Reaching families in need
Learning from practice in Barnardo’s Children’s Centres

Believe in children
Barnardo’s

April 2011

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Section one: Introduction

Children's centres are increasingly being challenged to reach out to those families most in need of their support. The UK Government’s coalition agreement (May 2010) pledged to: 'take Sure Start back to its original purpose of early intervention [and] increase its focus on the neediest families'. All Barnardo's children's services have set targets to measure and extend their reach of the most disadvantaged and vulnerable groups locally, over the coming years.

This practice briefing draws on the experience of Barnardo’s children’s centres and academic research to identify ‘what works’ in reaching out to vulnerable and disadvantaged families. It has been written primarily for children’s centre managers and should also be of interest to local authority commissioners and policy makers. Although this briefing is primarily focused on England, it has important implications for outreach work with children and young people in other nations of the UK.

Barnardo’s involvement in the delivery of children’s centres dates back to the first Sure Start Local Programmes and, like the whole sector, has grown rapidly in recent years. In January 2011, Barnardo’s ran over 100 children’s centres in England as well as area-wide outreach services and similar provision in Ireland, Wales and Scotland. Our children’s centres are estimated to be in contact with as many as 25,000 children and 23,000 parents and carers every year.

Policy context

Sure Start Children’s Centres (SSCCs) were introduced in 1998 by the Labour Government. The initial phase ‘Sure Start Local Programmes’ was generously funded and centres were located in the most deprived 20 per cent of wards in England. Later phases rolled out children’s centres to less deprived areas. By 2010, 3,500 children’s centres had been established with over half of them founded between 2007 and 2010.

Children’s centres are funded at different levels, related primarily to area deprivation. Centres established in phases one to two in the most deprived 30 per cent of communities were required to ensure that families with young children had access to a ‘core offer’ of:

- integrated day care (not required in phase three centres) and early learning
- drop-in sessions and activities
- child and family health services (provided by the NHS and other partners)
- outreach and family support
- links with Jobcentre Plus for training and employment advice
- support for childminders
- support for parents of children with special needs.

Children’s centres are open to all local families with children under five, offering universal access to services including stay and play sessions, parenting classes and health clinics. They also carry out targeted work with families who need

2 Barnardo’s (2010) Being Braver: Business plan commitment: ‘by April 2011 we will establish a baseline by which our reach to the most disadvantaged can be measured and for our reach to improve in year two and three of the plan, by at least five per cent per year’ Unpublished internal document.
3 In Wales, integrated children’s centres have been developed with additional ‘Flying Start’ funding for 0-3 year-olds in the most deprived areas. In Northern Ireland, 32 Sure Start Children’s Centres have been developed over the last decade. In Scotland, local authorities have developed different approaches to meet the goals established in the national Early Years Framework.
5 Children’s centres were rolled out over three phases. The first phase took place between 1998 and 2006 and targeted the most deprived 30 per cent of communities in England. Phase two (2006-2008) widened this to targeting the most deprived 30 per cent of communities with some expansion into the remaining 70 per cent of communities, those that were less deprived. Phase three took place between 2008 and 2010 and expanded to include all remaining 70 per cent of communities.
6 Department for Education (DfE) presentation at Barnardo’s Children’s Centres Conference, 29 July 2010.
7 ‘Stay and Play’ sessions encourage learning through play. Parents and carers can bring their children and join in on a wide range of activities.
additional support through home visits and involvement in groups and courses focused on particular outcomes.

The universal basis of children’s centres provides an important foundation for their work with the neediest families – bringing them into contact with the great majority of local families, providing a vehicle for early identification and ensuring a good social mix which helps to improve outcomes for disadvantaged children and parents.8

Despite deep cuts in public spending anticipated in 2011 and beyond, ministers have reiterated their commitment to universal Sure Start provision. In the Comprehensive Spending Review in October 2010, ministers protected children’s centre funding in cash terms, with new investment to fund an expansion in health visitors.9 Nonetheless, as local authority budgets are reduced and funding streams no longer ring-fenced; children’s centres will be subject to tighter funding and closer scrutiny to ensure that they are reaching out to and improving outcomes for disadvantaged and vulnerable families.

This research

This research was carried out between April and July of 2010. To keep demands on children’s centres to a minimum, we relied as far as possible on existing evidence, in particular reports from the National Evaluation of Sure Start.10 Service visits were made to learn from practitioners in nine of Barnardo’s children’s centres and related outreach services in the South West and Midlands regions. Data reported by a sample of 25 per cent of Barnardo’s children’s centres (using local systems such as eStart and SoftSmart, in Barnardo’s LiveLink Service User Recording and in annual self-evaluation forms11) was analysed to throw light on the extent of engagement with vulnerable and disadvantaged families.

Anne Pinney wrote this report which was reviewed and edited by Kate Wallace and Deborah Meyer. The research was led by Anne Pinney with support from Martha Slowley, who reviewed the literature. Mark Shoesmith led the data analysis with assistance from David Dutchman (Barnardo’s South West region) and Phil Sharratt (Barnardo’s Midlands region). We are very grateful to all who contributed their time and expertise.

Understanding ‘reach’ – definitions

Children’s centre ‘reach’ is commonly defined and measured in two ways within centres’ geographical catchment area. These include:

- the number of families with children under five
- the extent of engagement with families at risk of poor outcomes who may be in need of support but are less likely to take up the services on offer at their children’s centre.

For the purposes of this briefing, we will focus on the latter definition. Practice guidance12 issued by the Government...
identifies the following groups as at risk of poor outcomes, acknowledging that a community profile varies from area to area. These are:

- teenage parents
- lone parents
- families in poverty and workless households
- families in temporary accommodation
- parents with mental health, drug or alcohol problems
- families with a parent in prison or engaged in criminal activity
- families from minority ethnic communities
- families of asylum seekers
- parents of children with disabilities and parents with disabilities.

Other groups highlighted by several of the children’s centres involved in this research include:

- fathers, particularly fathers with vulnerable backgrounds themselves
- families affected by domestic abuse
- isolated parents (including parents suffering depression and those in very rural areas)
- travellers and other transient families, including recent immigrants.
Section two: What works when reaching out to vulnerable and disadvantaged children and families?

1. Partnership working with local agencies

Partnership working with local agencies emerges as the single most important factor influencing children’s centres’ ability to reach vulnerable and disadvantaged families. This works in a number of ways:

- Timely information-sharing by partner agencies – for example, sharing information on new births, children with disabilities living locally or a parent taken into custody. This enables the children’s centre to make contact and assess if further support is required. It also encourages the family to use the services on offer.
- Referrals for family support and other targeted provision, or less formally, for universal services such as baby-massage or English as a Second Language courses.
- Trusted practitioners such as midwives, health visitors and GPs encouraging families to use children’s centre services.
- Joint working to take services to families who are reluctant to come into the children’s centre. For example, visiting vulnerable families in their own home in partnership with health visitors.

Children’s centres which were well embedded in the network of local services were the most confident with their reach of vulnerable groups. By contrast, where local partners were reluctant to share information (often attributed to data protection concerns) or to collaborate in reaching out to families in need, the task of locating such families and delivering services directly to them was much harder. For example, one centre manager was told by health colleagues that there were 42 children under five with disabilities in her catchment area but she could not contact them as the health body in question would not share names and addresses. As this manager was a member of the area’s strategic steering group for SSCCs, she was able to challenge this and eventually the health body agreed to send out an open letter to those families, telling them about the children’s centre services and encouraging them to visit.

Box 1: Partnership working with local agencies at Saffron Sure Start

Saffron Sure Start Children’s Centre in Leicester stood out due to the extent of its links with partner agencies. The city council has organised services into integrated neighbourhood teams for children 0-12 years. Saffron Children’s Centre has partnership planning groups based around the Every Child Matters outcomes, helping to ensure shared priorities. The centre employs a small team of family support workers and play workers who are co-located with a range of specialists including health visitors, midwives, early years support teachers, a speech and language therapist, a children centre teacher, a community food worker, a link to learning officer and a housing support adviser.

Health visitors register new families with the children’s centre and all parents with newborn babies are visited by the health team. Where there are concerns, the family is referred to the family support team for follow-up visits or involvement in a targeted group. Midwives also refer families where there are concerns, even before the baby is born. They have regular ‘cause for concern’ meetings with local GPs, health visitors and the wider integrated team to review families in need of support.

The children’s centre plays an active role in Common Assessment Framework (CAF) delivery and Team Around the Child (TAC); coordinating a package of care for children with complex needs, generating referrals for targeted support and providing up-to-date information on local families’ needs.

They have established strong links with education. Involvement in the nursery education pilot for disadvantaged two-year-olds has brought many targeted families into the children’s centre. The six-week parenting course (a condition of taking up a disadvantaged family’s free nursery place) has demonstrated improved outcomes for children and families. The centre has collaborated with the local authority and schools to identify pre-school children missing out on nursery education to increase take-up. They organised small early learning groups and home visits to encourage parents to get involved in their children’s learning and engage in wider services.

Partnership working with health visitors, who have the fullest information on new births and knowledge of families who are not coping well, is particularly important. This varied greatly between centres, in some areas undermining children’s centres’ ability to make contact with all families with newborn babies. The Coalition Government’s commitment to invest in more Sure Start health visitors is therefore welcome, but it is critical that this is accompanied by a real strategic commitment in all areas to work in partnership with local children’s centres.

Clearly, partnership working requires commitment on all sides and this varied greatly between areas. Managers emphasised the need to invest senior staff time in local and strategic partnerships to raise awareness of their role, keep up-to-date with changing community needs and challenge poor practice. This was an on-going task, given high staff turnover in some agencies and changing budget priorities. One centre manager described the need to adopt a ‘Rottweiler attitude’ in working with some agencies, persisting until they cooperated. Where Barnardo’s was only responsible for a small number of children’s centres in the area, maintaining a strategic presence was more challenging.

Box 2: Working with health visitors in two Barnardo’s children’s centres

Two Barnardo’s children’s centres in one large urban area described contrasting experiences of working with health visitors, affecting their ability to reach vulnerable young families.

The children’s centre on the outskirts benefited from strong working relationships with health partners. Health visitors provide monthly updates on new births and the outreach (family support) team try to visit all families with newborn babies within the first eight weeks. If there are concerns, they undertake a risk assessment with a health visitor and make further home visits. The centre manager reported that they get ‘fantastic’ information and referrals from health workers.

By contrast, the inner city children’s centre reported that health visitors ‘won’t engage’. This was attributed to staff shortfalls and heavy caseloads, although they did receive referrals for family support. They had worked hard to publicise the children’s centre locally and to build links with voluntary and community organisations and schools.
2. Leadership and strategy

‘A key element of the centres we visited who were pro-actively targeting excluded groups was leadership from the centre manager, who viewed work with the most disadvantaged families as core to the centre’s role.’ (National Audit Office, 2006)

Findings from key pieces of literature – including National Evaluation of Sure Start reports on fathers, on children and families with special needs and disabilities and on black and minority ethnic communities – emphasise the importance of leadership and strategy to reaching families who would otherwise be excluded. Arguably, leadership and strategy underpin all aspects of practice described in this briefing, but in this section we focus on two key challenges for children’s centre managers: knowing and responding to community needs and actively targeting priority groups.

2.1 Knowing and responding to community needs

This research included a detailed analysis of the data reported by a sample of Barnardo’s children’s centres. This revealed that at present, most children’s centres do not have access to reliable demographic data on vulnerable groups such as teenage mothers, lone parents, children with disabilities and workless households in their catchment areas. The performance management framework developed by the Government expects local authorities to provide such data but local practice appears to fall well short of expectations. Such information is essential to inform children’s centre priorities and to enable them to assess if they are reaching those families most in need of their services. We recommend that data needs should be clarified in future negotiations with local authorities around children’s centre contracts, in line with the templates published by Together for Children:

‘Local Authorities should be clear with their children’s centres, particularly at the time of commissioning or establishing centres, about what baseline data the Local Authority will provide and what data the centre should collect. The statistical findings should form part of their performance management conversations.’

In the absence of sound baseline data on vulnerable groups, children’s centres use a wide range of techniques to compile as full a picture as possible of their local population.

Newly established SSCCs and area outreach services undertook extensive information gathering and consultation with the local community and organisations already working in the area through open days, community events and meeting parents of children in neighbourhood primary and nursery schools. For example, project workers from Barnardo’s outreach service in Somerset emphasised the value of the time they invested in their first few months in getting to know their area really well, building relationships with local partners and meeting regularly with children’s centre managers (each project worker links with two to three children’s centres). Together with the strong relationship they had established with health visitors in the patch, this meant that they ‘hadn’t had to unearth families’ across this large rural county.

Several service managers emphasised the value of getting to know de facto community leaders – ranging from mosque elders to the man who ran the Polish shop – to explore the needs and preferences of different communities.
communities and how best to encourage them to use children’s centre services.

Targeted consultations are valuable to explore the needs of groups facing specific barriers such as parents of children with disabilities, families who face language or cultural barriers and teenage mothers. Consultations can be done informally, for example, meeting small groups through local organisations already in contact with them or by inviting families in for taster sessions, fun activities or outings targeted at particular groups. More in-depth information may be gathered by commissioning small-scale research to explore what parents want from their children’s centre and barriers to service use.

Local populations and individual families’ needs change over time, so children’s centre managers need to find ways of keeping appraised of changing community needs and must be constantly challenging themselves to ensure that their services are reaching those families who most require their support. A comprehensive community profiling tool has been developed by Barnardo’s staff to assist with this. The tool comprises a framework for making sense of existing information about the centre’s catchment area. In order to ensure this information is continually kept up-to-date, the authors recommend that this is undertaken annually and is supplemented by gathering information directly from a sample of key stakeholders including parents and carers.17

Box 3: Knowing and responding to community needs - reaching out to the families of the 40 Commando Royal Marines Regiment

Brock House Children’s Centre is situated next to a British forces base, the 40 Commando Royal Marines Regiment. Many of its members are currently serving in Afghanistan. Deployment can put great pressure on families, with one parent absent for long periods and all the added stresses of serving in a dangerous war zone.

The centre manager knew many such families were living locally but were not using the children’s centre. The base was quite a closed community; some of the families were new to the area and far away from their own wider family members and understandably, they wanted to be seen to be able to cope. An additional challenge was that many families lived off-site but data protection concerns meant that their full addresses could not be disclosed so volunteers delivered leaflets to entire streets where service families were known to live. Local schools also helped by giving parents information on the children’s centre.

The centre manager heard about a website used by service families where she was able to post information on the children’s centre and invite them to two consultation meetings to explore what services they might need, particularly during deployment. A bid was made to the local authority to develop two parents support groups (with a counsellor present), a weekly créche to give parents some time to themselves, fortnightly play days and a designated telephone line for support and signposting.

The established groups are held at two different venues in the town to reflect where families live. A drop-in group on the base has developed and

now an additional social group has been set up, mainly led by the parents themselves. Many of the families have increased their attendance as a result of this new provision.

The children’s centre also offers emergency childcare, including overnight stays and telephone support for families where a parent may have been injured or killed. The project has a group of volunteers who are able to act as drivers, practical helpers or listeners for families in need. The partnership with the welfare team on the base has been successful. Support is also available for families faced with forced relocation after a fatality.

### 2.2 Actively targeting priority groups

Children’s centre managers have a key role to play in embedding a commitment to reach the neediest families across all aspects of service delivery. A wide-ranging review of children’s centres published by the National Audit Office in 2006 provides some useful insights into what this involves in practice. In children’s centres which demonstrated a high level of commitment to targeting the most disadvantaged families:

- staff were encouraged to find effective ways of engaging priority groups (i.e. developing innovative approaches and fact-finding) and felt supported in carrying out difficult tasks
- resources were targeted at the most disadvantaged and monitored on this basis
- strategy and service design reflected the needs of priority groups
- key objectives and performance measures reflected their commitment to extending ‘reach’ of priority groups and improving outcomes for them, influencing all staff members.

Visits to Barnardo’s children’s centres in the course of this research revealed a high level of awareness and commitment to reaching priority groups, consistent with the charity’s mission. The researchers observed that managers were most confident of their reach to vulnerable families where:

- they had put in place systems to scrutinise their own practice, ensuring a clear focus on the needs of priority groups, i.e. regularly reviewing group take-up and outcomes
- they were well-linked into the network of local services so that they knew about changing community needs and if an individual family needed support (as described in the previous section).

### Box 4: Action planning around ‘hard to reach’ families

The senior leadership team for Barnardo’s children’s centres in Birmingham have an action plan around ‘hard-to-reach’ families which they review every eight weeks. For every new initiative, they identify which families they want to reach (and why) and establish anticipated outcomes. After this, they evaluate how far they have succeeded.

### 3. Inclusive universal services

While targeted approaches are required to engage some families who might otherwise not come through the door, universal services (including open groups, drop-ins and courses) also play an important role in reaching and improving outcomes for vulnerable families. In particular, universal provision allows for:

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work with many more parents and children – with ‘stay and play’ sessions, groups and short courses designed to improve parenting skills, speech and language development, behaviour management, healthy nutrition and so on.

- observation of children and parents, enabling referrals to be made for targeted support, building on trusting relationships between parents and staff. Examples mentioned on fieldwork visits included exploring concerns about a child who ate and drank incessantly during a play session or offering support to mothers who were evidently suffering from depression and struggling to bond with their child.

- continued engagement beyond home visits, helping families sustain progress.

What does this mean in practice?

Inclusive ethos, flexible ‘can-do’ attitudes and persistence

Fundamentally, inclusive universal services mean that parents feel welcome and valued and staff and volunteers work flexibly to alleviate barriers like disabled access, fears about joining a new group or cultural or language barriers – helping families get the most out of the services on offer. This involves working at parents’ own pace, encouraging them to join groups and courses when they are ready and persisting through phone calls, texts, befriending, offering lifts and so on. Reports from the National Evaluation of Sure Start emphasise the importance of inclusive universal services in relation to children and parents with disabilities and fathers and families from minority ethnic communities in particular.

People, skills and awareness

Children’s centre managers repeatedly emphasised the effort they put into recruiting staff with the skills and awareness to work confidently with diverse service users, including those facing specific barriers, those with challenging behaviour and those for who there were safeguarding concerns. This required on-going training, supervision and case review (many senior staff had a background in social work). Another factor often mentioned by centre managers was the value of recruiting staff and volunteers who are from different sections of the community.

Accessibility and location

Physical and geographical barriers to services were frequently discussed in the children’s centres visited and referred to in their self-evaluation forms. This is a particular challenge in rural areas where children’s centres are often reliant on community venues but also in urban areas.
where busy roads, community boundaries and inadequate public transport meant that parents may be reluctant to travel to the children’s centre. Some of the children’s centres visited were located on the edge of their catchment area (with one outside it), making it more difficult to reach local parents. All made extensive use of community venues to reach different sections of the population but care had to be taken to ensure these were accessible to people with disabilities.

Representative images and literature
Existing research emphasises the importance of the look and feel of children’s centres so that parents feel that they will be welcome and not like ‘the odd one out’. Again, this appears particularly relevant to fathers, BME families and parents of children with disabilities.

Managing service take-up – ‘sharp-elbowed’ parents?

Recent reports in the media have highlighted popular concerns that ‘sharp-elbowed’ middle class parents may displace less confident parents in taking up children’s centre services and Prime Minister David Cameron has echoed these concerns. However, at the same time, research tells us that a social mix helps to improve outcomes for disadvantaged children. This research explored how Barnardo’s children’s centres and the take-up of universal services ensure that those most in need are not left at the back of the queue and that all parents feel comfortable in a group setting. While many managers acknowledged concerns, they felt confident that they were able to manage group take-up by:

- delivering groups and services in community venues frequented by those parents they most wanted to reach. These venues included a large housing estate suffering high deprivation, a predominantly Asian neighbourhood and an isolated village with high levels of social need
- carefully targeting provision to community needs. For example, putting on Freedom Programmes on domestic abuse, English language courses, or more broadly, choosing a parenting programme which local parents would respond well to
- actively managing bookings so that families in greater need take priority. For example, reserved places for those receiving family support or referred by health visitors
- befriending, accompanying or simply ‘meeting and greeting’ parents joining a group for the first time and brokering relationships with others (see box 5 below).

Box 5: Learning from research: mothers and early years groups

First impressions are crucial in early years groups such as parent and toddler groups. If a mother is not met with a friendly
welcome or included in conversations, she will probably never come back.

Mothers need to feel psychologically safe in groups. Some high-need mothers, with many difficulties and few resources, become ‘group-phobic’ as a result of one bad experience (i.e. 90 minutes of sitting alone or being given ‘dirty looks’) because they are ‘rejection-sensitive’. To guard against this:

- encourage first-time attendees to come with someone they know or introduce them to an existing member beforehand
- skilled facilitators should manage groups to integrate new members and ensure cliques do not marginalise others
- appoint a parent as ‘welcomer’ to greet new attendees
- run groups for short periods so that strong cliques do not form.

4. Targeted provision

While universal services are the foundation of children’s centres’ work with all young families, targeted approaches are needed (sometimes just on a short-term basis) to engage those who might otherwise not come through the door. Targeted services are aimed at particular groups or individuals rather than being open to all. For example, antenatal classes are open to any expectant parent but a small number of mothers-to-be may be referred on for family support, counselling or to join a small nurture group to help them cope with prenatal depression.

This research indicates that Barnardo’s children’s centres offer many targeted services, some building on the specialist skills and knowledge developed in other Barnardo’s services – such as family support, disability services, safeguarding and domestic abuse. Analysis of Barnardo’s case management data in one region24 suggests that children’s centres are working with about 12 per cent of families on a sustained individual basis; probably involving home visits and family support (see next section).

We do not currently have a comprehensive picture of the extent of targeted work done through small groups in all Barnardo’s children’s centres. However, findings from this research suggest they are an important part of provision, helping reach many more families. The centres provide a range of targeted group work, including:

- Groups targeted at particular individuals by being delivered on-site, for example in refuges for women fleeing domestic abuse, at hostels for teenage parents or from a caravan on a travellers’ site.
- Small, stable groups for isolated, less confident or depressed parents, helping

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them out of their home and giving them the chance to share their issues with others in a similar situation and to seek advice from on-site specialists.

- Larger, less structured groups and activities aimed at teen mothers, fathers, families facing language and cultural barriers or parents with learning difficulties who may not feel comfortable joining the usual mix of parents or who have some specific needs.

- Groups focused on particular outcomes, for example, the impact of domestic abuse, debt/money management or learning English as a second language.

- For children with disabilities, targeted ‘stay and play’ sessions including use of a sensory room and a garden.

For almost every group described, examples were given of parents moving on to use other children’s centre services. Some have even become volunteers or staff members. For many parents, targeted groups ease the transition from first contact or one-to-one support in their own home to feeling confident enough to access other services (see box 7). As the National Evaluation of Sure Start notes: ‘SSLPs have become adept at getting parents to participate in services outside of the home, some have also developed a chain of services to move parents along a route towards self-reliance, further education and training and employability.’

Box 6: Examples of targeted initiatives by Barnardo’s children’s centres

Supporting teenage parents at Fox Hollies Children’s Centre, Birmingham

Fox Hollies Children’s Centre has established links with a local hostel for vulnerable young parents. The project workers regularly run groups at the hostel including parents’ groups, play sessions and art therapy aimed at building confidence, developing parenting skills and providing targeted support where needed. Fox Hollies encourage the more vulnerable young mothers to join a small ‘chill and chat’ group which meets regularly for informal discussions about topics of interest to them, gradually building their confidence about joining a group. Over time, many have gone on to take up universal services such as ‘stay and play’ sessions and have completed the accredited Parents with Prospects course. Approaches that have helped to encourage participation include using community venues favoured by the young women; accompanying them when they first join a group (or longer if necessary); keeping an eye on group dynamics to avoid them becoming ‘cliquey’; and persisting, through text messages, phone calls and visits by project workers.

Overcoming language and cultural barriers in Bournemouth

Barnardo’s children’s centres in Bournemouth serve a diverse and transient community with many different nationalities including Portuguese, Polish, Russian, Korean, Bengali and Iraqi immigrants. Some of these families are isolated and vulnerable but their lack of English presents a barrier to finding out about local services for them and their children. The children’s centre therefore worked with a local church group which already ran language classes in the area to provide an ‘English as an Additional Language’ (EAL) course, with an on-site crèche. They worked creatively
Box 7: Step-by-step progress made by a teenage mother

Project workers first met Shelley when she was 17 and had recently given birth to her first son, Liam (names have been changed). She had low self-esteem and was reluctant to join in on activities at the children’s centre which she worried would feel like school which she had not enjoyed.

Family support workers supported her with regular home visits through the early months of motherhood. When she felt ready, they encouraged her to join the young parents’ group and she then enrolled on literacy and numeracy courses at the children’s centre. As she grew in confidence, project workers suggested that she might like to be a parent representative on an interview panel for a pilot scheme they were involved in, which further built her confidence. Shelley has now gone back to college to take her first steps towards training to be a midwife.

5. Outreach and home visiting

The inclusion of outreach and home-visiting among the core Sure Start services was an acknowledgment of the difficulties of reaching some families. Outreach is the term used to describe a wide range of activities to encourage families to make use of children’s centre services from making contact with all young families in the catchment area (i.e. through community events or door-knocking and delivering leaflets) to delivering groups and services in familiar community venues and making home visits for ‘hard to reach’ families.

The National Evaluation describes the many different models used for outreach and home-visiting and even in the small number of Barnardo’s children’s centres visited in this research, a range of approaches were evident. With that proviso, the broad model is described below.

- Referrals are received from partner agencies, typically including health visitors, social workers, youth workers, police officers, parent support advisors (in schools) and CAF (Common Assessment Framework) panels. Parents are also able to refer themselves – word of mouth makes a significant contribution to reaching families in need as they encourage one another to take up services which have helped them.

- The team leader allocates referrals to a project worker who makes contact and arranges to meet the parent at home or in a community venue (i.e. park or café) where they feel comfortable, telling them about the children’s centre and exploring what support they may need. Some parents then feel confident to go on and use services themselves, perhaps with a

project worker or volunteer accompanying them at first.

If further support is needed, the project worker sits down with the family to assess their needs and to agree short-term goals which they work towards over the following weeks and months, gradually shifting the balance from support to self-reliance. Improving parenting skills, helping establish routines, managing behaviour more effectively and making the home safe and clean tend to be a major focus in home-visits.

Home visits are necessarily a short-term intervention aimed at helping parents cope better and linking them up with other parents and community resources. Tackling isolation is a key outcome reported by Barnardo’s children’s centres. Cases are reviewed regularly through supervision and closed once suitable progress has been made or a referral for more specialist intervention is needed.

**Box 8: Tackling isolation – Bristol Community Family Worker Service**

Barnardo’s runs a family support service for children’s centres across much of the Bristol area, working through home-visiting and in local communities with ‘hard to reach’ families who often have issues such as mental illness, domestic violence and substance abuse.

Project workers carry out an assessment and agree a plan with the family, which they work towards through regular home visits over a period of up to six months. Project workers are also linked into designated children’s centres where they help to run groups.

Through the model above, the service works with the most vulnerable families, supporting them to overcome all sorts of obstacles to parenting. Parents are helped to link in with services and access support such as debt or housing advice, alleviating financial hardship. Support to attend appointments and access play facilities for children helps to alleviate social exclusion and poverty of experience.

Managers in many of the children’s centres remarked on the rising levels of need they are uncovering in the families referred to them for outreach and home-visiting, including chronic mental health problems, substance misuse, domestic abuse and neglectful parenting. Uncovering this need was attributed both to increasing confidence in children’s centre provision and to limited scope for preventative work by partner agencies. This is due to tighter budgets and heavy caseloads affecting social workers and health visitors. Uncovering rising levels of need reinforces the importance of rigorous training in safeguarding policies and procedures. This should be supported with appropriate supervision of staff and volunteers in the social care setting. This approach ensures they are able to accurately assess risk and follow clear and agreed protocols for referral to social services. Barnardo’s is currently implementing its own safeguarding learning and development strategy which will support this.

**Conclusions and future challenges**

In small scale research such as this, it is impossible to draw firm conclusions about the effectiveness of Barnardo’s children’s centres in reaching the neediest families. However, consistent with the charity’s mission, we found a high level of awareness of vulnerable and disadvantaged families in all the services visited and a real commitment to finding ways of reaching
them, working flexibly and persisting until parents were ready to engage, even if only in the security of their own homes. Children’s centres are struggling under heavy, duplicative reporting requirements which do not as yet yield a reliable picture of their success in reaching priority groups and improving outcomes for them. This is a key area for improvement to be taken forward within Barnardo’s and in partnership with commissioning bodies.

Local authorities need to make better progress in providing children’s centres with data on the needs of families in their catchment area (in line with government expectations), to inform reach strategies and to benchmark success in engaging with priority groups. This should underpin the annual conversation between the local authority and children’s centres, helping to ensure a clearer understanding of local priorities and children’s centres’ role in meeting the needs of vulnerable and disadvantaged families in the area. In addition, children’s centre managers may be able to ensure this is kept up-to-date by gathering supplementary information themselves, for example through face-to-face conversations with key stakeholders.
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Some images posed by models. Names have been changed to protect identities.

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