strong III: Early Childhood Education and Care*” outlines a variety of initiatives in other countries including Germany, Ireland, the Republic of Korea and the Netherlands that offer similar hub models of early childhood services. For example, in *Germany*, family offices are established throughout the country. Different social services are bundled in this office, and families can ask for information or consult the family offices for anything related to family life and child development. In the *Netherlands*, educational and welfare services are more regularly being integrated into broad-based schools. There are many different types of broad-based schools, but all are based on the idea of service integration. Educational facilities, recreational facilities, child care services, child health services, etc., are integrated in an area-based network or even in one multifunctional building.

21. The Australian Government is establishing 38 Early Learning and Care Centres across the country, following provision in its 2008–09 Budget. These will provide high quality and affordable integrated early learning and care in a long day setting that takes into account the specific requirements of the local community. The centres are being located, wherever possible, on school and university grounds, or other community land.

5. How to define and measure good practice in family and parenting support and outreach, including the effectiveness of the Government’s payment by results trials, and what measures of child development and school readiness might be used

22. The Payment by results (PbR) trials are exploring the potential to incentivise local authorities to focus on delivering the Core Purpose of children’s centres. Twenty seven local authorities are taking part in the trials. Trial areas are testing both a national PbR scheme between the Department for Education and local authorities, and local PbR schemes between local authorities and individual children’s centres. It is too early to take a view on the effectiveness of national or local PbR schemes or PbR measures. Performance data and reward payments will be processed in May 2013.

23. For parenting programmes the Commissioning Toolkit has helped define a good evidence-base. All of the programmes listed have been independently assessed to show that they work and are purposely designed as parenting programmes. This means that their content and activities specifically aim to improve the parent/child relationship and/or help parents manage their children’s behaviour. Since the toolkit was re-launched in April 2012 it has received an average of over 1,000 unique page views per month of the main search page alone.

24. Outreach and family support plays an important role in reaching the most vulnerable and disadvantaged families in greatest need and is most effective locally when outreach workers work in an integrated way⁵⁸, with health visitors, social workers and other early years professionals. Important new investment through Department of Health budgets to provide 4,200 extra health visitors⁵⁹, working alongside outreach and family support workers, will enable stronger links with local health services.

25. We are working with the Department of Health to introduce a single integrated review in 2015 for all children aged between two to 2½. This will combine the strongest elements of the current Healthy Child Programme review at two to 2½ and the Early Years progress check at age two—to identify the child’s progress, strengths and needs at this important age in order to promote positive outcomes in health, well-being, learning and behaviour.

26. Children are also assessed at the end⁶⁰ of the Early Years Foundation Stage (EYFS) for school readiness using the Early Years Foundation Stage Profile (EYFSP). We have introduced a new check of children’s phonic decoding knowledge at the end of Year 1. The results from this assessment can be used in conjunction with the information from the EYFSP to give an even fuller picture of “school readiness”.

6. How to increase the use of evidence-based early intervention in children centres

27. In a time of constrained resources and more local decision-making, it is important that services continue to develop a strong focus on evidence-based interventions and services.

28. The Sure Start Children’s Centre Core Purpose⁶¹ includes a renewed focus on the importance of evidence-based interventions in improving outcomes for families in greatest need. In addition to this, the department’s Business Plan⁶² commits to work with local authorities to increase the use of evidence-based interventions in children’s centres. The greater focus on increasing evidence-based early intervention is also supported by the on-going trial of payments by results (PbR) arrangements.

29. We have also commissioned a longitudinal study of children’s centres in England (ECCE) which will run to 2017. The first ECCE report, published in July 2012⁶³, showed that the majority of centres offer some forms of evidence-based early intervention programmes and services. The most common evidence-based

⁵⁸ Foundations of effective outreach—a report by the outreach system leaders. National College, 2012 unpublished.

⁵⁹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132016

⁶⁰ i.e. in the summer term of their reception year (the academic year in which they turn 5)

⁶¹ Sure Start Children’s Centre Core Purpose can be accessed via: <http://media.education.gov.uk/assets/files/pdf/s/sure%20start%20childrens%20centres%20core%20purpose.pdf>

⁶² The Department for Education Business Plan 2012–15 can be accessed via: <http://www.education.gov.uk/aboutdfe/departamentalinformation/business%20plan/a00209692/businessplan2012>

⁶³ Evaluation of Children’s Centres in England (ECCE) Strand 1: First Survey of Children’s Centre Leaders in the Most Deprived Areas, Tanner, E *et al* (July 2012) <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR230>

programmes implemented by children's centre leaders were "Incredible Years"⁶⁴, "Triple P"⁶⁵ and "Family Nurse Partnership"⁶⁶. Only 12% of those surveyed did not currently offer any evidence-based programmes.

30. A number of organisations provide information on "what works" in terms of improving outcomes for children, such as C4EO⁶⁷. In addition, we have published a range of materials to support those who commission evidence-based services, including:

- a literature review to examine the use of evidence in the commissioning of local authority children's services⁶⁸.
- the Commissioning Toolkit which lists parenting interventions developed by the National Academy of Parenting Research (NAPR).

31. An Early Intervention Foundation is currently being procured by the Department for Education.

7. *How to strengthen integrated working between health, social care and education as part of a multi-agency early help offer, including how to improve information-sharing and the proposal for children's centres to have access to a "named social worker"*

32. A shared understanding of responsibilities for providing early help is essential so that professionals across agencies take responsibility for identifying issues, providing support or referring to specialist services, where necessary. Inter-agency statutory guidance *Working Together to Safeguard Children* (2010) sets out the roles and responsibilities for agencies when safeguarding children and promoting their welfare. The guidance is being revised following a 12 week consultation exercise.

33. Local Authorities are well placed to bring together services around individual families. Research evidence indicates that parents value services that are co-ordinated, so that information is shared and does not have to be repeated several times⁶⁹.

34. An integrated approach is very important for the most vulnerable families which suffer multiple risk factors and are the groups who are extremely likely to suffer poor outcomes⁷⁰. Through Children's Centres and other outlets:

- (a) midwives⁷¹ and health visitors promote positive parenting and good parent/child relationships from the outset, and link families to wider resources available. This approach can lead to a direct reduction in young children's risk of poor outcomes⁷²;
- (b) family nurses encourage vulnerable clients to continue to use services, particularly in preparation for the end of their programme when children reach two;
- (c) family support workers and outreach teams can identify and support the most vulnerable families very early in a child's life;
- (d) professionals in adults' services including social care, the NHS, housing and jobcentre plus can "think family"⁷³ and consider what support parents might need with fulfilling their parenting role when they are addressing such issues as parental mental illness, substance misuse, past maltreatment or domestic violence.

35. Many examples of integration between health visitors and children's centres already exist (Annex A). In order to improve practice we have explored, with providers, how children's centres can maximise the opportunities for closer working with the extra 4,200 health visitors in post by April 2015⁷⁴. Key feedback includes clearly defined roles for leadership, shared targets and common incentive structures across health and education, co-location of teams, joint commissioning and training placements and improved information sharing.

36. Recent consultations on the core purpose of children's centres⁷⁵ and the Statutory Guidance for Sure Start children's centres revealed that many local authorities still struggle to get basic information from the

⁶⁴ For further information on Incredible Years see: <http://www.incredibleyears.com/>

⁶⁵ For further information on Triple P see: <http://www8.triplep.net/>

⁶⁶ For further information on Family Nurse Partnership see: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530

⁶⁷ <http://www.c4eo.org.uk/about/default.aspx>

⁶⁸ "Implementing Evidence Based Programmes in Children's Services: Key Issues for Success" Wiggins, M et al (2012). DfE Research Report DFE-RR245 <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR245%20Main%20report.pdf>

⁶⁹ Siraj-Blatchford I, Siraj-Blatchford J, (2010). *Improving development outcomes for children through effective practice in integrating early years services*. Centre for Excellence and Outcomes in Children and Young People (C4EO).

⁷⁰ Sabates, R. and Dex, S. (2012) *Multiple risk factors in young children's development* CLS Working Paper 2012/1. London: IoE Centre for Longitudinal Studies

⁷¹ Royal College of Midwives published *Reaching Out: Involving Fathers in Maternity Care* and *Top Tips for Involving Fathers in Maternity Care* (Nov 2011) to support maternity service staff with encouraging the involvement of fathers throughout pregnancy and childbirth, and into fatherhood and family life.

⁷² Matrix Evidence Ltd (2009) *Valuing Health: developing a business case for health improvement*. 2009. Available at: www.idea.gov.uk/idk/aio/15246941

⁷³ <http://www.westminster.gov.uk/workspace/assets/publications/Thinking-Family-1256302181.pdf>

⁷⁴ DH Health Visitor Delivery Partnership task and finish group report: Children's centres and health visitors: unlocking the potential to improve local services for families DH June 2012

⁷⁵ <http://media.education.gov.uk/assets/files/pdf/s/summary%20of%20consultation%20responses.pdf>

health service about live births, so that Children's Centres can let new parents know about the services they offer.

37. Effective and appropriate information sharing underpins robust integrated working⁷⁶. The Department for Education and the Department of Health, are committed⁷⁷ to working with partners to promote good practice and overcome lingering barriers to effective sharing of data and information amongst the early year's workforce.

38. Professor Eileen Munro's review of child protection highlighted the importance of "early help" and in particular the role that children's centres can play. In "Supporting Families in the Foundation Years", we set out an expectation that all children's centres will have access to a "named social worker". Many social workers already work closely with children's centres. We want to see these services working effectively together to improve outcomes for children and families, particularly those in greatest need.

39. The new Ofsted Framework for the inspection of local authority arrangements to protect children came into force in June 2012. The unannounced inspections will consider the effectiveness of early identification and help for children, young people, their families and carers. In addition, a multi-inspectorate framework for the inspection of child protection services is expected to be in place during 2013–14. Ofsted, the Care Quality Commission, HMI Probation, HMI Prisons, and HMI Crown Prosecution Service Inspectorate are all committed to exploring how they can best use their resources and powers as inspectorates to build an effective joint inspection framework to evaluate the multi-agency arrangements for the help and protection of children.

8. How to increase the involvement of families (especially fathers, disadvantaged families, minority ethnic groups and families of children with SEN and disabled children) in the running of children's centres and in their regular activities

40. Collaborative working with parents is a key principle of children's centres and we are committed to finding new ways to involve families and communities in children's centres. We would like to see the best children's centres acting as genuine community hubs helping to build social capital and cohesion.

41. Many mothers and fathers already directly contribute to the running of their centres through volunteering. In 2011, 4Children carried out a survey⁷⁸ of 181 children's centres on behalf of Family Lives, which found that 87% of them were using volunteers.

42. As part of our strategy to engage more men and fathers as volunteers in children's centres, we are funding the Day Care Trust⁷⁹ to increase volunteering in children's centres and childcare settings, including looking at ways of increasing participation of fathers and grandfathers⁸⁰. Good practice will be disseminated by the Day Care Trust through briefing sheets to be published on their website and promoted at their annual conference.

43. In addition, local authorities have a duty to make sure all children's centres have an advisory board; and that the membership of advisory boards includes parents and prospective parents from the local authority area. The Department has consulted on revised statutory guidance on Sure Start Children's Centres, which suggests that if certain groups are unwilling or unable to represent their own views by joining an Advisory Board, the children's centre should ensure these families have other opportunities to make their views heard, for example, through using outreach support networks or parent forums.

44. In order to highlight further opportunities for parents and communities to get more involved in all aspects of centre delivery, including running children's centres and children's centre services, the Department for Education published a discussion paper on increasing parental and community involvement in children's centres in May 2012. The paper invited expressions of interest from groups of parents or groups of children's centre staff and parents to set up their own community bodies to bid to run whole children's centres or children's centre services. Ten groups began participating in the project in October 2012. The Department has contracted with 4Children to provide advice and support to groups and help them develop their proposals.

9. How the overall level and quality of provision is being affected by moves to local funding

45. The Government believes it is for local authorities to decide how best to allocate their funding, in consultation with their local communities. Funding for children's centres has been devolved to local authorities since 2004. In April 2011 the Sure Start funding ring-fence was removed and the Early Intervention Grant (EIG) was introduced. Removing the ring-fence has given local authorities flexibility to use their resources to support vulnerable children and families in ways which make most sense locally to meet local needs. From 2013–14, the Early Intervention Grant will roll in to the Business Rates Retention (BRR) system, the new local government finance system. As the EIG is already a non-ringfenced grant, the transfer to the BRR does not

⁷⁶ <https://www.education.gov.uk/publications/standard/Integratedworking/Page1/DCSF-00301-2010>

⁷⁷ *Supporting Families in the Foundation Years*.

⁷⁸ Volunteering in Children's Centres, Family Lives and 4Children: http://familylives.org.uk/docs/children's_centre_report_2011.pdf

⁷⁹ through the Voluntary and Community Sector Grants process.

⁸⁰ Lloyd, N., O'Brien, M, Lewis, C. (2003) Fathers in Sure Start local programmes, NESS Research Report 04; DfES; HMSO.

change the flexibility local authorities have to use the funding as they think best, including targeting support for the most disadvantaged families.

46. Nationally, there has been a small net reduction in children's centre numbers but according to local authorities, only 19 outright closures to September 2012, since April 2010. (*Source: Sure Start-On Database—September 2012*⁸¹) Most of the reduction is accounted for by some local authorities reorganising and merging a number of their children's centres. We believe that the sufficiency of children's centres is as much about making appropriate and integrated services available, taking account of the core purpose, as it is about providing premises in particular geographical areas.

47. In terms of the quality of provision, Ofsted inspection of children's centres is relatively new with the first inspections taking place in 2010. The recently published "*Ofsted Statistical release—Children's centre inspections and outcomes*" (*status: provisional*) shows that of 151 children's centres inspected between 1 April 2012 and 30 June 2012, 70% were judged good or outstanding for overall effectiveness. This is an increase of four percentage points from the proportion judged good or outstanding in the previous quarter and is the highest percentage of children's centres judged good or outstanding since the 1 January to 31 March 2011 quarter.

December 2012

Further written evidence submitted by Department for Education (Annex A)

EXAMPLES OF INTEGRATED DELIVERY OF SERVICES IN SURE START CHILDREN'S CENTRES

Case study 1 East Lancashire Health Coordinator Team—joint commissioned model East Lancashire

This is an example of a Primary Care Trust commissioning support to all the 26 children's centres in its area. A team of four health coordinators based within Lancashire Care NHS Foundation Trust acts as the bridge between all mainstream health services, the children's centres and well-being providers. Each coordinator covers a locality, and leads across the whole area on specific topics, such as healthy eating.

They provide mentorship on health development plans as well as training and support to centres to ensure that health activities are evidence based and delivered to high quality standards.

OUTCOMES:

- They have led on specific projects, such as a dental access scheme which enables children's centres to make a child's first appointment with a dentist—this has increased the take-up of dentistry in the early years and generated over 7,000 new dental attendances. Vitamin D is distributed by all children's centres—important in an area with a high Asian population and a growing problem with Vitamin D deficiency. Uptake of vitamin D has shown a significant increase from 300 units per annum to 18,000 per annum within two years of the scheme starting.
- There is also an emotional health team, comprising Infant Mental Health Workers and Drug and Alcohol Workers. This plugs the gap between universal and specialist services. Outcomes are that 60% of those completing targeted work with the team are subsequently managed back into universal provision.

Case study 2 Training cascade model, Luton

Three midwives have been seconded to Luton Children's Centres to provide evidence based antenatal classes based on Birth & Beyond five themes (Barlow, 2010). Sessions are delivered to couples from 28 weeks of pregnancy and run over five consecutive weeks in Luton's Children's Centres, offering localised, universal provision and access for vulnerable groups. Each session is two hours long co-facilitated by CC Midwives and CC Co-ordinators or Family workers. The co-facilitated approach provides support to CC staff to build confidence and expertise in delivery of sections of the programme. Running the course within Children's Centres provides an early introduction to CC services, and once parents have completed the sessions they are encouraged to integrate with Children's Centre activities such as Bumps & Babies groups or adult education. Once their babies are born a further "week six" session is offered, a return to a Baby Babble or Baby group within the Children's Centre to all meet at a reunion. This gives opportunity for CC Midwives to gain feedback on the content of the previous sessions and outcomes, and for parents to further develop a relationship with the Children's Centre. Week six sessions vary according to each Centre, for example CC Dietitians may attend to give information on weaning. Follow up visits are also offered for debriefing of labour events and to gain information on key public health targets such as Breastfeeding. In order to ensure sustainability of the project CC midwives are training the Community Midwifery team to deliver sessions 1 & 2, the health visiting team to deliver session 3, and the infant feeding team to deliver session 4. Sessions 5 & 6 will be delivered by Children's Centre outreach workers. It is expected that once staff are confident in the delivery of the programme the sessions will become part of their everyday workload, and no longer a bespoke project.

⁸¹ The public can see a list of all the children's centres in England, including the total number of centres on Directgov (soon to become Gov.uk from 17 October). The information is taken from the Sure Start-On Database and its accuracy is dependent on local authorities keeping the database up to date.

 PROMOTING INTEGRATED PRACTICE

Case study 3 Integrated working between a health visiting team and a children's centre The Chai Centre, Burnley

This is an example about two teams, a health visiting team and a children's centre team, working together. The two teams share an office and co-location makes communication easier. To step across an office and talk to someone is simple, leaving messages which are returned when you are out is a laborious process.

Sharing records was a major hurdle. It took time and training to get this right, but the result is one set of records for each child.

The teams developed an enhanced version of the Healthy Child Programme, with every family receiving 12 core home visits in the first three years of life. These are enhanced by bespoke packages of care being jointly delivered to families with assessed additional needs.

Health visitors and children's centre workers do some joint visits, particularly where the issues are more complex. Where children's centre workers provide family support, the health visitor is always fully informed and provide on-going guidance and support to the worker.

OUTCOMES:

- Safeguarding issues are less likely to fall through a gap and problems are spotted sooner for early intervention
- Common Assessment Framework's (CAFs) are completed holistically and efficiently with Teams around the Child/Family meetings being hosted jointly.
- Health visitors have helped children's centre staff develop their skills and the children's centre team has helped health visitors by delivering on-going support to lower level families and working effectively in an ethnically diverse area.
- The intensive outreach programme led to a dramatic increase in families accessing services at the centre and very high levels of engagement are maintained.
- Integrated working has allowed the teams to use the mix of skills effectively—families are supported by the worker with the right skills and knowledge for them, freeing health visitors to concentrate on the most complex issues.

Case study 4 County-wide health initiatives Lancashire County Council

Lancashire County Council has worked strategically with the three PCT's and children's centres. Early Notification is a simple system for engaging families with their children's centre at the earliest opportunity. Midwives routinely ask pregnant women for consent to share their details with children's centres. The children's centres then make contact to offer whatever support is needed, for example helping to sort out housing problems before the baby is born. There are processes in place to minimise the risk of centres contacting a family who has lost a baby.

From "Bump to Birth and Beyond" is a standardised six week ante-natal programme, delivered by children's centres with input from health visitors and midwives.

OUTCOMES:

- The impact of a coherent strategy to develop health through children's centres is demonstrated by Ofsted judgments for the health outcomes, which are well above the national averages (Ofsted, 2011).

INTEGRATED PRACTICE: THE OPPORTUNITIES

Case study 5 Health visitors integrated into a children's centre

Bowthorpe, West Earlham and Costessey Children's Centres

This is an example of *formal integration*. The health visiting team is fully integrated within the children's centre and managed by the Centre Leader, who is a social worker.

Integration is supported by shared processes, policies and protocols including the child health record keeping system, which is also shared with GPs. Ofsted singled this centre out as a model of *good practice for partnership with GP's*, who are a vital part of ensuring family health and well-being but have often felt cut off from children's centres. The Centre is currently working with a local GP practice to pilot the East of England Strategic Health Authority System 1 Safeguarding Template prior to roll out across the whole of NCH&C's Children's Services in autumn 2012.

OUTCOMES:

- Children, parents and families who are most likely to benefit from additional or intensive support are often first identified in the context of the universal health visiting service, then offered the most appropriate package of support through the multi-disciplinary team—as in the previous example, this contributes to high levels of contact with local children and families.
- The whole team is trained in the Solihull Approach, so there is a coherent approach, and a strong, shared language which has enabled a freeing up of roles, a shared professional identity and created the ability to challenge others, and change and create thinking and practice.
- The centre was judged outstanding by Ofsted.
- NCH&C took on lead agency responsibilities for an additional number of Norfolk Children's Centres in July 2012 and the integrated model of Bowthorpe Centre will be used as a template for the future development of these centres. As a health led centre it is planned to increase the remit of centres by the co-location and integration of our specialist children's centres alongside universal provision.

Case study 6 Health visitor led children's centres

Brighton and Hove, children's centres

This is an example of full integration of health and children's centres across a local authority. In Brighton and Hove, Children's Centres are managed as a city-wide service, led by three Neighbourhood Sure Start Service Managers, two with health visitor backgrounds and one from social work. The entire health visiting service for the city has been seconded into the Council through a Section 75 agreement and work as an integral part of the Children's Centre service.

The integrated children's centre teams are led by health visitors who supervise out-reach workers. In addition there are specialist city wide teams offering specific support, for example breastfeeding coordinators to encourage initiation and sustain breastfeeding in areas of the city where this is low. Traveller and asylum seeker families are supported by a specialist health visitor and early years' visitor post. Teenage parents are supported by named health visitors at each Children's Centre and early years' visitors.

OUTCOMES:

- This model has delivered value for money, transparent and effective use of resources, and safe evidenced-based health care delivery. The impact is demonstrated through improvements in breastfeeding rates, obesity rates in reception and a sharp rise in the percentage of children living in the most disadvantaged areas who achieve a good Early Years Foundation Stage Profile score—from 33% in 2008 to 55% in 2011. Key development include focussing support on the most disadvantaged families and increasing the use of evidence based programmes including Family Nurse Partnership which will start in the autumn. The most recent Children's Centre to be inspected by Ofsted was judged to be outstanding in every area and it noted that the health-led model plays a fundamental part in streamlining services and integrating provision. Ante-natal and post-natal services are delivered directly from the centre. As a result, the centre reaches 100% of children aged under five years living in the area. Highly effective intervention by the centre's health partners has made an impressive impact on children's welfare and family well-being.

ADDRESSING BARRIERS TO INFORMATION SHARING

Case study 7 Example Health Visitor Early Implementer Site

Warwickshire

Birth data is shared using the "first visit" form that health visitors complete at the first baby review. On this form the parents give consent to share: the *birth date*; *name*; and *address* with *local children's centres*. The Child Health department enters the data on the *appropriate system* and each month an *encrypted* list is sent to the *data lead in the local authority*, who then *sends this out to all appropriate children's centres*. The children's centres then send a "welcome" card with details of all the children's centres' activities to families. Children's centres have agreed not to visit families *unless* a referral for services has been made—or the parents get back to the children's centres and register for services. As an extra check, midwives and health visitors ask parents to register at children's centres. The Trust also informs children's centres about the total number of babies that have been born each month so that they can gauge the numbers of families *not registering* in their reach area.

Other information is given to Child Health from the maternity units from the 20 week scan—to inform of the total number of pregnant women in the area. This info at the moment is not shared with the CC unless again the parents-to-be require additional services and have registered with the CC.

December 2012

Written evidence submitted by Local Government Association (LGA)

INTRODUCTION

The Local Government Association (LGA) is here to support, promote and improve local government.

We will fight local government's corner and support local authorities through challenging times by focusing on our top two priorities:

- representing and advocating for local government and making the case for greater devolution
- helping local authorities tackle their challenges and take advantage of new opportunities to deliver better value for money services.

This evidence is not limited to the questions raised in the Education Select Committee's call for evidence and represents the LGA's wider views on the issues raised in the inquiry which affect local government.

SUMMARY

1. The LGA is deeply concerned that the Government plans to hold back £150 million of the Early Intervention Grant from local authorities in each of 2013–14 and 2014–15 for unspecified purposes. This is equivalent to withdrawing funding for hundreds of children's centres.

2. Councils will now face significant additional cost pressures and it is imperative that any current discussion around children's centres must take into account the context of the wider funding landscape.

3. There is no one-size-fits-all model for the provision of local children's centres. Local government must be given the freedom to respond to local needs in the most effective way, within the resources available to them.

4. We welcome the new targeted approach set out in the core purpose of the draft children's centre statutory guidance (consulted on this summer) of focusing on families in greatest need of support to reduce inequalities. This will equip councils with the ability to target local resources in the most cost effective way when responding to local needs.

5. Local areas need to be able to deploy programmes and approaches which will work locally, rather than being told to use programmes defined and evaluated elsewhere. Councils want to make best use of evidence but need flexibility to fit solutions to local needs.

How overall provision will be affected by moves to local funding

6. In the last Spending Review the Government funding to councils for non-educational children's services, such as children's centres, was put into the Early Intervention Grant (EIG). Following the changes as a result of the last Comprehensive Spending Review the LGA estimated that the EIG represented a 32% cut when compared to the funding streams it replaced. Overall reductions in local government's budget were 28% over the spending review period.

7. Furthermore, as part of the technical consultation on business rates, the Government is proposing the Department for Education (DfE) retains £150 million in each of 2013–14 and 2014–15 for "central purposes". This holdback is equivalent to withdrawing funding for hundreds of children's centres. This means that non-ring fenced resources will fall by 27%. The Government has provided no justification for this arbitrary reduction in the local government settlement, as announced in Spending Review 2010, nor has it offered any explanation for how the money withheld will be utilised.

8. When the Early Intervention Grant was introduced, the Government said very clearly that it was for local authorities to determine the most effective use of this money. This rightly recognised that local, not central, decisions about funding were the best way to make use of limited resources.

9. Councils will now face significant additional cost pressures and it is imperative that any current discussion around children's centres must be had in the context of a tough funding landscape. We must be open and honest both between ourselves and with the public about the implications of such reductions on children's centres, and children's services more generally, and how this will affect overall provision. This will enable councils to have the most meaningful consultations with their local families and communities about future service delivery.

The purpose, effectiveness and impact of children's centres

10. We welcome the new targeted approach set out in the core purpose of the draft children centre statutory guidance (consulted on this summer) which focuses on families in greatest need of support to reduce inequalities. This will enable councils to target local resources in the most cost effective way when responding to local needs.

11. However, we highlighted concerns that this targeted focus is not wholly reflected throughout the guidance. We noted a number of references to provision of inclusive universal services which welcome all families through children's centres. The guidance also makes links between children's centres and local authorities' duty to secure sufficient childcare, an aspect of children's centres services which are often accessed

by those who are not in greatest need of support. As the guidance has yet to be published we see this as an opportunity for the Government to clarify this focus on a targeted approach in the final version.

12. There is no one-size-fits-all model for the provision of local children's centres. Local government must be given the freedom to respond to local needs according to resources available to them by re-considering how they deliver services whilst achieving the best possible value for money. We do not support the presumption against closure of children's centres which was included in the draft statutory guidance on children's centres consulted on this summer.

13. This presumption clearly undermines the flexibility of local authorities to design services in a way that best meets local need and deploys resources to maximum benefit. This flexibility is increasingly important in the context of budget reductions and rising pressures on the system, including increasing numbers of referrals to social care and of children looked after.

14. Local authorities understand the importance of a child's early years in their future development and quality of life. Councils play a fundamental role in promoting children's well-being and improving outcomes for young children and their families. Children's centres are one of a range of important resources councils use to help achieve this and do not take closure decisions lightly.

15. Yet it is important to be aware that closure of a children's centre building does not automatically mean a decrease in access to children centre services; with alternative effective methods of provisions such as the emerging "hub and spoke model", it can mean accessing services in a different way. The presumption also does not consider previous over-provision.

16. We believe the focus should be on the overall provision of services for children and their families, rather than individual centres. It is crucial that any inspection frameworks also recognise this and are able to inspect the quality of overall provision rather than individual centres in a silo approach.

Evidence based early intervention

17. The National Evaluation of Sure Start showed limited impact of the earliest and best resourced Sure Start Local Programmes, which only existed in the most disadvantaged areas. There is no national evaluation evidence yet about the impact of later and less well resourced centres. Councillors with their democratic mandate and local knowledge best understand the local resources and needs of local families to make the difficult decisions required around how local services are delivered in the most effective and cost efficient way.

18. Some councils have told us that the over emphasis on approved evidence-based programmes with limited scope is unhelpful. They are often more expensive to deliver and sometimes need to be modified in local areas to adapt to local needs.

19. Councils want to take account of any evidence which can inform effective design of local services, so it would be helpful if the next evaluation of children's centres could focus on assessing the relative effectiveness of different models. We hope the Early Intervention Foundation will be helpful in supporting councils to use evidence effectively to ensure local services are as effective and cost effective as possible.

Multi-agency working

20. We welcome the opportunities for joint working offered by the public health reforms and recognition of the role children's centres can play in the health and wellbeing, and development of 0-5 year olds. However, the LGA is concerned about the fragmentation of the responsibility for children's public health services between the NHS Commissioning Board (for children aged 0-5) and local authorities (for children and young people aged 5-19) until 2015. After this time it will be transferred to local government.

21. The LGA called on the Government to give local authorities the responsibility for commissioning children's public health services throughout their childhood rather than for 5-19 year olds as currently proposed. Many local authorities believe that the split responsibility will lead to the fragmentation of children's services and may undermine existing services such as children's centres, which are already established in every local authority area. Local authorities should have responsibility for commissioning children's public health services from pregnancy throughout childhood.

22. We remain concerned about the persistent barriers to effective information sharing between services and children's centres, specifically in the new health landscape. We agree such sharing of information is key to identifying families in greatest need of support. Working with health visitors on information sharing will be particularly crucial. Many local authorities have developed effective local information sharing processes and we welcome Government's new initiatives to reflect on the national system, including the Child Information Sharing Project and Dame Caldicott's review of information governance. The improving information sharing and management exemplar project has carried out a lot of work, including developing products and guidance. Although this is in relation to the Troubled Families Programme, there is likely to be wider learning for multi-agency information sharing.

23. We do not support the top down stipulation that children's centres should have access to a named social worker. It is important local authorities are afforded the flexibility to make the determination locally as to how multi agencies can best work locally together to ensure the health and wellbeing of children.

24. A mutual understanding of child protection across the many professionals involved increases the efficacy of the system. Councils know that providing early help can reduce the need for child protection interventions that are more complex and more expensive. Equipping support staff to do this could prevent referrals to social workers. Many local authorities already have multi-agency teams located in community services where professionals from early years, health and education services can discuss child protection concerns and potential referrals. Through both providing early help to families and appropriate referrals of children to children's social care teams, resources can be focused where most appropriate.

Increasing involvement of families

25. Councils are leading the way in reforming the way services are delivered, opening up markets, supporting enterprise and supporting communities to play a bigger role in the running of services.

26. Councils are pro-actively taking action to make it easier for families and communities to get more involved in running children's centres; the methods will vary depending on local needs, interests and resources. Employee-led mutuals or community groups are just two of the options that councils are exploring as they seek better outcomes for their communities.

27. There is a plethora of existing partnership working, for example in Stoke on Trent Council parents and communities have been involved in running a social enterprise at a children's centre, and in Manchester Council children's centres are delivering services in partnership with community organisations.

28. Whilst greater community involvement can bring real advantages, commissioners should not make assumptions about which type of provider is best placed to deliver different services. The goal should be to ensure that services are provided by the service provider that can provide the best level and quality of service to users and tax payers. The LGA publication "*Social-enterprise, mutual, co-operative and collective ownership models*" provides a good resource for local councils in this regard. In particular government should focus on creating an environment in which a healthy balance of providers is encouraged.

29. Councils are best placed to weigh up the different options in their role as commissioners. They possess the knowledge of local needs and resources to know whether in certain circumstances it is in the best interests of local service provision that families and communities get more involved in running centres, and where it is, to know what support is required to support they need to get more involved.

30. The LGA is already supporting councils and councillors with effective engagement and commissioning to help them to develop "bottom up" services through a confident and in-depth knowledge of local community priorities and potential local providers. Our "*Keep it REAL: Councils at the heart of their communities*" programme is supporting a range of councils across the country to work with their communities and Voluntary Community Sector (VCS) organisations on a range of local priorities.

31. Many councils are already taking radical steps to improve their commissioning with a focus on the local voluntary and community sector. For example, Oldham Metropolitan Borough Council is strengthening a neighbourhood offer to local people and developing a co-operative approach to services including involving local people in developing the services that they wanted. The LGA is working with a range of VCS organisations to ensure that effective support for commissioners and providers is in place.

Good practice of family and parenting support

32. This response includes references to councils which are doing good practice throughout. There are many councils carrying out excellent work around providing family and parenting support through children's centres. However, below is a specific example of an innovative programme delivering family and parenting support.

Hertfordshire County Council—Family Toolkit and "My Baby's Brain" project

Hertfordshire County Council has produced a family toolkit in order to support families to develop their parenting skills and look after their own emotional needs so that they can parent more effectively. The toolkit is comprised of a series of workshops covering key positive behaviour management, communication and relationship strategies. Each workshop is for around 10–20 parents and lasts for two hours, with a Family Toolkit document accompanying the workshops.

The council have worked closely with the local NHS Trust and private sector experts in the baby brain development field to design a new project which aims to help parents understand why they should and how they can support the health development of their baby's brain. The project is made up of a training course, meetings for new parents with health visitors and accompanying tools to help support the learning.

Southampton City Council—supporting parents back into work

Southampton City Council participated in the Work Focussed Services Poverty pilot between 2009–11 which ran in three children’s centres and helped 110 parents finding work, 600 parents completing a training course and 25 parents taking up voluntary placements. Following the success of the pilot it was agreed with JobCentre Plus that some JobCentre Plus Advisers would become part of the children’s centres team. This means they have a greater understanding of families’ journeys and appropriate help so can provide a more family centred approach for parents. They also link families into other sources of support provided by children’s centres.

Sector-led improvement

33. Local government is committed to continual improvement of children’s services through sector-led improvement with support from the Children’s Improvement Board (CIB), which is the agreed way forward by Ministers for the sector.

34. The CIB is a partnership set up by the Local Government Association (LGA), the Association of Directors of Children’s Services (ADCS), and SOLACE (Society of Local Authority Chief Executives) supported by the Department for Education (DfE). It is a direction setting and decision making group that is responsible for the overall delivery of a programme to develop sector led improvement for children’s services. More details about sector led improvement can be found at www.local.gov.uk/CIB

35. CIB commissioned SERCO to undertake work to help local authorities to deliver their duty to secure sufficient Sure Start Children’s Centres cost effectively, including sharing good practice case studies.

36. In partnership with the DfE and CIB, 27 payment-by-results trial areas are taking place to test the impact of rewards on three measures:

- breastfeeding prevalence at 6–8 weeks;
- Early Years Foundation Stage—the gap between Free School Meals and non-free School Meals group;
- two year olds in funded early education.

37. CIB’s involvement in the trials has facilitated an open dialogue with local authorities and instilled confidence at a local level that the department is working collaboratively with organisations that represent councils and early years services and have the relevant experience and expertise of service management and delivery, to carry out a genuine trial of payment by results. Councils are developing their work and supporting each other through action learning sets.

38. The LGA recently funded a research report on “*Targeting children’s centre services on the most needy families*”, in September 2011 and this report includes numerous good practice case studies.

December 2012

Further written evidence submitted by the Local Government Association (LGA)

PURPOSE OF THE BRIEFING

This paper sets out the additional information requested by the Education Select Committee’s following the Local Government’s appearance at the oral evidence session on Foundation Years—Sure Start Children’s Centres—4 September 2013.

Since we submitted written evidence to the Education Select committee in 2012, the LGA’s *Rewiring Public Services*⁸² campaign, launched in July 2013, sets out propositions to give councils the flexibility they need to redesign services around individual and family needs, and promote effective early intervention. The rewiring campaign includes key propositions for children’s services, based on the following policy principles:

- Services should take a whole child and family approach, recognising that individual problems cannot be addressed effectively without considering the wider context of people’s lives.
- Services should build greater capacity and resilience in families and neighbourhoods to help themselves and each other.
- Place-based public service budgets should be used to deliver financially sustainable local services, tackling waste and inefficiency and with a focus on prevention.

ADDITIONAL QUESTIONS ON SURE START FOR THE LGA

1. *How could the value of the existing network of settings be utilised more fully, as an alternative to closures (eg encouraging co-location of services, allowing centres to be used in the evenings and weekends as community facilities)?*

- The LGA believes there is no “best” or “one size fits all” model for children’s centres across the country and it is vital that we ensure local flexibility to respond to local need.

⁸² Full details of the LGA’s *Rewiring Public Services* campaign are available at: <http://www.local.gov.uk/campaigns>

- The LGA’s recent case study publication “*Bright futures: local children, local approaches*” includes a number of examples of innovative use of children’s centres and way that services are provided.
- For example, Northumberland has a resource-sharing initiative with the fire and rescue service, based in a disused ambulance station, and also has an outreach play services to isolated housing estates and small villages.
- In Hampshire, local communities are encouraged to use the children’s centre buildings so smaller organisations are now running volunteering programme, crèches and supporting play sessions.
- Children’s centres are increasingly being managed in clusters—such as the hub and satellite system in Birmingham across 16 localities in four areas.
- In Lambeth, five children’s centres are linked to a consortium of nursery schools which uses a common information management system.

2. *We have heard calls for a national outcomes framework for children’s centres. From a local authority point of view, what should be included in such a framework?*

- The *Core Purpose of Children’s Centres*, which was co-produced in 2012 by the Department for Education, local authorities and early years professionals, articulated a vision for Children’s Centres to improve outcomes for young children and their families.
- This built on years of research into the factors that drive outcomes for children, and how to redress the inequalities that exist. Children’s Centres have to function in the context of neighbourhoods and communities and it is appropriate that they vary their response according to their local circumstances.
- The LGA is aware of the work by The Institute of Health Equity which was commissioned by 4Children to identify the most important outcomes that children’s centres should be striving for in order to give all children positive early-years experiences.
- As well as specific outcomes for children’s development, it included support for good parenting and the environment in which parents live and work. We understand that the next stage of this work will be to look at how easy these outcomes will be for children’s centres to follow and measure.

3. *What steps are local authorities taking to improve the quality and provision of data given to children’s centre leaders and advisory boards? Should there be standard guidance as to format and content of such data?*

- Our case study publication includes the example of Bristol City Council where children’s centres receive sophisticated data on poverty, worklessness, health and wellbeing to inform the priorities for their community, as well as all live birth and GP move data to support effective outreach work and the delivery of universal and targeted services.
- It has put protocols in place for every children’s centre to have a linked health visitor and speech, language and communication therapist and to share information (with parents’ permission) on any families of children considered vulnerable at the 14 day check. In Wakefield, ambitious plans to improve integrated working include information sharing and installation of a common IT system.
- Local authorities have data sharing protocols with health partners and there is a lot of work underway to improve data sharing between public bodies. For example, the LGA is supporting the *Improving Information Sharing and Management (IISaM)* project which is a joint initiative between Bradford Metropolitan District Council, Leicestershire County Council and the 10 local authorities in Greater Manchester, and is supported by central government, the Information Commissioner’s Office and others to improve information sharing and management.
- The project has an active group on LGA’s Knowledge Hub. Toolkits have been developed and adapted by the project to help any organisation to share information appropriately with partners and colleagues; this includes a data flow diagram for sharing post-natal data with children’s centres.

4. *How are local authorities encouraging more parents and representative groups to become involved in the running of children’s centres?*

- Many local authorities are running a mix of local authority run and third sector run centres, with few local authorities running wholly one set or another. Commissioning centres out to the third sector allows the added value of access to funding streams only available to the voluntary sector and often brings in different approaches to volunteering, professional supervision of staff and systems to record and monitor outcomes.
- Parental involvement has been a future of children’s centres from the outset. Evidence from the 2012 Children’s Centres Census shows that the number of children’s centres using volunteers increased substantially between April 2011 and April 2012 with more than 60% of centres saying the number of volunteers they are using had increased.
- The recent All-Party Parliamentary Report “Best Practice for a Sure Start: The Way Forward for Children’s Centres” notes that volunteers are highly effective in improving the reach of centres to a wider group of people and helping to shape services so that they are responsive to community needs.

5. How should Sure Start children's centres link with the offer of free early education for disadvantaged two year olds? Is there a general policy from local authorities not to support places in the maintained nursery school sector, as the Committee was told before the summer?

- Earlier this year the LGA produced a joint briefing with the Department for Education on the two year old offer for council leaders, lead councillors, chief executives and directors of communications to inform them of the new statutory duty and funding.
- This included advice to our member councils about suitable providers which said that nurseries, playgroups, childminders, Sure Start children's centres, nursery schools and nursery classes are all able to provide places.
- It is not the case that there is a general policy from local authorities not to support places in the maintained nursery school sector.

6. Are local authorities sufficiently knowledgeable about individual evidence-based programmes? Should they step back from stipulating specific programmes and allow children's centres to decide for themselves which programmes are most appropriate for their families and children?

- We are not aware of any evidence that would support children's centres deciding for themselves which programmes are most appropriate, or are more knowledgeable about individual evidence-based programmes than local authorities.
- The first output from the Evaluation of Children's Centres in England (ECCE), published in 2011 notes that the local authority was the lead organisation for the majority of children's centres—eighty-one% of centres were led by the local authority, schools or both. Forty-seven% of centres offered at least one evidence-based programme from those shortlisted in the Graham Allen review on early intervention.

October 2013

Further written evidence submitted by the Local Government Association (LGA)

With regards to the point Cllr Simmonds was making on p24, this relates to funding on a national level and an increase for early intervention and a decrease for children's centres. Information on this is available in this table from the DfE:

<i>Year on Year Comparison of the Local Authority Planned Expenditure (gross) on Children and Young People's Services and Social Care 2011-12</i>		<i>Change between 2011-12 and 2012-13</i>	<i>Change between 2011-12 and 2012-13 (%)</i>
Total Early Years Budget	£398.2 million	£412.4 million an increase of £14.2 million	a rise of 3.6%
Total Sure Start and Children's Centres	£1.0 billion	£0.95 billion a decrease of £46.0 million	a fall of 4.6%
Total Children Looked After	£2.88 billion	£2.90 billion an increase of £20.0 million	a rise of 0.7%
Total Children and Young People's Safety	£1.64 billion	£1.67bn an increase of £35.0 million	a rise of 2.1%
Total Family Support Services	£913.3 million		
Total Other Children and Family Services	£355 million	£383 million an increase of £28.0 million	a rise of 7.9%
Total Services for Young People	£883 million	£791 million a decrease of £92.1 million	a fall of 10.4%
Total Children's Services Strategy	£224 million		
Total Youth Justice	£362 million	£336 million a decrease of £25.9 million	a fall of 7.2%
Total Children and Young People's Services and Social Care	£8.5 billion	£8.6 billion an increase of £106 million*	a rise of 1.3%

Written evidence submitted by Annette Wray, East Riding of Yorkshire Council.

FOUNDATION YEARS—SURE START CHILDREN'S CENTRES

East Riding of Yorkshire

Context

There are currently 19 Children's Centres covering the whole of the Local Authority, which is one of the largest Unitary authorities covering 930 square miles.

Ten Children's Centres have been inspected by Ofsted and all are judged to be good with many outstanding features. Currently 79% of all children under five in the East Riding are registered with a Children's Centre and 36% are actively involved in their centre, accessing services and of those 18% are receiving one to one support through home visits.

The council is part of the Sure Start Children's Centre Payment by Results (PbR) trial in conjunction with North Yorkshire County Council, the only joint trial nationally. The trial is focussing on the work of all 57 Children's Centres in the antenatal to five month period, developing stronger partnerships and effective means of sharing information to support parents and their young babies.

Effectiveness and impact of Children's Centres to date and the role of Ofsted

1. There is a considerable amount of emerging evidence to show the effectiveness of our Children's Centres and the impact they are making. Through the detailed information Centres hold on individual children and cohorts of children that have accessed support through a Children's Centre we have clear evidence to show that children who attend East Riding Children's Centres make better progress at the end of the Foundation Stage. This is particularly evident for scores on personal, social and emotional development and for communication, language and literacy.

2. Tracking the long term outcomes for parents is more problematic but we have some successes with parents gaining more confidence, accessing education and training and gaining employment.

3. There is evidence to show that the most vulnerable two year olds accessing a funded early education place in a good or outstanding setting and supported by a Children's Centre practitioner is making rapid progress which is reflected in their Early Years Foundation Stage profile score. The mental health of mother was identified as an issue for almost half of the funded two year olds, a crucial factor contributing to many children not meeting their potential.

4. Children's Centres have been effective in bringing together parents, partner agencies and the community sector through the Advisory Boards and community events to look at unmet needs, gaps in services and joint planning in localities. Data and information about local need and local intelligence about uptake of services, location of services and the provision have helped to reshape services and provide more flexible models of delivery. This has been useful in a large rural authority in making the most effective use of resources for all agencies. Health visitor clinics run alongside a Children's Centre activity in a village hall ensuring parents/carers without access to a car or public transport can use these essential services and reduce isolation.

5. Ofsted inspections have validated the work that has been taking place in and through the Children's Centres. This external judgement has helped raise their profile within the Local Authority and with partners. Within East Riding 50% of the Children's Centres have been inspected achieving 100% judged as good. Of those centres inspected, 80% of individual outcomes were good and 18% were judged as outstanding. The Ofsted framework for inspections has been useful in engaging partners with shared targets such as increasing the numbers of mothers breastfeeding at 6–8 weeks, shared with health services. The Self Evaluation Form is a good document to bring all the strands of the work together and can easily be shared with parents and partners to show this in a concise way. The clear recommendations for both Children's Centre and the Local Authority have given a focus for further improvement and through the development of subsequent Action plans following the inspection have involved partners in taking the work of the centre forward.

6. The impact of inspections has made it even more important to sharpen up the data and information needed in order to prove effectiveness of interventions and measure the longer term impact. An example of this is the tracking of vulnerable two year olds not only on their Early Years Foundation Stage profile results but we will be able to track these children throughout their school career.

7. Another key benefit of the Ofsted inspection is capturing the voice of the parent and listening to how they see the Children's Centre operating and the support they have received and difference it has made. This can be evidenced by a number of parents who have told Ofsted inspectors that they didn't always agree with the Children's Centre practitioner when they referred them family to the social care team because of their concerns, but could see with hindsight that the worker had made the right decision. The continued support for the family had given the parent/carer confidence and support to develop their parenting skills and over time the social workers' involvement was not needed.

How to define and measure good practice in family and parenting support and outreach, including the effectiveness of the Government's payment by results trials and what measures of child development and school readiness might be used.

8. Through the use of data and information collected about the type of support offered and the length on the intervention with parents through outreach and home visiting it is clear that this is a cost effective intervention both in financial terms and with successful outcomes for the family. The sustained contact with families is being monitored more closely through the PbR trial measures and work is proceeding to calculate the cost of these contacts and the outcomes achieved. Analysis of children's development and progress is currently underway to see if there is a correlation between the number of contacts and the types of activities accessed and the child's profile score at the end of the Early Years Foundation Stage. This may reveal the optimum number of contacts needed to have the maximum benefit.

9. The PbR trial links seamlessly with the local Health Visitor Early Implementer Site project to develop the role of the Health Visitor in the antenatal period in Goole, one of East Riding's most disadvantaged areas. There is significant synergy between the two projects and this has enabled detailed discussions about family support, parent education offer and consultation with prospective parents about the content and delivery of the support that is on offer. The data collected for the measures within the PbR trial will show the effectiveness of the antenatal and parenting support.

10. Plans are in place to recruit two nurses for the Family Nurse Partnership to start in January 2013 to work in two towns in East Riding. It is hoped that the learning and some of the methods used to engage young first time mothers and their partners can be shared and developed to be used more widely with other vulnerable parents.

11. A number of centres have worked in partnership with local primary schools and childcare providers to plan and deliver transition projects with identified children and their parents to help settle them into school. In one area parents were asked about what their concerns and a bespoke course was delivered by the Head teacher and Children's Centre leader that addressed issues such as the importance of children getting a good nights sleep, helping with reading books and overcoming the fears of parents who had a bad experience at school themselves. Parents were worried that their children wouldn't be able to open the food packaging in their lunchboxes and needed to familiarise themselves with the classroom and where the toilets were.

How to increase the use of evidence-based early intervention and in children's centres

12. To make the most difference to the lives of children and their families the earlier the information and support can be offered to parents the better. Parents to be are particularly receptive to the information and advice that is offered so the antenatal period is crucial and the Birth and Beyond resource developed by the Department of Health is a very effective and positive evidence based resource that is being used. Vulnerable parents may need more support so identifying these parents early to offer support and timely interventions is important. By not getting their details until 28 weeks into the pregnancy the work that can be achieved is more limited and the parenting education may not be as effective.

13. Practitioners use validated parenting courses [Family Links and Triple P] and one to one support of parents based on strengths based and solution focussed approach. Skilled practitioners use appropriate parenting education models adapted to individual family circumstances. Clear goals are set with the family after careful discussion and these are reviewed on a regular basis. There is evidence of the success of this approach but there is a need to validate our own work with families through the effective use of data and information to show long term impact and demonstrate that early outcomes can be sustained for children.

14. Baby massage is offered to all babies at about six weeks old which promotes early attachment and bonding that is so important for that child's future development and wellbeing. It also allows practitioners to identify parents/carers who may be struggling in those early days and support can be given. We know that this gives each baby the best start which is especially important for vulnerable parents, parents with mental health difficulties and babies with special needs.

15. Research showing the influence of the home learning environment has shaped the services on offer in East Riding such as toy libraries and home learning packages. These are seen as vital services for rurally isolated families who appreciate the opportunity to meet other parents with young children and discover play ideas and find out more about their child's development and enjoyment through loaning toys and learning how to make cheap and effective toys at home. Through the two year old funding scheme children are supported through a joint home visit with a Children's centre practitioner and a worker from the setting who would become the child's key worker. These visits have been invaluable in developing the relationship with parents and engaging them in home learning activities.

How to strengthen integrated working between health, social care and education as part of a multi-agency early help offer, including how to improve the information sharing and the proposal for children's centres to have a named social worker.

16. The development of an antenatal to five month pathway ensures that all families are identified and supported at the earliest stage using the expertise and skills of all services involved. In East Riding this is

complicated because out of approximately three thousand new births a year only 380 are born within the local authority boundary at Goole Hospital and a limited number of home births. The overwhelming majority are born in hospitals in Hull, York, Doncaster, Pontefract, Scarborough or Scunthorpe, and are part of different maternity services. Information sharing with each provider has to be negotiated individually and each provider has their own system and paperwork that the Children's Centre has to use or adapt. Each provider has their own system to share information, with different timescales, e.g. some trusts are willing to share information [with consent] at 12 weeks others not until 28 weeks. This can make planning for antenatal education programmes difficult and is already too late to pass on key messages about smoking cessation, healthy eating and information about the developing foetus to parents. It can also cause delay in supporting more vulnerable parents with issues with debt management, housing issues and relationship issues. Strengthening integrated working and developing information sharing with partners is the main priority for the work through the Payment by Results trial

17. It has been difficult to identify a clear procedure for passing on information from maternity services to Children's Centres and in some instances there is no formal procedure for midwives to pass on details to Health Visitors. Currently the system relies on the working practices and goodwill of those involved, making it difficult for Children's Centre staff to be part of the process. It has been extremely time consuming to develop the relationships and trust between professionals in order to influence the working practices of well established health services. To develop this work further a joint specification for Health Visiting and Children's Centres is being formulated building on the Healthy Child Programme, Health Visitor Early Implementer Site project about antenatal contacts by Health Visitors and the Children's Centre Payment by Results trial measures focussing on the antenatal support offered through centres.

18. Work is ongoing to review the parent education programme so that an integrated antenatal parent education offer can be made to all prospective parents that is consistent and based on the evidence based Birth and Beyond resource [Dept of Health] and uses the expertise and skills of Midwives, Health Visitors and Children's Centre practitioners in a cost effective way.

19. Over the last two years successful work with Social Workers has resulted in Children's Centre practitioners being involved with and supporting every child under five with a Child Protection Plan or Child in Need plan. We have evidence to show that the effective partnership working has resulted in a number of children now no longer needing a plan and are being supported through universal services provided by the centre or supported by home visits by skilled centre practitioners.

20. There is an automatic invitation to every initial child protection conference for a Children's Centre practitioner who then becomes involved in the package of support offered to parents and children. This enables the practitioner to build a relationship with the parent/carer and is able to continue to offer support when the child no longer needs a Child Protection Plan. There is a clear model for working with child and parents, with clear lines of accountability, strong and effective supervision and detailed documented notes on the contact and support offered. This way of working has been recognised by Ofsted in recent inspection reports as an Outstanding area of work in East Riding centres.

21. The need for a named social worker has not been an issue as all Children's Centre practitioners know the social worker involved with the family they are working with. Centres have regular meetings with social workers or the team manager and are in frequent contact if they are working with a child that has a Child Protection Plan. Currently consideration is being given to the possibility of having a social worker as part of the Children's Centre team in centres where they are supporting a large number of children subject to Child Protection Plans.

22. Team around the family meetings are co-ordinated by the Early Help and Advice team and involve the family and all relevant professionals in agreeing packages of support to meet the family's needs. Children's Centres are vital in identifying and working with the family to write the Common Assessment recognising areas where a family may need help while also building on their strengths thus ensuring a shared approach to improving their situation.

23. Children with disabilities and/or special needs receive co-ordinated support through the Early Support panel which brings together parents, health colleagues, voluntary sector specialists and local authority officers to support the child and family. Schools, private, voluntary and independent childcare providers and Children's Centres are also key partners in supporting parents and their children.

How the overall level and quality of provision is being affected by moves to local funding.

24. Until now the overall level and quality of provision has not been affected in East Riding. There has been significant investment in, and restructure of the staff managing Children's Centres to secure a Leader in each centre and resources appropriate to meet identified need. At the time centres were opening a wide range of activities were on offer to attract and draw in families. This was not a differentiated or targeted approach. With more detailed information available about levels of need in an area, services have been streamlined to meet those needs. Financial savings have been made without the need to reduce the number of centres the number of services provided.

25. With much larger savings to be made the future may be more of a challenge. Providing effective services to our most vulnerable and deprived children and their families may be more difficult. All options are being considered to make services as cost effective as possible, including the introduction of technological solutions. Detailed analysis is being undertaken to see if by investing in the most effective early interventions a saving can be made later in a child's life when a more costly intervention may be needed.

December 2012

**Letter from Elizabeth Truss MP, Parliamentary Under Secretary of State for Education and Childcare,
Department for Education**

At the Education Select Committee oral hearing on Tuesday 15 October on Foundation Years Sure Start Children's Centres, I promised to write to the committee about the following points.

EARLY LANGUAGE DEVELOPMENT PROGRAMME (ELDP)

The Committee asked what has become of the scheme to refer children with low literacy and language skills to children's centres and why the Department chose children's centres for this type of scheme.

This Government built on the earlier Every Child a Talker (ECAT) initiative to help to create a skilled workforce and knowledgeable parents, to support communication development in the under 3s.

The Department funds the Early Language Development Programme (ELDP), now in its third year, which uses a train and cascade approach, with lead practitioners often based in children's centres. It is led by children's communication charity I CAN and is supported by Action for Children, the Preschool Learning Alliance, The Children's Society, Elklan and the Office for Public Management.

To date the programme reports the following successes:

- 998 lead practitioners and training partners have been trained, creating a total of 501 local hubs of early language excellence.
- The local hubs have been created across England in 119 out of 159 local authorities (75%) and 40% of local authorities engaged are in areas of deprivation.
- The 998 lead practitioners have cascaded training to 9,316 local practitioners in supporting early language development.
- 97,104 parents and family members have been supported to date.

CHILDMINDER AGENCIES TRIALS (CMA)

The Committee asked for the name of the Sure Start Children's Centre involved in the CMA trials. The Department currently has 20 organisations involved in these trials to help test and develop the scheme, and the details can be found at www.gov.uk/government/policies/improving-the-quality-and-range-of-education-and-childcare-from-birth-to-5-years/supporting-pages/childminder-agencies. The trials started in summer 2013 and will continue to 2014.

The trials will be testing the following areas:

- how agencies can be set up by different organisations;
- how agencies will recruit and work with childminders;
- how agencies plan to deal with training, suitability and accountability of childminders;
- different agency business models and which models are likely to be most effective;
- how agencies might make the most of different funding streams, including the new childcare voucher system;
- how agencies might work with Ofsted; and
- how agencies might work as a part of a community childcare facility, linking with other organisations and working with parents.

The triallist about which the Committee specifically asked is the Lavender Children's Centre in Mitcham.

ADVISORY BOARDS

The Committee wanted to know how the Department monitors the adherence of local authorities to the statutory guidance on setting up and maintaining advisory boards. As is the general rule in these situations, Government sets out clearly in legislation and guidance what is required of local authorities and expects them to meet their statutory duties.

The revised statutory guidance on Sure Start Children's Centres states that local authorities have a legal duty to arrange for each of their children's centres to have an advisory board. The advisory board is to advise and help those responsible for running the centre and should encourage parents to play an active role in improving

the children's centre's performance. Local authorities should ensure all advisory boards have written terms of reference that set out the roles and responsibilities of each of its board members, and, further, the statutory guidance gives examples of the potential breadth of membership that might be useful for local authorities to call upon. We do not prescribe to local authorities what the make-up of their advisory boards should be: it is for local authorities to ensure that the membership of these boards appropriately reflects the communities they serve.

As I mentioned to the Committee when I was with you, the Department relies upon Ofsted to consider the make-up of centres' advisory boards as part of the inspection process. My understanding is that the Department has not received any complaints about the make-up of advisory boards.

FUNDING SCRUTINY

The Committee also referred to the monitoring of the levels of funding made available to local authorities through DCLG's Business Rates Retention Scheme to fund their early intervention programmes, including children's centres. The Committee will be aware of the financial accountability regime to which local authority spending is subject, as well as the level of scrutiny which Parliament gives in this area. In addition, detailed information about planned and actual expenditure by local authorities in specific priority areas is made available to Departments annually through the Section 251 returns, which local authorities are required to submit.

PARENTAL INVOLVEMENT IN CHILDREN'S CENTRES

I undertook to provide the Committee with details of work to encourage greater parental involvement in children's centres. Over the past year, the Department has been funding a one-year programme of support to encourage groups of parents, families and community members to get involved in children's centres. In May 2012, the Department invited expressions of interest from parents and community groups interested in working with the Department to develop their own community management models for children's centres -either on their own or in partnership with children's centre staff.

Following a competitive tendering exercise, the Department contracted with the national children's charity, 4Children, to:

- provide advice and support to a small number of groups on a range of issues to help them overcome initial barriers and get projects off the ground;
- broker relationships between groups and local authority/children's centre staff and other professionals to build viable approaches that could work locally; and
- identify and share good practice on a national basis.

4Children supported ten groups between October 2012 and September 2013. Each group had a dedicated business provider who delivered a tailored package of support depending on the individual needs of the group. Support included specialist training in areas such as governance and business management tailored to the needs of individual groups. The Office of Public Management (OPM) has been asked to carry out an independent evaluation of the project and their final evaluation report will be published by the end of this year. I will make sure the Committee gets a copy of this report.

REGISTRATION OF BIRTHS IN CHILDREN'S CENTRES

The Committee also asked about my thoughts of registration of births in children's centres. I am aware of the useful work that has been done on this in a number of local authorities, and my officials provided support to the investigative research on this that the All Party Parliamentary Group on Sure Start published in their report in July this year. I strongly support the drive to enable parents to register their child's birth at their local children's centre, where it makes sense locally for the service to be offered in this way. I have spoken to the Chair of the APPG, Andrea Leadsom, on this issue already and, as I said to the Committee, I will arrange a meeting with David Simmonds to discuss this issue further. My office is in the process of organising this and I will let you know the outcome of that meeting.

I look forward to the findings of your report.

November 2013

Written evidence submitted by Sue Owen, National Children's Bureau—follow up to oral evidence on 12 June 2013

Children's centres should develop the capacity of childminding within their areas. Providing support for childminders is part of the core purpose but has been delivered very patchily.

Recommendation would be that children's centres support accredited childminding networks which are open to new as well as experienced childminders. They should also plan the support that childminders can offer to them in terms of providing places for specific groups of children, and supporting young or inexperienced staff and parents.

June 2013

Supplementary evidence from East Riding and Yorkshire Council

EDUCATION SELECT COMMITTEE QUESTIONS

1. *How could the value of the existing network of settings be utilised more fully, as an alternative to closures (eg encouraging co-location of services, allowing centres to be used in the evenings and weekends as community facilities)?*

We already have a number of co-located sites three with children's social care teams, one of these also has CAMHS on site and another with adult learning disabled day centre. This helps to keep costs down for admin support, reception, meeting rooms and shared activity space for children. Centres are used for contact sessions, including after school and early evenings for contact with children in care and their parents. [Please see pages 34–38 of the Value for Money report attached]. Children's Centres are used as training venues in evenings and weekends for early year's practitioners working the private, voluntary and independent sector, for foster carers training, support groups for parents/carers. Centres host a number of community events over each year focussing on community safety and open days.

2. *We have heard calls for a national outcomes framework for children's centres. From a local authority point of view, what should be included in such a framework?*

We have developed our own performance framework based on previous national targets and indicators that are still relevant and our own indicators. These have been presented as spine charts showing relative performance with centres across the East Riding. [Please see pages 79–80 of the attached report].

3. *What steps are local authorities taking to improve the quality and provision of data given to children's centre leaders and advisory boards? Should there be standard guidance as to format and content of such data?*

The local authority has spent considerable time working with Centre Leaders and Advisory Board members to provide quality data in ways that is easy to understand and use to support and challenge the centre to set robust targets and monitor the impact of the centres work. [Please see attached a copy of the report template used]. Guidance about the content of the data may be useful but the format should be left to individual centre leaders and Advisory Boards to determine.

4. *How are local authorities encouraging more parents and representative groups to become involved in the running of children's centres?*

We are encouraging more parents to get involved through Parent Forums and representation at Advisory Board meetings where we share parents views from consultations and user feedback. Some parents have set up their own groups but have struggled to have enough parents to set up, develop and run the sessions and so even with additional support from centre workers have not lasted longer than a few months.

East Riding Counsellors have made it clear that they want the Children's Centres to remain in the control of the local authority and do not want services or centres to be tendered out to other providers.

5. *How should Sure Start children's centres link with the offer of free early education for disadvantaged two year olds? Is there a general policy from local authorities not to support places in the maintained nursery school sector, as the Committee was told before the summer?*

Children's Centres are very proactive in promoting the free early education for two year olds and actively follow up of families who are eligible to make sure they take up their place. Centre staff offer intensive support for families who need this and are the link between the childcare setting and the parent. We are actively working with one nursery school to enable them to be able to offer places for two year olds [we only have four nursery schools in the East Riding]. Once this is successful the other nursery schools may look into this too and will be supported.

6. *Are local authorities sufficiently knowledgeable about individual evidence-based programmes? Should they step back from stipulating specific programmes and allow children's centres to decide for themselves which programmes are most appropriate for their families and children?*

Within our local authority we could make better use of evidence-based programmes. Sometimes these are very expensive to implement due to having to buy in specific models and trainers to deliver and need to be followed to the letter to gain the maximum benefit. We are developing our own good practice and evidence-based programmes from our analysis of what works well and is cost effective to deliver in our communities. Good Centres and local authorities are always looking at the latest research and developments and incorporating elements in to courses and activities with parents and children to need local need and improve outcomes.

November 2013
