Harnessing the power of the community to improve outcomes for children
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And finally to my family, friends and particularly my children and husband who made this all possible for me.
## Abbreviations and Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>AEDC</td>
<td>Australia Early Development Census</td>
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<tr>
<td>CAF</td>
<td>Common Assessment Framework</td>
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<td>CPC</td>
<td>Child and Parent Centre</td>
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<td>DAF</td>
<td>Devon Assessment Framework – based on CAF in Devon, UK</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>EYSH</td>
<td>Early Years Services Hub</td>
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<td>EYFS</td>
<td>Early Years Foundation Stage</td>
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<tr>
<td>FGC</td>
<td>Family Group Conferencing</td>
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<tr>
<td>HIPPY</td>
<td>Home Instruction for Parents and Preschool Youngsters</td>
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<tr>
<td>Kohanga Reo</td>
<td>Maori immersion preschool</td>
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<tr>
<td>NZ</td>
<td>New Zealand</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>OFSTED</td>
<td>Office for Standards in Education, Children’s Services and Skills</td>
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<tr>
<td>PAFT</td>
<td>Parents as First Teachers</td>
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<tr>
<td>PGWA</td>
<td>Playgroup WA</td>
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<tr>
<td>REAP</td>
<td>Rural Education Activities Programme</td>
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<tr>
<td>Te Whariki</td>
<td>Early Childhood Curriculum in New Zealand</td>
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<tr>
<td>WA</td>
<td>Western Australia</td>
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<tr>
<td>WCMT</td>
<td>Winston Churchill Memorial Trust</td>
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<tr>
<td>Whanau</td>
<td>Maori word for extended family</td>
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<td>WINZ</td>
<td>Work and Income New Zealand</td>
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Background

I have been managing children’s centres within Devon since 2009 and have seen a number of changes to the difficulties faced by families and interventions available to support families. I have also seen a significant change in the role of children’s centres, more recently with a move towards larger cluster models of centres and a focus on targeted work. In April 2013 Ofsted introduced a new framework for inspections of children’s centre clusters and in June 2013 our cluster of children’s centres in East Devon were the first to be inspected in Devon using this new framework. The centres were found to be inadequate against this new inspection criterion. At the time I was on maternity leave and when I returned in October 2013 there was much work to be done in order to demonstrate at re-inspection that we were improving outcomes for children under 5 living within our local communities.

We were supported as a team by Indigo Children’s Consultancy services who brought with them a wealth of knowledge and experience of children’s centre work. They supported me to consider all aspects of our service delivery, staffing structure and evidence base that demonstrated how our interventions and support were improving outcomes for children. During this time my role altered to encompass the management of centre volunteers which ignited my thoughts about whether our centres could harness their experiences and knowledge in a different way in future. At re-inspection in July 2014 we were found to have improved across all areas and the narrative within the report gave us all heart that the hard work had been acknowledged.

However, there remained an area of conflict within me when I considered whether the centres should be there to primarily demonstrate the criteria specified by Ofsted, or whether they should be looking to their local community for judgement on whether they were meeting the needs of the families living there. This Fellowship came about as a result of these experiences which led me to consider whether there was an alternative way to harness the power and knowledge within our local community to better improve outcomes for our local children. With the encouragement of Indigo and my employer, The Children’s Society, I looked at other models for providing support and early intervention for young children and their families. In particular I began to explore those seen in Western Australia with their introduction of Child and Parent Centres, and New Zealand within their Early Years Services Hubs. The Winston Churchill Memorial Trust made it possible for me to visit these services to share experiences and knowledge and has given me the opportunity to reflect on our current children’s centre model in the UK and offer recommendations of how our practice could differ in the future.
Executive summary

This report and research project looks at the contribution the community, and more specifically children’s centres based in their local communities, can make to improving outcomes for children. It explores the sustainability of children’s centres in the UK and makes recommendations for their future development. The report includes ideas for adapting practice in order to continue to reach both universal and targeted families with reducing budgets. It also considers programmes of support for targeted families and approaches to family support services based within children’s centres. The major findings from the six weeks of visits to projects in Australia and New Zealand are detailed throughout this report culminating in key recommendations for the UK children’s centres, with considerations for implementation.

Major Findings

- There is an opportunity for universal services to transition to community leaders from the children’s centre delivery model
- Community leaders and volunteers need a comprehensive model of support incorporating guidance documents, ongoing training and supervisory support from children’s centres
- Children’s centres have the potential to be developed further into community hubs for families and early years based practitioners
- A physical hub is crucial to the future of children's centre to bring services, practitioners and families together
- Further community consultation would ensure that residents feel a sense of ownership for services and that their needs are met
- Embracing the concept of social capital would mean professionals and organisations working together to empower communities and families rather than servicing their needs
- Families need consistency in the support offered by organisations and a central point of contact
- Multi-agency working needs to continue to be embraced by all practitioners to identify need and work together on early interventions for families
  - Targeted interventions could adapt evidence based models from New Zealand and Australia to support families in the UK
  - Models of family support need to continue to be strengths based and family focused with a consideration of recording tools and coordination

Vikki Raymond
Children’s Centre Leader
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Introduction

Children’s centres in the UK offer services, support and guidance to all families with under 5s during some of the most important years of their child’s life. Children’s centres began designation in 1998/99 and more recent centres and clusters were formed up until 2010. In 2011 the coalition government stated that whilst they wanted to retain the network of children’s centres they wanted these centres to be “focused much more effectively on those families who need them the most.” (Department for Education, 2011) Centres have faced significant financial constraints in recent years at the same time as becoming more of a focused service on improving outcomes for targeted families. We need to review the way in which services are delivered to families in order to sustain the impact on the children we reach. The aim of my travelling Fellowship was to find new ways to deliver services and develop a community model of children’s centres which could continue to impact positively on outcomes for children.

My initial aims when embarking on my research project were to:

- Find a different approach to supporting all families which is sustainable in the face of reduced budgets. I would particularly like to look at the model of parents as volunteers passing on their guidance and information as a peer to new parents to create a sustainable community model in the future.
- Consider different models of engaging hard to reach families in their child’s early education and look at what works in breaking inter-generational cycles of poor outcomes for children. In New Zealand and Australia there has been a lot of work into working within the indigenous communities with respect to their culture to focus on improved outcomes for children. I hope there will be learning from this that would be transferable.
- To have time to reflect on different models of reaching children within a rural community through improved partnerships and alternative delivery models, and review what motivates partners to work together to support families.

4Children, a national children’s charity, have recently published the results of their 4th annual children’s centre census (4Children, 2015) and found that 64% of centre managers have seen their budgets cut this year leading to a reduction in staffing, services and opening hours. 90.5% of parents responding to the census said that attending a children’s centre had had a positive impact on their child with 55.2% saying they used their local centre at least once a week. The census also shows that children’s centres are embedded in a broad network of local partnerships, and parents say that their local centres bring together services in one place to improve accessibility. However there are plans for children’s centre closures reported in local news across the country, and one quarter of centre managers responding to the census said that they knew there were changes taking place but they were unsure what these would be. This is leading to uncertainty within children’s centres as to their future, making it difficult to retain and recruit good staff and plan meaningfully for the future.

In recent years, as budgets have been reduced, children’s centres have had to review the services they deliver, and as a consequence their reach to children has
decreased in universal services. I believe we need to find a way to continue to reach all families, in order to identify where outcomes for children can be improved, and then have the services available to work directly with these families. We also need to ensure we can evidence the difference these centres make to children and their value to the whole community. In the current economic climate it is difficult to protect children’s centres from budget cuts and during 2015 we have already seen local authorities make cuts to their centres. In Suffolk nine closures were agreed in January in order to try to work towards a £38.2 million budget cut across the local authority (BBC, 2015 a). Swindon also closed seven of its 12 centres in the past year and Wiltshire (BBC, 2015 b) and Oxfordshire are also proposing cuts to children’s centres in the near future (BBC, 2015 c). In Devon the local authority is looking to make savings to offset their anticipated £10.5m overspend in children’s services in 2015/16 (BBC, 2015 d). They are moving towards a locality based model of centres and reviewing the use of physical building space within each round of children’s centre re-tendering. Whilst “local authorities continue to have duties under the Childcare Act 2006 to consult before opening, closing or significantly changing children’s centres, and to secure sufficient provision to meet local need so far as is reasonably practicable” (Department for Education, 2011) they do not need to keep children’s centres open in their current form nor within a physical hub space. The government announced a national consultation on children’s centres in July 2015. Full details of this have yet to be made available.
Understanding the value of social capital: How can we empower communities when historically we have acted to service them?

I am thankful to the CEO at Playgroup WA (PGWA) for articulating to me the concept of social capital during our meeting in Perth. “The central premise of social capital is that social networks have value. Social capital refers to the collective value of all "social networks" [who people know] and the inclinations that arise from these networks to do things for each other ["norms of reciprocity"].” (Harvard Kennedy School, n.d.) Playgroup WA has over 500 member playgroups throughout the state of Western Australia which focus on home learning and education and create a social network for the families who attend and run them. The parent led community playgroups are committee led and have a rota system for setting up and clearing away each week. Playgroup WA provides a manual, training for volunteers leading the groups, activity ideas and resource guides. In return each family pays an annual membership fee and weekly attendance fees directly to the group each session. As a member group the committee is able to apply for Lottery West funding for set up costs and projects at the group.

Some groups run multiple times a week reaching a wide range of families within their local communities. These playgroups are supported by the umbrella of PGWA but the services are not delivered by paid staff members or PGWA volunteers, they are owned and led by their local community members, empowering them to support their local families and providing social networks for those who attend. The groups suggest home learning activities for families and PGWA have over 3000 members that they are able to contact to offer other learning and activity ideas.

There are also 30+ supported playgroups which are delivered by Playgroup WA (targeted services) including specific support for aboriginal families, those suffering from mental health, postnatal depression, and refugees. Some services are co-delivered to ensure specialist support e.g. mental health groups. Overall they are seeing a decrease in the number of members as:

- Parent and Child centres and other organisations are set up offering similar services in the community. These services are provided to families so they do not need to run them themselves.
- Childcare attendance is increasing
- Multitude of other facilities available to families e.g. swimming, soft play etc.

It could be argued that this is leading to a cultural shift as families and community members become accustomed to being serviced and therefore are reluctant to deliver a playgroup, set up and clear up, and pay to do so. Where this cultural change becomes prevalent there will be a shift of power away from community members with their personal experience and knowledge towards professionals and organisations. Communities will no longer feel empowered to source their own solutions but will look to governments and local councils to provide services for them to meet their needs. With this will come a decrease in social capital and an over dependence on organisation and agency solutions within communities.
So how could we take this idea and value it within the UK children’s centres of the future? Well, they are already doing so within the EYS of New Zealand. Great Start Taita is a place based, community led initiative, providing services for the whole community in Taita and the surrounding area. They have a socio economic rating of 1-2 (where 10 is a high income decile) and consist of a transient population. Marketing from the centre provides information for the Golden Years as well as family well-being, Fun for Kids and new baby services, and the Early Years Services Hub is only one aspect of the work of Great Start.

Great Start Taita began life with an ethos of connecting and valuing their community members. When they began door-knocking within the community in 2007 the response was overwhelmingly that they “did not want more services, or more money for more services. What they said, in many different ways, was that what they did want were opportunities to get to know their neighbours, to start to feel more connected into their community and to have a sense of belonging and pride in the place in which they lived...” (Blagdon, 2011: 12) The author of the report documenting these initial years of Great Start goes on to say that this led to the team shifting their focus from “people being recipients of services towards them being actors in their own lives and in the life of their community. This didn’t have to mean doing away with services. It was not an either/or situation. Rather it was about ensuring that service providers built relationships that were enabling for residents at the same time as offering them a service.” (Blagdon, 2011: 13) Early projects included bringing midwives into the centre to meet the needs of local parents, developing a volunteer handyman role for out of work community members to develop skills, and connecting children and their stories of childhood within their primary schools.

When I visited in July 2015 I found a centre that felt like a home, with community members actively leading groups and services within the hub. The manager was keen to show me around and talk about the initiatives at the centre, including a toy library run by volunteers and a community park that they had worked collaboratively with other organisations to develop. The walls of the building are adorned with photos and the work of children created at community fun days and events, and is testimony to Great Start’s journey. I talked to team members about the services they are able to deliver and they were keen to tell me how the services change at the centre, according to the needs of the community at that time. They told me that residents within the community change and so do their circumstances, so it is important to continue to
listen to them. It is similar in this way to the centre I manage in East Devon as services have come and gone and then been re-invigorated according to the needs of the families and community at that time. The work at Great Start is overseen by a group of trustees who all have an interest and passion in developing the local community and improving the lives of those who live there. The small team of five part time workers see themselves as co-ordinating and empowering families and community members to own their services so that the team have the capacity to support and change with them.

Maybe there is something to learn about going back to our community development roots and door knocking? Have we become so bogged down in what we think communities want and need that we have forgotten to actually ask the families themselves? Would this not give them a true sense of ownership and empower them to provide those community groups? I posed these questions to myself as I discussed with the centre manager how effective door knocking had been for them historically, and currently. They use a model of appreciative inquiry in their questions to residents, for example asking “What could a good day look like for you?” (What dreams and wishes do you have?) rather than beginning with a question to illicit negativity such as “what would you change in your community?”

Team members and volunteers take out a gift to residents and always work in twos for safety, but they could not recall a difficult or unsafe experience and told me that the majority of community members were welcoming and keen to share their views and experiences. This approach listens to the whole community. I find we often only focus on those who have under 5s but there is lots of be learnt from older members of the community and those who have older children and have experienced what it is like to raise children within the area. The learning from residents enables the centre to see the gaps in services and identify what would make the lives of families and community members better, but also allows them to identify the strengths and services already within the community, and signpost other families and residents to these existing services and support, thus growing the social capital of Taita.

Another example of a service that came about from community consultation is the Community Playgroup in Kawerau which I visited as part of my time at Eastbay REAP, Whakatane. The service co-ordinator for the area noted the low take up of Early Childhood Education in the area and wanted to find out more about the reasons for this. They established a consultation process for local families.
and listened to parents who said that for them the traditional ECE set up was not what they wanted to access. They wanted somewhere they could attend with their children, to support their learning and play a role in developing the activities. Out of these criteria the community playgroup was founded and today it runs with only 30 hours of funded staff time per week, and only one staff leader per session. Parents attending take ownership of the group and play a role in sessions with their children, and staff leaders come from the local community. The two current team members shared with me the stories of two previous staff leaders who have now moved onto paid work and further training, improving the economic well-being of their children as a consequence of the skills and experiences learnt whilst working at the playgroup.

The playgroup only runs in the mornings at present five days a week and families are free to attend any sessions they wish. The building itself has a free flow area to the outdoor activities and whilst it was school holidays when I visited I can well imagine how the children would have enjoyed attending a vibrant and friendly setting. The playgroup is more than just an ECE setting though, because parents can attend with their children they are developing skills of their own and social connections and the building acts as a hub for community members who might not otherwise have connected.

During my visit to Kawerau I was shown around by the Safer Kawerau Kids Injury Prevention Project (SKIP) co-ordinator. We spent some of the day walking around the town centre and I commented on the number of families, and older teenagers, who stopped and spoke to us. The co-ordinator shared with me that for her the single most important part of her role is to ‘be everyone’s friend’. The contract is funded by the Ministry of Health to reduce incidents of accidental injuries and un-intentional injuries in 0-14 year olds. It is difficult to gather specific data (especially since the local injury prevention statistics department has been closed) and so she is reliant on the anecdotal evidence from schools, hospitals and community members to influence the projects she focuses on.

The role is broad and previous projects have included awareness-raising regarding the risks of paracetamol poisoning with local chemists and schools, and improving local park facilities to reduce the number of accidents. The project has also facilitated mass education of the community via schools, local parks, early years settings and chemists to reduce burns and scalds, and as part of that project early
years settings were supported to review their policies and procedures relating to injury prevention. The co-ordinator of the project is friendly and welcoming and it is clear her role is making a difference, even without the statistics to prove this. Plunket (child health) nurses shared with me that whilst they were visiting homes they noted that a number were without fire guards (central heating is an urban myth in New Zealand and many homes rely on open fires for their source of heating in winter). They mentioned this to the project co-ordinator who was able to make contact with those families, purchase fire guards and visit their homes to provide education on the risks, at the same time offering other advice and guidance on community resources which could benefit them.

The difficulty with valuing social capital comes from the ability to assess its impact on families and outcomes. In the UK children’s centres need to be able to report on their outcome to demonstrate the difference they have made in improving outcomes for children. In his interview for the OECD Observer in 2004 Dr Robert Putnam states that it is difficult to measure social capital “since it’s not easy to imagine an experiment in which some people are required to have friends or attend church or whatever, and others are required not to.” The office of national statistics has begun work to develop a standard framework for the measuring of social capital but this is in its infancy at present.

So in the absence of such a standard measurement tool, and with the difficulty in attributing any positive changes in social capital observed in the community, do we decide this is not something worth valuing in the UK children’s centres of the future? Or do we ask ourselves the question: “Do we want to service our community, or empower members to source their own solutions and develop social capital?”

Having seen how powerful the valuing of social capital can be in practice my choice would be the latter option. In the words of Great Start Taita’s welcome pack I would like to see children’s centres working alongside their communities “to grow a connected community where people feel safe and welcome and are developing answers for their own lives” and this begins with asking them the question “what is it that you want?”

**The benefits of developing a physical hub to re-integrate community services**

Valuing social capital in our centres would not mean closing or reducing the numbers of physical buildings, which is a route that we are seeing many UK local authorities taking in a bid to reduce costs. All the examples I have cited have a physical space as their basis for community development. The space is used as a hub to bring community members and services together. The first project I spent time with in
New Zealand was Eastbay REAP. They hold a number of different contracts which benefit the community including their four core contracts: Early Childhood Education (ECE), Schools support, Adult Community Education (ACE) and Literacy and Numeracy training.

During my weeks with them I visited their hubs in Opotiki, Kawerau and Murupara as well as their main building in Whakatane. All of these buildings are used to house different contracts and services for their community members. Their Early Years Services Hub (EYSH) is based in Murupara and also houses adult learning and the Home Instruction for Parents and Preschool Youngsters (HIPPY) project. The Opotiki and Kawerau buildings are also home to Heartlands Services which provide an opportunity for all community members to access government services and community information, particularly in rural areas. Both of these buildings also offer space for adult learning courses and the voluntary Justice of the Peace service, and in Kawerau the Safer Kawerau Kids Injury Prevention Project (SKIP).

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<th>Reception &amp; welcome</th>
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<td><strong>Eastbay REAP</strong></td>
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<td>Friendly team at front desk</td>
<td>Photocopying</td>
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<td>Music</td>
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<td>Information leaflets</td>
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<td>Open door</td>
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<td>Signposting to services</td>
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<td>Admin support</td>
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My time with Eastbay REAP helped me reflect on what a community hub building could look like and the changes we would have to make to our centres moving forwards if we wanted to transform them in this way. The building acts as an information hub for the community and during my days there I observed the administrator offering school holiday activity ideas to children visiting with their mother, supporting a trainee to develop their CV, and offering admin support to a volunteer who wanted to create a leaflet to raise awareness about local issues facing families. Rooms within the building are also hired out to local organisations bringing in valuable revenue, but also ensuring continuous footfall through this information hub, allowing attendees to share information with the centre and signposting to further opportunities.
Eastbay REAP holds approximately 20 contracts for the area including HIPPY, ECE, ACE, PAFT, SKIP and EYSH. Each contract has a service co-ordinator and the organisation ensures there is dedicated time every month for the sharing of skills and experiences amongst this team. Staff shared with me examples of how they have been able to develop services together to benefit families, such as the well-child day, celebration of Matariki and conservation week, shared professional development, and the school transition programme, a joint initiative between the schools and ECE co-ordinator which came about following requests from settings and parents.

The ECE co-ordinator supports over 90 providers throughout their area offering professional development opportunities, touring performers to settings and advice and guidance on activities to meet the learning needs of the children. They have a budget for tutors who are able to offer specific skill sets to settings such as an outdoor area tutor who supports families at Kawerau community playgroup to develop the garden space to grow vegetables. The ECE contract co-ordinator told me that the great strength within the organisation is the ability to share skills and knowledge with other coordinators and the joined up approach to working with the community. Alongside the SKIP co-ordinator she has been able to ensure the safety of children attending the local Kohanga Reo settings through the child seat safety contract.

All co-ordinators at Eastbay REAP also have a responsibility to work together on the government programme Strategies with Kids / Information for Parents (S.K.I.P) with funding to promote this within their projects and settings. The service offers advice and guidance on raising children and parenting strategies through user friendly resources available to professionals and parents. They give a

“Hubs are all about supporting families to ensure that children get the best start in life...Hubs do this by creating a ‘door’ that is easy for families to enter...The metaphor of the physical house works well to explain how a hub works for families. An open door, a welcome, and many more doors and rooms to be explored as wanted and needed. Families who take the first step across the threshold in effect open multiple doors to services and supports.” (Edridge, 2012: 2)
clear message to families and by integrating this into all contracts there is a consistency to the advice and guidance offered by professionals working with parents and carers.

All EYSH contracts in New Zealand focus on the development of an information hub for parents to access. They are not contracted to develop services but to bring together those services already in existence and ensure families are signposted to appropriate support and guidance. During my time in New Zealand I was hosted by Murupara, Levin and Taita EYSHs and each hub has adapted its role to meet the needs of the community, but all have a central physical building space which brings services together. The hubs are not fully universal and do have specific target groups to identify and reach, but they will not turn a family away from support and their ministry reports demonstrate the difference they are making through case studies as well as statistics of families accessing the hubs.

In Murupara the co-ordinator has developed an early years reference group to bring together all partners working with young children to aid information sharing, planning and peer support in order that skill sets and ideas are shared across the community, benefitting all children. In Levin midwives and Hono Wahine (who provide pregnancy and breastfeeding information) are co-located at the hub and members of the hub steering group encompass other organisations from the community including Levin childbirth education. Families are supported throughout the early years of childhood via the one physical space, from antenatal midwife support and classes, through to breastfeeding and parenting support. As well as acting as an information hub Levin EYSH has also worked with partners to identify gaps in the area and co-produce services to meet these needs.

The hub co-ordinator shared with me an example of an oral health project which ran collaboratively with a local kindergarten, and their teen parent project in which teens were upskilled to disseminate parenting advice and guidance within their local community. The long term outcome for this was an active consultation on the development of a teen parent unit I visited in Levin. It is based on a school site which provides childcare alongside an education programme for teen parents to ensure that the parents have equality of access to learning to develop their skills and improve economic stability for their children in the future.

Seven Core Services of EYSHs
1. Ante-natal services
2. A Well Child – Tamariki Ora programme
3. Early Childhood Education Programme
4. Parenting information, education and support
5. Home visiting including access to programmes where appropriate
6. Supported referrals to off-site services
7. Outreach to engage with and retain the target group
The hub co-ordinator in Levin sees herself as a community developer, linking organisations together to provide holistic opportunities for families. Her steering group members are testimony to the success of this work as during a meeting with them I met the head of a local kindergarten, a lead from Levin Childbirth education and a key worker from Hono Wahine. Together they shared with me success stories from their area, including information on safe sleeping using pepi-pods, details of their volunteer led childbirth education programme and the parent support programme offered by the kindergarten. New Zealand has a high rate of childcare as it is the cultural norm for both parents to work. This makes the role of the EYSH so important in providing information and guidance via other settings with a focus on childcare settings.

The Levin EYSH has been operating since 2008 and since then has worked with families and service providers to identify local trends, issues and gaps in services and facilitates partnerships and projects to address these. It is also a central information point for all EY services, as well as families. I was given a copy of their Directory of services which includes a paragraph by each service in the area covering all aspects of parenting from antenatal support through to schools, outreach services and resources such as charity shops.

Great Start Taita was different to the other two EYSHs I visited as they have the ability to deliver services using five year funding provided by the Todd Foundation Partnership Funding Programme. They also have peer support/mentoring from Inspiring Communities who support their strategic planning and share examples of good practice across the projects they support. The EYSH contract acts as the signpost and is able to ascertain the needs of the EY community via their EY network for professionals and consultation with families. This means services meet the needs of those they engage with and change according to the needs of the families in the area. All too often in the UK the service delivery is dictated by the core purpose and the local authority’s view on what is needed for the area, not the actual local community. Within Devon the needs of those in Exeter might be very different to those in a sea side town like Seaton, or a rural community in North Devon. It is important that in reviewing the core purpose of children’s centres the government in the UK does not restrict the freedom of the centres to adapt to the needs of their local community.
In Western Australia (WA) Child and Parent Centres (CPCs) are still in their infancy. During the second part of my trip I visited Challis CPC in Armadale, Brookman Park CPC in Langford, Carey Park CPC in Bunbury and spent time with the centre manager for Collie CPC and the CEO of the managing organisation Investing in Our Youth. As in Devon the CPCs in WA are contracted out to managing organisations. Of those I visited Challis and Brookman Park CPCs are in Perth suburbs and managed by Parkerville, and Collie and Carey Park CPCs are managed by Investing in Our Youth. This means some centres connect to one another sharing skills and ideas and, in the case of Parkerville led centres, team members. In Parkerville’s 2014 annual report they state that “between the two Centres, we are able to identify gaps in the services that are offered in the Armadale and Langford areas, avoid duplication and help parents to access what they really need. The Child and Parent Centres provide children with the opportunity to reach their full potential by making sure their health and development are on track and empower parents to be their child’s first teacher.” (Parkerville, 2014)

CPCs have a relatively small budget with the majority of the centre funding going into buildings. For example Brookman Park has a full time coordinator, one casual early childhood support worker, a part time speech and language therapist and a part time occupational therapist. Both of the part time posts are shared with Challis CPC allowing the families in both areas access to the expertise and support of these specialist therapists. Challis has invested more of their funding into human resources and in particular allied health professionals. Their community profile evidenced the wealth of groups and services already available in Armadale, but the difficulties families could face in accessing health services. Their staff team includes students completing their practice for their clinical psychology masters. I found the relationships with Curtin University particularly interesting as they have a learning hub within the CPC building and provide services for the community as part of the practical learning for their course.

“Servicing the needs of a vulnerable child requires a multi-disciplinary approach with holistic case management. However some current governmental policies and structures prevent such an approach. This leads to fragmentation, duplication and an ineffective use of resources, both human and monetary. Co-locating and integrating existing services at one site leads to more effective service delivery and reduces the risk of a child ‘slipping through the crack’.” (Minderoo, 2014: 16)
Challis 1 was at the forefront of CPCs in Western Australia. It was established by the head teacher of Challis Primary School responding to the needs of the local children in Armadale and is the predecessor to WA’s CPCs. At its heart is the ethos that the centre will not duplicate services, but link into those already within the community and offer specialist support where this is required. Armadale is an area of extreme disadvantage and was highlighted in the Vinston report 2007 as being one of the six highest ranking disadvantaged communities in WA. A Minderoo report on this school-community project states that the centre “does not solve problems of early disadvantage via a heavily layered costly sequencing of multi-agency ‘top-up’ interventions. It provides a targeted, long term cumulative course of action commencing at birth and extending through the primary school years.” (Clack and Jackiewicz, 2014: 34)

The centre offers a comprehensive set of programs and strategies delivered to parents and children that live within the Challis Primary School catchment area including occupational therapy and speech and language groups, playgroups, pre-kindergarten (toddler) groups, weekly parent workshops, health and immunisation clinics, family support and early parenting groups. The centre opened in March 2009 and is led by Principal Lee Musumeci. Data shows that between 2005 and 2012 the AEDC results of children living within the area with one or more areas of developmental vulnerability entering pre-primary reduced from 40% to 28%. In 2009 one in four children scored in the lowest centile in the language and cognition domain, reducing to one in ten in 2012. When the decision was made to locate a CPC on the same site, with Challis Primary as the host school the new co-ordinator worked alongside the school principal to ensure that services would complement rather than compete with one another. Both have a child health nurse and both offer groups for families. But the new CPC is a community resource that encompasses the wider Armadale community including the nine other primary schools, 15 child care centres and a variety of playgroups and families that live within the Armadale community. The two centres work together to provide an integrated and holistic service approach.
Although CPCs are 0-8 years their focus is on 0-4 year olds before they attend school. Team members told me that the 0-8 year model came about as the Department of Education is the lead agency in developing CPCs, but they are a cross government initiative incorporating the Departments of Health, Local Government and Communities, Child Protection and Family Support, and the Department of Aboriginal affairs. CPCs cannot run their own childcare facilities but support those based within their reach area. Each CPC has a local advisory committee who meet termly including reps from local schools, government organisations, local community representatives, and parents, similar to our UK advisory board model for children’s centres. Although a multi-department approach, the main focus of CPCs remains on school readiness and early years education.

During my visits I observed meetings between the CPC co-ordinators and principals of local schools working to identify those skills most needed within the community when children start at school. These conversations are the basis of the school transition groups where the CPCs staff work alongside school staff to deliver sessions to parents and children. The sessions ensure children come to school confident and secure in the pattern of their day and the layout of the school building, and school expectations are clear to parents. All CPCs have a host school as well as other schools within their 5km reach area and work closely with them to develop and plan service delivery. An example of this is the Let’s Learn English group running within Brookman Park CPC established to support the high immigrant population living within the Langford area with English as a second language. They also deliver a “It Takes Two to Talk” group run by a qualified Hanen Speech Therapist to support children’s integration into schooling in English.

During my visit to Brookman Park I observed their Leapfrogs group for 3 year olds, which focuses on preparation for kindergarten class at Brookman Primary. This was a structured session with input from the centre’s occupational therapist and a focus on the parent’s interaction with their children. Staff within the group worked with parents to highlight the learning taking place during activities, and the group is as much about preparing the parents for school as the children. The session programme is written by the CPC co-ordinator with resources, timings and activities specified so a casual worker/student could just pick up and deliver the group. This ensures the quality and consistency of messages for the groups being delivered in the centres and would be an interesting model to consider for universal outreach.

The Challis model: Core Features “Challis is comprehensive, bringing together the elements of high quality early childhood education commencing before entry to preschool and extending throughout the early primary years, meshed parenting and early intervention programs to complement early learning and address barriers to child development, and family support and encouragement that provides consistent scaffolding children need to optimise progress.” (Clack and Jackiewicz, 2014: 6)
groups in the UK delivered by community members in the future. In contrast the Challis CPC co-ordinator empowers workers and students to develop their own session plans with an overall focus on the areas she has identified to be worked upon with families. These different approaches for different teams have been adapted to the team’s strengths and weaknesses but are also based on the background and understanding of the co-ordinators. It demonstrated to me that all of the centres and services I visited are not only responding to the needs of their community and families, but are also different depending on the people leading them and their individual leadership style.

In Western Australia I also visited the Brookman House Child and Family Centre in Perth and Busselton Family Centre, both of which act as community hubs within their area. Both provide leaflets on other organisations that are able to provide support and offer space within the buildings for services to be delivered. Brookman House supports parents of 0-18 year olds and hosts the Parenting WA co-ordinator for the area. Their steering group operates jointly with Brookman Park CPC and the two centres also share crèche costs for courses that benefit local families. Brookman House offers playgroups, parenting courses such as Circle of Security (for parents of 0-4 year olds) and other sessions delivered by organisations such as Communicare, Beststart and the Youth service. The majority of the services suggest a gold coin donation ($1-$2 per session) and ask parents to bring fruit or a snack to share. This led me to consider our children’s centre services. We also suggest a donation of a £1, but we provide the snack and all resources with any donations. I asked myself “what message are we giving to families in making services free and not asking them to contribute to the running of the group?” I feel we are servicing these families, rather than empowering them to develop their own sessions and groups.

Having seen many services throughout my Fellowship travels I would be recommending that we adapt the way we work to enhance the social capital present in our communities and empower families to deliver their own universal services. However, for this to work effectively we need to ensure we support those community members with a physical base, training, resources and ongoing support. The use of Early Years Networks (EYN) and forums for all professionals and community members working with families would enable centres to have a wider influence on practice within their reach and improve outcomes for all children. I spent time in Perth with the manager of social policy and programs at the Western
Australian Council of Social Service (WACOSS) who have been tasked with developing EYNs in WA. Their purpose is to ensure co-production of services for vulnerable children and ensure the cultural shift towards a shared ownership of risk in vulnerable families. They aim to do this via shared training and best practice forums, revitalising ailing networks already in place, support funding and resource sharing by providing details of funds available and collating issues seen on the ground to lobby government for reforms and changes that would benefit families.

I was also able to observe a Busselton EYN working party meeting and spoke to their members about how the network could benefit families locally. This EYN is not part of the new WACOSS initiative, but has been established by the council of the City of Busselton’s community development worker. There is voluntary representation from other organisations and the group aims to develop membership to establish a forum for information sharing and strategic planning of community based early years services.

In summary I feel it is important to develop and value social networking and enhance social capital via the transition of universal services to community members, but it is equally important to ensure that these services have a physical hub, and continued guidance, training and support to ensure the quality of provision. It is also critical that specialist services are available when needed and I would see these specialist services as being key to the role of children’s centres moving forwards. We need to be able to provide both universal and targeted services within one accessible physical hub to unite different elements of the community and provide continuity of care for families throughout the childhood of their children and beyond.

Consideration of targeted programmes observed during my Fellowship

During my travelling Fellowship I was introduced to a number of different programmes which could be adapted to work with targeted families in the UK’s children’s centres. Most of these are focused on specific age groups, such as HIPPY for pre-schoolers, SPACE for birth to one year olds, and PAFT for birth to three year olds, but others span the age ranges such as the parenting programmes seen in Western Australia. In this section I will aim to give an overview of these...
programmes and how I feel they might be beneficial for consideration in our children’s centres.

**Parents as First Teachers (PAFT)**

This programme was observed in Whakatane, New Zealand and is for parents of children from birth to three years. The programme offers monthly home visits alongside group meetings for families, looking at the developmental stage of their child and sharing learning ideas for that particular stage. During the home visits the workers also carry out developmental checks for the child looking at their growth, hearing, vision, development and learning. Families are also signposted to immunisations relevant to the age of the child. Workers take out activities relevant to the child’s developmental stage and discuss the next steps of learning with the parents as well as observing the child and modelling play to the parent. Their visits are written up with a copy given to the parents evidencing their observations and the skills and development of the child. Milestone summaries are also produced at 12 and 24 months and a celebration takes place at the end of the three years of working together.

I observed one home visit and had the opportunity to talk to the parent and observe the session and interaction with the two year old. They told me how they felt the programme had benefited them as they were a young parent who would not have known whether their child was meeting their milestones, and that the activity ideas were useful and helped them learn together with their child. They had a folder of visit records and information leaflets which they shared with the father who was unable to always be present due to work commitments. During the session the worker was talking with the parent in a non-confrontational manner, establishing the likes and dislikes of the child, and highlighting strategies for tackling difficult situations. I also observed a professional development session at the Ngati Awa Trust who use the PAFT model with parents of children engaged in their Family Start programme. The workers describe the learning taking place as well as modelling methods of play and explicitly demonstrating ‘how’ the child is learning. I could see that the programme materials and leaflets could be useful to our children’s centre family support workers, but I would not be certain that the programme itself could
be successfully implemented in the UK as many of the topics and information covered are already offered via our outreach team and centre groups.

**Family Start**

This is a home visiting programme that focuses on improving children’s growth and health, learning and relationships, family circumstances, environment and safety. In Whakatane the contract for delivery is held by Ngati Awa Social and Health Services Trust. The programme usually begins in between pregnancy (post 12 weeks) and one year postnatally, but can start later according to circumstances. Workers initially visit weekly for the first three months, and then for one hour a month thereafter. Together with the family a plan of support is devised which draws upon a multi-agency strengths based approach. They use PAFT within the first three years of programme delivery when looking at early learning, but the programme also covers all aspects of parenting including health, home safety, finances and practical care of the child. Families can self-refer and there are specific criteria for acceptance onto the programme.

I met with the team delivering this contract across the Whakatane area and they described to me how families can benefit from the intervention and support offered by the programme as they all work collaboratively on the plan and actions, with regular reviews ensuring that progress is celebrated and the next steps for the family are recorded and acted upon. I felt this model of support was similar in nature to the use of the Common Assessment Framework (CAF, known as DAF Devon Assessment Framework in Devon) by family support workers in the UK children’s centres as it offers a holistic approach to support. However, the CAF model is used for families who have actions that need to be met through a multi-agency approach, whereas Family Start offers preventative planning and support for families who may not always need the involvement of other agencies, and Family Start also continues to engage with a family until the family and worker both agree that support is no longer required. At times family support can be more of a reaction to the issues for the child, rather than having the capacity for prevention.

**Supporting Parents Alongside Children’s Education (SPACE NZ)**

This weekly term-time programme from birth to one year traditionally runs within Playcentres in New Zealand, but Great Start Taita have also been able to offer the course within their centre via a partnership agreement and funding by the Todd Foundation. The programme is structured and offered parents an opportunity to learn together with their baby, develop peer support networks, and identify the developmental stages of their baby. A group will compromise 15 families on average, with the majority joining the programme in the first months of their baby’s life. Others may join throughout the year if there is a vacancy and they have a similar age baby to the core group.

The group facilitators attend specific training to be qualified to deliver the programme and are provided with a comprehensive manual covering session plans and ideas for activities. The programme is based on the RIE philosophy (Gerber, 1998) which advocates natural movement for babies and promotes the importance of parent-child bonding. As such parents are encouraged not to put their children
into a position they could not have manoeuvred into on their own e.g. sitting babies propped up with cushions for those unable to sit unaided or get into a sitting position would not be encouraged.

I was able to observe a SPACE group running at Korokoro near Wellington, New Zealand, and could see how the structure of the group allowed time for parent-child activities, as well as peer support and discussion around the learning stage of the babies. There was also a song time and time allocated for the creation of the individual workbooks for each baby. Parents were encouraged to reflect on their own observations of their baby and write a few short sentences on what learning they felt had taken place, with guidance from the facilitators and support from other group members.

These are similar to our centre learning journeys, using photos, observation notes and links to their early years curriculum. They are an important record of the development and learning of the baby and also offer ideas for extending learning activities in the home environment. Parents are able to take these books home at the end of each term to treasure the memories of their baby’s first year. Facilitators also create a workbook for the whole group as a record of their time together and as evidence of the development of the cohort of babies. In Hutt Valley the facilitators and co-ordinator have developed their own “My Play Term Journey” to use as workbooks for parents and this has information on other activities that could be used at home, as well as links to the curriculum for parents.

The group is low cost for families and provides them with tools to support their baby’s development throughout the first year of their lives, and beyond. It runs as a parenting programme for up to two hours a week. I can see that this programme would be easily transferrable into UK children’s centres, and within our centres could provide a structured alternative to our weekly drop in baby groups. The difficulty would be for babies born during the year which would lead to a need for multiple groups and would become a capacity issue. Our current model of drop in baby groups, and short courses such as Baby Massage (5 weeks) and Here’s Looking at You Baby (6 weeks) means we are able to offer services on a rolling programme across our reach area. To run a year long course may exclude some parents with new babies from being able to access the service.
Home Interaction Programme for Parents and Youngsters (HIPPY) – Learning to learn together

This programme started in Israel in 1969 as a pilot project and was rolled out across the country in 1975. It has also been introduced to Australia, Germany, Canada and America, with HIPPY inspired programmes running in Denmark, Finland and the Netherlands. The programme compromises fortnightly term-time home visits for parents of children aged 4+ years (for the two years before they commence formal compulsory schooling in New Zealand aged 6). The HIPPY tutor takes out worksheets and all resources required for the week’s activities to the home for an hour and models with the parents how to use them with their children. They do not undertake the activities with the children; it is the role of the parent to be their child’s educator.

Parents are expected to support their child for approximately 15 minutes a day, 5 days a week during term-time to complete the worksheets and activities for the programme at home. Each week they select a piece of work to submit into their child’s portfolio and over the two years a workbook is created with the family, evidencing the progression and learning that has taken place. The programme also offers fortnightly group meetings, but where this is not possible due to the rural location and/or lack of transport they will work flexibly with the parents, possibly offering weekly home visits or going through two weeks of worksheets in one session fortnightly. Parents who wish to engage with the programme come from one of the targeted groups: parents with low educational attainment, families with low socio-economic backgrounds, families with English as a Second Language, or single parents. HIPPY is not offered in every community in New Zealand, so within those communities where it is available the large majority of families will fit into one of these criteria.

I was invited to meet with a family who were engaged in the HIPPY programme in a rurally remote village of Minginui. This isolated community were ‘left behind’ when the local logging industry closed and is about 45 minutes from the nearest
town with shops, and over an hour to the nearest supermarket. Residents there have homes that remain from the days of the logging industry, but limited access to mobile phone networks, television or internet. There is a school in the village but limited access to early education. The HIPPY co-ordinator has been welcomed into the community for her enthusiasm and commitment to working with the families here. She delivers the HIPPY programme to families in the village and the family I met shared with me how they value her input and feel the programme is helping them prepare their children for school.

Research in New Zealand in 1997 concluded that “children in the HIPPY group outperform those in the No-HIPPY group on all measures.” (Burgon, 1997) They also said they felt able to understand the learning taking place with their children and could value the skills they were teaching their children. I felt the programme is empowering these families with the skills and resources to educate their children, and engaging them in their child’s education from an early age. In doing so it is raising the aspirations for these families to try and break the cycle of poverty in the area.

Tutors themselves are supported by a local co-ordinator who offers weekly tutor training involving modelling of the activities for the week and discussion around the current learning focus for that particular week. Tutors are recruited from parents currently engaged in the second year of HIPPY with their own children, or those who have recently completed the two year programme. They are paid for their work and for attending tutor training, and gain valuable skills and experience through their role, supporting them back into the work place. They are only permitted to carry out the role for a maximum of two years, ensuring that the employment opportunity is kept within the community and available to those who wish to gain experience in the tutoring sector.

I observed a tutor training session and spoke to the current team working from the Murupara hub about their experience of HIPPY. They shared with me how the role is more than just an employment opportunity. It has given them experiences that they might not otherwise have had, for example the chance to attend the HIPPY annual conference and stay in a hotel in Rotorua. It has raised their self-esteem and self-confidence and given them aspirations for the future. The tutor training gives time for peer support and discussion and they are actively encouraged by the co-
ordinator to consider development opportunities and their future employment aspirations.

I could see the programme working well in the UK with adaptation to work with the younger age range, particularly those who would be eligible for two year old funding but who have chosen not to take this up, or families who have three and four year olds who are not claiming their full entitlement to preschool childcare. The worksheets and activities could be linked directly to the EYFS curriculum and the portfolio of work produced could be used as part of the transition document to schools and for assessment at the end of the EYFS. In the format I observed in New Zealand the programme is very heavily paper based but this could be adapted to include more practical activities and observations by the parent to give a balance to the learning.

I would recommend further research into how other countries have adapted the programme and consider a pilot of this programme in the UK. I would recommend recruiting a co-ordinator based within the children’s centre team who has the skills and experience necessary to train and support the HIPPY tutors. The tutors themselves would be recruited from parents within the community, which would also offer further employment skills and opportunities for those families to improve their economic well being.

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<tr>
<th></th>
<th>Age range</th>
<th>Intervention type</th>
<th>Model Focus</th>
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<tbody>
<tr>
<td>PAFT</td>
<td>Birth to 3 years</td>
<td>Monthly home visits and group meetings</td>
<td>Early education and health checks</td>
</tr>
<tr>
<td>Family Start</td>
<td>Pregnancy to school age</td>
<td>Weekly home visits initially and monthly visit thereafter</td>
<td>All aspects of parenting and family life, including health, early learning and social circumstances</td>
</tr>
<tr>
<td>SPACE NZ</td>
<td>Birth to 1 year</td>
<td>Weekly group sessions</td>
<td>Early learning and brain development</td>
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<tr>
<td>HIPPY</td>
<td>4 years to school age</td>
<td>Fortnightly home visits and group meetings with an expectation on parents to provide 15 minutes learning a day with their children inbetween</td>
<td>Early education</td>
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Other Parenting Programmes
Throughout my Fellowship I was introduced to a number of different parenting programmes offered in Western Australia and New Zealand, some were familiar to me, such as Incredible Years and Triple P, and some were not. There was not sufficient time within my Fellowship to observe these groups, or give time to focus on their outcomes and content but analysis of these programmes would be worth further consideration in the future. Programmes I came across which were new to me included: Circle of Security, Magic and Emotion Coaching, Tuning into Teens, and Protective Behaviours. All are offered by Parenting WA.

One final note with regards to the targeted programmes in this section comes from the manager of Great Start Taita when we were discussing which programmes were available in the area. She told me that Family Start is offered from Great Start Taita whereas HIPPY and PAFT are just commencing in the community based within a local primary school. She went on to comment that it doesn’t matter where these programmes run from, or who holds the delivery contract, as long as they are available for families and the hub is aware of them and can signpost families to them. Organisations need to learn not to be precious about who is delivering the programmes; the most important thing is having accessible services available to meet the needs of the families in the community.

Models of Family Support and Early Help
There has been a movement in the UK towards some children’s centres offering services for over 5s, and some moving towards a 0-19 year model of support. In Devon children’s centres are currently in consultation to deliver parenting programmes to parents and carers of primary school age children. This led me to consider family support services that might be appropriate to deliver across the 0-19 year old age range during my travels. In New Zealand I spent time with the Strengthening Families co-ordinator based at Eastbay REAP and with the Honowhenua Children’s Team based at Levin, both projects offer support to families throughout the lives of their children.

The Strengthening Families model of support offers a strengths based approach to assessment and brings agencies together to create an action plan for a family referred into the service. It felt very similar to our DAF model in Devon, with the exception that there is one co-ordinator for the area who accepts the referrals and
meets with families prior to planning a multi-agency meeting for them. I was able to observe one of these initial family meetings following a referral into the service and see how the service could work to bring together professionals to support the family. The co-ordinator does not visit the family to assess their needs and there is no specific assessment tool used during the visit. Rather the visit is to introduce the service and listen to the story of the family and ascertain which services might be useful to invite to their family meeting. Subsequently she co-ordinates a meeting for the family, inviting agencies to attend and drawing up a plan for everyone to follow.

During the process a lead agent (paid from the project funding) is appointed to work directly with the family and ensure the plan is adhered to and reviewed. The co-ordinator does not carry out the family support or continue home visiting the service, the responsibility is placed back with the multi-agency team who commit to offer support appropriate to their service. The project works with families who have children aged 0-17 years where more than one agency is involved, with the consent of the family. The co-ordinator told me that the model has been replicated in Australia under the title of Strong Families within Australia but I did not see evidence of this to comment during my time in Western Australia.

One of the threats to the continuation of Strengthening Families could be the introduction of Children’s Teams. There are differing views from organisations in Whakatane and Levin as to how this team will integrate the current Strengthening Families model and only time will tell whether the contract is absorbed in the Children's Teams or continues as a standalone project. Children’s Teams are new to New Zealand and have been established as part of the implementation of the Children’s Action Plan. I was invited to attend a presentation in Levin regarding the legislation that had resulted in the creation of Children’s Teams. I learnt that the Children, Young People and their Families (Vulnerable Children) Amendment Act 2014 set out a white paper for Vulnerable Children which recommended the introduction of locality based Children’s Teams across the country in order to reduce the number of child deaths related to abuse.

At the time New Zealand had the fifth worst child abuse record out of 31 OECD countries and one child was killed every 5 weeks on average, with 90% of these deaths perpetrated by someone the child knew. Other key changes implemented following this act were that new staff employed to work with children must now have police checks. Historically this was optional, although I am told most organisations did ask for police checks for staff. From July 2016 there will also be an onus placed on parents who have had previous children removed from their care to prove that they have implemented changes in their lives that make them fit to care for subsequent babies born to them. This is a key difference to UK legislation which gives parents the opportunity to parent subsequent children and places the responsibility for proving the parents are not fit to parent upon the local authority.

The act will also strengthen the Family Group Conferencing (FGC) process to ensure that meetings produce clear plans setting out expectations of the family which will be reviewed through the process. These will be chaired by external co-ordinators and be transparent in the outcome for the children involved. The FGC process in NZ
is similar to our multi-agency Initial Case Conference process in Devon for children who may be experiencing significant harm or abuse, and the FGC in New Zealand is used to create a plan for those most vulnerable children for whom a Child Protection plan would be created in the UK. We tend to use the FGC process in Devon as one element of the child protection process and it can also be used for early help cases. In NZ the plan would be requested by the court, police or social worker and operates at a higher level of need than we use it for in the UK.

The Children’s Teams offer a similar model of support to Strengthening Families with referrals being submitted to the team with family consent, and then a multi-agency meeting being held to create a family action plan, but they have no specific funding for the role of lead professional. Instead agencies are asked to nominate lead professionals from within their current team to take on the role of co-ordinating and creating the child’s plan. A key difference is the expectation that lead professionals will complete a Tuituia (Common Assessment Framework) assessment with the family. Currently this assessment is paper based (with plans to implement an online case management and information sharing system VIKI) and spans 69 pages with clear links to thresholds of risk for the family.

The difficulty with the system appears to me to be the lack of training offered to practitioners in completing the assessment which may be overwhelming to professionals who are new to assessment and do not have a social care background. The Honowhenua team I met explained to me that it is not necessary for all sections of the assessment form to be completed and that there are ongoing plans for local training in the area, but no national training strategy at present. I shared my experience of the roll out of the CAF in Devon and the comprehensive training package offered to practitioners at the time, and how this had impacted on the success of the CAF process. Practitioners attended one of three training courses relevant to their level of involvement with the process, either as a manager, professional completing the assessment, or a practitioner who may be invited to
attend a Team Around the Child (TAC) meeting. It set out the responsibilities of the lead professional and allowed time for practical activities ensuring practitioners were competent and confident to roll out the project. This led to ‘buy-in’ by all agencies and a willingness to be involved and support the process in order to find the best outcome possible for the family. During my Fellowship I was also able to meet with the national implementation and operational managers working on the implementation of the Children’s Team and shared this experience with them. Without support and understanding from local community members led by effective training and guidance I fear this initiative may struggle to become embedded in practice.

The Honowhenua Children’s Team is currently composed of four staff members; the Director (with a background in the Police), a co-ordinator (with a background in the Work and Income NZ government department), an administrator, and a health broker (with a background in social care and a role to link health information to the plan), with membership on their panel including representatives from education, police, mental health and local community members. The team went live in 2014 and currently have 71 children on a plan in the Horowhenua/Otaki area (July 2015). They currently meet weekly to review referrals, which number approximately 2-3 a month at present (July 2015), and appoint a lead professional to each case. The team also approves, monitors and supports the Child’s plan agreed by the Child’s Action team allocated by the Lead Professional, but they do not work directly with the families themselves in all instances.

I saw direct comparisons with the DAF model in Devon, except that there is not one central co-ordinator allocating the early help cases to lead professionals. Instead agencies have autonomy to commence a DAF assessment with a family and call the multi-agency meeting themselves, logging the assessment and plan on our Holistix system. It made me reflect on whether it might be beneficial to consider a central co-ordinator who accepts early help referrals for a whole locality and then oversees the plan and lead professional working with the family. However the population size may be a barrier to this model working in the UK. In 2011 England had a population size of 56 million (2011 census), with approximately 750,000 people living in Devon, rather than the 3.45 million estimated to be residing in the whole of the North Island of New Zealand. How many Children’s Teams would need to be established to meet the demand for early help referrals within the UK, and is it practical to establish these teams in the current economic climate when the current early help model appears to be embedded into practice?

In Western Australia I spent time with two organisations offering direct family support: Parkerville and Parenting WA. Parkerville offers many services including Armadale Family Support Network which offers support for families with children up until the age of 25 years. I visited the George Jones Advocacy centre where the team are based, and where they also offer holistic and child-focused services to children who have experienced harm or abuse, and their families. The building hosts many services and offers rooms to external organisations for free meetings and training events in order to bring together practitioners in one hub. Rooms are sponsored by local businesses and have been designed to be child and family
friendly, offering a home like experience for families accessing their services. The centre was proposed following a Fellowship embarked upon by a member of the Parkerville team to America looking at their advocacy centres. The atmosphere is friendly and welcoming and I reflected on how the centre made families feel welcome from the moment they entered the building. The upstairs rooms are currently being used for a police project, bringing together different agencies to ensure children who have suffered harm or abuse are treated with respect and support during a difficult time. It led me to consider whether there is more we can do with our centres to offer alternative services from our building and develop it as a hub for families.

Parenting WA offers universal services to all families with children aged 0-18 years. They have three key areas of work: Strengthening Parents (providing opportunities for parents to have support and information), Strengthening the Parenting Sector (supporting and developing leadership within the sector) and Strengthening Communities (strengthening partnerships within community). Families self refer into the service and are invited to meet with the local co-ordinator at the office base or in the community; they are not home visited. I was told that if the family needs family support within the home environment then this can be provided by the Department of Child Protection and Family Support who have this remit to provide support. The organisation offers a number of different parenting programmes in the community and also offers short term interventions with parents with signposting to more intensive services if required. They work well with local CPCs on co-delivery of parenting programmes, for example with the CPC offering a crèche for parents to be able to attend groups delivered by Parenting WA. The co-ordinators also attend community events, offer telephone support, online guides and information, and have a library of resources available for loan to parents.

The two co-ordinators I met covered the Langford and south-east Perth suburbs, and the south-west on their own. In particular the co-ordinator who covers the south west has a very large geographical area, from Margaret River and Augusta, through to Bunbury, Collie and Nannup. She shared with me that the role predominantly works with parents and carers of 2-16 year olds, as child health nurses (and now CPCs) have a focus on the under 2s. She delivers programmes and groups across the area directly to parents, but also has other professionals
contacting her for guidance and advice. This means she reaches more parents and carers than her role would otherwise allow in such a large geographical area. She told me that her role is about working with parents to empower them to parent their children effectively and safely, and she does not work directly with the children as other services have a remit to do this, such as CPCs and schools. If children’s centres in the UK are to move towards a wider reach within a locality based model then it could be worthwhile considering this model of support to parents, with a small parenting team covering a wide area and specialising in the delivery of parenting programmes, workshops and presentations as well as training events professionals.

**How do we ensure quality and consistency of practice when working with volunteers and other community groups?**

If we are to develop the role of volunteer and other community members in the delivery of universal services it is important to consider the training and support we make available to them, in order that we ensure consistent messages and advice to families. The Playgroup WA model of support for their community playgroup leaders encompasses resources and a guidance manual, as well as practical delivery ideas. This could be simply transferred into the production of a manual for toddler groups created by children’s centres, alongside face to face training and professional development workshops in the UK. We could continue with termly visits by our outreach team, observing practice to disseminate best practice and ideas amongst the group leaders. We could also develop a peer support network for the area, similar to the early years networks seen in Western Australia, or the early years reference groups hosted by the EYSHs in New Zealand.

In WA all professionals delivering services in the early years are actively encouraged to complete an e-learning course for those working with families from pre-birth to eight years. This course focuses on how to work with families, as well as guidance on the messages that we should be sharing in order to improve outcomes and keep children safe. This training was developed in South Australia after families reported that they received inconsistent and confusing information from a variety of sources about how best to support their children’s development. It uses the latest neuroscience evidence which shows that the early years impact significantly on children’s brain development and their future life chances. Most importantly it ensures that families are provided with consistent support and advice in the crucial early years. Such training could be replicated in the UK for those volunteers and
connected professionals within children’s centres to ensure there is a strong and supportive community offering advice and information to families.

In supporting these voluntary community groups we would have the potential to reach more families and improve outcomes without needing the human resources to deliver all of the services with centre staff. In Levin I spoke to the EYSH co-ordinator who had experience in this area. She had supported a small group of young parents to reach others in the community. Her presentation asked the question “Imagine if we found, say, 5 or 6 young parents and they each connected with, say, 10 others?” With training and guidance from the hub co-ordinator they did just that, resulting in a team of 6 parents reaching 226 other young parents and 315 pre-schoolers over a ten month period. They were able to offer support, community information, parenting tips and positive parenting activities through the connections they made. Not only did this project raise the aspirations of those involved directly, but the impact was seen within the wider community and resulted in a cultural change in the perception of young parents locally. The important learning from that project is the quality of the advice and guidance being delivered to others. If there is a need for a service or advice in a community we have to ensure that those who provide it are supported to do so effectively and with accurate and safe messages.

A police officer in Australia shared with me his experience of policing in New Zealand which supported this view. A school in a rural community had a need for healthy meals for their children. Local community services were unable (or unwilling) to provide support and so a parent took this role on. This parent was a member of a local biker gang known in the area for its links to organised crime. Once the service was established the school was seen within the community to have links to this gang, evidenced by the children saluting the gang members as they delivered the service each day. Without any promotion of the gang or explicit marketing the children began to view the gang culture as part of their lives and consider these known criminals to be positive role models. This highlights the importance of considering who delivers the services where they are connected to a central community organisation.

When considering volunteers, and any partnership with other services, I found that it is important not to underestimate the importance of the individual. No amount of partnership agreements will make things happen and make services a success without the commitment and passion of the individuals. I visited three different EYSH within NZ and all three had their own strengths based upon the interests and professional heritage of their leaders and managers. But those that were most successful in reaching families and engaging them in services had leaders who understood the importance of people and those reciprocal relationships. An example of this is from Taita Great Start and Levin EYSH. Both hubs identified that there was a shortage of midwives within their area. In New Zealand midwives are all private
and can accept clients and work within an area of their choosing. This can make finding a midwife difficult for some as they are able to choose those mothers who are unlikely to have complications due to age and pre-existing medical conditions.

What the hub leaders did was to find those midwives who did not discriminate and offer them a venue to meet with clients, at a reduced cost or free of charge to entice them to work within the area. They needed to find the right people who were happy to work flexibly in a different space, and then liaise with them to find out what resources they would need to base their services within the hub. For parents it means they now have local access to midwife services, for midwives it means they have a venue at a reduced cost and can meet the needs of that community, and for the hubs it means they can ensure support for families from antenatal care through to the school years of childhood.

At Great Start Taita volunteers play a key role in the delivery of services, offering a toy library, a $1 car ride scheme, Koha café, admin support, handyman services, a food co-op, and photography services. They have recently appointed a team member to the role of volunteers’ co-ordinator recognising the importance of recruitment, training and ongoing support for their volunteers. Their aim is to develop the skills and experiences within the team in order that the volunteers have the opportunity to develop and take ownership of these services. The success of this nurturing relationship is seen in their breastfeeding support service which has now developed and moved out of the hub to become a charitable trust in its own right. The service continues to have a reciprocal relationship with Great Start and offers a space to hold regular breastfeeding networking meetings.

Like any effective service Great Start accept their failures as well as their successes and the centre manager shared with me their experience of Timebank. This is a voluntary service where community members are able to complete volunteer hours within the local area and ‘bank’ their
time for others to provide services for them in return. For example someone might be good at gardening and complete a few hours for an elderly person, in return they have another Timebank member baking them a birthday cake for a family member, and another who knits a blanket for a new mother. The strength of such a scheme is in the effective co-ordination, ensuring all members feel that their contribution is valued and community connections are forged. The scheme used to run from Great Start but was supported to establish itself as a separate entity. Unfortunately the service wasn’t quite ‘ready to fly’ on its own and upon reflection the centre manager observed that they should have been supported for longer. But there is no blame attached to this observation, it is simply an honest reflection and one which they will learn from as a team. She is able to honestly model within the team and community that failure does not have to be negative, and that we all get it ‘wrong’ sometimes and you can move forwards from that experience.
Recommendations and Considerations

My key recommendations for UK children’s centres based within local communities would be:

a. **Transition universal services into community delivery models**

b. **Develop a clear training and support programme for volunteers and community members covering group delivery models as well as consistent advice and guidance for families**

c. **Create a community manual of resources, advice and information for professionals working with families in the early years**

It is essential that communities retain access to universal services within a central children’s centre building to ensure there is no stigma attached to children’s centre support and so that early difficulties can be identified and appropriate interventions offered to the family. Children’s centres would have a role as the ‘glue’ holding together all of these playgroups, services and toddler groups delivering universal services. They could do so via offering termly visits to observe practice, providing signposting advice to group leaders, and the delivery of training workshops for volunteers and community members. They could also create a support manual linking evidence and research to best practice for those delivering groups to use, and offering practical suggestions on activities for families alongside key messages and advice.

We would need to consider how this would be perceived by others in the community but this co-ordination role would be key to not duplicating services and ensuring all families had good access to services. If the manual is developed in partnership with others then they would be empowered to have ownership and more likely to engage with the process. It is also important that the children’s centre retains communication directly with all families to be able to keep them up-to-date on latest research and services available locally. In WA their CPCs use an app which alerts parents to new timetables, courses and national initiatives and I would recommend implementing such a system in our local centres.

d. **Develop a standard measurement tool for measuring social capital and begin to use this on an annual basis**

The office for national statistics has developed initial key questioning for measuring social capital, but the difficulty for centres will be in the attribution of any positive outcomes to their specific intervention. Thus it will be difficult to convince contract providers to value social capital as an outcome of centre work. However, a longitudinal measurement of how parents measure their social capital would be beneficial when considering the benefits of attending centre and community groups and services. Combining this with quantitative measurements on the numbers of families reached, children who present with diagnosed issues and health problems, and EYFS profile scores could provide a more well-rounded view of the work of centres, especially if considered alongside narrative reports looking at trends, issues and support provided by the centre on a quarterly basis. Children’s centres would also be able to continue to offer pre and post course questionnaires, with follow up
to demonstrate the difference targeted courses have made to outcomes for their children.

e. Develop the potential of children’s centre buildings as community hubs for delivery services, a one stop shop for information and advice, and as a space for training and meetings to integrate all services for families

f. Continue to work towards co-location of services within children’s centres, promoting their role as a hub for families and professionals who work with them

Buildings are needed to create a hub but could we be more creative about where these are based? Ideally they need to be centrally located within a community and co-located with other services. Rooms could be rented out to external organisations if there is a need to generate income for the building, but ideally other organisations should be able to hold meetings and training events at an affordable price to ensure there is a strong community connection and sense of ownership. We also need to ensure these buildings are welcoming and friendly, and have a community space for families to use as a meeting place. Foyers and rooms should ideally have a sense of a ‘home from home’ with comfortable furniture, PC access and music available, and the design should be family led.

g. Improve community consultation, focusing on ascertaining the views and experiences of all residents

h. Ensure targeted services continue to be available for families at children’s centres, but consider other options in addition to those already offered such as the adaption of HIPPY and/or implementation of SPACE groups

In developing further targeted services we need to be mindful of those which already exist and ensure we do not duplicate services, the most important thing is that these services exist for families and are accessible. Where services already exist they could be supported to deliver from within the children’s centres themselves. We need to consider analysis of the cost of targeted services to ensure they provide value for money, for example the Let’s Talk More programme should reduce referrals to the speech and language therapists thus reducing the financial burden on that service. We also need to be able to attribute the outcomes to a particular intervention which can be difficult; how would we ensure there was a control group with no access to support? This would be morally and ethically wrong so we need to find another way to measure the benefits of funding children’s centres and their programmes in future.

i. Establish early years network groups for all professionals working with families in the early years, as a forum for best practice, to develop peer support networks and for the delivery of training workshops

There are a number of networks already established in children’s centres for example advisory boards and forums for early years settings, but we need to widen
participation to ensure representation from all community groups and individuals who provide services within the early years. The networks need to be easily accessible and provide training as well as peer support and a forum for the discussion of current community issues. Funding for such a model does not exist at present but with savings from the transition of universal children’s centre services to community groups and volunteers we may be able to establish early years networks which provide resources and training opportunities.

j. Network with local higher educational institutions to consider placement opportunities for students within children’s centres to provide specialist services such as speech and language groups and physical therapy
This may be difficult to implement in some rural locations in the UK, or where there is no local higher education institution, but where possible connecting with universities to offer placement opportunities would benefit not only the students but also families accessing children’s centres. The model would require support from children’s centre leaders and regulation to ensure students were effectively supported and their interventions were appropriate to the families’ needs but as seen at Challis CPC it would enable centres to offer services which are accessible to families locally.

k. In early help teams consider a 0-19 years model of support for families and a co-ordination role for all early help cases with a centralised referral route and an early help team supporting parenting
Further research is needed to consider a family support model that works in a holistic way with children and their families throughout childhood. This would provide consistency of support to families and clarity of advice and guidance offered. A key consideration in the delivery of early help needs to be the investment in the ICT systems as well as training packages for practitioners locally who will engage in the delivery of family support.

I am now in the process of considering with our centre leadership team if some of these recommendations could be trialled within our East Devon children’s centres. I will also be liaising with our Devon County Council Children’s Centre Advisor to consider whether some of the recommendations could be implemented cross-county in the future. I am hoping to disseminate the practice and learning throughout all Devon centres via the Devon County Council Research and Evaluation Team and through our centre manager network at Locality meetings. I will be sharing the information via a presentation to our staff team, and will be inviting other managers to shadow groups and talk to staff at our centre once recommendations are embedded. I will then be able to evaluate the impact of this work through parent evaluation and service report cards to compare the difference between our current way of working and any changes we adopt.

Ultimately both staff at centres, as well as families and their children, could benefit from these recommendations as we will be looking to adapt our practice to improve outcomes for more children, engage the community and thus empower staff to work
in a more creative way to reach more families. This could improve their job satisfaction as they would be able to see the difference that their work is making. Families could benefit from being offered the right parenting and early education programmes for their needs and more families would be able to access support as we would have new ways of engaging community members and all early years providers through the early years networks. Children could therefore benefit from an improved bonding experience with their parents who would be engaged in their emotional and social well-being as well as their early education, and latterly their school experience.

We need to change the way we are working to create a long-term sustainable culture of parent support and community engagement with families and I hope that this research could be the seed needed to grow a change within children’s centres.

Conclusion

My initial aims when embarking on my research project were to:

- **Find a different approach to supporting all families which is sustainable in the face of reduced budgets.** I would particularly like to look at the model of parents as volunteers passing on their guidance and information as a peer to new parents to create a sustainable community model in the future.

- **Consider different models of engaging hard to reach families in their child’s early education and look at what works in breaking inter-generational cycles of poor outcomes for children.** In New Zealand and Australia there has been a lot of work into working within the indigenous communities with respect to their culture to focus on improved outcomes for children. I hope there will be learning from this that would be transferable.

- **To have time to reflect on different models of reaching children within a rural community through improved partnerships and alternative delivery models, and review what motivates partners to work together to support families.**

I feel my trip met and this report met these original aims and also gave me the opportunity to explore other areas relating to my project title. I was also able to look at family support models in Australia and New Zealand and consider the need for physical hub to bring together services for families. My trip renewed my personal enthusiasm and belief in the difference that children’s centres and early intervention and support can make to a child and their family. It reignited my passion for my own role, and my determination to ensure children’s centres in the UK have a place in the future landscape of universal and targeted support for families.

Back in the UK I have continued to liaise with the Early Intervention and Prevention Manager from Parkerville in order that best practice can be shared between our countries. I will also continue to develop the sharing of ideas with other practitioners and organisations that I spent time with as there is always something
new to be learnt from such sharing. The trip has allowed me time for reflection and
the development of recommendations for changes to our children’s centres, both
national and locally, and as Winston Churchill himself said “To improve is to change;
to be perfect is to change often.”

If you wish to read more about the individual visits to projects mentioned in this
report please see my blog at: https://vikkiraymondfellowship.wordpress.com/
# Appendices

## Itinerary

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<thead>
<tr>
<th>Dates</th>
<th>Places &amp; countries</th>
<th>Names of organisations</th>
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Maps

References


BBC. (2015d) *Devon’s children’s services £10.5m overspend predicted* [Online], Available: https://www.bbc.co.uk/new/uk-england-devon-34173482 [23/09/2015]


