What are children’s centres for?

Believe in children

Barnardo’s

February 2014

by Jonathan Rallings
As chair of the All Party Parliamentary Group for Sure Start I have spent the last few years learning about the vitally important work of children’s centres. I have heard testimonies of staff, parents and children, and seen first-hand services in operation throughout England, which has convinced me of the huge public value children’s centres can bring to both communities and individuals. From the numerous examples of best practice I have seen, it is clear that where children’s centres work well they have the ability to transform the lives of families for the better and improve outcomes for the future – particularly by supporting the earliest years of a child’s life where the opportunities to enhance their development are greatest.

However, what is also clear is that at present there is not enough consistency in what children’s centres are offering across the country or even agreement over what their core purpose should be. A recent report from the Education Select Committee has rightly concluded that ‘clarity is needed on who children’s centres are for and the balance between the needs of parents and those of the children themselves’.

The disparity in focus and provision from centre to centre means it is difficult to determine their effectiveness in helping parents and children, or to identify and correct bad practice where it occurs. This in turn threatens to undermine the confidence in, and support for, children’s centres that is so vitally needed if we are to see them valued in the same way as other similar public institutions such as schools or hospitals.

I believe it is time for us to have a public debate about where children’s centres sit within the wider framework of public and community services so vital to family life. It is time to explore how we can reposition services within centres so that every child in every family receives the highest quality support in a way that is convenient and efficient for both services and parents. And it is time we established how centres can be used effectively as agents of early intervention to both improve outcomes for children and at the same time reduce future costs for the state.

That is why I welcome this thought paper from Barnardo’s, which kick-starts this discussion by asking the most important question to determine the future growth of this provision... what are children’s centres for?

Andrea Leadsom MP
Chair of the All Party Parliamentary Group for Sure Start
Since the mid-1990s a quiet revolution has been taking place in the lives of the England’s children and their families. Less than 20 years ago the period between the birth of a child and them attending school at age five was deemed largely a private matter for families to organise themselves, with basic health support for the child and a limited number of targeted initiatives restricted to those families facing the most severe problems (which could often be stigmatising).

Fast forward to 2014 and an enormous growth in provision for pre-school children and their families has been overseen by successive political administrations across the intervening two decades. Among the many initiatives developed during this period some notable successes have included:

- the establishment of a statutory framework in the Early Years Foundation Stage which has led to vastly higher standards of teaching and care
- the introduction of regulation for pre-school provision more stringent than at any point in the past
- a significant movement towards graduate leadership becoming the ‘norm’ in many pre-school settings, even though there is still some way to go in professionalising the workforce as a whole
- an enormous expansion of the optional free entitlement for three and four-year-olds with take up regularly above 90 per cent and in 2013 even some two-year-old children becoming eligible for state-funded education for the first time.

Perhaps the most fundamental achievement of this period, though, has been the establishment from scratch of an England-wide network of over 3,000 children’s centres. These services, which evolved from the Sure Start Local Programmes of the late 1990s, are designed to reach every young family in every community with the core purpose to:

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

However, despite their nationwide proliferation there is still low awareness and understanding of children’s centres beyond their immediate target audience of families with young children. Similarly, at a structural policy level, there is still much confusion over the role of children’s centres, which are often treated as a ‘cinderella service’ compared to more established antenatal provision and schools. Additionally some of the formerly defining features of a children’s centre, such as the focus on the under-five age group, have led to a wider diversity of provision. Centres have to cater for the numerous stages of development in a child’s early years – meeting the needs of newborn babies alongside five-year-olds preparing for school. At a time where public services are under pressure to reduce costs, this lack of clarity may be jeopardising the very future of children’s centres as they are forced to compete for funding with other more established services.

The recent report from the Education Select Committee on children’s centres, based on a year’s worth of evidence from across the sector, found there is too little clarity over the purpose of children’s centres and consequently what services they should offer. This is leading to highly variable provision in different parts of the country and a dearth of strategic oversight guiding their development, not to mention a difficulty in accurately measuring effectiveness and enforcing accountability.

These findings open up an important debate at an opportune time. It must be remembered that, in policy terms, children’s centres are remarkably young compared to other public institutions such as schools or hospitals, which have had a century, not a decade, to become refined and valued within the machinery of government. It is right that the question of what children’s centres are for should be re-asked and re-evaluated based on experience and best practice.
However, there is an imperative to resolve this question quickly and decisively. The lack of awareness and understanding is leaving children’s centres highly vulnerable at a time where both central government and local authorities are having to make challenging budget choices in a climate of austerity. Indeed, increasing evidence from the ground suggests much of the provision established over the past decade is beginning to be eroded. The debate on how children’s centres can best add value must be won quickly to ensure their continuation amid a fiscal outlook which is set to remain challenging for the foreseeable future.

This short paper is designed to contribute to this debate and addresses several key interrelated factors which may be contributing to the lack of clarity over the purpose of children’s centres:

- the infancy of children’s centres compared to more longstanding institutions such as schools or hospitals
- the lack of an overarching objective or mission to describe the work of children’s centres
- the disparity of age groups that children’s centres need to cater for
- the broad and undefined menu of services that are variously commissioned in children’s centres.

This paper takes the starting point that children’s centres should be viewed as important a service offer as schools and suggests that their core purpose should be built on a notion of facilitating early intervention or ‘early help’ as their primary function. It questions the artificial nature of a homogenous view of ‘early years’ as a single age group and argues that for children’s centres to be most effective they need to be more flexible in the way they distinguish between the different stages of development between birth and age five. And finally it asks how commissioning could be better structured across a range of stakeholders, such as health and education agencies, to ensure the multi-agency offer is achieved.
What are children’s centres for?

Background

In order to make suggestions for how children’s centres might be reformed, it is important to have a basic understanding of how they have developed over the past 15 years.3

Sure Start Local Programmes (SSLPs) first emerged in 1998 with the aim of giving children ‘the best possible start in life’ by improving childcare, health and family support services available. Central government funding was made available for 250 SSLPs targeted at the most deprived areas in the UK.4

In 2002, however, the Government decided that in England the targeted SSLPs would evolve into a network of Sure Start children’s centres. The new children’s centres would be universally accessible, not postcoded as the SSLPs had been, and be at the heart of every community across the country. In addition, control of children’s centres – including funding and commissioning – would be passed to local authorities.

Over the subsequent period to 2010, 3,500 children’s centres were developed over three distinct phases reflecting priority based on levels of deprivation.5 These three ‘phases’ of evolution in children’s centre development were approached differently in terms of funding and development which has meant that although a nationwide coverage of children’s centres has been achieved, there is a wide variance in what is offered in different communities. This ranges from fully integrated ‘new-build’ centres often located on school sites, to small ‘signposting’ services based in libraries or GP surgeries.

Since 2010 budget pressures on local authorities mean that children’s centres, like all services, have faced cuts in budgets and resources. Inevitably some have been closed, although there remains a good deal of political disagreement over how far this been the case and it is thought there are still over 3,000 centres operating.6 More widely, many local authorities have reorganised their centre provision into clusters allowing co-location or management which has enabled them to protect services despite reduced funding.

Awareness of children’s centres

As this brief history shows, children’s centres have developed remarkably quickly. They are popular among parents that use them, but because full national coverage has only really developed in the last few years there is still only limited awareness of children’s centres and their intended role.7 This is hardly surprising – if you have not been the parent of a pre-school child in the last five to ten years there is little reason you would be aware of their existence. It is perhaps arguable that only once children’s centres remain in place for a generation would public awareness of them really be raised and their value fully recognised.

But the conundrum is that due to fiscal pressures, children’s centres are unlikely to stay open for this long unless there is increased awareness now of their value to society. Those interested in children’s centres need to win the battle to have them publicly recognised as important a service for the under-five age group as schools are for older children. Only by creating such a shift will the long-term future of centres be protected.

For instance politicians of all hues will usually, when in power, reshape the education system according to belief – perhaps by adjusting the national curriculum, or reforming the way schools are governed. But crucially, no politician taking power would seriously consider abolishing schools given the unquestionable cross-party – indeed societal – consensus on schools as institutions vital to deliver education.

However, no such stigma exists about politicians questioning the very value of children’s centres as a service.8 This is...
reflected by figures suggesting children’s centres have seen their funding decline by over 30 per cent during the present parliament, at a time where schools budgets have been protected. Those interested in the future of children’s centres need to better define their role and purpose in order to move the debate beyond ‘what are children’s centres for?’ onto ‘how can we make children’s centres work better?’

**Children’s centres – the ‘early help’ service**

However, this shift in perception will not be achieved without a clearer overarching objective for children’s centres as the Education Select Committee recommends. A variety of contrasting policy drivers have led the development of the provision, including the child’s education and development; facilitating better parenting; improving health outcomes; and helping parents back to work. Confusion is exacerbated by the fact that there is no defining model of a children’s centre, with disparate versions providing substantially different offers across the country. This makes it difficult to easily describe the purpose of children’s centres, particularly to audiences outside the children’s sector, who then often don’t effectively understand what they are for.

There is no reason that children’s centres can’t continue to balance a service offer which addresses all these needs within diverse models. But they need to be better united in articulating an overarching mission and goal that can both focus their work constructively and more clearly define their place in the service landscape. For example a hospital contains a vast diversity of provision (A&E, occupational therapy, acute care, outpatient), yet it is cohesively united by a clearly understood purpose to improve the health of the local community, which values it accordingly.

It should be considered whether the core purpose of children’s centres might be better organised around an overarching concept of early intervention, the basis of which has now been embraced wholeheartedly by most major parties across the UK. The present consensus among policymakers and professionals is that the earlier a family’s problems can be addressed, the less the likelihood of them deteriorating into negative outcomes in the future. Early intervention has dual appeal to policymakers as not only does it improve the wellbeing of citizens, it also helps to save money on more extensive and costly interventions later on which helps reduce the burden on the state. Although the broad concept of early intervention can apply at any age, it is widely recognised that the earlier the intervention in a child’s life the more effective it is likely to be.

The push towards embedding an early intervention approach across public services has started to gather steam in recent years. Many local authorities are increasingly attempting to emphasise early intervention approaches within their local services. The Early Intervention Foundation was established in July 2013 to identify successful evidence-based early intervention programmes for use at service-level. There are even calls for departmental budgets to be top-sliced by a small percentage with the money used for specific investment in early intervention proposals.

Given the cross-party consensus over the value of early intervention in both improving outcomes for children and families and saving money for the state, children’s centres could be reshaped as the most important investment any government could make. In light of this gathering momentum it should be considered whether children’s centres could be fully remodelled and focused as the principal means by which vital preventative services are administered to children under-five and their families. This paper would suggest using the term ‘early help’, already in widespread use in some local authorities and parts of the sector, which might be more appealing to parents and the public in general.
What are children’s centres for?

Crucially such a move would provide a clear direction for children’s centres on the ground to organise their priorities around, and a clearer means for policymakers and professionals to express the fundamental aim and purpose of centres when advocating for them. There is no reason that with this adjustment the core purpose could not still retain some of its broader aims and objectives but only if they fit comfortably under the topline mission of ‘early help for families with young children’. In short the children’s centre should become recognised as the ‘early help’ service.

Re-thinking ‘0-5’

So assuming a basis of early help it is easier to start to construct a model of component services an ideal children’s centre of the future might comprise. But there is a further factor which serves to muddy the identity and purpose of children’s centres that is rarely adequately questioned. That is the wide range of developmental stages they are holistically expected to cater for. It is worth pausing to consider this in more detail.

The original Sure Start Local Programmes were explicitly directed at children under five and their families, and children’s centres continue to operate on this same basic principle. Over the last 15 years this has led to a general view of the 0-5 age range as a fixed stage of the system to be passed through, somewhat akin to the way later periods in primary, secondary or further education are seen – e.g. 5-9, 11-16, 14-19, 16-19 etc. But it must be remembered this is simply an artificial perception distinguished by professionals and policymakers as a holistic way of grouping services. Why do we not refer to nought to two years? Three to five years? Two to four years?

It is most likely that the 0-5 age construct has simply evolved as an accident of policymaking due to the school starting age in England. But any age-specific grouping of very young children will inevitably fail to properly distinguish between the numerous stages of development a child undertakes during its early years which are, arguably, more rapid and dynamic than at any other stage of life. The differences between the needs of a newborn baby and a ‘rising five’ preparing for school – and indeed the multiple stages of development in between – are wildly diverse, as are the wider family needs of those supporting these children in their development. This is even before the varying pace of development in individual children is taken into account.

In short children’s centres have to balance catering for the needs of totally different stages of development in the children they deliver to and the associated needs of their parents. This diversity of need between different age groups is another reason why it can be a struggle to clearly articulate a vision for what a children’s centre should provide. The picture is being further complicated by an increasing flexibility around the age groups children’s centres cater for in different parts of the country. It is now not uncommon to find children’s centres in some local authorities catering for infant school children, primary school children, and in some areas, even catering for a 0-19 age range. Some of this is being driven by relaxation of the original 0-5 stipulation in the most recent children’s centres core purpose combined with the pressure on local authorities to make savings in their budgets.

It is accepted that this can work well on the ground by allowing scarce resources to be used more efficiently – by maximising the use of buildings for example – and may help to integrate services more effectively. However, there is concern that where children’s centres broaden their intake, the scope of what they can achieve with the core group of 0-5 year-olds they were originally (and still are) intended for risks becoming more diluted – potentially to a point that renders them less effective.

Instead of looking to embrace more services focused further up the age range, this paper would argue the core purpose needs to clearly reclaim children’s centres as being
for the period from conception to age five. The focus should be developing a much more sophisticated notion of how services can be better nuanced around the multitude of differing stages of development within this age bracket.

**Services within children’s centres**

Much discussion around what services should be offered in children’s centres focuses on striking a balance between three clear policy objectives – health and wellbeing; education and learning; and parenting support and development (including childcare and getting parents back to work). Fig 1-3 give a sense of the range of services which children’s centres provide in these three areas. One of the reasons this debate often goes round in circles is that all three objectives are vitally important right through the period from conception to age five, but crucially they often differ in order of importance depending on the age of the child.

As we have examined, a clearer distinction between the age groups catered for within children’s centres might make it easier to determine a better way of balancing the services within them. Due to the predominant role of health – and particularly maternal health – during the period from conception to age two, children’s centres might perhaps place a greater emphasis on healthy development both physically and mentally for this age group including parental mental health. Similarly as education becomes conceptually easier to distinguish as the child becomes older, the children’s centre focus from two to five years should perhaps be more on educational development, the Early Years Foundation Stage and school readiness. Parenting support and associated services could be offered throughout as a key objective under early help for parents of all age groups, although whether childcare is most appropriately placed in children’s centres is a matter for further debate.

*Appendix A* explores specific ways that children’s centres might deliver in these three areas identified.

---

**Examples of health and wellbeing services in children’s centres**

- Antenatal registration and checks (midwives)
- Antenatal activities with partners (children's centre service providers) and parents-to-be, preparing for parenthood
- Healthy eating and nutrition
- Healthy lifestyle sessions
- Safety in the home – avoiding/limiting accidents
- Including brothers and sisters – a welcoming family for baby
- Postnatal checks for mum and baby
- Family nurse partnership activities
- Birth registration
- Baby massage

- Baby friendly environment
- Baby café (breastfeeding peer support)
- Weaning, baby food menus and cooking
- Managing childhood illness
- Paediatric first aid
- Maternal mental health and wellbeing
- Maternal sexual health
- Managing substance misuse
- Managing stress
- Exercise and fitness activities (e.g. parent and baby yoga)
- Buggy-cise (outdoor activities with parents and babies)
- Healthy menus and cooking on a budget
Examples of learning services in children’s centres

- Singing, talking, listening and responding activities (talk to your baby activities)
- Reading, loving story, poem and books; Bookstart activities/library membership
- Stay and play with activities focusing on the seven areas of learning of the Early Years Foundation Stage (EYFS):
  - Communication and language (three early learning goals)
  - Physical development (two early learning goals)
  - Personal, social and emotional development (three early learning goals)
  - Literacy (two early learning goals)
  - Mathematics (two early learning goals)
  - Understanding the world (three early learning goals)
  - Expressive arts and design (two early learning goals)
- Crèche provision supporting adult learning planned around EYFS areas of learning
- Engagement with childminders and their children in EYFS-related activities
- Engagement with local pre-schools/day-nurseries/schools and their children in EYFS-related activities
- Community cultural activities
- Adult learning activities guided by parental request
- Adult qualification opportunities to support access to work
- Workplace skills activities

Fig 2

Examples of parent development and support services in children’s centres

- Childcare
- Safeguarding
- Universal drop-in sessions covering topics by parental request
- Attachment promotion and learning
- Motivating and sustaining positive behaviour in the family
- Advice and guidance sessions
- Money management and budgeting advice
- Housing advice and support
- Domestic violence intervention and support (Freedom programme)
- Light touch (universal) parenting programmes
- Bespoke parenting programmes for priority families
- Family support activities in groups (centre-based; community and home-based)
- Programmes for working carers/families
- Programmes for dads and male carers (with children and/or as a peer group)
- Specific support/activities for teen parents-to-be and parents
- Specific support/activities for ethnic community, faith or interest groups
- Managing transitions for your child (home > childcare; home/childcare > school)
- Volunteering opportunities

Fig 3
Reimagining commissioning of children’s centres

Of course many of the best children’s centres already understand the importance of age-appropriate services and the nuanced emphasis needed at different stages of development. Some local authorities and key partners have adopted innovative models of commissioning and multi-agency service integration to achieve just this. However, the balance, and the quality, of the children’s centre offer varies dramatically across the country – even from centre to centre – and success can often be founded on flimsy interpersonal relationships and short-term agreements, subject to changes in management or personnel. This is undermining the image of children’s centres and making it more difficult to advocate for their value. A greater consistency of both service and standards must be a key factor in any reimagining of the ‘early help’ service.

Part of this can be addressed by a better focused core purpose and a clearer outcomes framework as suggested by the Education Select Committee. Sharing of best practice and service modelling between local authorities and individual centres is also key. But this paper would argue that policymakers should assess whether the commissioning structures are best designed to incentivise and deliver consistent best practice in centres.

At present our perspective of children’s centres is of a single agency – in this case local authorities – having the responsibility for delivering and/or commissioning children’s centres entirely. Similarly at central government level, responsibility for children’s centres sits solely within the Department for Education. However, as we have discussed in this paper, the range of services which a children’s centre is designed to ideally deliver stretches well beyond the remit, or indeed the sole responsibility, of any one agency or government department.

But does this ‘single agency’ structure of commissioning necessarily need to be the case? For example, given the fundamental role that health – particularly maternal health – plays in the development of a child, why does the Department of Health not assume greater responsibility for directly commissioning some services situated in children’s centres? Wouldn’t this better enable them to improve the health and wellbeing of families locally, particularly in the context of the health check for two-year-olds? Would it not give local health and wellbeing boards better levers to achieve public health goals such as smoking cessation or increased birth weight?

Similarly what if greater emphasis was placed on schools to intrinsically link with, and possibly commission within, local children’s centres, even where they are not co-located? Wouldn’t this better enable them to work with children’s centres to help achieve the ‘school readiness’ which all agencies are keen to deliver? Could this not be used as a springboard to help embed a more integrated education system from birth to 18?

Important moves are already being made towards such integrated sorts of commissioning. For example from 2015 local authorities will be responsible for commissioning health visitors – likely to mostly be based in children’s centres – but crucially the health visitors will remain in the employment of health and their functions under the oversight of the Department of Health. It will be interesting to monitor how this might link the roles of health services, local authorities, and children’s services more closely and what might be learned for the commissioning of other services in children’s centres, such as employment support, social services, or registrars.

Essentially this paper asks whether we need a different perspective of children’s centres as a melting pot for a variety of services for families guided by a core vision of ‘early help’. Housed in buildings not owned by any one agency, but by many, these could accommodate and co-locate different services from different commissioners under the aegis of a centre manager and trained support staff.
This would present challenges – not least in terms of governance over issues such as who maintains the centres and provides accountability for the manager etc. It would also raise questions around how holistic inspections of children’s centres, such as those currently undertaken by Ofsted, would need to be reshaped effectively to reflect the responsibilities of different agencies providing different services within them.

But it could offer major benefits by providing more tangible ‘buy-in’ for some agencies – particularly health – and ensure greater consistency of approach. It might also help to better clarify the balance between universal and targeted services which additionally confuses the remit of children’s centres and is currently subject to much debate as resources dwindle. By viewing the centre as a composite of a wide range of services under the banner of ‘early help’ it is easier to conceptualise how the doors could welcome all members of the community for universal services, but offer a range of targeted and effective programmes for those families who most need them.

**Recommendations**

- Children’s centres should be placed on a statutory footing akin to other similar institutions such as schools.
- The core purpose for children’s centres should be remodelled around a concept of early intervention so that they become recognised as the ‘early help service’.
- Children’s centres should be refocussed exclusively on providing services to families from conception to a child starting school. However, policy should take a more nuanced view of the 0-5 age group, recognising the different stages of development and associated need within the age range.
- The structure and commissioning models for children’s centres should be re-examined to assess whether they are best designed to deliver the consistency and quality aimed for in centres.
Appendix A

This appendix provides more specific analysis of how children’s centres might be better focussed to deliver services in the three identified priority areas of health, education, and parenting support.

The children’s centre role in improving maternal health and tackling postnatal depression

The core purpose makes it clear that reducing health inequalities is a vital part of improving outcomes for families, particularly the most disadvantaged. As such, children’s centres are a key delivery point for many health services for both children and their families – although many are more likely to offer ‘softer’ health approaches, such as health promotion or smoking cessation, rather than acute services.

The primary relationship the children’s centre has with health will usually be via the health visitor who can be a key source of outreach and referral for children’s centres, although some children’s centres may have forged links more widely with local GPs, hospitals or midwives. However, given the importance of health services during the peri-natal period, children’s centres are often underused.

For the period between conception and age two perhaps the most important intervention happens less with the child directly, but with the family – and in particular the mother. Countless studies have shown maternal health to be critical to the healthy development of the child. Yet around 85 per cent of mothers (and sometimes fathers) are thought to experience the ‘baby blues’, while 10-15 per cent of new mums go on to experience much more serious postnatal depression (PND).17

Children’s centres obviously pick up on cases where mothers may be struggling to cope with a new baby and can offer degrees of support. Yet the mother is in most cases the child’s principal means of experiencing the world in its earliest months and years and her welfare is vital. However, although ‘promoting good physical and mental health for both children and their family’ is part of the stated core purpose of children’s centres, it is perhaps surprising that PND is not mentioned explicitly given the fundamental impact it has on the child.

The 1001 critical days manifesto18 led by the Wave Trust and the NSPCC and supported by a large range of other children’s organisations, including Barnardo’s, sets out a health-led vision for the priorities during the period between conception and age two, which would sit very comfortably within an ‘early help’ remit.
**Better integrating early education and school readiness within children's centres**

The present core purpose quite rightly places specific emphasis on children's centres supporting child development and school readiness. Indeed children's centres offer a range of services designed to increase cognitive development and learning; to improve speech and language development; and to improve parental engagement reflecting research showing the parent is the most important influence on a child’s learning. However, it is not always clear how fully integrated pre-school ‘education’ is within children's centres due to the varied menu of services on offer within different centres.

A common misconception about children’s centres is that they are ‘childcare’ centres offering integrated care with nursery education. While this is still the case in a minority of children’s centres – usually phase one centres in the most deprived communities – in most cases eligible children will be accessing their free early education entitlement elsewhere.

Similarly children’s centres across the country have varying levels of relationship with local schools, with some fully integrated on school sites (which can make it more difficult to work across several schools) and others finding it difficult to establish relationships with some or all local primaries.

This presents a policy dilemma that while children’s centres should indeed be aiming to improve outcomes around development and school readiness, they are often only complementing the work of other agencies not even as the primary provider or education. Furthermore different schools may have different views of what constitutes ‘school readiness’ which can make it difficult for children’s centres to work across a number of schools, as they are meant to.

While education is vitally important, more clarity needs to be given to how schools should be expected to relate to children’s centres, and also how centres must link with other providers.
Innovating services in children’s centres that better help parents to help themselves

This paper takes the view that other services offered within children’s centres beyond education and health can be largely grouped under the heading of ‘parenting development support services’. Most of the rest of what children’s centres do is designed predominantly to help parents to help themselves and manage their family life more effectively.

This catch-all term is intended to include both universal and targeted family support services (which make up a large part of children’s centres’ work) but also the range of other piecemeal services which different centres offer – such as employment advice services to help parents back to work for example, or support with housing or debt issues.

But the innovation in some centres shows how children’s centres can do more to help parents. For example, Barnardo’s Benchill children’s centre in Wythenshawe, South Manchester works with the local registry office to provide birth registration sessions for new parents. This has been well-received by parents in a highly deprived community – it means they do not have to make the difficult and costly journey into Manchester city centre with a new baby.

There have been advantages for Benchill too as it has led many parents to enter the children’s centre, who otherwise might not have done – particularly fathers, given both parents have to be present if they wish to appear on the birth certificate. This has helped promote awareness and increase the reach of the centre, while improving the trust and engagement of the local community.

Children’s centres should be encouraged to innovate in similar ways to best help parents and children. Any new vision for children’s centres needs to strike the right balance between the drive for evidence-based commissioning and the flexibility that allows new approaches to blossom without the fear that this will impact on a centre’s funding or inspection grade.
What are children’s centres for?


3 This paper only offers the most succinct overview of the development of children’s centres. Those interested in a more detailed history will be able to find extensive information on the subject, not least within Eistenstadt, N (2011) Providing a Sure Start. How the Government discovered early childhood. Policy Press, Bristol.

4 Note that it was in this same period that greater powers began to be devolved to home nations including early years policy. This explains why although the four nations have subsequently developed different approaches to early years intervention the term Sure Start still remains in use in places such as Belfast, for instance.

5 Phase one built on the existing SSLP models and related programmes converting them to children’s centres, while phase two concentrated on ensuring the 30 per cent most deprived communities received centres early. Phase three in 2008-10 then extended children’s centre coverage to all areas.

6 It is indicative of the lack of clarity around what constitutes a children’s centre that such disagreement exists. In its report the Education Select Committee refers to a written answer to a parliamentary question in stating that 3,116 centres existed in April 2013 (compared to 3,631 recorded in April 2010), yet acknowledges that ‘there is some dispute about the number of closures’ with Elizabeth Truss asserting that local authorities have informed DfE of only 35 outright closures. It is thought that the rest of the decline is due to changes in how numbers of children’s centres are recorded through mergers and reorganisations of existing centres. Although this in itself highlights the need for a firmer definition of the ‘children’s centre’ to ensure clearer classification and accounting of the number of centres.

7 Findings of a report by the Children’s Society suggest that in some deprived areas as many as four in 10 families were not aware that children’s centres even existed. Royston, S; Rodrigues, L (2013) Breaking Barriers: How to help children’s centres reach disadvantaged families. Children’s Society, London.


11 As an example, Nottingham has gone as far as trying to make it an ‘early intervention city’ with the local council placing this ethos at the heart of its basis and values: www.nottinghamcity.gov.uk/article/303

12 www.politicshome.com/uk/article/74355/graham_allen_a_budget_for_early_intervention_is_called_for.html

13 The converse of this argument which is also worth mentioning is that it is actually quite difficult to see how any government will be able to effectively achieve its intentions around early intervention without a thriving network of children’s centres, given they are at present the only universal service available to engage effectively with the youngest children and their families.


15 It should be noted though that more usually the debate is framed more narrowly between ‘health v education’ or ‘parent-focused services v child-focused services’.


17 Based on figures cited by MIND. www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression/#.UqsjI9JdUm8

What are children’s centres for?

© Barnardo’s, 2014
All rights reserved

No part of this report, including images, may be reproduced or stored on an authorised retrieval system, or transmitted in any form or by any means, without prior permission of the publisher.

All images are posed by models.

Believe in children
Barnardo's

www.barnardos.org.uk
Head Office, Tanners Lane, Barkingside, Ilford, Essex IG6 1QG
Tel: 020 8550 8822

Barnardo's Registered Charity Nos. 216250 and SC037605 1973 (Date 14)